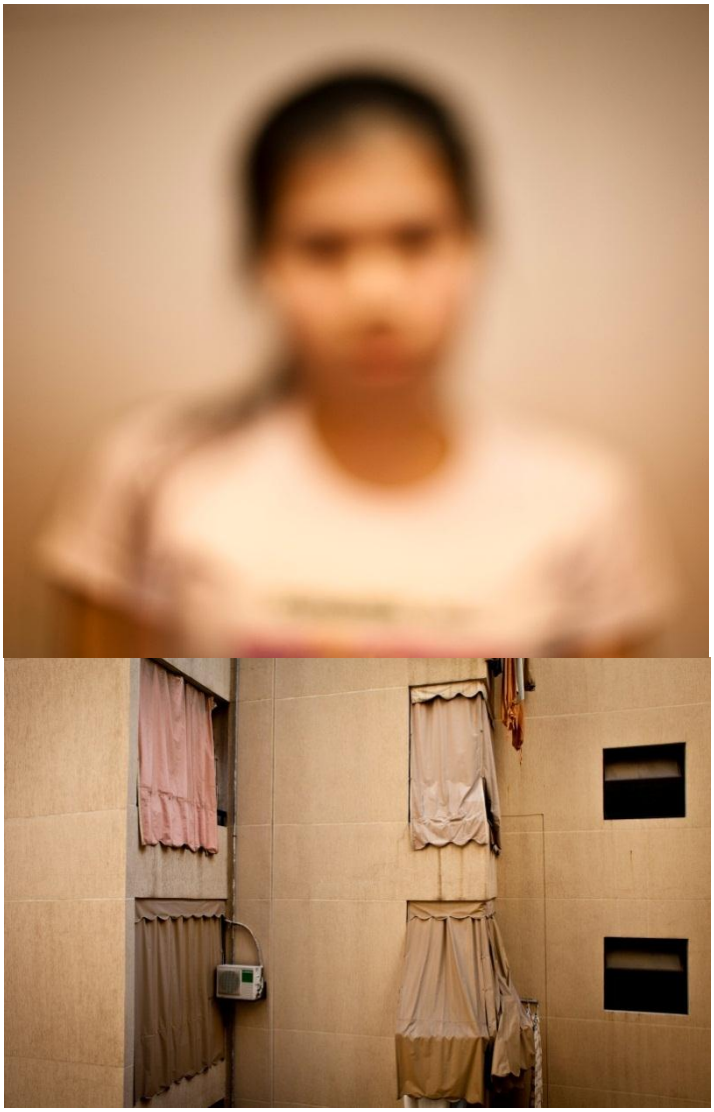
Lund University
Lund University Master of International Development and Management
June 2012

# MIGRANT WORKERS' VULNERABILITY TO HIV/AIDS IN LEBANON: CONSTRAINED CAPABILITIES AND HEALTH RISKS



*Anonymous #1* and *Balconies*


Author: Nurangiz Khodzharova
Supervisor: Kristina Jönsson

**ABSTRACT**

Originally a country of emigration, Lebanon has in the recent decades become a destination country for migrant workers from Asia, Africa and other Arab states. This study explores the relationship between labor migrants' living and working conditions in Lebanon and their vulnerability to HIV/AIDS. It builds upon previous studies in the field, as well as semi-structured interviews conducted with migrants and experts in Beirut, and secondary data analysis. The findings suggest that the structural violence perpetrated against migrants through their living and working conditions affects their vulnerability to HIV, either inclining them to risky behavior or discriminating based on HIV status. Additionally, the study finds that migrants' capabilities to lead a healthy life in order to protect themselves from HIV infection, stigma and discrimination are severely constrained. Cultural theory of risk is utilized to analyze discriminatory policies and risky behavior, and the study is informed by the rights-based approach to health, arguing that duty-bearers need to be held accountable and right-holders need to be empowered in order to realize their human rights.

*Keywords: HIV/AIDS, living and working conditions, migration, risky behavior, structural violence, capabilities approach, rights-based approach, cultural theory of risk*

**Word count: 14, 924**

**ACKNOWLEDGMENTS**

I would like to extend my gratitude to everyone who has supported me throughout the entire process of conducting and writing this thesis. Special thanks to the staff of ILO Regional Office in the Arab States for their expertise and advice, particularly to Ms. Michela Martini. I am also grateful to my key informants and everyone in Lebanon that provided me with input and information. I would like to also acknowledge my internship supervisor at UNESCO Beirut, Ms. Theophania Chavatzia, for her inspirational work and dedication.

I am forever grateful to my family and friends for supporting me, especially my LUMID family. My supervisor Kristina Jönsson's supervision and guidance is mostly appreciated.

Last but not least I would like to thank and acknowledge all the migrant workers I met in Beirut and who shared their life stories with me. Your work and your hardships are not unnoticed.

# Table of Contents

# Abbreviations

| | |
|---|---|
| **AIDS** | Acquired Immuno Deficiency Syndrome |
| **CA** | Capabilities Approach |
| **CAS** | Central Administration of Statistics |
| **FSW** | Female Sex Worker |
| **GCC** | Gulf Cooperation Council |
| **HIV** | Human Immuno Deficiency Virus |
| **IDU** | Intravenous Drug User |
| **ILO** | International Labor Organization |
| **MENA** | Middle East and North Africa |
| **MoL** | Ministry of Labor |
| **MSM** | Men who have Sex with Men |
| **NAP** | National AIDS Program |
| **NBA** | Needs-based Approach |
| **ODW** | Overseas Domestic Worker |
| **PLHIV** | People Living with HIV |
| **RBA** | Rights-based Approach |
| **STI** | Sexually Transmitted Infection |
| **TB** | Tuberculosis |
| **UNAIDS** | Joint United Nations Program on HIV/AIDS |
| **VCT** | Voluntary Counseling and Testing |
| **WHO** | World Health Organization |
| **WMDW** | Woman Migrant Domestic Worker |

