



Jakarta

HIV/AIDS and Migrant Workers

March 07

Bulletin



Safe Migration
Saves Life

Untangling of Indonesian
Migrant Workers Issues



© ILO/Kompas

Contents

Editorial

- 3** Don't Just Send Them

Headline

- 4** Chasing a Dream in the Mids of Danger
- 7** Untangling the Knot of Indonesian Migrant Workers Issues
- 12** Education is the Light in the Dark

ILO Responses

- 14** Empowering People in Migrant Workers Areas

Profile

- 15** They Never Give up

Health Issues

- 23** Questioning the rights to health care for the foreign-exchange heroes
- 24** Irregularities in health test for Migran Workers

Interview

- 11** HIV does not Affect Work Productivity
- 26** Don't put Women in a Corner

Column

- 28** Fixing the Broken Chain

Editorial

Editor-in-Chief:

Alan Boulton

Deputy Editor-in-Chief:

Peter Rademaker

Managing Editor:

Gita Lingga

Photo Coordinator:

Gita Lingga

Translator:

Gita Lingga

Contributors:

Galuh S. Wulan, Gita Lingga

Design & Production

Ikreasi

HIV/AIDS and Migration Bulletin
Menara Thamrin Building, Level 22
Jl. M. H. Thamrin Kav 3,
Jakarta 10250, Indonesia
Ph. (62-21) 391-3112,
Fax (62-21) 310-0766
Email: jakarta@ilo.org,
Website: www.ilo.org/jakarta

HIV/AIDS and Migration Bulletin is a special, bilingual bulletin aimed at dealing with the very substance of the ILO Jakarta's work under its Project on HIV/AIDS Workplace Education in Indonesia. The bulletin specifically covers issues related to migration and HIV/AIDS, and is also available online. The opinions expressed herein do not necessarily reflect the views of the ILO.

Don't Just Send Them ...

There's no question that Indonesia is the second largest migrant worker supplier in the world after the Philippines. Data from Indonesia's Manpower and Transmigration Ministry show that at least 1.4 million workers in the past three years, or 450,000 people per year, went overseas in search of a living.

The government has even set a target of sending 3.9 million people overseas in 2009. Seventy-five percent of this total will be women, pursuing their dreams far from home. Of course, the total does not include those who brave the dangers of leaving without legal documents, whose number is estimated at double this figure.

Unfortunately, the dream does not always pan out as planned. Instead of finding a better living, many migrant workers face serious problems—among them forced repatriation, extortion, exploitation, sexual abuse and even exposure to HIV/AIDS.

It is not that the government is unwilling to ease the burden of these "foreign exchange heroes", who swell state revenues to US\$2-3.4 billion per year; in fact it recently issued Law No. 39/2004 on the Placement and Protection of Indonesian Migrant Workers. Unfortunately, this legislation lacks the strength and scope to protect and to guarantee the safety and rights of migrant workers—especially women.

It is women who, for example, are forced to provide sexual services for their employers, who are trafficked, cheated and deceived and even forced into prostitution. These factors, on top of their isolation and

the lack of knowledge about how HIV can be transmitted and prevented, put them at high risk of being infected with HIV/AIDS.

Of course, protecting migrant workers against the HIV epidemic—for which, as yet, there is still no cure—is no easy matter. But the problem is compounded by the fact that migrant workers generally work in the informal sector, where wages and financial security are very low. This means that if they get sick, they risk losing their job. Migrant workers frequently have no access to health facilities and union membership is almost unheard of.

It gets worse. Discrimination against workers living with HIV/AIDS is rampant. Misunderstandings abound and give rise to groundless fears. The ILO Code of Practice on HIV/AIDS and the World of Work notes that discrimination and a lack of respect for human rights makes workers even more vulnerable to HIV/AIDS.

Such conditions clearly complicate the issue. Apart from the difficulty of obtaining accurate information, migrant workers are often denied access to medical treatment and other health facilities. And if they do manage to get information, it is usually

delivered in unfamiliar language.

Mandatory testing is another issue. Many countries force potential migrant workers to undergo HIV tests. To date, at least 60 countries still prohibit those who are HIV positive from departing overseas for work. Their stance is uncompromising: no employment, and immediate deportation for any worker found to be positive. At that point, the door slams shut on any chance of getting voluntary testing, counselling, treatment and support.

UNAIDS and ILO have already banned mandatory HIV tests for all workers, including migrant workers. The priority now must be on education, raising public awareness and disseminating comprehensive information about the HIV epidemic.

Hopes are high that ILO Convention No. 97 on Migration for Work and Convention No. 143 on Overseas Workers will be ratified by more countries in future, especially those where the need for migrant workers is high. Both conventions regulate the protection of migrant worker's rights to equal treatment, opportunities, health care and access to social security and insurance for family members. ♦



© ILO/A. Colawai

Data from Indonesia's Manpower and Transmigration Ministry show that at least 1.4 million workers in the past three years, or 450,000 people per year, went overseas in search of a living... the total does not include those who brave the dangers of leaving without legal documents, whose number is estimated at double this figure... Unfortunately, the dream does not always pan out as planned.

Chasing a Dream in the Midst of Danger

Although for some it can be relatively easy to rake in money working abroad, migrant workers face danger on a daily basis, from extortion to exposure to HIV/AIDS.

Dozens of young women sporting short hair and pale blue shirts milled around in the hall of a luxurious, three-story house in the Buduran district of Sidoarjo, East Java. All of them were busy with something. Some were sweeping and mopping the floor—which was already clean and shining—while others were hurrying to enter a class.

In class, their concentration was total, brows furrowed as they listened to the instructor's explanation. Their training covered a range of subjects, from how to clean a house, cook, and care for babies or senior citizens, to foreign languages. Apparently, courtesy is also on the curriculum. Every time the women passed by one another, they bowed and greeted them in the English, Mandarin or Cantonese they had learned in class.

This is the routine at the Overseas Workers' Training Centre (BLKLN) owned by a workers' recruitment agency, PT Anugerah Usaha Jaya, in Sidoarjo. The centre accommodates at least 500 potential migrant workers who have to undergo training before deployment to various workplace destinations. A similar scene is found at the PT Perwita Nusaraya training centre in the Krian area of Sidoarjo, although they have fewer trainees.

The trainees at both agencies represent just a small fraction of the total number of migrant workers who will and have already departed abroad. According to data



© ILO/Kompas

from the Manpower and Transmigration Ministry, Indonesia sent 611,836 workers to 16 countries in the Asia Pacific and Middle East regions from January to November 2006.

In the Asia Pacific region alone, Malaysia needed 245,863 migrant workers; Taiwan, 23,838 people; Hong Kong, 11,538 people; Singapore, 5,176 people; South Korea, 2,785 people; and Brunei Darussalam, 2,270 people during that period. Meanwhile, in the Middle East, Saudi Arabia required 373,220 people; UAE, 13,271 people; Kuwait, 12,496 people; Jordan, 5,133 people; Qatar, 3,902 people; Oman, 2,899 people; and Bahrain, 390 migrant workers. By the end of 2006, an estimated 700,000 migrant workers had been sent abroad.

Ministry data show that during the past three years, at least 1.4 million—450,000 people each year—went overseas in search of a better living. The government has even targeted a total of 3.9 million by 2009, which will generate US\$20.75 billion, or Rp. 186 trillion in foreign exchange revenue. Already, state revenue from sending migrant workers reaches an average \$ 2–3.4 billion per year.

Number of Workers and Foreign Exchange Revenue

Year	Total number of migrant workers	State revenue from forex (in US\$)
2001	338,992 people	537,654,777
2002	480,393 people	2,198,019,604
2003	293,694 people	75,639,513
2004	224,624 people	170,869,287
2005	474,310 people	2.9 billion

Source: Directorate General of Overseas Employment Placement and Development, Manpower and Transmigration Office

From extortion to HIV/AIDS

Nevertheless, the life of a migrant worker is not without problems. Even before they embark, they are frequently at the mercy of middlemen or unscrupulous agencies. The service fees paid are stolen, the promised job gone. What's more,

Finding A FORTUNE in a Foreign Land

It can't be denied that the sweat of a migrant worker is more highly valued overseas than at home. In South Korea, for example, an Indonesian worker can get Rp. 8 to 10 million per month besides other allowances. Overtime can swell their take-home pay to Rp. 15–20 million per month. Neighbouring Malaysia offers even more. An Indonesian construction worker in Kuala Lumpur can bring home 32–70 Malaysian ringgit (Rp 83 – 182 thousand) per day, or 832–1,820 ringgit (Rp 2,1 – 4,7 million) each month.

That's the reality. Overseas, migrants working in either the formal or the informal sector as domestic helpers, drivers, plantation workers, construction workers, factory workers, nurses, ship crew and countless other occupations, are more optimistic of getting better pay than they are offered at home.

No wonder they choose to go overseas to make their fortune. Most are motivated by a desire to improve the family economy and to enjoy a better standard of living. The stories and experiences of successful neighbours, friends and relatives lure potential migrant workers to pursue their own dream. "I am living proof... many of my friends are now interested in going overseas, even though the people in my village used to think that it was a disgrace to become a migrant worker," said Vemina Odilia Sidok (29) from Larantuka, East Nusa Tenggara, who worked in Singapore for four years and intends to depart for a second time.

migrant workers commonly return home only to face extortion by officials at the airport or seaport.

President Susilo Bambang Yudhoyono expressed his concern about the rampant crime against migrant workers. The government subsequently cut some of the red tape in the procedures for the placement and protection of migrant workers to ensure fast, easy and safe service. "I believe that the reforms we have made will encourage better law enforcement, ensure better protection for migrant workers, and at the same time improve their welfare and increase foreign exchange revenue," the President asserted at the time.

His statement was echoed by Lisna Yoeliani Poeloengan, director of Migrant Worker Empowerment at the Manpower and Transmigration Ministry. According to her, the percentage of documented migrant workers experiencing problems has fallen significantly over the past three years. "In

and it is widely acknowledged that women, especially teenagers, are among the most vulnerable to infection with this deadly virus that attacks the human immune system.

According to a report by UNAIDS, the United Nations joint programme on HIV/AIDS, 67 percent of HIV/AIDS cases in developing countries are found among young people aged 15–24. Of that number, 64 percent are young women. They are usually dead by the age of 35. Data gathered by ILO show that most Indonesian migrant workers are aged between 14 and 50.

People in this age group, besides being in their most productive years, are also categorized as the most sexually active, when sexual desire, too, is high. The danger arises when this increased sexual drive is not matched with sufficient knowledge about safe sex.

Protracted separation from their partners

...migrant workers face some of the highest risks of exposure to HIV/AIDS and other sexually transmitted infections. Moreover, the majority of them are women.

