Alternative Report

The Situation of Migrant Lao Women in Thailand and Their Vulnerability to HIV/AIDS

For the Committee on the Elimination of Discrimination against Women

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HIV/AIDS problem of migrants from Laos in Thailand

1. Introduction

Seeking for the better of life is the human wants, and migration is one of the choices for the peoples who living in less developing country is to migrate to better developed country and sometimes it becomes worse. Mostly, Lao migrants are in Thailand where is the better place and more understandable about languages, traditions and the feelings but still limited on access heath care service and information related to vulnerability to HIV/AIDS, contagious diseases and other heath problems by their survival struggle in earning *"golden dream income"*. Mostly, migrants are from rural area perceive their tenuous legal status and many treats that limited to accessing to healthcare services and legal mechanisms, migrants endure poor working and living conditions without being able to receive suitable treatment for related health conditions.

> *"The health status of migrants in Thailand is influenced by the health conditions they confront in Laos. In addition, low GDP, the three source countries have poor health systems that provide only limited treatment and preventative health. There is also an AIDS epidemic in Laos, for migrants that come to Thailand are known to have high prevalence rates of HIV. Migrants' health may also be compromised by exposure to contagious diseases, such as drug-resistant strains of malaria, at border areas where many surreptitiously enter Thailand. Yet, the work and living conditions they endure in Thailand have the greatest impact on migrants' health". (Prevention of HIV/AIDS Among Migrant Workers in Thailand project. Raks Thai Foundation, 2006)*

This report will describe the factors affected to Lao migrants' health in Thailand, exploring work and living conditions, structural threats to healthcare services, and issues of emotional well-being and human rights. The goal of the report is to show that migrants' healthcare services in Thailand is

necessarily affected by various factors that are out of their control, such as unsanitary work and living conditions and the limited to access health information and services. Accordingly, this report lays out the argument that both registered and unregistered migrants' inability to obtain basic rights, which is granted explicitly to registered migrants but untenable due to practical threat, is what most negatively influences their health, and results in increased vulnerability to health problems and HIV/AIDS.

My paper aims to (1) study attitudes, factors and the risk of Lao migrants with HIV/AIDS in Thailand. (2) Study the rights of Lao migrants accessing to healthcare services related to HIV/AIDS problem in Thailand.

2. Literature and back ground

2.1 Background of Laos

Laos is located in Southeast Asia, as a landlocked country with a population 6,677,534 people (National Statistic, 2008) with its diverse ethnic groups and believes. It has an area of 236,800 square kilometers, sharing border with China in the north, Thailand and Burma in the west, Vietnam in the east and Cambodia in the south. Laos today is the poorest condition to access all kinds of economic, absorbing information and living standard in the regions of the Southeast Asia.

Figure 1. Map of Laos

2.2 Social and economic factors related to migrants

According to the National Statistic Center (NSC) of Laos, the Gross Domestic Products (GDP) is increasing but still under the list of a poor economic country (GDP in 2008 is US$ 450 per capita). Comparing to Thailand, Laos' economic is too low by the average Gross National Product (GNP) per Head of Laos is one in seven of Thailand (NSC, 2008). This situation of economic attracts Lao peoples in rural area to migrate to Thailand increasingly with more preferable of conditions of long cross border, traditions and language. In Thailand the number of population is increasing 0.8 percent per year but Laos it is 2.2 percent per year. Moreover, the number of people from age 15 – 39 is not increasing in Thailand but in Laos is increasing up to 3 percent per year. 70 percent of those people are based in the rural area and most of those people have low income. All of them are do not have paid jobs and also the jobs in Laos are not available for all people and there is very low pay for wage labor (<2,000 Baht/month). These are the causes to make many people dream to work in Thailand. However, economics is not the only factors that push Lao migration. Other factors are related to migration issue such as lacking of social services, education, health and environment of economy. Furthermore, the transportation from Laos to Thailand is very easy and both countries have long distance shared border along the Mekong River. Migration has many choices for border crossing such as by boat, car and etc (they pay only 10,000 Baht for the broker and they can go to the workplace safely). (Migration cross border from Burma, Laos and Cambodia to Thailand)

Figure 2.Young girls crossing into Thailand

Although, Thai employers pay low salaries to them, when compared to Lao kip (LAK) the Thai salary is better, they can earn from their work in Thailand at least 2,000 – 3,000 Baht a month or over.