# 1. Introduction

## *1.1. Objectives of the study*

Since the end of its prolonged civil war in 1990, Lebanon has become a destination country for migrants from Asia, Africa and Arab states. As political instability and insecurity continued post-war, many Lebanese that had left the country during the war between 1975 and 1990 hesitated to return, creating a demand for foreign labor. Today, as many Lebanese continue to leave the country to seek employment opportunities abroad, especially in Gulf Cooperation Council (GCC) countries,[1] the demand for foreign labor continues to attract migrants to Lebanon. Demand for domestic labor is on the rise in hand with economic recovery and development, which has resulted in an influx of Asian and African female migrants into Lebanon. During the Civil war, the number of Syrian workers also peaked due to labor shortages and Syrian control of Lebanese territory. After the war, these movements continued and flourished, pushed up by reconstruction works and visa facilitation agreements (Di Bartolomeo, Jaulin and Perrin 2012: 3). Other push factors include instability in the region, which is a major factor in the Iraqi migration to Lebanon (Tabar and Rassi 2010: 87-92) and most recently, the Syrian conflict. According to UN data, the estimated number of international migrants in Lebanon at mid-year 2010 was 758,167, which made up 17% of the entire population of the country (United Nations 2009). [2]

Studies on South-South migration reveal many challenges – high remittance fees, irregular migration and higher risk of the spread of contagious diseases among others (Ratha and Shaw 2007: 23-31). One of the issues increasingly faced by migrants is vulnerability to HIV/AIDS. While migration itself is not considered a high risk factor for HIV/AIDS, migrants are vulnerable to HIV through conditions that can encourage risky behavior, such as exploitation, lack of access to health care services, sex with commercial sex workers and multiple partners (Ratha and Shaw 2007: 27-28). There is increasing evidence of HIV/AIDS spread through migration in Southeast Asia (UNDP Bangladesh 2009; Ratha and Shaw 2007: 28).

1 GCC countries are: United Arab Emirates, Bahrain, Saudi Arabia, Oman, Qatar and Kuwait.

2 The number of international migrants generally represents the number of persons born in a country other than that in which they live. It has to be kept in mind that population statistics for Lebanon are estimates at best, as there have been no official census since 1932 for political reasons.

While data on migrants in the Middle East and North Africa (MENA) remain limited, the socioeconomic context of migration in the region may incline this population to risky behavior practices (Abu-Raddad *et al* 2010: 135). The lack of comprehensive, accurate or available data in the Arab Region makes it very difficult to identify accurate trends and develop appropriate responses. In addition, marginalized groups such as refugees and migrant workers tend to be *de jure* or *de facto* excluded from these responses, which not only infringes on their fundamental rights but further aggravates risk factors and behavior. Moreover, countries in the region, including Lebanon, are notorious for applying travel and work permit restrictions based on HIV status.

Migrants often face precarious social, economic and legal conditions in their host countries, which disproportionately increase their health risks. Migrants are increasingly affected by poverty, social exclusion and other factors that limit their autonomy, empowerment and freedom to lead lives based on familiar social and cultural norms. While they lack control over various factors that influence their health, both physical and psychological, this limits migrants' freedoms i.e. capabilities to make healthy choices in life (Davies *et al* 2010: 11). Thus this study answers the following research questions:

- What is the relationship between the living and working conditions of labor migrants in Lebanon and their vulnerability to HIV/AIDS?
- How do their living and working conditions constrain migrants' capabilities to lead a healthy life?

This is a qualitative study of labor migrants' living and working conditions in Lebanon namely structural and legal constraints, poor housing and working conditions, abuse and violence, low income, health concerns, and lack of knowledge, support and information, which combine to severely constrain migrants' agency and rights, either inclining them to risky behavior or discriminating based on HIV status.

## *1.2. Scope of the study*

It is envisaged that the generation and presentation of data from this study will contribute to the understanding of the connection between migration conditions and HIV in the MENA region in general, and Lebanon in particular. As all other countries in the region, Lebanon applies travel and

work permit restrictions based on HIV status, viewing HIV as an exogenous phenomenon brought and transmitted by "outsiders". Such attitude, not necessarily based on factual evidence, has wider implications not only for the country and the region but can be viewed as a global economic and public health problem (Yassin and Michael 2011). Shifting the burden of HIV to the countries of origin of migrant labor does not guarantee full protection for the host countries' population, and further aggravates the global burden of the disease (ibid). This is especially relevant since origin countries are almost exclusively much less developed and have a considerably lower per capita income than destination countries. Thus returning HIV positive migrants will often not have the necessary access to treatment, care and support in their country of origin. In Bangladesh, returning migrants account for a significant number of people living with HIV. Data for 2004 showed that 57 of the 102 newly reported HIV cases were returning migrants (UNDP Bangladesh 2009: 5). Moreover, male migrant workers are among the vulnerable groups in MENA and evidence of transmission of HIV to their spouses exists in several countries (UNAIDS 2011: 8).

To strengthen the assessment and analysis of the living and working conditions that impact the vulnerability of migrant workers to HIV, accounts of individual experiences of migrants is presented in this study to better illustrate the impact of said conditions. The study attempts to problematize the relationship between these factors and HIV infection, as well as how these factors play out differently for male and female migrants in view of gender relations, physiological factors and cultural norms that often place women at a greater risk of HIV.