2003 the figure dropped by 11 percent, and it fell by a further 7 percent and 5 percent respectively over the next two years," she said.

The government is optimistic that it can keep the lid on this kind of crime. In reality, though, it is easier said than done. Different problems can emerge elsewhere. High mobility, distance from home, cultural, social and language gaps and the low educational background of most migrant workers makes them targets for crime. They face the risk of assault, rape, sexual harassment, prostitution and human trafficking, as well as exposure to infectious diseases—including HIV/AIDS—through risky sexual behaviour.

As a group, migrant workers face some of the highest risks of exposure to HIV/AIDS and other sexually transmitted infections. Moreover, the majority of them are women,

due to lengthy working contracts (two years on average) also encourages some Indonesian workers to seek new sex partners. Relationships, both heterosexual and homosexual, may be formed with compatriots or with migrant workers from other countries. "Sometimes it is hard to ignore sexual desire, especially for the married ones who have to leave their husbands at home to work abroad," explained Siti Fauziah, instructor and head of the dormitory at the PT Anugerah Usaha Jaya training centre, who spent six years as a migrant worker.

Such risky sexual behaviour is often identified when the migrant workers are still in the home country or during the pre-departure phase, for example while at the training centre or during health screening.

A lack of knowledge is a dangerous thing

The problem is complicated further by limited access to information and the migrant workers' inadequate knowledge about safe migration, including information about preventing and dealing with HIV/AIDS. They have minimal knowledge about access to proper, affordable health facilities in the destination country, or the risks involved in certain health test procedures—such as blood tests using non-sterile syringes—or the high-risk sexual behaviour of their husbands or partners while they are away.

This was corroborated by several migrant workers. Rohmat (40), from Sukabumi, West Java, for example, narrowly escaped an attempted rape by her employer's son when she worked as domestic helper in Saudi Arabia 20 years ago. What really concerns her, Rohmat said, is that some of her fellow

workers are compelled to run away from their employers' houses because they are unhappy or because they are not paid. As a result, they are stranded in a foreign country without a job or a place to live.

Some of them eventually make the decision to move in together with a worker from another country and live as husband and wife, just to get some money and roof over their head. Rohmat acknowledged that there are fellow Indonesian migrant workers whose sexual activity "crosses the line". Some of them even "sell their bodies" for extra money.

Meanwhile, Migrant Workers' Advocacy and Empowerment (PPTKI) Chairperson Normawati acknowledges that she often encounters cases of migrant workers forced to return home after being subjected to sexual abuse and rape. She will never forget

the tragic case of a migrant worker from Serang, Banten, who was raped by five Arab men in 2003. The victim, she said, was returned to Indonesia in such serious condition from the injuries she had suffered that she could not even sit.

What all these stories show is that the perils faced by female migrant workers lie in wait at each stage of the migration process. From the moment they are recruited from the village, at the shelter, during health screening, in the employer's house or workplace, in their social interactions in the country where they work, to the moment they are reunited with their spouses and families they have left behind for so long, the dangers are ever-present. ♦



© ILO/Perwita

Untangling **THE KNOT** of Indonesian Migrant Workers Issues

No matter how difficult it is, solutions to the problems surrounding the migration process must be found immediately.

Trying to sort out all the different issues and problems in dealing with HIV/AIDS among migrant workers is like trying to untangle a knot, especially when not even the number of migrant workers infected with HIV/AIDS is known for sure. But migrant workers are, in fact, among the most vulnerable to the virus.

According to the Director of Migrant Workers' Empowerment at the Manpower and Transmigration Ministry, Lisna Yoeliani Poeloengan, the government still faces a number of obstacles. The relatively expensive testing process and the tight procedures necessary to safeguard confidentiality for those who test positive for HIV/AIDS are among the main problems, said Lisna.

Moreover, she said, to carry out an HIV/AIDS test, medical staff or doctors have to get the consent of the person who is about to be tested. Otherwise, "The test and the result could be considered illegal," Lisna explained.

She added that even if the Health Ministry had accurate data on the number of people living with HIV/AIDS, it would have to be broken down further. That would help to identify how many former and potential migrant workers have been infected with HIV/AIDS, and how many in other categories, such as injecting drug users.



© ILO/Gema Perempuan

One piece here, another piece there

The data on the number of people living with HIV/AIDS are not just inadequate, but they are scattered around at various research bodies or non-governmental organizations (NGOs). According to data collected by the Association of Migrant Worker Health Inspectors (HIPTEK), 161 female potential migrant workers out of a total of 145,289 tested positive for HIV in 2005. In the previous year, 203 out of the 233,626 potential migrant workers headed for the Middle East failed the health screening due to HIV.

Meanwhile in 2003, according to the Pelita Ilmu Foundation (YPI), 69 potential migrant workers, 45 of them female, were found to be infected with HIV and denied departure. Looking further back, between 1993 and 1998, three migrant workers working in Brunei Darussalam, two of them women, were infected with HIV/AIDS.

There are many more independent studies. Generally speaking, the results of these studies confirm that migrant workers' knowledge about HIV/AIDS is still very superficial. They don't even have the basics, much less a comprehensive understanding of the issues. For example, most don't know that condoms can prevent the transmission

of HIV/AIDS. Nor do they know about the risk of using unsterile syringes. "At first I had no idea how I had been infected with HIV. Then I remembered that I used injected drugs when I was in junior high school," said Nining Ivana, formerly a migrant worker in Malaysia.

What's really astonishing is that HIV/AIDS is still often thought of as a "bad people's" or sex workers' disease. As a result, efforts to deal with it have frequently been made in a piecemeal rather than a systemic manner. "HIV/AIDS education is still focused on sex workers and drug users, and not on migrant workers," said Ali Muchsin, chairman of the Greater Jakarta branch of the Indonesian Migrant Workers' Union (SBMI).

The low level of knowledge among female migrant workers correlates with their low level of formal education. And the lack of protection against health risks during the migration process only worsens the situation.

Anticipatory measures are needed

Lisna agrees that the government has to respond and take anticipatory measures to prevent an increase in the number of people living with HIV/AIDS, especially in the migrant worker community.

The government's stance, according to Lisna, is set forth in the Decree of the Minister of Manpower and Transmigration No. KEP. 68/MEN/IV/2004 on the Prevention and Treatment of HIV/AIDS in the Workplace. The regulation accommodates several international conventions regarding HIV/AIDS issues, including the United Nations' General Assembly Special Session Declaration No.526 Year 2001 and the ILO Code of Practice on HIV/AIDS and the World of Work, issued in 2003.

The Ministerial Decree was followed up with the Decision of Director General of Labour Supervision Development No. KEP. 20/DJPPK/VI/2005 regarding the Implementing Guidelines for the Prevention and Treatment of HIV/AIDS in the Workplace, dated June 16, 2005. This Decision includes the stipulation for all companies to provide

education on the prevention and treatment of HIV/AIDS for their employees at all levels.

Employees at the level of manager, supervisor, paramedic, doctor and labour union steward have to study 11 different HIV/AIDS-related topics, presented in 18 45-minute sessions. Workers, meanwhile, are required to take at least six sessions.

For potential migrant workers prior to departure, added Lisna, the government provides materials on, for example, basic information about HIV/AIDS, reproductive health and sexually transmissible infections. These sessions are part of the final Pre-Departure Training (PAP) given at all Migrant Worker Placement Service Centres (BP2TKI). Indonesia has a total of 15 such centres, each with an average of 15 instructors, except for the Jakarta centre, which has more than 130 instructors.

Unfortunately, the time allocated for the dissemination of HIV/AIDS materials during training is limited to just one 30-minute session. Moreover, not all the instructors really know the materials. "We expect the workers' recruitment agencies and overseas workers' training centres to help to make up for any deficiencies," she said.

HIV/AIDS Risks for Migrant Workers during the Migration Process

Stage Vulnerability and Risks

Pre-departure	While working in the destination country	Return to home village
1. Use of unsterile syringes during health screening. Tests are often done simultaneously and en masse. 2. Being persuaded to have unprotected sex. 3. Rape by PJTKI (migrant worker recruitment agency) staffers, middlemen, sponsors, etc. 4. Being in a homosexual relationship at the shelter or PJTKI dormitory. 5. Having consensual unprotected sex.	1. Use of unsterile syringes during medical treatment. 2. Rape by employer or middlemen's colleagues. 3. Sexual harassment by employer. 4. Sexual harassment, including rape, by fellow migrant workers from the same country or other countries. 5. Being sold as a sex slave or trafficked, especially as a sex worker. 6. Having consensual unprotected sex.	1. Rape by public transportation driver. 2. Unprotected sex with spouse whose sexual activity during partner's absence is unknown. 3. Having consensual unprotected sex. <i>Source: ILO study on female migrant workers in East Java, 2006</i>



© ILO/Kompas

Both Ministerial Decree No. KEP. 68/MEN/IV/2004 and the Director General's Decision No. KEP. 20/DJPPK/VI/2005 do indeed stipulate that the two institutions Lisna mentioned have a responsibility to provide educational materials on HIV/AIDS to potential migrant workers during training.

Flexibility is a must

There are still a number of constraints on the process of transferring knowledge and understanding about HIV/AIDS and safe migration to migrant workers and potential migrant workers. The problem centres on the difficulties potential facilitators have in putting the materials into simple language that can be easily understood by the potential migrant workers and other lay people.

Winarsih, Chief Instructor for potential migrant workers at PT Anugerah Usaha Jaya (PT AUJ), a private worker's recruitment agency in Sidoarjo, East Java, concurred. "Most of the potential migrant workers I train have only been to primary school or junior

high school. Only few of them are senior high school graduates," said Wiwin, as she is usually known.

According to Wiwin, several of the topics, such as reproductive health, the process of safe migration and gender inequality, are complex and it takes a long time to adapt them to match the ability and educational level of the potential migrant workers. "It's important that the materials we give don't confuse them. Otherwise, they'll just lose interest and switch off. If that happens, we'll never know whether they kept quiet because they already understood or if it was because they had not understood a word," she said.

Besides putting the materials into familiar language to make them easier to understand, there is another approach used

by the Head of Migrant Workers' Advocacy and Development (PPTKI), Normawati, who regularly visits migrant worker sending areas. She chooses not to lecture the potential migrant workers or force-feed them with lots of materials. She's flexible about scheduling, picking the right time to introduce the materials depending on the circumstances and the day-to-day condition of the residents and potential migrant workers she works with.

The limited time available for presenting the materials, according to instructors at a number of recruitment agency training centres, urgently needs to be addressed. Siti Murwani, coordinator of instructors at PT Perwita Nusantara in Sidoarjo, East Java, revealed that the potential migrant workers

at her training centre stay for only one month on average, and never more than four.

