Challenges for accessing and staying on treatment for cross border migrants living with HIV

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As a low HIV prevalent (<0.1% in general population) country, HIV interventions in Bangladesh are focused on traditional high risk groups i.e. sex workers, IDU, MSM. Recently migrant workers account for a significant number of HIV cases in this country (about 60% or more of the reported cases in Bangladesh are from overseas migrants and their families (IOM,2012)).

Enhancing Mobile Population's Access to HIV and AIDS Information Services and Support (EMPHASIS) is an operations research project aimed at addressing HIV related vulnerability of cross border mobile population between Bangladesh and India. The EMPAHSIS intervention provides prevention messages, STI services through satellite clinic at the community level and voluntary and confidential HIV counseling and testing services through establishing 2 VCT centers at government health facilities. HIV reported cases in Bangladesh receive services from PLHIV self-help group through support from government of Bangladesh's Health Population Nutrition Sector Development Program(HPNSDP). The positive clients of the government health facilities also are referred to the PLHIV self-help group for treatment ,care and support

Testing result of voluntary counseling and testing centers established at government health facilities by EMPHASIS

- Up to August 2013 a total of 1178 impact population were tested for HIV among which 763 are male and 415 are female.
- 27 tested positive from May 2012 to August 2013
- 7 male (adult) and14 female (adult) are migrant workers, 3 male children, 1 female child and 2 spouses left at home.
- 7 families have more than one positive person in the household.
- Among the migrant worker 6 female migrants were forced in to sex work and one male was involved in BAR dance.

All positive clients were referred to self-help group for further treatment ,care and support ,but not all of them stayed in or availed services, among 27, 21 are currently availing services.

Cases of challenges faced in linking migrant PLHIV with services

- 6 of the respondents didn't turn out or stay in treatment service.
- Among the 6, one respondent after blood test didn't turn out for test result, therefore was not possible to link with servicers.
- One couple initially refused to take service as they didn't have money to travel to self-help group. Later wife died ,now husband is willing to enroll for treatment
- One female after tested positive was counseled and asked to bring her children, on the way to the VCT center her relatives stopped her and send her to India again to her husband, she and her children could not be linked with services.
- Two respondent visited self-help group once but didn't stay on treatment, later their family members informed that they went back to India.

Lessons learned

Three major factors emerged from the migrants stories as a barrier to linkages with services. These include:

- HIV related stigma and fear within the family and wider community.
- Women migrant workers being afraid of identified as a sex worker as the cause of contracting HIV and, therefore, reluctant to disclose.
- Low levels of knowledge and misconceptions about HIV

Conclusion

Despite their understanding of HIV and ART (treatment) migrant view access to health care as less of a priority compared to the struggle for survival and the need to migrate. All these factors inhibit migrants from both disclosing their status as well as seeking treatment.

Reference

IOM (2012),'HIV &Bangladeshi women migrant workers-an assessment of vulnerabilities & gaps in services'