The term "migrant worker", as defined by the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Family, refers to a person who "is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national" (United Nations 1990). For the purposes of this study, the term includes all non-nationals of Lebanon engaged in paid labor, regardless of their legal status and whether or not they are covered by the Lebanese labor law. However, I do not consider Palestinians as migrant labor in this study due to their precarious legal status in Lebanon (e.g. they are not legally allowed to hold liberal professions). The situation of Palestinian labor in Lebanon warrants a study on its own in light of the historical, political and legal status of Palestinian refugees in Lebanon.

For the purposes of this study the term "risky behavior" or "high-risk behavior" encompasses sex with multiple partners or commercial sex workers, low condom use and low perception of risk. This

definition is informed by the data collected for this study and other literature on migration and HIV (Zhuang *et al* 2012; Lurie *et al* 2003; Acaroglu 2007; Sen, Aguilar and Bachus 2010).

### *1.3. Disposition*

Chapter 2 discusses previous research in the field, followed by chapter 3 on the theoretical framework utilized in the study, while Chapter 4 discusses the research design and methodology in detail. Chapter 5 sets the study in the context of Lebanese migration and HIV situation before presenting the findings of the current study in chapter 6. Finally, chapter 7 presents conclusions and recommendations for future research in the field.

## 2. Research frontier

This study has been informed by previous research on migration in Lebanon and the region, and the linkages between HIV/AIDS and migration. While migration itself is not considered a high risk factor for HIV/AIDS, migrants are vulnerable to the infection through conditions that can encourage risky behavior such as exploitation, lack of access to health care services, sex with commercial sex workers and multiple partners (Ratha and Shaw 2007: 9). There is increasing evidence of HIV/AIDS spread through migration in Asia. Several studies have been conducted on HIV spread among women migrant workers from Asia (UNDP Bangladesh 2009; Bandyopadhyay and Thomas 2002). These studies reveal vulnerability factors in both pre-departure and post-arrival settings and major gaps in HIV prevention, care and support for migrant women workers.

Research presented at the *Migration and AIDS* symposium at the First European Conference on Tropical Medicine in 1995 put forth the hypothesis that mobility is an independent risk factor for contracting HIV/AIDS and it is the social disruption caused by certain types of migration, not the fact of movement itself, that creates vulnerability to HIV (Decosas *et al* 1995: 826). For example, during seasonal male migration in West Africa, migrant workers are subject to changing social norms different from the ones they face in their home villages, and engage in sharing sexual partners with other male migrants, which leads to a higher risk of HIV spread among migrant workers, as confirmed by several mathematical models (Decosas *et al* 1995: 827).

Most studies on linkages between mobility, migration and the spread of HIV/AIDS have been done in the context of the African continent (Sen, Aguilar and Bacchus 2010; Collinson *et al* 2006; Lurie *et al* 2003). However, with globalization reshaping and directing migration flows into virtually

every region of the world, there is a growing need for comprehensive studies outside of historically heavy-burden regions such as sub-Saharan Africa. A World Bank report on HIV/AIDS epidemic in Middle East and North Africa (MENA) states the need to prioritize the assessment of risk behavior and infection among migrants in this region. While data on migrants remain limited, the socioeconomic context of migration in the region may incline this population to risky behavior practices (Abu-Raddad *et al* 2010). A recent survey of mariners in Turkey has revealed lack of comprehensive HIV knowledge and risky behavior among this highly mobile population (Acaroglu 2007). However, such surveys and studies are quite limited in the context of Arab states for a variety of reasons such as cultural and religious taboos, lack of comprehensive data and irregular migration.

Although considerable evidence has been accumulating regarding migrant workers in the Middle East, particularly Asian female domestic labor, there are quite few studies and detailed reports on Lebanon. Most studies have concentrated upon the flow of migrants from Asian and Arab countries to the Gulf States following the oil boom in the 1970s. Most of these studies have mainly concentrated on structural factors such as wages, remittances and the supply and demand of international labor markets. Thus there is a tendency to ignore studying the social interactions between migrants and their employers and migrants' individual experiences in their host countries (Jureidini and Moukarbel 2004: 588).

Most recently, a UK-based researcher Kate Denman has conducted a study of the constrained capabilities of live-in domestic workers in Lebanon (Denman 2012). Denman has spent large periods of her career working in Lebanon and Syria, focusing on issues of human rights, social justice and equality. As part of her MA degree in Education, Gender and International Development at the Institute of Education, London, she has written and published a paper[3] which analyzes the conditions of Overseas Domestic Workers (ODW) in Lebanon, where she explores limited available protection and increased risk of exploitation and loss of freedom and dignity as a result. Denman uses the capabilities approach (CA) for her analysis, which is utilized in this study as well. This study aims to further the discussion on capabilities of migrant workers in relation to HIV vulnerabilities and rights to health in particular.

3 Available at http://www.migrant-rights.org/2012/03/27/the-constrained-capabilities-of-overseas-domestic-workers-in-lebanon-report/. Accessed on 25.03.2012

# 3. Theoretical framework

An eclectic theoretical framework is utilized in order to answer the research question, combining the structural violence model with the capabilities approach and cultural theory of risk. Moreover, the study is informed by the rights-based approach to health as an overarching framework.

## *3.1. Structural violence and HIV*

Through his work with HIV and drug-resistant TB in Africa, Haiti and other regions, Dr. Paul Farmer has developed an analytical model for assessing factors behind health vulnerabilities. In his influential book, *Pathologies of Power*, Dr. Farmer argues that the AIDS epidemic has been shaped by what he calls "structural violence". He defines structural violence as "historically given (and often economically driven) processes and forces that conspire – whether through routine, ritual, or as is more commonly the case, the hard surfaces of life – to constrain [human] agency" (Farmer 2005: 40). These processes and forces include poverty, racism, sexism, political violence, and everyday violation of social and economic rights (ibid). According to Dr. Farmer, what victims of AIDS and other human suffering have in common is the "experience of occupying the bottom rung of the social ladder in inegalitarian societies" (Farmer 2005: 31).