Clearly, this is inadequate, especially given the amount of standard basic training that also has to be provided. This makes it increasingly difficult for instructors to find enough time—or the right time—for HIV/AIDS education. As a result, Siti has to find time after the regular classes. "If they're not in a regular class, we tell the girls about HIV/AIDS, the symptoms and how to prevent it. But it's very general. If we had to teach them everything I learned during my training, well—sorry to say this, I don't want to put them down, but they just don't have the same ability as we do to absorb it. They have their limits," explained Siti.

While the situation is still not ideal, it is clear, at least, that steps are being taken.

The next task is to synchronize all that has been done so far and address the deficiencies. The government must be open to the criticisms of all the different stakeholders. All of this is in the interests of our foreign-exchange heroes.

What's really astonishing is that HIV/AIDS is still often thought of as a "bad people's" or sex workers' disease. As a result, efforts to deal with it have frequently been made in a piecemeal rather than a systemic manner.

Migration process and factors

Enhancing Vulnerabilities of Migrant Workers



Alan Boulton, Director of ILO Jakarta:

HIV does not Affect Work Productivity



© ILO

It is a common perception that workers with HIV are unable to meet the demands of work. They are thought to be a threat to the workplace; people who should be avoided. As a result of such beliefs, workers with HIV often suffer from discrimination, isolation and even dismissal without regard for their normative rights. Alan Boulton, Director of ILO Jakarta, addresses some of these fears and misperceptions regarding HIV and the world of work in an interview.

What is the ILO's main concern with regard to migrant workers' vulnerability to HIV?

The ILO tries to ensure that migrant workers get comprehensive information about the various risks of HIV, and helps to explain what they have to do if they contract HIV/AIDS, including where they can get help.

Why is this issue so important for the ILO?

It's extremely important because it relates to basic protection for all workers against the risk of HIV/AIDS infection. Highly mobile workers in a number of job sectors are vulnerable to HIV/AIDS, including those who earn their living on the streets.

What instruments does the ILO have to protect migrant workers against HIV/AIDS?

The ILO has a number of programs on education and dissemination of information about HIV for migrant workers. These programs are based on the ILO Code of Practice on HIV as well as issues concerning HIV in the workplace. Several points in the Code mention the importance of improving migrant workers' awareness as an element of safety and health programs relating to HIV/AIDS. This is a non-negotiable part of their labour rights. They are entitled to, and must get, information about these issues. And the most important thing is that there is no discrimination against people with HIV/AIDS.

What is the ILO's contribution regarding these issues?

In Indonesia, the ILO works together with key partners, such as the Manpower Ministry, employers' associations and labour unions, to carry out education programs on labour rights. These programs are provided throughout Indonesia, and they are expected to support a number of special programs in certain industrial zones where workers face a high risk of HIV infection.

These programs are supported by the Manpower Ministry, especially in terms of research on HIV issues. This is to ensure that people get their labour rights and no longer have to face discrimination or stigma taking place. Financial support for special programs for migrant workers involving the ILO also comes from the Global Fund for AIDS, Tuberculosis and Malaria. These activities for migrant workers focus more on raising their awareness about HIV issues.

What's the ILO's position on the view that HIV tests can determine whether or not a worker is capable of doing their job?

Medical studies demonstrate clearly that a person with HIV can work and must be given the opportunity to keep their job. They should not be discriminated against. Having the chance to work is important to them, because it means they can earn an income to meet their daily needs, including covering the cost of their treatment. It is also important to raise their self-esteem so that they can live a normal life.

Many people living with HIV are able to work for years without any decline in

their productivity, if their right to work is not violated, and without any affect on their overall performance. So, just because someone is HIV positive, there's no reason to discriminate against them or not to give them the opportunity to work. There is no need for colleagues to be afraid about the risk of being infected with HIV. This is only a health issue, and it's no different to any other disease, especially with current progress in the world of medicine and treatment.

Where does the ILO stand on mandatory testing for migrant workers?

The ILO's policy on HIV, as stated in the ILO Code of Practice, rejects mandatory testing, as do the regulations in Indonesia. However, it is a requirement in several countries that employ migrant workers. They only accept workers who have not tested positive for HIV. This issue should therefore be a major concern in Indonesia. It's very important that tests should be done in a confidential environment, and linked to counselling.

What needs to be done in future?

All the programs I've mentioned need to be expanded and scaled up to reach a broader group of workers. These programs are very important in Indonesia and must be sustained. For that reason, ILO activities are very significant. Preparation for proper protection and support with regard to HIV needs to be communicated more widely to migrant workers by all the agencies and groups involved in sending and placing workers overseas. ♦

Education

is the Light in the Dark

Without a doubt, education and information provide a way out of ignorance. Law No. 39/2004 on the Placement and Protection of Indonesian Workers Overseas states: "The government must provide protection for Indonesian workers before departure, during placement, and post placement". The key, at each of these three phases, is education and training.

Few potential migrant workers, for example, really understand how HIV is transmitted. Around 86.2 percent of them—according to tests taken before and after ILO trainings—still think of condoms merely as contraceptives. Only 13.9 percent were aware that condoms could protect against sexually transmissible infections, including HIV. The same was also true among the four key groups of actors affecting migrant workers' lives: the instructors, recruitment agencies, dormitory heads and facilitators.

Regarding education and training, as well as the protection of migrant workers against HIV/AIDS, Lisna Y. Poeloengan, Director of Migrant Workers' Empowerment at the Manpower and Transmigration Ministry, acknowledged that it was limited to the Final Pre-Departure Training (PAP). What's more, this session is combined with other topics such as reproductive health and drugs. For this reason, she calls on the training centres, dormitory heads and recruitment agency instructors, to do their part.

Lisna acknowledged that, for now, this was still limited to taking advantage of free time at the dormitory or slipping basic

information about HIV/AIDS, such as how it is transmitted and prevented, into the existing curriculum. "That's the best we can do at the moment with our limited resources and access to information," she said.

The Ministry therefore cooperates with the ILO to build the capacity of the key



© ILO/Wisnu A.

players closest to the migrant workers: the instructors and dormitory heads from the Migrant Workers' Employment Agencies Association (APJATI), trainers from the Migrant Worker Placement Service Centres (BP2TKI), and facilitators from non-governmental organizations that are working in this field.

The ILO, through its HIV/AIDS in the Workplace Education Program, routinely organizes workshops for them. They are then expected to become facilitator leaders tasked with disseminating information about HIV/AIDS to migrant workers nationwide, especially in migrant worker sending areas.

"The instructors are the ones in direct contact with the migrant workers," said Galuh Sotya Wulan, ILO Jakarta's National Program Manager for the HIV/AIDS Education Project. She added that these

workshops had already reached 51 Migrant Worker Placement Services Centre trainers, 99 instructors and 65 dormitory heads from recruitment agencies, as well as 281 NGO facilitators.

The workshops, Lisna acknowledged, have made a big contribution to the provision of effective, targeted guidance and training. "The response and enthusiasm from everyone who has taken part in the training has been very good," she said.

In addition to the training, more materials and training modules that would provide accurate, comprehensive information are needed. The Manpower and

Transmigration Ministry, according to Lisna, has already prepared a training module. However, she said, although the module was compiled as carefully as possible, many migrant workers nevertheless had difficulties understanding the material due to the differences in their educational or cultural backgrounds.

To adjust the information delivered to the migrant workers' backgrounds, the ILO, as the Ministry's key partner, has produced information materials in a variety of formats, including audio-visual media.

One example is a film, *Chasing the Dream – Safe Migration Saves Lives*, which can be screened played during training and education sessions. The movie tells the stories of the migrant workers—both those who were successful and those who were forced to come home as a result of HIV/AIDS. The



film also explains, simply and clearly, how HIV/AIDS can be transmitted and prevented. The movie stars Nini Carlina, a

celebrity who is well-known for her close links to the migrant worker community and who has been appointed as a Goodwill Ambassador for Migrant Workers.

To prevent boredom and to keep the workshop participants actively involved, the ILO has also created a simulation game, "My Journey with the Magic Key", which is all about the various risks of migrating for work and how they are linked to HIV/AIDS risks. The game is full of practical examples presented through colourful, eye-catching pictures.

The participants have to get actively involved in finding solutions so that they can progress through each of the hazards during the migration process while avoiding the danger of HIV/AIDS. "We want migrant workers to take an active role, and not just be at the receiving end of lectures from their instructors at the worker recruitment agencies," said Galuh. With the help of comprehensive and easy-to-understand information, migrant workers can take steps to protect themselves and avoid being taken advantage of.

To strengthen measures for empowering migrant workers, Lisna emphasized the need for information dissemination in the regions identified as migrant worker sending areas. "If possible, the print media or electronic media should be involved," she said.

But the most urgent thing, according to Lisna, is the formulation of joint procedures and guidelines that could link all the agencies, administrative offices and ministries concerned with all the other stakeholders. "What we have to do now is find a way to reach people's hearts. If we reach their hearts, I'm sure they'll all want to get involved," she said confidently.

The other homework that needs to be done is empowering potential migrant workers not just before they leave for the destination countries, but once they have been forced to return home because they have HIV/AIDS. "We need to think about how best to empower them. For example, by setting up small businesses, helping their families and providing counselling," said Lisna. ♦



International
Labour
Organization

The 10 Key Principles



ILO Code of Practice on HIV/AIDS and the world of work

Recognition of HIV/AIDS as a workplace issue:
 HIV/AIDS is a workplace issue. It should be treated like any other serious illness/condition in the workplace. The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic.

Nondiscrimination:
 There should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

Gender equality:
 The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men, for biological, sociocultural and economic reasons.

Healthy work environment:
 The work environment should be healthy and safe, as far as is practicable, for all concerned parties. A healthy work environment facilitates... adaptation of work to the capabilities of workers, in light of their physical and mental health.

Social dialogue:
 The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate.

No screening for purposes of exclusion from employment or work processes:
 HIV/AIDS screening should not be required of job applicants or persons in employment.

Confidentiality:
 There is no justification for asking job applicants or workers to disclose personal HIV-related information. Nor should co-workers be obliged to reveal such personal information about fellow workers.

Continuation of employment relationship:
 HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work.

Prevention:
 HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies.

Care and support:
 Solidarity, care and support should guide the response to HIV/AIDS in the world of work.



The ILO Code of practice on HIV/AIDS and the world of work is a set of internationally negotiated guidelines that promote and support action against HIV/AIDS in the world of work. Developed in consultation with Member States and approved by representatives of government, employers and workers from all regions, the Code contains fundamental principles for actions at national and enterprise levels, and practical guidance for workplace programmes.