[Map Foundation, report 2007 for illegal migrant in Kornkaen]

In case of earning 3,000 Baht a month it equals 750,000 LAK (Rate exchange 2008) and enough for their using in each month. In some cases of the women working in service industry they can earn up to 20,000 – 30,000 Baht a month depending on each case. The money can assist their family's living conditions to be better such as they have a new bike, TV, refrigerator, etc. This is a good chance for the brokers to take the young women from the remote areas to Thailand by the way deceive both parents and children. Because both parents and children do not have access to information and have low education, they believe that if they have chance to work in Thailand their children will earn more money. This issue is the big problem that Lao young women vis-à-vis a few years ago and continues until nowadays. The number of trafficked persons and illegal migrants returned to Laos are increasing more and more in each year from 2001 to 2007. That means the number of migrants entry to Thailand is also increasing. Because the number of they found is less than the number of they are not found.

> ***"About ten percent of the Lao labor force works in Thailand at the moment. There are at least 200,000 Lao workers in Thailand, of which 55% are women. However, the overall number may be as high as 300,000 migrants. Labor exports in recent years may have been the largest Lao export of all. The majority of migrants come from rural areas and almost all are ethnic Lao Loom, most of them aged between 17 to 25 years old".***
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> *(National Statistics Centre – National Human Development Reporting Project, 2006)*

"See the numbers of trafficked persons repatriated in the table below"

Year	2001-2004	2005	2006	2007
Number of trafficked persons repatriated	288	245	259	264

The numbers in the table is only the data from the United Nations Inter Agency Project on Human Trafficking collected; in fact nobody knows exactly how many people and believes that the real number is higher than this.

[United Nations Inter-Agency Project on Human Trafficking (UNIAP): Phase III

VIENTIANE, LAO PDR MARCH 2008 (v. 1.0)]

In conclusion of this part, the migrants to Thailand can be divided into 3 groups such as legal migrant worker, illegal migrant worker and human trafficking. In 2007, the number of Lao migrants in Thailand (number of Lao migrants in Thailand in the year 2007, who are qualified to continue their work permit and nationality proven) is 51,336 people. “Study report on the monitoring and evaluation the administration of foreigner labor with Burmese, Lao and Cambodia, 2007”. It is estimated that the 3 groups of Laos’ migrants living in Thailand in 2008 totals up to 300,000 people because in 2005 Laos migrants working and living in Thailand were about 300,000 people (Asia Pacific Migration Research, 2007). The report said that who are legal workers and have work permit (pink card) can have access to health care services the same Thai workers but they must pay 600 Baht for service fees and 1,300 Baht for health insurance.

The study concludes that “Most if not all of migrants in the region are driven to work out side their country largely for economic reasons. Migrants from Lao are among the low-skilled labor force in Thailand, where most of them are in the young age group and have very low education levels (about 50 percent attended only primary school) most of them are involved in 3D jobs (Dirty, Dangerous and Difficult). The health impacts among the migrants are wide-ranged from physical to mental health, communicable to non-communicable diseases. Substandard and unfavorable living conditions significantly affect the physical and mental well being of migrant and their families. Their health seeking behavior may be affected by social, culture and language barriers, their legal or illegal status in the host country lack of money and mistrust in the health care service. Lack of safety and poor occupational health practice at the migrant workplace in many countries are observed. 50 percent of the total migrants are women. They have limited access to health and social services, particularly the undocumented and women and children in all phases of the migrant’s process. And lastly, although they are recent positive steps, migrants and mobile population still fall outside most national health policies.”

[Migrant and Impacts on Health, Women and Children (16 November, 2007)

The issue that concerns this author is health problems for illegal workers because they have no rights to accessing to healthcare service and most of the Lao migrants belong to this group. They are have more pressure from the environment such as bad living conditions, no health checkup, low pay from their employer, poor food and drink etc. These are risk factors for infection diseases such as malaria, diarrhea, tuberculosis (TB), Sexuality Transmitted Infection (STI) and HIV/AIDS.

My report I will describe only the HIV/AIDS issue and the risk of migrants to HIV/AIDS and the rights of migrants to accessing to health care services.