However, Dr. Farmer acknowledges that although socioeconomic factors and social status play a role in rendering individuals and groups vulnerable to suffering and health risks, "...in most settings these factors by themselves have a limited explanatory power" (Farmer 2005: 42). He proposes various social "axes" that need to be simultaneously considered and weighted in the analysis of structural violence: the axis of gender, the axis of ethnicity or race, other axes of oppression (i.e. immigrant or refugee status), and the axis of cultural difference (Farmer 2005: 43-49).

While this analytical model certainly helps conceptualize health vulnerabilities in the larger matrix of historical, political, economic and social factors, Dr. Farmer states that: "the weakness of such analyses is, of course, their great distance from personal experience" (Farmer 2005: 41). In order to avoid the trap of a reductionist analysis, he invokes the help of Amartya Sen's capabilities approach in order to adequately measure the constraints inflicted by structural violence on human agency.

## *3.2. Capabilities approach (CA)*

The capabilities approach (CA) is a broad normative framework, widely used in development studies, and pioneered by the economist and philosopher Amartya Sen. It is a tool that helps

conceptualize and evaluate such phenomena as poverty, inequality or individual well-being through focusing on individuals' capabilities (Robeyns 2005: 94). A person's capabilities[4] are "substantive freedoms […] to choose a life one has reason to value" (Sen 1999: 75), in other words: "what people are effectively able to do and to be" (Robeyns 2005: 94). Sen developed the concept of capabilities in order to reflect on how poverty can be seen as capability deprivation in that it goes beyond simple income inequality and is variable between different communities, families and individuals (Sen 1999: 87-88). According to Sen: "...inadequate public health provisions and nutritional support, deficiency of social security arrangements, and the absence of social responsibility and of caring governance" are all factors that limit the choices and role of human agency (in Farmer 2005: 43).

The capabilities approach makes a distinction between functionings i.e. actual achievements, and capabilities i.e. freedoms or options to choose from that lead to a set of alternative functionings (Robeyns 2005: 95). Figure 1 demonstrates the relationship between the capability inputs (means to achieve) and the capability set, as influenced by three types of conversion factors: personal, social and environmental. Personal conversion factors (e.g. metabolism, physical condition, sex, reading skills, intelligence), social conversion factors (e.g. public policies, social norms, discriminating practices, gender roles, societal hierarchies, power relations) and, environmental conversion factors (e.g. climate, geographical location) all play a role in the conversion from characteristics of the good to the individual functioning (Robeyns 2005: 99). Also central to capabilities evaluation are the material and non-material circumstances that shape people's opportunity sets such as the social and institutional contexts, and the circumstances influencing people's choices from the capability set (ibid). This study focuses on the social and institutional context as well as the conversion factors influencing migrants' capability sets (highlighted in red boxes in Figure 1).

4 In this study, the term "capabilities" as a plural is used to define individual elements of one person's capability set (Robeyns 2005: 100).