Empowering People in Migrant Workers Areas

There is much that can be done to protect migrant workers against HIV/AIDS. ILO Jakarta is taking the initiative.

Migrant workers are categorized as a high-risk group for HIV/AIDS infection due to their high mobility. In line with the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work, the ILO—a United Nations body concerned with human and labour rights—organized a series of events and activities under the HIV/AIDS in the Workplace Education Program, a project funded by the United States Department of Labor and the Indonesian Partnership Fund, which is supported by the British government.

ILO does not work alone. The organization cooperates with several institutions and non-governmental organizations, such as the Manpower and Transmigration Ministry, the Health Ministry, the Association of Migrant Workers' Employment Agencies (APJATI), Indonesian Migrant Workers' Service and Placement Centres (BP2TKI) and other organizations such as the Indonesian Migrant Workers Union (SBMI) and Solidaritas Perempuan.

Among the project's various activities are capacity enhancement for the government, private workers' recruitment agencies and migrant workers, as well as raising awareness about HIV/AIDS among workers and their families. All of these actions are aimed at preventing and mitigating the impact of HIV, providing protection for migrant workers and eliminating stigma and discrimination against them.

Policy-wise, the Manpower and Transmigration Ministry and the Health Ministry are currently formulating procedures for migrant-friendly HIV testing. Such a procedure would ensure that testing is free from discrimination and accommodates migrant workers' needs, with



© ILO/Wisnu A.

"The training gave me accurate information about HIV for potential migrant workers. Now I can give the proper support and treatment to those who test positive for HIV".

a priority on improving their health and welfare.

The project regularly organizes courses for training centre instructors, APJATI, dormitory heads and NGO facilitators. The trainees are expected to become focal points for the dissemination of information on HIV/AIDS to all migrant workers all over the country, especially those in migrant worker sending areas. "The instructors are the actors who are in direct contact with the migrant workers," says Galuh Sotya Wulan, ILO Jakarta's Program Manager for the National HIV/AIDS Education Project.

Final Pre-Departure Training instructors from 16 training centres and 82 private workers' recruitment agencies nationwide took part in the training, which also involved heads of workers' dormitories and NGO activists. The program was held in several cities, divided into two regions. Region I covers Medan, Pekanbaru, Batam, Palembang, Jakarta, Bandung, Banjarbaru and Pontianak. Region II, meanwhile, takes in Semarang, Yogyakarta, Surabaya, Makassar, Parepare, Mataram and Kupang.

Trainings were held each month from July 2006 to January 2007, with each course taking an average of three to four days. In all, a total of 51 pre-departure instructors, 99 trainers, 65 dormitory heads and 281 NGO facilitators were trained.

Evaluations of the training indicated that participants' knowledge increased by an average 20–40 percent. Some of the participants acknowledged they had significantly benefited from the training.

In her final evaluation, for example, an instructor from a privately run workers' recruitment agency in East Java admitted that her previous knowledge of HIV was limited. However, she said, "The training gave me accurate information about HIV for potential migrant workers. Now I can give the proper support and treatment to those who test positive for HIV." Meanwhile, an instructor from a training centre in Jakarta affirmed that she too would apply the information and methods she had learned in future pre-departure training.

With this training, all participants are expected to be able to deliver comprehensive information to potential migrant workers about how HIV/AIDS is transmitted and prevented, the risks at each stage of migration, guidelines on safe migration, and the various organizations they can refer to in the destination countries. In other words, they are now sources of information for potential migrant workers, especially about HIV/AIDS. ♦

They never Give up

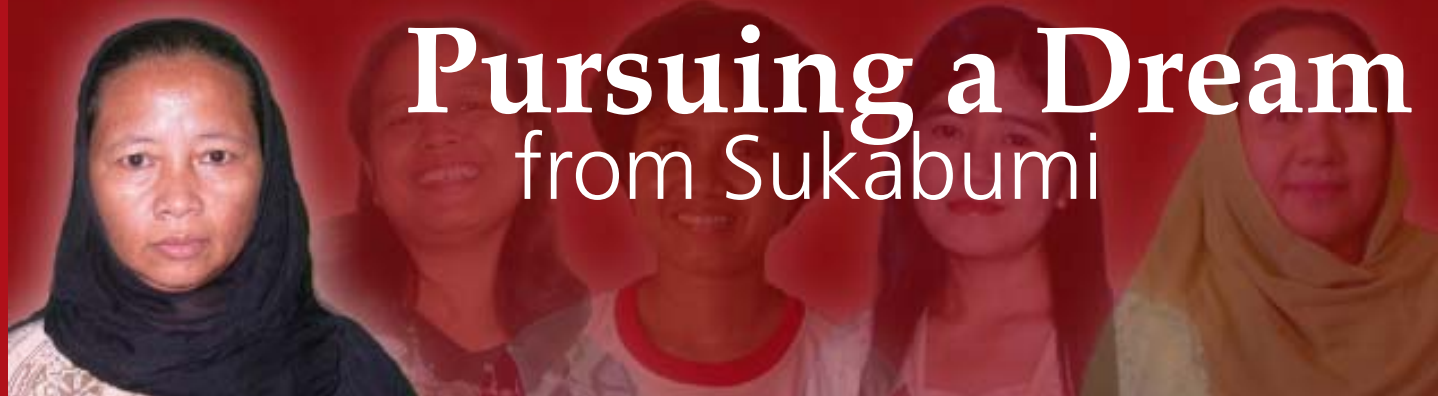


There are many sad stories to be found among the migrant workers who seek their fortunes overseas. Sometimes the reality turns out to be far removed from the dream. Some come home injured and traumatized by rape, others return empty-handed because their employers never paid them or because they were subjected to extortion by officials and scalpers upon their arrival in Indonesia. Some of them come home with HIV/AIDS.

But for them, giving up is not an option. Cursing the darkness will not bring back the light, as the Indonesian saying goes. These are stories of those who refused to stay in the dark. They are the stories not only of migrant workers, but also of those who dedicate their lives to the "foreign exchange heroes". They are shedding some light in the dark.

Rohmat

Pursuing a Dream from Sukabumi



The dark episodes in her life opened her eyes to the need for migrant workers to have comprehensive knowledge on HIV/AIDS.

EVERY time she was knocked down, Rohmat (40) just got up again. She was just doing what she had to do to secure a better life. In a mixture of Indonesian and Sundanese, Rohmat shared some of the bitter experiences she went through in 20 years of working in Saudi Arabia. She was almost raped when she first started working there, and was even jailed for allegedly assaulting her employer the last time she returned there to work.

Hailing from Sukabumi, West Java, Rohmat was only 16 the first time she went overseas to work. The desire to escape poverty forced her to add two years onto her age so that she could get a job as a live-in domestic helper. She was placed in the home of a Saudi Arabian entrepreneur, and tasked with all household chores: cleaning the house, cooking and washing. "From the day I started working there, my employer's eldest son was hitting on me. Almost every night he knocked on my bedroom door and asked me to let him in. I ignored him because I was afraid. But he continued to harass me whenever he got the chance," recalled Rohmat, now a widow with three children.

The dark-complexioned woman escaped a rape attempt, but only by chance. While her employer was out, the son locked Rohmat in the bedroom and tried to rape her. "I was scared to death. Fortunately, my employer came home and I managed to get out of the room," said Rohmat, who was not paid for a whole year.

She asked to be sent home to Indonesia. Her agent turned down her request because she had only served seven months of the two-year working contract she had signed. She had no option but to stay and deal with repeated rape attempts. One day, gripped by fear and panic, Rohmat threatened the employer's son with a kitchen knife.

To make a long story short, she managed to escape by appealing for help to police officers and immigration officials at the airport when she was taken on a trip by her employer's family. Rohmat revealed everything she had gone through. Fortunately, the airport police took her seriously, hid her from the family and managed to get her on flight to Indonesia.

Now a volunteer with an NGO, she realizes how naïve she was the first time she went overseas. Lacking knowledge about what to expect, and knowing nothing about HIV/AIDS and the associated dangers, she expected that everything would be as it was in her dreams.

At the dormitory belonging to the agency that recruited her, that kind of information was only given during monthly sessions, and

the materials were very limited. Regarding HIV/AIDS, potential migrant workers were only told not to "play around" or "do anything stupid", including having unprotected sex with an employer or anyone else.

"Sometimes we were warned, for example, not to run away or to "serve" our employers or anyone else. Because, they said, there were a lot of diseases. They didn't explain what kind of diseases they meant. All we were told was don't come home pregnant, with children, or empty-handed. I think they should have explained about "the diseases". It's better to come back pregnant or with a child than carrying a disease," said Rohmat, who lost all she had worked for so many years to earn when her husband cast her aside to take another wife.

As a volunteer, she tirelessly does the rounds of the migrant worker sending areas in Jakarta and West Java to educate and provide support. The information, according to Rohmat, should be as comprehensive as possible but presented in a way that's easy for the potential migrant workers to understand. ♦

Normawati

Supporting Migrant Workers

Seeing the inhumane treatment of migrant workers broke Normawati's heart and moved her to become an advocate for migrant workers. She focuses on HIV/AIDS issues.

NORMAWATI, a mother of three sons, has many stories to tell about the suffering of Indonesian migrant workers who failed to change their fate by working overseas.

When she first began her career at a telecommunications company, Normawati often had to fly to cities outside Java, especially in Kalimantan. She became very familiar with Soekarno-Hatta International Airport in Cengkareng, Banten. Of course, the telecommunications business was at its peak at that time.

While waiting for her flights, Norma, as she is usually called, frequently saw disturbing scenes. Not just once but several times she saw female migrant workers receiving harsh treatment from a number of officials and middlemen at the airport. "I saw many of them crying because they had lost their luggage and all the money they had earned in years of working overseas. I saw people being deceived, extorted and treated inhumanely by some of the officials

and middlemen milling around there. Six years ago there was no special terminal for migrant workers. They went through Terminal II along with the other passengers. But unfortunately no one wanted to take care of them," Norma remembered.

What's more, one of Norma's relatives fell victim to deception after paying Rp 8 million for administration fees and airfare to a workers recruitment agency who offered her a job in South Korea. The agency owner went missing.

These incidents prompted Norma, who now heads Migrant Workers' Advocacy and Development (PPTKI), to step in. While dealing with her relative's case at the Manpower and Transmigration Ministry, she was surprised to see almost 100 potential migrant workers from various regions also there to seek clarification and justice. She decided to help them. Some of them even stayed at her house for four months while the case was pending. Though they won their case, they only got one-eighth of the money back.

