



LEARNING GROUP 1: STRENGTHENING FAMILIES

CHILD, YOUTH, FAMILY AND
 SOCIAL DEVELOPMENT

INSIDE THIS ISSUE:

<i>Introduction and methods</i>	1
<i>Key findings</i>	2
<i>Key findings</i>	3
<i>Recommendations</i>	4

“Migration is a ‘family project’, for which resources are pooled: the expected outcomes are not only for the individual migrant, but for other family members, including descendants.”

**DREAMS AND DISSAPPOINTMENTS:
 MIGRATION AND FAMILIES IN THE
 CONTEXT OF HIV AND AIDS**

*BY MARY HAOUR-KNIPE
 INDEPENDENT ADVISOR*

INTRODUCTION

The link between migration or population mobility and HIV has been discussed since the beginning of the epidemic. Originally, concerns focussed on migrants as vectors for HIV transmission, but this attention has gradually shifted away from individuals, to an examination of how the conditions and structure of migration may increase HIV vulnerability for migrants. Social, individual and programmatic factors combine to make migrants particularly vulnerable to HIV infection, and associated negative consequences.

Migration is deeply connected to families, and by extension, to children. Decision-making around migration is often guided by family pressures. Frequently, the migration itself will subject families to a range of new pressures as family members are separated or have to adapt to new contexts. While the relationships between migration and HIV, and between migration and families are both well-established, the intersections of this work is relatively unexplored.

This paper identifies two major themes in the body of work that does connect HIV, families and migration. The first is migration to families for care and support, both for sick individuals and for children whose parents can no longer care for them. The second is challenges faced by migrant families living with HIV.

METHODS

The paper begins with an overview of major trends in migration and population mobility, with a particular focus on women, children and families. The effects of migration on children, and the major vulnerability factors associated with migration, are also discussed. The paper then moves on to discuss migration as a result of HIV and AIDS, and the implications this has for families. The paper concludes by identifying priorities for future research, and provides suggestions for the strengthening of families in the context of HIV and AIDS. Literature was collected from multiple sources through iterative electronic sources. This paper is believed to be the first review bringing together the literatures on migration, HIV and families.

Email

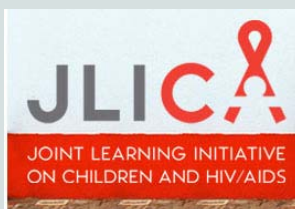
JLICAFamilies@bsrc.ac.za

Telephone : +27 31 242 5544

Fax : +27 31 242 5555

“The terms ‘migration’ and ‘population mobility’ cover a wide variety of different motivations, degrees of choice, distances travelled, amounts of time spent away from the community of origin, and legal statuses.”

LEARNING GROUP 1



KEY FINDINGS

Migration and families

- Recent globalization has increased circular and temporary migration, and labour migration amongst women. As a result, transnational and transregional families are emerging, with children geographically separated from one or both of their parents. Networks of people from the same family or community also play an important role in facilitating migration.
- Women now make up nearly half of international migrants. Female labour migration has become particularly common, while many women also travel for purposes of family reunification, and others migrate to escape threats of various natures. Migrant women are rarely from amongst the poorest members of their societies, and are typically more affluent and better educated than migrant men.
- While migration is often a positive initiative - not necessarily a reaction to crisis - and may bring positive economic and social results, it can also be harmful. Migrants rarely come from the most disadvantaged sectors of their home societies, but on arrival in a new community or country, they are often highly vulnerable, easily exploited, and may live in extreme poverty. Data on migration, particularly illegal forms of migration and child migration, is generally poor.
- Africa has a long history of migration, and is the focus of this paper. However, reviews should also be carried out with respect to other regions with similarly long histories of migration, particularly Asia and Latin America.
- Migration can have positive or negative impacts on children. Positive effects are more likely when families have some economic resources, when the destination provides immigrants with a community and social safety nets, when family connections and cohesiveness remain high despite distance, when children migrating alone are cared for by their family, and when children understand the reasons for migration, accept it, and have a feeling of agency over it.

Migration and HIV vulnerability

- The process of migration may increase the risk of HIV infection, as well as the risk of transmission of existing infection.
- Factors which increase the vulnerability of migrants to HIV include:
 - * Social factors, such as poverty, discrimination, harassment and lack of legal protection;
 - * Individual factors, such as separation from families and communities, loneliness, alienation and despair;
 - * Programmatic factors, such as inability or unwillingness to access prevention, testing and care and support services.
- Migrants tend to learn their HIV status later than the natives of a particular country. This may be due to their prioritization of issues other than health, formal barriers preventing access to HIV services, lack of knowledge, and concerns about stigma and discrimination.

Data from studies in South Africa, Thailand, and Uganda all provide evidence that many HIV-positive people return to family homes when they become seriously ill.

- In South Africa, data shows that increasing numbers of circular migrants who become ill with AIDS in urban settings return to their rural homes to die.

- In Thailand, many AIDS patients return home for care and assistance with children. Many delay their return for as long as possible, and returns occur suddenly, with little advance warning, when their disease is very advanced. A third of migrants in one study died just a few months after returning home.

- In Uganda, migrants also tend to return home only when their disease is advanced, with significant care needs—one to twelve months before death—and when they had already used up most of their financial resources.

Reference details for all these studies and others are available in the full paper.