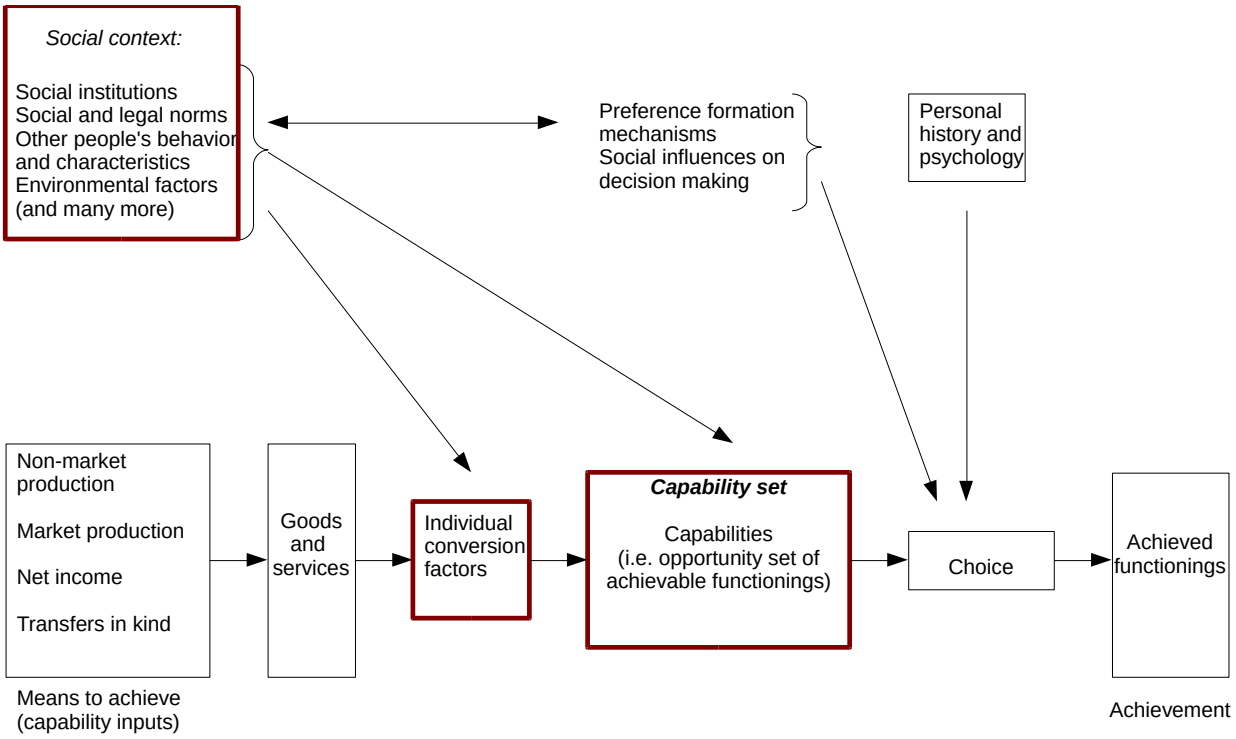



**Figure 1: A stylised non-dynamic representation of a person's capability set and her social and personal context.**

*Adapted and modified from: Robeyns 2005: 98*

In addition to Sen, other scholars have developed the capabilities approach in recent years. This study draws on Martha Nussbaum's work on capabilities. While Sen's work is closer to economic reasoning and social choice, Nussbaum is closer to traditions in the humanities, such as narrative approaches, which help conceptualize people's hopes, desires, aspirations, motivations and decisions (Robeyns 2005: 104). Furthermore, Nussbaum proposes a list of ten capabilities that every human being is entitled to and that should be embodied and guaranteed as constitutional rights (Nussbaum 2003: 41-42). The list is general, subject to change, and open to interpretation and specification by local people (Robeyns 2005: 106).

## *3.3. Cultural theory of risk and HIV*

Cultural theory of risk is utilized to analyze discriminatory and restrictive policies and attitudes towards migrants. This theory explains both the individual behavior of self as a risk-taker, as well as the cultural values underlying perceptions of risk and exposure to risk in a community.

According to Mary Douglas, cultural theory of risk starts with the conception that "a culture is a system of persons holding one another mutually accountable" (Douglas 1996: 31). Thus the perception of risk has to take the cultural bias into account and is, moreover, highly politicized (Douglas 1996: 29-32). Political actions are taken under the pretext of protecting the individual within a community from any danger or disapproved behavior (Douglas 1996: 28). Douglas further argues that the theory of infection is miasmic, in other words the central community will define and isolate outsiders in the face of an epidemic and will shield itself with a cordon sanitaire[5] (Douglas 1996: 115). "The simple and quite correct idea that a new infection has external origins is transmuted in the course of the cultural project into a complex weapon of control" (Douglas 1996: 117). Thus the expectation that foreigners are more likely to be HIV positive and spread the infection supports their exclusion, and pushes them further into the margins of society, making them a "muted category" without paying due concern to their well-being (ibid). In the context of Lebanon and this particular study, the cultural theory of risk is relevant in the analysis of mandatory HIV tests that migrant workers are subjected to in order to receive a work permit, as well as in discussions on risk taking.

However, it is important not to confuse cultural differences with structural violence as Paul Farmer rightly points out (Farmer 2005: 48). Often the concept of "otherness" and cultural differences are used to explain or justify embedded social inequalities. In other words, it is easy to deny the existence of HIV in host societies and blame it on inappropriate sexual behavior among migrants and other "outsiders", while more often than not such behavior is the result of the structural violence perpetrated by the host society.

## *3.4. Rights-based approach to health*

The rights-based approach (RBA) to health was introduced in the last decade with the work of Jonathan Mann and other public health professionals (Beracochea, Evans and Weinstein 2011: 5). The term "rights-based" implies "*an explicit connection to normative documents in the field of international human rights*" (Beracochea, Evans and Weinstein 2011: 7). The right to health is embodied in a number of key international documents including, but not limited to, Article 25 of the Universal Declaration of Human Rights (UDHR); Article 12 of the International Covenant of Economic, Social and Cultural Rights (ICESCR); General Comment 14; Reports of the United

5 A cordon sanitaire is a protective barrier (as of buffer states) against a potentially aggressive nation or a dangerous influence (as an ideology) (source: Merriam-Webster).

Nations Special Rapporteur on the Right to Heath; and the Office of the United Nations High Commissioner on Human Rights (ibid). According to Yamin: "RBAs consider the social, political, historical, and economic contexts that frame the ways in which health is produced, experienced, and understood" (in Beracochea, Evans and Weinstein 2011:10).

At the core of the rights-based approach is a two-pronged strategy of strengthening duty- bearers (i.e. states) and empowering right-holders (i.e. migrants) to realize human rights (Beracochea, Evans and Weinstein 2011: 13). Rights are also categorized as positive i.e. a right to be subjected to an action of another person or group; or negative i.e. a right not to be subjected to an action of another person of group (Beracochea, Evans and Weinstein 2011: 14). The rights-based approach to migrants' health, especially in the context of HIV/AIDS, focuses on migrants' rights to adequate prevention, treatment and care as a fundamental right to health. Migrants often face difficulties in exercising their right to health due to their precarious situation. Some states, including Lebanon, don't have specific legislation on access to health care for migrants. The role of non-state actors such as NGOs, CSOs and multinational corporations is also increasingly important, albeit not clearly defined, e.g. in cases where states as duty-bearers fail to fulfill their obligation (Beracochea, Evans and Weinstein 2011:15).

Eide points out that in the context of HIV/AIDS epidemics, individual civil rights can clash with the right to health through public health measures (Eide 2000: 153). This conflict is also reflected in the dichotomy between the needs-based approach (NBA) and RBA. The NBA "allows public health professionals to prioritize the health problems of a group or community and subjugate the needs of the individual to the needs of the majority", while the RBA asserts that rights are universal (Beracochea, Evans and Weinstein 2011: 11). Thus subjecting migrants to unethical mandatory HIV testing for the reason of containing the infection is in direct violation of their individual civil rights. To balance the rights of individuals with the rights of communities is one challenge for the RBA (ibid).