Norma found satisfaction in helping the victims, including her relative, and her success encouraged her to continue to assist migrant workers in trouble. When the company she worked for went bankrupt as a result of the country's prolonged economic crisis, Norma took the opportunity to devote herself to advocating for migrant workers. Since then, she has handled a wide variety of cases ranging from embezzlement and document

forgery to criminal cases such as torture, rape even murder. These were crimes that occurred not only while they were working overseas, but upon their return home as well.

In 2002, said Norma, four migrant workers who had just returned from Saudi Arabia were found dying, their bodies covered in wounds, at Soekarno-Hatta International Airport. At that time, Norma was a volunteer for the Indonesian Migrant Workers Advocacy Consortium (Kopbumi). Without hesitation, she offered her support, and took them to the Sukanto Police Hospital in Kramat Jati, East Jakarta.

Again, she was surprised to find many more women being treated at the hospital after being victims of similar cases. A few of them were suffering from severe depression. Sadly, not one of them had a relative or even a representative from the recruiting agency there to give them support. On the rare occasions when anyone did come, it was always with something else in mind. Rather than taking care of the victims, they just quizzed them about their pay checks. "The treatment they received was sometimes beyond inhumane," said Norma.

Norma's concerns are not groundless. She once assisted a migrant worker from Indramayu, West Java, who was raped by five Arab men. Seriously injured, she was forcibly sent home. Although the case was handled by the National Police headquarters, the outcome is still unclear.



"The government should be responsible for protecting migrant workers. They generate huge revenues for the country in terms of foreign exchange. Moreover, they have helped the government to reduce the unemployment rate caused by the lack of proper job opportunities at home. They sought out opportunities by themselves when the government could not do that for them," Norma added.

An education in HIV/AIDS

After so long dealing with and advocating for migrant workers in trouble, Norma acknowledged that she only started to learn more about HIV/AIDS in 2002 after taking part in a workshop organized by the ILO. Before that, she had never felt the need to explain about HIV to the migrant workers she handled. The sessions on HIV/AIDS issues brought home to her the paramount importance of informing migrant workers and potential migrant workers she worked with about HIV/AIDS.

"It was only then that I realized that the girls (migrant workers) need to know about this. Their purpose for going overseas is to get money, not diseases. We have to prepare them so that they don't come home carrying a disease. Prevention is better than cure," Norma said.

Armed with the knowledge she had gained from several trainings and workshops, Norma decided to do what she could to pass on what she knew about HIV/AIDS to potential migrant workers and their families. At least twice a month she visits migrant worker sending areas such as the Jakarta, Cianjur and Sukabumi regions.

During her visits she also listens to the families' complaints. "Usually, during the education sessions I slip in some basic

information related to HIV/AIDS issues. I deliberately do it like this so that they don't get bored. If I was too serious about it or set aside a certain time to present it formally, they wouldn't be interested. They would just say that it gave them a headache," said Norma, whose expenses are often paid from her own pocket when she makes these visits.

She also talks to the minivan drivers who take the migrant workers from the airport back to their home villages. These drivers are categorized as a risk group for HIV because it is not uncommon for them to have unprotected sex with the migrant workers. "They can't resist the temptation and just check in to a hotel for a couple of hours to have sex," said Norma.

To make her delivery of HIV/AIDS information more effective, Norma uses simple materials presented in clear, easy-to-understand language. She often requests the help of village officials to gather all the residents together to listen.

Initially, said Norma, there is little enthusiasm about discussing HIV/AIDS issues. Eventually, though, they get a little more interested and start to get concerned about the possibility of becoming infected. The husbands left by their migrant worker wives often show the keenest interest in finding out more about HIV/AIDS. The most frequently asked question is whether or not it is safe to satisfy their biological needs with other women who they think are "clean".

"I usually ask them, 'How can you be sure that the women is "clean"? You can't, can you? So just make sure that you're not going to be infecting your wives when they come home.' When I explain it to them in simple terms like that they get the message and ultimately it makes them think twice about having risky sex," said Norma. Indeed, prevention is better than cure. ♦

Telling the story of a friend who died of HIV/AIDS infection is enough to open the eyes of the potential migrant workers she supervises.

EXPERIENCE is the best teacher. The old adage is fully endorsed by Siti Fauziah, an instructor and dormitory head at the overseas workers' training centre (BLKLN) run by PT Anugerah Usaha Jaya (PT AUJ) in Sidoarjo, East Java.

Before working at this migrant worker recruitment agency, Siti spent six years as migrant worker herself: four years in Hong Kong and another two in Malaysia. She also did a two-year stint as a factory worker in Batam.

Her experiences brought her laughter, sadness and a lot of stories. One experience she will never forget is when a friend from her own village in Blitar, East Java—who also worked as migrant worker in Hong Kong—died in 1997 of HIV/AIDS.

According to Siti, not long after it was confirmed that she had AIDS, her friend's employer sent her home to Blitar. As if losing her job wasn't bad enough, thing got worse when she arrived home. She was shunned by her family and her community. And in the last days of her life, she wasn't even allowed to be with her only child, who was taken away by the family in case she became infected.

Outside her house, protests from angry neighbours forced the village administration to ask the police to stand by, fearing the protests would degenerate into something worse.

Siti knew that her friend was dating a migrant worker from Pakistan while she was in Hong Kong. Siti suspects that it was as a result of this relationship "getting too close" that her friend became infected with HIV. Siti added that the culture and the way of

Siti Fauziah

Reflecting on the Experience of others



life in Hong Kong was indeed freer than at home. "I often tell that story to the girls (which is how Siti refers to the potential migrant workers under her supervision) whenever I give them information about HIV/AIDS. I warn them: 'That could happen to you too if you do something stupid. It's your own life you're playing with,'" said Siti.

With warnings like that, Siti hopes she will discourage the potential migrant workers from getting involved in any high-risk behaviour while they are working overseas. At least they will try to resist the temptation, because if they are not careful, they might face the prospect of losing not only their jobs, but their lives.

Apart from having a friend who fell victim to HIV/AIDS, six years' experience of working overseas opened Siti's eyes to the way migrant workers spent their free time, and the type of entertainment centres they frequented. She is well aware of what goes on at such places. While the regulations on migrant workers in Hong Kong have seen some improvement—regular days off are now compulsory, for example—Siti is concerned that migrant workers will just use this time to engage in "negative activities". The more open and permissive culture there only makes it worse, she said.

Migrant workers in Hong Kong, according to Siti, are at risk of getting involved in risky sexual behaviour, be it in lesbian relationships, sex with male migrant workers from other countries or through

using the dildoes that are freely available for sale. The urge to seek some means of escape or release from the pressures they are under is all too real. Most of the migrant workers are in their productive years, dealing with the stresses of a heavy workload, loneliness and homesickness. The difficulty of containing sexual desire, especially for married migrant workers who have had to leave their spouses, is a big issue.

All of these factors are aggravated by the lack of knowledge and the relatively low educational background of the migrant workers, making it even more likely that they will get into trouble. "That's why I feel a responsibility to advise the girls so they don't get caught out. If we had had this sort of training and briefing in my time, my friend might be still alive," Siti added.

Siti has already taken part in two trainings on HIV/AIDS. The first was organized by the Migrant Worker Placement Services Agency (BP2TKI) in 2005, while the second was an ILO workshop in 2006. She has now been entrusted with briefing the migrant workers she supervises. Five of the 13 instructors at PT AUJ have already had HIV/AIDS training. "We take it in turns to brief the girls. We do it in between the other subjects so that they will be mentally prepared while working overseas," Siti said.

The training methodology is varied and emphasises the use of simple language and games to keep the participants interested. "They like it when we ask them to sing or

teach them the songs about HIV/AIDS I learned during my training. And they like playing the games and don't get bored so easily," she said.

Siti deserves kudos. Her experience as a former migrant worker whose friend died of AIDS compelled her to be more concerned and responsible. Information and education, according to Siti, are what the potential migrant workers need to take with them when they go to work overseas. ♦

Vemiana Sidok

A voice of Hope from Larantuka



Information on HIV/AIDS is often delivered in complex and confusing ways. This poses a problem for migrant workers.

SHE describes her experiences and answers questions in a firm, clear voice. She speaks rapidly and fluently, underlining how self-confident she is.

The brisk attitude and obvious intelligence of Vemiana Odilia Sidok, 29, from Larantuka, on the island of Flores in East Nusa Tenggara, shatters people's preconceptions about uneducated migrant workers. "After graduating from high school I decided to work. Initially I wanted to save some money by working at an orphanage and then go to college. But then I thought again. Both my sisters were unemployed after finishing college. Rather than becoming another burden on my family, I asked for my mother's permission to become a migrant worker," Vemiana began her story of life as a migrant worker.

She worked in Singapore for four years. From there, she was able to send money to her family. After coming home, she decided to go overseas again and now is undergoing training at PT Anugerah Usaha Jaya (PT AUJ), a private workers' recruitment agency in Sidoarjo, East Java.

Vemiana is relieved that she is no longer a burden on her parents. What's more, she

is proud that she has been able to get her neighbours to rethink their prejudice against migrant workers. "In the past, the people in my village had a really bad image of migrant work. They thought that once overseas, we were sold or ordered to do all sorts of work. Even once they were back home, migrant workers were still thought of as bad girls because they liked to put on a bit of make-up. But now that I've proved that that's not true, lots of my friends are interested in becoming migrant workers," Vemiana said with a smile.

Working overseas, said Vemiana, is not without risks. There are many problems, from the difficulties of adapting to the different culture and language in the destination country to the more risky and complex problems they sometimes have to deal with.

One of the risks that Vemiana is aware of is migrant workers' vulnerability to HIV/AIDS infection. This is a risk they can face at any time, from before they depart to the time they return home. "When I went to Singapore as a migrant worker I knew only a little about HIV/AIDS. The agency that recruited me then gave no information about it. I only knew about it from the TV. But here (PT AUJ), we are getting some guidance about it," said Vemiana.

She recalled that the clip she saw on TV featured a person with HIV/AIDS who was from a poor family, and found it difficult to get treatment. It showed his life story, the disease and how he had been infected. It opened Vemiana's eyes to HIV/AIDS.

She began to find out more after taking part in the training at PT AUJ. Although there are obviously still some misunderstandings, Vemiana can explain, if asked, about HIV/AIDS. The disease, she asserts, is caused by "germs". If infected, a person could lose their immune system. Some of the signs are fatigue, chronic cough, enlarged pores, frequent vomiting and diarrhoea as well as pus in the urine. "The disease can be transmitted through a mother's breast milk to her child, or through bodily fluids such as blood, semen or vaginal fluids. It can also be transmitted through blood transfusions or organ transplants. To stop the spread of the disease, the government has to campaign and give detailed information to public," Vemiana explained.