2.3 Current status of health (HIV/AIDS) in the global, GMS countries and Laos

By the end of 2007, estimated 33 million people in the world were living with HIV/AIDS, including 14.1 million women and 1.6 million children. In South and Southeast Asia 4,200,000 people living with HIV, women 1,500,000 people and children 98,000 people and the Mekong Region counties estimate people living with HIV/AIDS as follow:

Country	Estimate	% of women	Deaths in 2007
Thailand	610,000	42%	31,000
Burma	240,000	42%	24,000
Cambodia	75,000	29%	6,900
China	700,000	29%	39,000
Vietnam	290,000	27%	20,000
Lao PDR	5,500	24%	< 100

The increasing of the HIV/AIDS infection among Lao population also cause from the majority of Lao male workers, between the age of 15 and 49 years old, trend to have unused condom for sex. Lao officials estimate that the number of people get infected will reach 50,000 by 2015.

The impact of the movement of people on the spread of is both HIV/AIDS obvious and complex. The relationships between population migration and situations of risk that lead to HIV/AIDS infections are well documented. People, particularly those from rural and low-income communities and countries that are economically disadvantaged are becoming increasingly attracted by the diverse offerings of the cities in economically booming areas. Increasing migration between countries throughout Asia has raised a wide-range of critical and complex issues. The massive influx of migrants from Laos into Thailand is one of the largest migrant populations in Mekong Region. All the migrants are very high risk of sexual transmission disease because more migrants are illegal. Some of them work as a prostitute and mysterious under protection with employer, in some case female migrants were rape and sexual harassment by their employer.

It was estimated that **5,500** people in Laos living with HIV/AIDS by the end of 2007**.** Estimated **24%** of HIV cases (5,500) that occurred among women (ages 15-49) by the end of 2007. Of which <100 were deaths due to AIDS (Statistic of 2007)

> *"Women are particularly vulnerable to HIV infection because of unprotected sexual relationships with infected male partners, untreated sexual transmission disease (STDs) and transfusion of infected blood after childbirth because of anemia or poor antenatal care. Laos's HIV epidemic has components attributable to multiple risks and vulnerabilities: needle sharing among the large population of heroin injectors; unsafe blood supply and lack of universal precautions in health care settings; heterosexual transmission facilitated by a growing sex industry, trafficking of Lao women and girls into regional sex industry, untreated STDs, very low condom use and availability, and lack of sexual health information. HIV/AIDS education, drug treatment and care programs remain inadequate and under sourced. The lack of both individual and community awareness of common health problems is alarming". (Perception and experiences of sexual violence by female migrant sex worker from Laos)*

2.4 Variables of Lao's migrant vulnerability to HIV/AIDS

The following is the results from my interviews Lao migrants in Bangkok, Thailand using 3 days (January 6 – 8, 2008) from 5 differences places like restaurants, construction site, factories, market and massage shop included 8 illegal migrants work at the small factory in Korat.

Interviewing Lao's migrant in Bangkok, Thailand. Jan 08, 2009

Yang Lao's migrant in Bangkok, Thailand

a. Living Conditions

Under status of migration that would include the legal entry, poor living conditions and access the properly connecting living arrangement where bringing up health problems. Normally, employers provide migrant workers with living lodging that they must pay rent for as part of the work arrangement. On the other hand, this preparation is comfortable for migrants, as they don't have to concern about transportation paying and being exposed in public. For example, migrants work at factory in Korat and Bangkok. Nevertheless, in many cases this preparation also leads to health problems.

> "*Employers who provide residence for their migrant workforce often charge exorbitant rates and skimp on the quality of the facilities provided such as water, electricity, etc. The limited accommodation and/or the cost of rent forces migrants, many with families, to live in overcrowded, unsanitary conditions with poor ventilation, where*

numerous people share a few toilets of poor quality, and may have limited access to clean water".

(Raks Thai Foundation, 2005)

Water and Sanitation:

According to the result of interview Lao migrant worker who is work with construction site in Bangkok, Rangsit area. Most of working area of migrants is related to the low grade contact direct to the bad chemical substances or dirty materials and bad living conditions. The numbers of migrants living on construction sites is very danger, for example, eight to twenty workers are stay in the small sites, if up to one hundred or more at larger sites. One site surveyed had over one hundred people including family members living together on the site with only one toilet available. In many construction sites, mostly the migrants force water problem, because the water that provided for bathing and washing clothes is dirty, and often comes from a shallow well chemical on the site that may collect the run-off from construction.