## *3.5. Operationalization of the theoretical framework*

This study aims to combine all the above-mentioned conceptual frameworks for an in-depth analysis of the findings. The resulting eclectic framework allows for a two-stage analysis. Firstly, living and working conditions of migrants are analyzed through the lens of structural violence and migrants' rights. This analysis is supplemented by the capabilities approach, whereby the emphasis

is made on migrants' constrained capabilities with linkages to health and HIV vulnerability. Selected capabilities from Martha Nussbaum's ten-point list (Nussbaum 2003: 41-42) are examined in this regard, namely bodily health, bodily integrity, emotions and control over one's environment (see Enclosure 4 for the full list). The cultural theory of risk is brought into the discussion at the first stages and the entire study is informed by the rights-based approach to health.

Since the rights based approach (RBA) to public health focuses on underlying determinants of health, with an understanding that health vulnerability is societally structured (Meier et al 2011: 19), this approach is relevant for the current study in a number of ways. It helps regard constrained capabilities and HIV vulnerabilities from the point of view of individual human rights and the way these rights are (not) realized by the relevant duty-bearers. Moreover, RBAs give preference and voice to vulnerable groups through strengthening their agency and empowering them to become engaged rights-holding citizens (Meier et al 2011: 26). In addition, the capabilities approach is closely linked to rights: "To the extent that rights are used in defining social justice, we should not grant that the society is just unless the capabilities have been effectively achieved" (Nussbaum 2003: 37). In other words, in order to achieve their fundamental rights, people need to first possess the capabilities to do so.

# 4. Research design and methodology

## *4.1 Epistemology and ontology*

The starting point of any research design is the epistemological and ontological stance. The epistemology of this study is anti-positivist in that it follows the idea that the social world cannot and should not be studied using the same scientific research principles as for studies of the natural world. In addition, it takes an interpretivist approach, considering the human world not an objective entity but a creation of the subjects within it, with every subject giving its own meaning to the surrounding world. The aim is to contribute to understanding human behavior and social phenomena instead of merely explaining it. The departing point of understanding is the subject, i.e. social actions are in themselves meaningful for the subject and thus need to be interpreted from the subject's point of view (Bryman 2008: 15).

The ontological standpoint taken in this study is constructivist, which means that social phenomena are not objective entities that possess a reality independent and external from the social actors, but

are results of the perceptions and actions of those actors (Bryman 2008:18). With this in mind, the most suitable research design to investigate HIV/AIDS vulnerabilities is to put in the center of the research the social actors' conditions and experiences. The aim is to understand how structural barriers such as the living and working conditions restrict human agency and capabilities. Thus the aim is to get insights into how the research participants experience, live and display health risks and vulnerabilities.

Linked to the chosen research design and based upon the epistemological and ontological stance, it was decided to use qualitative data collection methods in order to get an in-depth understanding of the given social phenomena instead of generalizable results. Even though general patterns of migration exist, the experience of migration and its consequences are unique and personal. Moreover, it is well known that migration itself is not a risk factor for HIV, but rather the conditions created by migration. Of the four qualitative research traditions identified by Gubrium and Holstein, this study follows the post-modernist tradition in that its put emphasis on the different ways social reality can be constructed by various actors (in Bryman 2008: 367).

## *4.2. Defining the research question and utility of the study*

Initial research questions were defined prior to data collection, largely based on literature review and initial understanding of the field. However, the research questions have continuously evolved during the analysis of the data collected. The same holds true for the role of theory in research. The main question is if theory is emerging or tested, i.e. deductive or inductive, in the research process. An inductive approach is usually linked to qualitative data collection methods (Bryman 2008: 11). However, Mikkelsen mentions that in development studies a mixture of both inductive and deductive approach can be used in stages (Mikkelsen 2005: 169). This study follows a mixed approach described by Mikkelsen. First, an extensive desk review, interviews with experts from the International Labor Organization (ILO) and informal conversations with gatekeepers and locals were conducted, which then guided the reformulation of research questions and interview guides to test initial assumptions. Throughout the research, induction and deduction were alternated, as new information would prompt me reformulation of initial research questions and that would in turn lead to new probings into the findings. Thus the analytical framework shaped out at the very end of the research process, i.e. the findings of my study finally guided the development of theory (Bryman 2008: 11). A 3-part framework is utilized to conceptualize all the different aspects of the study's findings.

While choosing the initial topic and defining the research question, a major concern for was the utility of the study. The choice of topic was initially guided by the author's personal interest and a certain research gap. However, a major concern was that the study would be purely academic and would not have any possible benefits for the study subjects, which in the author's opinion, defeats the purpose of development research. Advice of practitioners in the field was sought after, and Ms. Michela Martini, HIV/AIDS and World of Work Technical Officer at ILO Regional Office in the Arab States, stated that the study was increasingly relevant for Lebanon and the region as a whole. Based on the quality of the findings, they can be used as a basis for further research or designing actions/interventions in the region, which is usually the main aim of conducting any research.

## *4.3. Interviews*

The study uses primary and secondary research methods to address the research question. The main method utilized is the semi-structured individual interview with migrant workers and experts in the field. Initial probing information that set the context and helped guide the main interviews was gathered through unstructured interviews with two key informants: representatives of the Nepalese and Syrian communities in Lebanon.

The reasons for choosing the interview as the main method are two-fold. Firstly, as Bryman suggests, the flexibility of interviewing allows for a researcher to collect as much data as possible in the condition of time constraint (Bryman 2008: 436). Secondly, qualitative interviewing puts more emphasis on the interviewee's point of view and allows for significant issues to emerge in the course of the interview (Bryman 2008: 437). "The qualitative interview is a key venue for exploring the ways in which subjects experience and understand their world. It provides a unique access to the lived world of the subjects, who in their own words describe their activities, experiences and opinions" (Kvale 2007: 9). Indeed, many new issues emerged during interviews with both migrants and experts in the fields, which all have shed light on my research in new and sometimes unexpected ways.