She would like to see information disseminated on a much broader scale and backed up with demonstrations and visuals. If it is just given out in the form of lectures or leaflets, a lot of the information is not understood. As an example, Vemiana mentioned the use of condoms as a means of preventing sexually transmissible diseases and HIV/AIDS. "I didn't even know what a condom looked like, let alone how to use one. It would be much better if a demonstration is given along with the information, to make it clearer," she added.

More effective education about HIV/AIDS that reaches as many people as possible would, Vemiana believes, have positive impact on the general public. ♦

Nining Ivana

A candle IN THE DARK

She looks like any other teenager—dyed brunette hair, energetic and flirty. Her slim body is clad in a pair of jeans and long-sleeved pink T-shirt. Her voice is full of life, and the smile never leaves her face as she talks. No one would ever guess that she tested positive for HIV/AIDS two years ago. But this former migrant worker is not about to let it get her down. She's convinced there's always hope.

MY name is Nining Ivana. I am 22 years old. I'm just one of the unfortunate migrant workers who has HIV/AIDS. Migrant workers like me are still second-class residents overseas.

It all started in July 2003. My sister's successful move to Malaysia made me want to follow in her footsteps as a migrant worker. After my final high school exams, before I even received my diploma, I didn't have to think too long before accepting the offer of a job in our neighbouring country.

My reason was simple: I just wanted to save a bit of money and help my parents financially.

I was offered a job at a company that made gloves. Because they urgently needed workers, a workers' recruitment agency arranged all my travel documents in just one week. When my passport and other documents were ready, I left immediately—without any training or health screening—with 36 other potential migrant workers on a Jakarta-Medan bus. It took two nights and three days. From Medan, we took a ferry to Malaysia.

When I left, all I had was dreams. I didn't really know what I was letting myself in for. All of a sudden, after six months of working, I began to get sick. I often had headaches, I had heart palpitations and I lost my balance. I thought I was just homesick and needed more time to adjust. Well, before then I never been away from home.

Luckily, there was a medical centre where I worked. I had a check-up in March 2004. The doctor said I needed a rest and I was allowed two days off work. But I wasn't getting any better. I used to faint a lot. Finally, after being treated for a few days for heavy bleeding from my nose and mouth, I insisted on having a full medical check-up. The tests found nothing suspicious. Everything was fine. Even the result of the HIV test was negative. The doctor only said that there was a slight problem with my heart and gave me some vitamins.

But my condition kept getting worse. At one point I thought I must have mental problems. In the end, I decided to go home since I had spent all my money on the medical treatment. The company only paid the first 10 ringgit and I had to pay the rest. I even had to ask my mother to send me Rp 2 million for the ticket home. I arrived back home in June 2004.

My family's shaky financial situation revived my original intention to earn money. I contacted the workers' recruitment agency that had sent me in the first place. In November 2004, I took the psychometric test for a job in an electronic goods company. Afterwards, I went to place in Tebet, Jakarta, for health screening. I thought this was just a formality because I had had all the tests before in Malaysia.

But like a thunderbolt out of the blue, all my hopes crashed in a second when the agency official told me I was unfit to go. "You cannot go because you have a disease," he said. I took a quick look at the form with my health test data on his desk. Apparently I was suspected of being HIV positive. "What disease?" I asked. The official answered briefly, "Just ask the medical centre." He was unable to give me any explanation.

I went back to the medical centre. They explained that of all the potential migrant workers tested, I was the only one who might be infected with HIV. My jaw dropped. I was stunned. It had never crossed

Nining Ivana



my mind that I might have HIV. What kind of disease was it? All I knew was that it was fatal.

I was referred to Cipto Mangunkusumo Hospital for another consultation. They explained again that I might be infected with HIV. The doctor asked me to go the medical centre again for a repeat test. So four days later I went back to the same clinic and took the same test and got the same result. There was no explanation or counselling about what I should do to prepare myself to face the fact that I was living with HIV. I felt really alone.

I could not think about what lay ahead for me. My mind was blank. I spent my days alone, waiting to die. I didn't tell any of my family. Only my boyfriend knew, because he had also been tested, and the result was negative. I had lost the will to live. I even tried to jump out of a speeding taxi, but my boyfriend stopped me.

I worked at a shopping mall briefly, until my health got worse again three months later. I had diarrhoea, I was coughing up phlegm, and I had a high fever. Two months later I saw the address of an HIV/AIDS organization on TV. I steeled myself for some counselling.

At first, I myself didn't know how or where I got the virus. The NGO activist patiently counselled me, and explained a lot about HIV/AIDS. Then I remembered that when I was in junior high school I used to use injected drugs. I used to share syringes to save money.

I had never realised that HIV could be transmitted that way. I used to think that HIV only affected gays, sex workers or people who slept around. I was wrong. Although I had been sexually active since high school, I had always been faithful to my partner. But I didn't know anything about safe sex.

I was probably infected with HIV long before I left for Malaysia. But because I was still in the window period, I tested negative when I was over there. Now I know I'm not going to die for nothing, because drug therapy and a healthy lifestyle can increase your life expectancy. Once I started having counselling, I started learning all I could about HIV and actively taking part in various training courses until finally I took part in health counselling program.

I'm also more open about myself. In 2006, I declared my status in public. My family only learned about it in 2005 when I went to Dharmais Hospital for the first time for therapy. Luckily they were very supportive, although at first they were afraid that I would pass the virus on to them. My boyfriend also supports me. He's always looking on the internet for the latest information on treatment and therapy, even though we're not a couple any more.

They realized that discrimination could slowly kill me. I thank God that now I'm working as one of three cadres at a community health centre in Cilincing—it's a cooperation between the North Jakarta District AIDS Commission and the Indonesian HIV Prevention and Care Project (IHPCP). Every day I give out information on HIV/AIDS, especially to injecting drug users. The honorarium I get is enough to cover my daily needs.

I don't want others to be infected with HIV like me. I want to show those who are already infected that they can pick themselves back up again, like I did. Every month I get my medication and I do the therapy routinely. For the rest of my life, I'll still try to achieve all my ambitions. Actually I'm lucky to have HIV, because it's pushed me to learn more. Now I am a counselor, giving people information about this issue. If I wasn't doing this, I might have died young with nothing to show for my life.

I still have hopes of going overseas to work. HIV is no different from any other disease and it does not determine whether I'm fit to work or not. I'd like to see more education and training on HIV. When I was in Malaysia, there were Indonesian workers who were sent home for health reasons. But there was never any explanation about what they were suffering from. If a migrant worker was found out to be HIV positive, the employer would blame the recruitment agency or even accuse the worker of tricking them.

There's nothing at all in the way of help or concern from the destination country. They only want healthy workers who are ready to work whenever they are needed. We didn't even have the chance to demand our rights because we had too much to do. Moreover, not one official at the Indonesian embassy gave us any support or even any information about where to seek help and what to do. At that time, I was a documented migrant worker. Can you imagine what it would be like for my friends who had no choice but to go without legal documents?

It's ironic that we are known as the foreign exchange heroes. If that's the case, I just have one simple wish. That everyone, including people living with HIV, has the right to health awareness and health services.

♦

Questioning the rights to health care for the foreign-exchange heroes

The rights of migrant workers to health care still neglected.



© ILO

The consequence is clear. The migrant worker infected with HIV did not realize what she was going through. She only told that she was unfit. Next consequence, "She could spread the virus at her home village," argued Husein Habsyi, deputy chairman of Pelita Ilmu Foundation (YPI), an NGO providing advocacy to people living with HIV.

The Health

Ministry records 8,194 AIDS cases and 5,230 HIV cases in 33 provinces by December 2006. The growth of number of incidence in 2005-2006 is much more rapidly than in 1987-2004.

The poor knowledge of migrant workers on HIV/AIDS worsens the condition. Their way of thinking still based on myth. "For example, they believe HIV is transmitted through mosquito bites. They say people with HIV can spread the virus to others because they live at the same home with their families. All they know is how to get a job overseas as soon as possible," Husein blasted.

Even if the worker realizes she has contracted with the virus, the worker yet to know what to do and where to get help. A lot of migrant worker who did not find advocacy becomes more vulnerable as a person. Alone carrying the burden, they gripped with pessimism.

Therefore, post-test counseling is important. Since 2001, YPI provided advocacy to more than 10 overseas workers with HIV. The counseling process starts from the recruitment by the private workers

recruitment agency, at shelter, education, the provision of antiretroviral medicine at referral hospitals, until the time they have to return home.

Health is life basic modality

Both CARAM and YPI acknowledged their limitation as an NGO. "We only have 15 active counselors," said Husein. Expressing hopes that other NGOs and institution to help in, Husein also questioned the government's commitment.

Salma and Husein agreed that the government has to negotiate with employing countries to apply voluntary test and not to make basic requirement. Beside that, the government has to guarantee the provision of service and counseling. "We need the government to provide them with antiretroviral medicines, free-of-charge caesarean surgery or affordable one for pregnant women with HIV as well as post-test counseling," said Husein.

Salma underlined that the right to health is the migrant workers' basic rights. "Besides the right to proper salary and working hours, health is absolute rights and basic modality to life. The challenge in the next future is to advocate principle that health is basic rights for migrant workers," said Salma. To date CARAM is carrying out a survey on HIV among migrant workers. The result of the survey will publish in March. "So far no organization has a thorough research (on the issue). The result of the survey at least will give us groundwork to formulate policy on migrant workers," Salma added.

From now on workers have to obtain their rights to health, including the rights to take HIV test voluntarily and to have counseling and support from all parties. They named "foreign-exchange heroes" not for nothing. It is time to pay the heroes respect. ♦

If you apply to work overseas, beware of the health tests. It is not impossible your blood sample taken for HIV test without your consent. If you ever in such situation, do ask: "What kind of tests do you perform on me?", suggested Salma Safitri, member of CARAM Asia's domestic workers task force that concerns on migrant workers issues.

Sigit Priohutomo, head of AIDS and Transmitted Sexual Diseases sub-directorate at the Health Ministry, concurs. He said that, by law, a physician take test on client without the latter's consent is subject to Rp2 billion fine. The result of the test, that supposed to be confidential, deliberately handed to private workers recruitment agency.

Moreover, HIV/AIDS test is a voluntary one. The fact is the test becomes mandatory for potential migrant workers. "The regulation is ambivalent because it only applies to test conducted in the country, but it is mandatory for potential migrant workers," Salma added. Thus, according to her, the violation to workers' basic rights started from the early stage of departure process.

Irregularities in HEALTH TEST for Migran Workers

The government through the Health Ministry realizes something is wrong in the implementation of health test procedures for migrant workers. Now the ministry and the Manpower and Transmigration Ministry work together to prepare appropriate test procedures.