"Migrants working and living on plantations and in orchards, also regularly end up with skin diseases from bathing in streams and other water where pesticide residual collects". (ANM, 2004)

Environmental Conditions:

Over-crowding and poor ventilation are common in the lodging area of migrant such as factories, restaurants or stay-in places. Migrants have reported that some factories have seven to twenty people living in a three and a half square meter room without windows; whereas other factories have hundreds of people living in rows of bunk beds in a single, open room on an upper floor of a dusty warehouse with only curtains separating them (RTF/CARE, 2004)

At construction sites, fishing ports, and slums, migrant communities are often exposed to effluent from industry or live over standing water, making

them susceptible to flooding and mosquito-borne diseases, especially dengue fever.

Agricultural workers live on plantations where they work, usually in ramshackle or makeshift houses located deep in the orchard, adjacent jungle or remote areas. Employers rarely provide migrant workers mosquito nets, leaving agricultural workers responsible for purchasing nets. Although many migrants are aware that sleeping under a net can prevent malaria, conditions of nets vary and may have holes. (In one interview, a family used the mosquito net to catch fish as well.) Many migrant communities are strewn with garbage due to a lack of sanitation services, ignorance on the part of migrants, or because they are located in an area used as a garbage dump. This unsanitary environment can increase the presence of mosquitoes and breed flies, leading to increased rates of disease.

Women in Service Industries

Some of females have to work in the night club, bars, restaurant which commonly connection with the sex industry service. In karaoke bars, club and massage which have increasingly become a common venue for the sex industry, and in brothels, migrant sex workers will stay in the same location as their work. If it is a karaoke bar, the women will stay in the same room as the bar or an adjacent room where air quality is often stale from cigarette smoke, and in brothels it may be the same room where they provide sex services. Bathrooms, usually the same bathroom used by customers, are shared and are commonly in poor condition. At some of the residences where women work and live, the water provided is unclean, which may cause vaginal infections. (Information from interviews female who is working as prostitute on 06-07 January, 2009 Bangkok, Thailand)

Domestic workers, who primarily come from Laos, also have precarious living situations related to the nature of their job. As their workplace is in the employer's home, these young women are at the mercy of their employer's temperament and good will. They live in the same quarters as the family that

employs them, and are usually, except under the worst conditions, given a small room, which they may have to share with other servants. At night, the employer may lock the room from the outside.

b. Risk behaviors of Lao migrants in Thailand

According to the Thai Ministry of Labor and Social Welfare that there are currently over 300,000 Lao workers working illegally in Thailand with more than 60% of that number are women and children, who are at very high risk of falling victims of transnational human trafficking because, since 2001, Thai officials have been able to rescue and return to Laos a mere 1,229 Lao children and women victims of labor and human trafficking. Thai officials further say their studies show most of the restaurants, night clubs and karaoke bars along the border between Laos and northeastern Thailand, often are fronts for prostitution businesses, creating a favorable condition for HIV/AIDS transmission. And prostitutes are mostly Lao women and girls (Ministry of Labor and social welfare, 2007).

"More than 15 interviewees are working at the night club and karaoke places, most of them are young women between ages 17-19 years old and never have sex before they came to Thailand".

Unprotected sex of Lao girls were deceived and forced with Thai guys with the worth payment of such high price up to 40,000 Thai Bath per person for first time (Virgin). Moreover, all of the Lao girls are illegal migrants. Therefore, they must follow the shop owner/agent everything to protect themselves and if not they will be jobless and returned to Laos or putting in police jail. Because all of them are from the poor families, their goals to come to Thailand are to earn money to support their family, sisters or brothers who needed helps in Laos, even their dreams to have a luxury house or car. As a result of that, they decided to sell their sex for money for themselves as well as their family and become prostitutes in Thailand. In addition, they also get more sexual

violence such as forced sex, forced prostitution, sexual harassment and being deceived or forced to have unprotected sex.