### 4.3.1 Sampling

As I could not identify a specific number of interviews required for the study, I aimed to conduct as many as I possibly could. I personally conducted a total of 5 interviews with female migrants from Sri Lanka, Sierra Leone, Philippines and the DRC. My field assistant conducted 10 to 12 interviews

with male migrants from Southeast Asia and Syria. The sampling was based on the goals of my research, which meant I had to select participants who would provide me with information to enable me to answer my research questions (Bryman 2008: 375). Interviews were thus arranged purposively, by approaching migrants at their major congregation places, such as the Migrant Community Center, the church they go to on, and with the help of gatekeepers. A range of categories in terms of nationality, occupation, legal and marital status was taken into consideration as much as possible, but otherwise, the interviewees did not necessarily represent the overall migrant worker community in Lebanon.

Semi-structured interviews with experts in the field were also conducted to partly validate the data gathered through interviews with migrants and partly get access to additional information. Interviews were conducted with the manager of the National AIDS Program; psychosocial and VCT counselor at MARSA, a national NGO working in the field of sexual and reproductive health; and two experts from the ILO Regional Office in the Arab States. Unfortunately, no official from the Lebanese Ministry of Labor was available for an interview or a comment.

Thus the sampling for both types of interviews was done through a mixture of convenience and snowball sampling. Convenience sampling means that participants were selected on the criteria of their accessibility (Bryman 2008: 183), i.e. living in Beirut as well as available and willing to be interviewed. I then used the snowball sample as I approached research participants for further contacts on people meeting the same criteria (Bryman 2008: 184). However, this method did not always provide me with new contact data from each participant as I was hoping for.

### 4.3.2. Using a field assistant

As a female researcher in the field, I was warned by several experts that I would have a difficult time discussing sensitive topics with male migrants, especially Arab Muslims. For that reason, I used the help of a Lebanese graduate student, fluent in both English and Arabic, who conducted all the interviews with male migrants. According to Mikkelsen for outsiders in the field, the local assistant or interpreter is the “filter of information” (Mikkelsen 2005: 331). While he has been of great help initially, our further agreement was that he would transcribe and translate the interviews in Arabic and provide me with the recordings of the interviews in English so that I could transcribe them myself. However, due to misunderstanding and miscommunication between us, I eventually

never got a hold of those recordings or transcriptions. We did have discussions on the interviews that he conducted so I managed to take notes based on that.

This condition obviously had serious consequences for the aim and quality of my research. I had originally hoped to focus on male migrants as they have been largely left outside the scope of any research on migrants previously conducted in Lebanon. However, since I only had access to interviews with female migrants by the time I started writing and analyzing, I had to restructure my research question and the scope of the study. I also had to more heavily rely on expert opinion, secondary sources and my own observations as a result.

### 4.3.3. Developing interview guides

Two separate interview guides were developed for migrant interviews and expert interviews. In their study on the spread of HIV among Sub-Saharan migrants in Switzerland, Bischofberger and Vischer point out that interviewing migrants about HIV/AIDS raises concerns about double discrimination: ethnicity/skin color and stigmatizing illness (Bischofbeger and Vischer 2010: 24). The same holds true for Lebanon: migrant workers are often discriminated against based on their ethnicity and origin, and Lebanese society and legislation still views HIV as an exogenous disease, coming from "outsiders". With this in mind, I devised my interview guide following a consultation process with Ms. Michela Martini and Ms. Lea Moubayed from the ILO Regional Office in the Arab States. Both have done qualitative research on migrants, including surveying and interviewing. The interview guide was not a strict list of questions, but rather a roadmap to open and lead the discussion in the necessary route. In general, I used all nine types of questions suggested by Kvale (in Bryman 2008: 445-446). For expert interviews, I developed a different interview guide that was meant to cover research and knowledge in the field, legislation and official views when applicable.

### 4.3.4. Conducting interviews

All of the interviews with migrants were conducted in English or Arabic. Firstly, English is the lingua franca of many countries that migrant workers come from. Second, many have lived and worked in Lebanon for years and speak good Arabic, and yet others come from other Arab countries. Interviews with experts and key informants were conducted in English.

The interview venues were congregation areas of migrants in Beirut: Migrant Community Center in Ras el Nabaa, Bourj al Barajneh refugee camp, where some Syrian workers live, and Dawra and

Bourj Hammoud, two Beirut neighborhoods where most migrants live and congregate. All the venues were chosen for their convenience and suggested initially by key informants. Unfortunately, total privacy was not possible to achieve in some interviews.

Prior to each interview, I introduced myself and the topic and aim of the research. I made sure to establish direct eye contact and ask questions clearly but not very instructively, as I was aiming to create an atmosphere of a conversation. I picked up on things said by the interviewees, let them tell their stories and asked more questions if new information came up during the interview that I wanted to explore further. All of the interviews were recorded and I took notes during and after the interviews regarding the venue, body language or other things that drew my attention. Following the interview, I thanked the participant and in some cases asked if they could refer me to somebody else.

## *4.4. Secondary sources and participant observation*

This study draws on a number of secondary sources of data. The Lebanese legislation regulating labor and migration, international law instruments, the National Strategy Plan for HIV/AIDS, and similar studies and reports conducted on migrants in Lebanon and the Gulf Cooperation Council (GCC) countries are used in the analysis. These were obtained online and from the experts interviewed.

Participant observation helped shape the analysis to the extent that I had not originally foreseen. Having spent five months in the field, I formed ideas about the Lebanese society in general and migrant workers in particular by interacting, observing and asking questions. Every Sunday afternoon in Hamra, the neighborhood that I lived in, migrant workers mingled on their day off. They did their shopping, called their families at home from small cell phone stores along the street or simply strolled around. Thus I have relied quite a lot on my own observations and have tried to corroborate my impressions and assumptions with other sources.