The government requires health tests for migrant workers before embarkation and after arrival home at certain medical centers already certified by the Health Ministry as stipulated in Article 5 lines 1 and 2 of the Health Ministerial Decree No. 138/MENKES/SK/II/1996. "Health test is basic requirement besides administrative requirements and skill," said Ratna Rosita, director of specialist medical service supervision at the ministry.

In practice, however, the tests only held accordingly on the embarkation phase. On the arrival phase, the test not properly held. Besides, the current health tests are not as expected. "The tests are performed on mass number of clients. A medical center can perform tests on hundreds of potential migrant workers in one day," Ratna explained. The tests will not effective if a medical center handles 200 potential migrant workers in one day, while, ideally, a counselor treat a maximum of five clients in one day.

It turned out that HIV test slipped into the health tests package – without the knowledge of the migrant worker taking the test. "Even a doctor sneakily took blood samples from the potential migrant workers for HIV test," said Sigit Priohutomo, head of AIDS and Transmitted Sexual Diseases sub-directorate at the Health Ministry. Sigit added that the doctor could pose sanction of paying Rp2 billion fine for conducting a test without the client's consent.

"Migrant workers have no other option because the employing countries

require them to undergo HIV test. International convention does condemn work restriction on individual living with HIV. Employing countries, however, not necessarily ratified the convention," said Galuh Sotya Wulan, ILO Jakarta national HIV/AIDS program manager.

Ratna corroborated the statement, citing Malaysia and Saudi Arabia that insisted mandatory HIV test on potential migrant workers.

UNAIDS states HIV test is voluntary, taken in one-on-one session and complemented with counseling session, before and after the test. Hence, the test named Voluntary Counseling and Testing (VCT).

However, due to the massive number of migrant workers, it is difficult to meet the ideal condition. "Mass testing has its benefit as it could accommodate a big number of clients at the same time. However, the number should limit to 20 at the most," said Sigit.

Watch every step!

- ◆ During health tests, you have rights to get pre-test counseling, explanation on the meaning and consequence of test results, as well as post-test counseling and guidance.
- ◆ Take health tests before departure and upon arrival in a bid to anticipate the window period of HIV as well as its opportunistic infection. The incubation period of HIV is different to each individual.
- ◆ If you declared unfit, ask for an explanation along with the result form because it is confidential and belonged to you.
- ◆ If you turned out tested positive with HIV, ask for referral hospitals and NGOs that provide advocacy and post-test counseling.
- ◆ If you are a woman infected with HIV and pregnant, deliver your baby through caesarean operation. Give the baby special formula milk, not your breast milk to prevent virus transmission.
- ◆ Join an organization, because it is effective to suppress loneliness and the feeling of isolation, and able to rise up your optimism.
- ◆ Work achievement and performance of people living with HIV who know about their health condition and get good advocacy and support are, in fact, better than those who do not realize it.
- ◆ Keep yourself well informed through discussions and counseling sessions and disseminate your knowledge to public and fellow workers, including migrant workers in destination countries or at home village.

Source: From interviews with Health Ministry officials, CARAM and YPI (abridged)

Formulating ultimate guidelines

Moreover, the level of awareness of the migrant workers is still low. They do not realize the paramount importance of VCT. To cope with such condition, the private workers recruitment agencies and medical centers have to play active role.

Therefore, the Health Ministry currently formulates guidelines on Provider Initiative Testing and Counseling (PITC). The ministry gets support from ILO in the process. The guidelines expected to complete in February 2007 and put to trial at medical centers in Jakarta and East Java.

Although it is the provider (workers recruitment agency or medical centers) which take the active role, the implementation of health tests should comply with the principles of voluntary testing. "It means that client should not be forced to take tests. Only the providers who actively approach them," added Sigit.

The challenge in the future, according to Ratna, is how to make community accepts migrant workers with HIV. "They are just as same with those with other diseases. Even their work productivities are as high as healthy people's."

Ratna regarded ILO has made the most of its effort to facilitate trainings for actors

related to migrant workers. Moreover, ILO is open for cooperation with the Health Ministry and the Manpower and Transmigration Ministry. Sigit added that ILO and the government have to play their respective roles well. "ILO has the best approach in handling labor issues with its training programs for labor unions, including training and dissemination of information on workers health. The government, especially the Health Ministry, will do its best to make a policy promoting workers health," said Sigit.

We wait with our eyes wide open. In the future, health tests on migrant workers should be better than the existing ones. ♦

The Procedure of Migrant Workers FRIENDLY VOLUNTARY TESTING Counseling

© ILO

Pre-test counseling phase:

1. Dissemination of information at migrant workers sending areas, including on brief knowledge on HIV/AIDS, its prevention and transmission, medication, the benefit of tests, awareness of status, and how to live a healthy, productive life with HIV.
2. Groups education at the medical centers or dormitories to disseminate advanced material of information on the benefit of tests, healthy lifestyle and how to deal with problems, followed by question-and-answer sessions. Migrant workers can chose the government-run medical centers (puskesmas) or private ones already certified by the Health Minister to undergo test.
3. Informed Consent (IC). The client already given counseling sessions. The client is fully aware and not under coercion taking HIV/AIDS test, and willing to accept whatever consequences coming from the result. The client signs IC form

HIV test, by definition, is voluntary test, in where counselor and client fully aware of the procedures and consequences, whatever is the result. Only client has access to the result of the test.

Test phase:

1. In general, the test uses ELISA test method. Results of the test directly handed to individuals at the medical center (not to the workers recruitment agency).
2. If tested negative, test participants can receive post-test counseling and depart as migrant workers.
3. If tested positive, new blood samples taken for three repeat tests. If the majority of the samples tested negative, test participants can receive post-test counseling and depart as migrant workers. If the three samples tested positive, test participants will receive post-test counseling.

Post-test counseling

1. Advocacy and counseling aim to prepare test participants to return home and contribute well to the society.
2. Introduce referral institutions that provide advocacy and support.

Source: Interview with Health Ministry officials (abridged)

Nafsiah Mboi, NAC Secretary:

Don't put WOMEN in a Corner

As a group, women are the most vulnerable to HIV infection. The risks multiply when it comes to female migrant workers. These women make up almost 75 percent of the millions of Indonesians who head for foreign countries every year to work.

*Acknowledging the seriousness of the situation, President Susilo Bambang Yudhoyono has established a commission to deal with HIV/AIDS issues: the National AIDS Commission (NAC). How does the NAC view the problems related to HIV, migrant workers, and women? What measures and priorities are planned? We spoke to NAC Secretary **Nafsiah Mboi**, taking a break in the middle of her tight work schedule.*

© ILO/Wisnu A.



between 190,000 – 240,000 injecting drug users (IDUs) who are infected with HIV. Ninety percent of them are men. These IDUs have active sex partners, who are eventually infected too.

Nevertheless, women are still vulnerable to HIV. How do you explain this?

First of all, women are physically more vulnerable. During intercourse, all of the virus squirted in along with the semen is absorbed by the female reproductive organs. Did you know that HIV develops into AIDS faster in women's bodies than in men's? Women below 18 years old are the most vulnerable, physically. Right now I'm very concerned about the rampant trafficking of girls and young women.

The second factor is that women are vulnerable from a social or gender point of view. In general, women have a lower level of education. They have little access to information. Even if they are educated and can get information, they are still powerless. For example, they know that safe sex includes the use of condom. But it is still the husband or male partner who has the last say in whether or not to use the condom. Women are in a weak position in sexual relationships. Sex is still understood as a man's right. Men don't stop to think about whether they are transmitting a disease or not, just as long as they get their pleasure.

The third factor is economic vulnerability. Women are dependant on men, or their husbands. In our society, the breadwinner is always the man. But if the man is unemployed, it's the woman who assumes the responsibility for feeding the family. Why are there so many cases of women leaving their home villages to become migrant

workers, while their husbands stay at home – and even take another wife?

Fourth, women are vulnerable in legal and human rights terms. There are so many laws and regulations at both national and regional levels that are not only not "pro-women" but even degrade women. For example, there is a regional ordinance that authorizes the "sweeping" of women who are out of their homes without a chaperone at night. They are considered to be prostitutes. Although there is a law that stipulates sanctions for domestic violence, it is not yet fully enforced.

At the core of women's vulnerability are gender and social issues, which are exacerbated by economic and legal issues.

What are the latest developments regarding the spread of HIV in Indonesia?

The NAC has made estimates and carried out mapping. The estimations indicate that between 4.8 and 8 million Indonesians are at risk of infection with the HIV virus. The virus may later develop into full-blown AIDS. More than half of those at risk for HIV are men, not women. Don't corner women and blame them for the spread of HIV. There are a lot of people that still place the blame on women.

What kind of men (are at risk for HIV)?

First, there are the men who regularly pay for sex, whether with men, women or transvestites. People still think of sex as being controlled by men. They want satisfaction but they refuse to use protection or a condom. And when they are done, they go home and have sex with their wives or partners.

Second, there are people who inject drugs. The latest data show that there are

What should be done to reduce women's vulnerability?

Men, in my opinion, are the key to finding a solution to all these problems. The first thing to do is to educate men on the importance of taking the responsibility from an early age, so they can lead the way to a solution. It is men who decide whether to use condoms or not. Men play a huge role in solving the problem, but the problem starts with them too. It's important to realize that there are some 5 to 6 million men regularly paying for sex with gays, transvestites and women. If they are aware of the need to use a condom, the spread and the growth of HIV could be curbed. The problem won't be solved until men change their behavior.

Secondly, we need to empower women. Women deserve to be valued and respected and not only hired or treated as tools for sexual pleasure. Third, we need to empower society. Society must understand that the

current perception of women is unfair. Women are always to blame. This way of thinking must be changed. Why is it only women who go overseas to earn a living? Why not the men?

What is the correlation between HIV and migrant workers?

Did you know that the biggest demand for Indonesian migrant workers comes from the plantation and manufacturing sectors—male-dominated jobs? But what happens then? The male migrant workers over there are apparently looking for sexual pleasures too. Many of the powerless female migrant workers end up becoming sex workers. This issue leads to the fourth solution, policy empowerment. Legislation at national and regional levels should be fairly and fully enforced. We already have a Child Protection Law, but there is still widespread trafficking of women and children. This is a huge source of vulnerability for female migrant workers.

What is the NAC's role?

The NAC now has a very strong position because it is based on Presidential Regulation No. 75/2006. The NAC reports directly—and regularly—to the President, unlike the former NAC, which was responsible to the Coordinating Minister for People's Welfare. Moreover, the NAC has a very diverse membership. They are not all executive civil servants or officials from the Coordinating Minister's office. The current membership comprises government officials, the military and the police, the National Narcotics Agency (BNN), civil society, professional organizations, the Indonesian Red Cross (PMI), PLWHA organizations and others from the private sector. The NAC receives funds from the state budget, or from the regional budget for the regional AIDS commissions at provincial and district levels.