(Perception and experiences of sexual violence by female migrant sex worker from Laos in northeastern border areas of Thailand)

> "Lao's migrants are very high risk of HIV/AIDS from they work in Thailand. In Thailand, where more comprehensive data exists, migrant fishermen showed HIV infection rates as high as 9 percent. People living with HIV were returning migrants, as were 30 percent in Lao PDR"
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> (ASEAN-UN report cites need to step-up efforts on HIV prevention and ASEAN-UN finds migrants vulnerable to Aids, November, 2008).

c. Knowledge about HIV/AIDS

Information of HIV/AIDS in Lao PDR is not yet accessible everywhere, especially in the rural area. Mostly the program is focusing in the city and school because in the rural area has mostly ethnic minorities and they cannot speak Lao (women) for example/ Lao PDR has achieved a great deal with interventions for both in school and out of school youth. As mentioned the questions on HIV knowledge, access to prevention and services for target groups consisting of sex workers, military, police, truck drivers, electricity workers, and water pipe workers. 25% of all primary school children and 56% of secondary students nationwide received Life skills education on HIV/STI/Reproductive Health and Drug Use in 2005. They have been integrated into the curriculum in these subjects: "The World around Us", Population Studies and Biology. In addition, Lao Buddhist monks are developing a curriculum on Buddhist life skills, which is being piloted in 28 schools in Vientiane as an extra curricula activity. Youth participation is encouraged through the mass organization, the Lao Youth Union (LYU), which has representatives in all villages and is active

in HIV prevention and care, as well as through youth volunteers working in the *Metta Dharma* Project and the Lao non profit organization, Lao Youth AIDS Prevention (Lao Youth Union, 2007).

I believe that some migrant may not be pay attention about HIV/AIDS before they come to Thailand, some might know about it but they don't care about it, for example, the case that I have interviews 7 females Lao migrants in Bangkok including one legal migrant worker and 6 illegal migrants workers and 8 females in Korat (all illegal). One female said that before she came to Bangkok, she already heard about HIV/AIDS and she knew if who got HIV/AIDS will die. But in her case there was no choice because she is working with massage shop and her goal is money. On the other hand, she said no one not die, everybody have the day of birth and the day of die depend on long? Short? In addition, most of migrant that I have interview are lack of knowledge of HIV/AIDS and not access to health care services. For example, before came to Thailand they did not knew about HIV/AIDS and information of HIV/AIDS protection. Beside of that their living condition in Thailand is very poor such as migrants have reported that some factories have seven to twenty people living in a three and a half square meter room without windows; whereas other factories and construction site have hundreds of people living in rows of bunk beds in a single, open room on an upper floor of a dusty warehouse with only curtains separating them. Furthermore, some migrant work as prostitutes and unprotected sex, the Lao workers finds that the risk of HIV/AIDS is higher in Thailand than in Lao. Modernized and more developed entertainment places and activities, combined social bonds help explain the higher HIV/AIDS vulnerability for Lao workers in Thailand. The Lao workers groups who are high risk of HIV/AIDS are sex workers such as Bar, Karaoke, nightclub and massage. In some cases, especially involving female Lao workers, trafficking and forced sex labor contribute to their risk. Because at present the number of people infection of HIV/AIDS in Thailand is too high. For instance, the news in January 18, 2009 report

that the total of people infect of HIV/AIDS in Thailand is 1,000,000 people; living with HIV/AIDS is 330,000 peoples and already passed a way more than 100,000 people.

The Government of Thailand has cooperated with the stakeholders and tries to give the knowledge of HIV/AIDS and STI to migrant workers in Thailand. But I think it cannot go though to people who are illegal migrants and some of them know but they don't practice it, for example, many migrants are pregnant. In the Philippines, 35 percent of registered people living with HIV were returning migrants. In Laos, the figure reached 30 percent (ASEAN-UN report cites need to step-up efforts on HIV prevention and ASEAN-UN finds migrants vulnerable to Aids, November, 2008).

d. Access to healthcare services

Limited Access:

"As part of the registration in 2004, the Thai government required all migrants requesting work permits to purchase health insurance. The policy also allowed all registered migrants, including unemployed migrants, family members and dependents, inclusion under the Thai Universal Coverage System. As mentioned previously, this system provides treatment for the majority of health problems under a flat fee of 30 Baht per service. For coverage under this scheme, migrants are required to take the health exam, which costs 600 Baht per person, and then they must pay a fee of 1,300 Baht for the insurance. Unlike the work permit, there is only one fee rate. Although employers forward money for their employees to pay these fees, which is then deducted from their wages, the expense is a financial burden for most migrants. As a result, only limited numbers of those without employers, and only a fraction of family members or dependents have obtained health insurance".

(PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand) Project and Raks Thai Foundation, 2005)

Legally, registered migrants have right to access the insurance certificate of “30 Thai Bath Health Care Service” thus covered all the necessary standard of health care that the location of providers frustrates their ability to conveniently access services and validated in specific habitants area only. One consideration is that registered migrants have equal service like Thai citizen; migrants can only receive the flat 30 Baht fee at the sole health provider assigned to them. The location of this assigned provider in relation to a migrant’s place of work or residence may be inconvenient or far away, adding the complication and expense of transportation. As service hours usually coincide with work hours, migrants must also sacrifice time from work, which is accompanied by a deduction from their wages. Some migrants are registered at border areas under the “Pink colored card” system. If these migrants move to another part of the country, they are unable to use their health insurance card in the new location. Mobile occupations also suffer the same problem, most notably fishermen, who are assigned to a provider at their port of origin, which they may return to only periodically. According to the report from 15 illegal migrants said that they have no chance to access to free health care services as 30 baht.

Migrant under Considerations of ID status:

Another issue that impinges upon the ability to fully receive benefits granted through the health insurance scheme is the fact that many employers withhold migrants’ ID cards, giving migrants an insubstantial photocopy, as a way to ensure that they don’t leave or change employers. Without their ID cards, migrants are subject to arrest and are unable to receive the benefits of their health insurance. This effectively restricts migrants’ freedom of movement and makes migrants reliant upon the employer to provide transportation, or to allow them to seek treatment in the first place.

There is also uncertainty on the part of health providers as to what the legality is of providing services to undocumented migrants. It is clear that all health providers are bound by duty to provide emergency health services to all people, including undocumented migrants. What is unclear to health

providers is whether they are obligated to report undocumented migrants to the police once they have been treated. This brought problems to the health care of migrants which could not come to the Public Health Care Service center because they were subjected to be arrested when they were found.

3. Health and human rights status of migrant population

The Lao migrants in Thailand have to work such hard and low grade condition where the normal Thai people unlike it such as the construction site, agriculture, factories, bar and karaoke as their situation of illegal migration status, they have to endure unsafe working conditions with long hours working and getting too low wages. They have to live in the smaller housing and crowded with poor sanitary facilities and poor condition to absorb education opportunity and healthcare services. Serious health problems arise such this condition including malaria, diarrhea, respiratory tract infections, tuberculosis, sexually transmitted diseases and HIV/AIDS.

Lao officials believe that the HIV/AIDS epidemic is in a rising trend, especially from Lao migrant workers event the number of HIV/AIDS positives is less than 2% of the total number of people screened. This situation has increasingly flowed from rural to urban areas, combined with the fact that more and more young Lao leave home to sneak across the border into Thailand and illegally work there, mostly women who are often deceived into prostitution. As a high-ranking Lao official statements as many risk factors contributing to the rise of HIV/AIDS infection are mostly from the migrants who are from the remote area and low absorbing information about HIV/AIDS and their condition spreading to urban, as well as from abroad into our country and vice versa.

Vulnerability and Human Rights

The vulnerability to HIV/AIDS depends upon the extent to which human rights are realized and human dignity is respected within and among the societies. Identifying and addressing the root causes of migration on illegal migrants would create an opportunity to intervene the problem at the deepest societal level and thereby combat the pandemic. Implementing a repatriation policy to combat the high number of migrants in Thailand could reduce the number of migrants, but only for a short term. The central problem of HIV infection among illegal migrants is human rights violations. So, the problem cannot be solved with deportation process, nor risk reduction approaches such as posters, information campaigns or condom distribution systems. In the mean time, human rights analysis has rarely been used in public health and especially, vulnerability to HIV/AIDS has not been sufficiently linked to issues of human rights and dignity. The future of HIV/AIDS prevention and control will depend on the ability of health professionals and health workers to understand the nature of individual and collective vulnerability to HIV.