KEY FINDINGS

Migrants returning home for support

- Seriously ill migrants tend to return home to their parents or families in both the developed and developing worlds. In the developing world, this migration tends to be from urban areas where the migrant was working, back to the rural areas in which his or her family is based.
- This pattern of returning home for care has raised serious concerns about the distribution of HIV-related resources for support and care, as well as negatively affecting the collection and tracking of health information.
- Migrants tend to wait until their disease is extremely advanced, and they have significant care needs, before returning home, often transferring a significant burden to elderly caregivers. Returning migrants are also often accompanied by dependant children with care needs of their own, furthering demands on family caregivers.
- Along with care-giving needs, returning migrants and their children bring emotional and financial burdens with them, which tend to accumulate over time. As migration is often undertaken by the most talented or ambitious member of the family, and as migrants are often either breadwinners or important sources of support for families, these burdens are particularly severe for families.

Children whose parents can no longer care for them

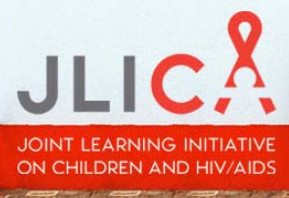
- Most of the research on this issue comes from sub-Saharan Africa, with very little information from other parts of the world. Child migration in Africa has a long history, dating back to well before the emergence of HIV/AIDS. Children who migrate in response to HIV/AIDS in Africa are therefore less likely to stand out than might be expected, and families have mechanisms for absorbing additional needy children, although these mechanisms are now strained by the scope of needs.
- Children needing care may move to live with family members in other communities, or even other countries. These moves tend to occur very suddenly, generally in the context of a crisis, right before or after parental death. Children are rarely consulted about these moves, which are rarely planned in advance. The concerns of children around this type of migration tend to differ substantially from those of the adults who care for them.
- Mobility is particularly common in adolescents affected by HIV/AIDS. Adolescent girls are particularly likely to be sent to neighbours or relatives to work in exchange for money, while other young relatives may be sent to become carers in urban households, thereby forfeiting their education.
- While the separation of orphaned siblings is generally found unacceptable, children under five are still particularly likely to be sent away and separated from siblings. The dispersion of siblings is a significant predictor of emotional distress among children orphaned in urban areas.
- Children of migrants are particularly vulnerable if they become orphaned, as they have less access to extended family and community safety nets. Children whose families have little regular contact with relatives are at greater risk of being abandoned when their parents die.

Migrants living with HIV

- The literature on this topic is extremely limited, particularly regarding migrants living in developing countries. The review was based on work on migrants living in Europe.
- For many migrants, living with HIV implies constant concern about immigration status, along with loneliness and worries about stigma and discrimination.
- Most HIV-positive migrants living in Europe only become aware of their status after arrival, generally either during pregnancy or when seeking healthcare.
- Most migrants living with HIV had HIV-positive family members, often children, in their home countries, where treatment was generally not available.

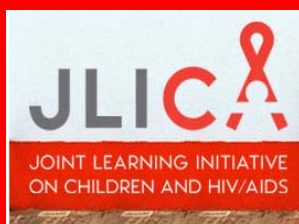
“There is a critical lack of studies and interventions focusing on the needs of migrant children and youth affected, mainly because they themselves have HIV or because their parents do.”

LEARNING GROUP 1



“Although as HAART becomes more generally available fewer people should have to return home to their families to die, some will continue to do so. One of the most effective measures to support them will thus be measures to support their families.”

LEARNING GROUP 1



RECOMMENDATIONS

Attention to terminology:

The term ‘migration’ is currently used in many different senses in the scholarly and programmatic literature—it may indicate anything from movement between countries, to movement between houses in a single community. There is a need for far greater care, specificity and clarity in the use of the term.

Research is needed:

Major gaps in the literature include:

- the HIV vulnerabilities and trajectories of children and students who migrate unaccompanied, as well as the determinants of vulnerability and resilience in migrant children;
- the overall nature and extent of morbidity- and mortality-related migration, and the implications this has for extended kin, elderly parents, as well as dependent children;
- from areas other than sub-Saharan Africa and Europe - information from Asia is likely to be particularly critical, along with analyses of similarities and differences in HIV and migration-related behaviours across regions and cultures;
- understanding how families adapt to migration, and the changes, both positive and negative, that migration induces, as well as how HIV and AIDS influence these;
- how to factor mobility into HIV prevention and treatment.

Family as an important unit of analysis:

Using families as a unit of data registration and analysis will go a long way towards improving the quality of migration data, and begin to fill identified research gaps. While many studies mention migrants having children—often left behind—few provide any information about these children. This is a particularly serious omission when the migrants in question are women, as very little is known about family and long-term effects of female labour migration.

Supporting migrants by supporting families:

When migration is a family decision, supporting families can ensure that less harmful migration decisions are made. Supporting connections between migrants and families, as well as family-friendly forms of migration, can help to prevent increased vulnerabilities to HIV.

Forms of family migration

Family reunification: migrants who have obtained residence status in a new country are permitted to bring in immediate family members such as children, spouses, parents and others.

Family formation or marriage migration: children of migrant origin receive permits to bring in fiancé(e)s or spouses from their parents’ homeland or diaspora, or permanent residents or citizens are allowed to bring in a partner they have met while abroad.

Family migration in which an entire family migrates: this form of migration used to be encouraged by receiving states on the assumption that it would facilitate integration, but has become much less common in recent years except for some categories of refugees, and for highly skilled migrants.