How much is the budget for the NAC this year?

This is the problem. The President has established two commissions to deal with communicable diseases: the National Avian Flu Commission and the NAC. This shows

how serious the President is about dealing with HIV/AIDS. However, the House of Representatives approved nothing at all for our budget, while the avian flu commission received Rp. 554 billion. I've no idea why, when the number of AIDS-related death is getting higher and higher.

So how can you do the work without budgetary support?

The function of the NAC is clearly to lead, coordinate, formulate policy and make work plans. For the coordination function, we have full authority, which includes coordinating donors. The Coordinating Minister for People's Welfare (Aburizal Bakrie, ed.) has decreed that all donor funding should be coordinated under one roof by the NAC. If foreign donors refuse to channel their funds through the NAC, they are welcome to leave the country.

Society must understand that the current perception of women is unfair. Women are always to blame. This way of thinking must be changed.

Won't there be complaints from NGOs if donors have to be placed under NAC coordination?

That is the challenge and the big responsibility for the NAC in the future. For the last 20 years, donor assistance has gone directly to the NGOs. But I'm concerned about the performance of the NGOs. Their coverage and effectiveness are very low. There is an NGO that has been working in one district for seven years now, but there is nothing to show for it. Condom use has been stuck at 20 percent for ages. The proliferation of HIV/AIDS cases is still high, at around 50-70 percent. What have they done in seven years with millions of dollars of donor funding?

What is the NAC doing to deal with HIV/AIDS among migrant workers?

The key lies in the hands of the migrant worker sending districts. Out of some 400 districts, about 100 have well-organized regional AIDS commissions that are part of

our monitoring system. These 100 regional AIDS commissions are in high-priority HIV/AIDS areas. Of course other regions do have AIDS commissions too, but they are areas where HIV/AIDS is not yet a priority. At the provincial level, we already have AIDS commissions in all provinces except for the four newest ones.

Regional AIDS commissions are chaired by the head of the regional administration (the regent/mayor or the governor). The regional head is responsible for coordinating the sending of migrant workers, in cooperation with the local Manpower and Transmigration Office and the local Health Authority. So it's the regional heads of the migrant worker sending areas who are in the vanguard. In 2006, each regional AIDS commission cooperated with Hiptek, the Association of Medical Clinics for Indonesian Overseas Migrant Workers, to organize training on health services.

Is this effective?

Well, to make it effective, each region has to find data, and map the red light areas. If there is any region that claims to be free of sex workers, it's being hypocritical. Next, we have our work priorities for this year. The first priority is the prevention of HIV transmission from mothers to babies. Second, we want to provide treatment for as many PLWHA as possible. Third, we want to provide support for people living with HIV/AIDS by eliminating stigma and discrimination, including discrimination against migrant workers who are infected with HIV.

What about the partnership with the ILO?

The ILO is an international organization. The general public still thinks of the UN, including the ILO, as a donor organization. Actually, it is not a donor; the ILO is an institution that provides support in the form of technical assistance. The ILO plays the role of advisor, specifically to the government. The ILO maps and contextualizes the basic problems of workers and AIDS and provides suggestions on what we should do. We would be very happy to open our door to ILO professionals who were willing get involved with the NAC. •

HIV/AIDS and Migration: Fixing THE BROKEN CHAIN

*Galuh S. Wulan and Gita F. Lingga,
Education Program for HIV/AIDS, ILO Jakarta*

There's no longer any question that HIV/AIDS is a big problem in Indonesia. A 2006 UNAIDS report gives an estimate of 210,000 people in the country living with HIV/AIDS, although the number of recorded cases is still only 11,000. Many are unwilling to find out their HIV status, given that stigma and discrimination are still rife. What people don't realize is that just one infected person can spread the deadly virus to 100 others.

With the majority of those living with HIV being in the most productive age group, the epidemic has also made inroads into the world of work, including the migrant worker sector. Migrants are categorized as a high-risk group owing to a number of factors, such as high mobility, living in new environment and being away from partners and families.

Migration is a choice that involves significant risks, particularly because

migration flows are dominated by low-skilled workers who do what is often referred to as 3D work: dirty, dangerous and difficult. These are the jobs that are shunned by the citizens of the destination countries.

Female migrant workers are even more vulnerable. They make up 75 percent of the total number of workers, the majority working as domestic helpers or in entertainment centres. Just a few of them work as nurses and teachers.

The risks are exacerbated by the difficulties potential and existing migrant workers face in accessing information, including information about HIV/AIDS. This is because they generally hail from rural areas where information networks are minimal. Even if they do manage to get information, it is often buried under a mass of myth and misconception—for example, that HIV is transmitted through mosquito bites, by sharing eating utensils or even by shaking

hands. Language difficulties pose further obstacles. And most know next to nothing about their destination country.

This helps to explain why, in 2005 alone, the Association of Medical Clinics for Indonesian Overseas Migrant Workers (Hiptek) recorded 161 potential migrant workers who tested positive for HIV, out of 13,000 who underwent the test. There is concern that this number will increase.

The path is (still) littered with obstacles

Unfortunately, there is a widespread belief that it is migrant workers who carry and transmit the virus. Not surprisingly, therefore, most of the employing nations enforce mandatory testing for HIV and other communicable diseases to ensure that their countries remain free of HIV.

This has forced the issue of mandatory testing under the spotlight. The test has become a benchmark of whether a potential migrant worker is fit to work overseas. Worse still, the workers' recruitment agencies or medical centres rarely, if ever, inform potential migrant workers that the series of tests they will have to undergo includes an HIV test.

According to Voluntary Counselling and Testing (VCT) principles, HIV testing should be voluntary, confidential and accompanied by counselling sessions. Ideally, the test should be conducted in a one-on-one situation. In this way, the potential migrant worker should be able to exercise their right not to take the test.

However, through a combination of powerlessness and ignorance, they lack the confidence to ask questions about what tests they have to take, what the results are or where to get treatment if they prove to be infected with HIV.

Problems arise when potential migrant workers test positive for HIV and are declared unfit to work. They are never told what diseases they are suffering from. The situation is worsened by the fact that there are, as yet, no standards for migrant-friendly



testing. Test results are frequently announced or circulated without regard for confidentiality.

The sad thing is that the potential migrant workers who are considered unfit to work because of their HIV status are dismissed without any explanation. Of the 161 potential migrant workers who tested positive for HIV in 2005, for example, so far not one of them knows their true health status. This goes against the principle that everyone infected with HIV has the right to treatment, protection and support.

Worse still, many of those who do not pass the medical screening are nevertheless determined to seek their fortune overseas at any cost, even without legal documents. The fact is that for undocumented workers, the risks multiply, because they are not protected by the law. The number of undocumented workers is estimated at twice that of documented workers.

Integrated solutions: fixing the broken chain

If this situation is allowed to continue, the worst-case scenario is that the rate at which people are being infected with HIV in Indonesia will escalate. The fear is that it could even catch up with the number of HIV cases in Africa, given that infection rates in Indonesia have risen rapidly for years with no sign of a decline; in fact there was an explosion in the number of HIV cases between 2004 and 2006.

The only alternative, therefore, is to open up broader access to information and health care, not only in the country of origin—during health screening, for example—but in the destination country too. This is why the ILO is pushing for migrant-friendly testing that complies with the guiding principles of VCT. This measure would ensure that HIV does not affect a person's employment status and is not a determining factor in their employment. All migrant workers, including those with HIV, have the same right and ability to work.

Building the awareness and capacity of the key players in the migrant context is a must: the trainers at the training centres, instructors and dormitory heads at the workers' recruitment agencies as well as the

NGO activists working in this field. These people have a huge influence on potential migrant workers.

They need to be thoroughly trained to understand the concept of safe migration. Myths and misperceptions about HIV/AIDS should be eliminated. These four groups should represent the starting point for migrant worker education and empowerment: they are the ones who should be giving accurate information to ensure that would-be migrants undergo the proper testing procedures, guaranteeing confidentiality and counselling, the vital link in the chain that is so often missing.

All this calls for continuous training on migration and HIV. To date, the ILO and the Manpower and Transmigration Ministry have organized trainings for 400 trainers, instructors, dormitory heads and counsellors.

Empowering and strengthening the involvement of village authorities,

Unfortunately, there is a widespread belief that it is migrant workers who carry and transmit the virus. Not surprisingly, therefore, most of the employing nations enforce mandatory testing for HIV and other communicable diseases to ensure that their countries remain free of HIV.

administrative offices and other state agencies at village level, especially in migrant worker sending areas, must not be forgotten, either. These actors have to properly understand the issues and the stages of migration that is safe, protected and free of HIV. They are the first gateway for information for potential migrant workers determined to pursue their ambitions by working overseas. It is important, therefore, to put a stop to practices such as document forgery, falsification of age and brokering that ultimately can only harm potential workers.

The Manpower and Transmigration Ministry allocates 30 minutes to HIV/AIDS in the final pre-departure training. But this session alone is inadequate; moreover, the final pre-departure training is delivered en masse, right at the end of the migrants' training. At the very least, the time allocated for HIV education should be increased; better yet, it should be made an integral

part of the education and training curriculum for potential migrant workers.

A further challenge is to improve the quality of the private workers' recruitment agencies, especially the ones who deploy potential migrant workers to countries in the Middle East. The training for workers destined for those countries is not as intensive as that required for countries in the Asia Pacific region. Hong Kong and Taiwan, for example, require potential migrant workers to undergo 4,000 hours of training and guidance within two months.

Dormitory heads also play an important role. They are probably the people closest to the potential migrant workers in the period prior to departure. During their months at the holding centres, it is usually the dormitory heads with whom the would-be migrants interact and share their feelings.

It is important, as well, to improve the testing process and apply the migrant-friendly procedures now being deliberated by the Health Ministry and the Manpower Ministry. Under these procedures, HIV testing must be voluntary, confidential and linked to counselling.

Medical centres, too, have to take a more active role. The new procedures will require them to educate groups about the tests they will undergo, and provide counselling and referrals for workers who test positive for HIV.

Last but not least, attention should be paid to the destination countries. It is important to establish access to health support there and encourage migrant workers to share information, which will hopefully reach the undocumented workers too. Regardless of their legal status, they still have the right to treatment and support.

The key to achieving all this is the commitment of all parties to upholding the migrant workers' right to information. Only with broad access to information will migrant workers have their often-overlooked rights restored. For these foreign exchange heroes, it's like fixing the chain of respect that has been broken for too long. ♦

This article was published at Jakarta Post Daily, on 19 February 2007.