## *4.5. Quality of research and limitations*

Since the terms reliability and validity are more relevant in quantitative research (Bryman 2008: 376), I apply the alternative criteria of trustworthiness and authenticity developed by Lincoln and Guba (in Bryman 2008: 377) to assess the quality of my research. Trustworthiness comprises the four sub-criteria of credibility, transferability, dependability and confirmability. Credibility is

achieved through conducting research according to the rules of good research practice and ethical conduct and submitting your research findings to the study subjects for respondent validation (Bryman 2008: 377). I do intend to share my research findings at a later stage with some of the experts that I have interviewed. Transferability requires a thick description – that is, rich accounts of the research phenomenon (Bryman 2008: 378). To ensure a thick description in writing, I have tried to get detailed and specific answers from my interviewees. However, since I did not manage to get access to the detailed transcriptions or recordings of the interviews that my field assistant had conducted, some of the descriptions are more heavily based on secondary sources. Dependability is parallel to reliability in quantitative research. This can be ensured by "auditing", i.e. storing all the data and carefully noting each step of the research process in an accessible manner (Bryman 2008: 379). However, not all the data can be provided to third persons per request as it clashes with the principle of confidentiality. Furthermore, this criterion has also suffered due to the above-mentioned issue with the interview transcripts. Confirmability, i.e. ensuring that my personal values do not influence the research findings (ibid), is of importance in the process of both research and analysis. I have tried to avoid personal bias by carefully refraining during the interviews from influencing or guiding the participants' answers.

Authenticity comprises the sub-criteria of fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity, which are all concerned with the wider political impact of my research. These criteria are not presented here in detail, as I believe they can be better assessed after presenting the research findings to interested parties and experts in the field, who have more power and expertise to create any meaningful change of circumstances i.e. catalytic authenticity (ibid).

## *4.6. Ethical considerations*

Kvale calls interviewing "a moral inquiry" (Kvale 2007: 24). The ethical issues of my research had to be considered throughout the entire process, from research design to data collection. These are broadly concerned with autonomy and any conceivable risks for participants. In public health studies the issue of autonomy is usually related to informed consent and monetary or in-kind incentives for participants (DeJong *et al* 2009: 3-4). I obtained the oral informed consent of all interviewees prior to the interviews. Moreover, the interviewee had the option to end the interview at any moment should he/she feel unwilling to continue. As for incentives, only compensation offered were transport costs (when applicable) and a small gift for one of my gatekeepers, which

was entirely appropriate in the given situation. However, in most cases, no incentives were offered or requested.

Another ethical dilemma is the principle of beneficence, which states that: "...all research must attempt to do no harm and is obligated to at least maximize benefit in relation to risk" (in DeJong *et al* 2009: 4). In general, while it is easy to spot migrant workers almost anywhere in Beirut (homes, offices, streets, and grocery stores), talking to them and getting information can be difficult. At the time of the study, a TV report on increasing levels of crime in the neighborhoods of Beirut populated by migrant workers had sparked conflicts and police raids in these neighborhoods. As a result, undocumented migrants were lying very low for fear of being discovered and deported. Moreover, due to the sensitivity and the stigma, it is very hard to get access to HIV positive persons in Lebanon for a study. The only HIV positive migrant that I managed to locate through MARSA, the national NGO, refused to be interviewed directly.

To minimize risks and maximize benefit for study participants I assured every interviewee of complete confidentiality, and that the study results would be used purely for academic purposes. I also tried to secure a private location for the interviews by going to a separate room where possible. One interview was conducted in a private apartment. However, ensuring complete privacy was not always possible. This condition might have inhibited the openness of interviewees to a certain degree.

In regards to interviews with experts in the field and information received from key informants, the above-mentioned ethical considerations were not as relevant. However, I did obtain their consent to use their names and asked how they wanted to be referred to in the study. This was especially relevant in the case of my two key informants as they also fall in the migrant worker category in Lebanon, albeit in a slightly more privileged position than the rest of the migrant participants of the study.

## *4.7. Data analysis*

Silverman notes that field data analysis consists of three stages: data reduction, data display and conclusion drawing/verification (Silverman 2005: 177). The research completes stage one, data reduction, through the indexing/coding of interview transcripts. The preliminary coding framework was developed based on the preliminary literature review that also formed the interview guide and a

preliminary analysis of the interview transcripts. To index and code the data, interview transcripts were read through and data sets were indexed based on code words and the overall ideology/conception of each section of the transcription. A web-based application, Dedoose, was utilized for the coding process.

The indexed data was then backed by secondary sources of data (documents) for verification, elimination and filling the gaps. The secondary sources were also coded based on the analytical framework. Once the data was reduced, the theoretical framework was applied to the data for analysis, which places the contextual field data within the larger framework for analysis. At this point, an in-depth analysis of the data is presented via text in chapter 6, before conclusions are drawn in chapter 7.

# 5. Overview of migration and HIV situation in Lebanon

## *5.1. HIV/AIDS in MENA and Lebanon*

The HIV/AIDS epidemic in the MENA region is characterized by low prevalence among general population, with most transmissions happening among at-risk populations, i.e. female sex workers (FSW), men who have sex with men (MSM) and intravenous drug users (IDU) (Abu-Raddad *et al* 2010: 185). However, there is evidence that the necessary risk factors to the spread of the epidemic are present. According to Robalino, Jenkins and El-Maroufi, any at-risk group can become the core of spread into the rest of the population, depending upon the extent and nature of social linkages and networks (Robalino, Jenkins and El-Maroufi 2002: 1). The next groups are those who are considered vulnerable due to their life conditions, e.g. migrants, refugees, and young people in general, in that some will engage in non-marital sex. Furthermore, structural factors such as poor and dysfunctional health care systems, raising unemployment and poverty rates, and income and gender inequality create an environment that is suitable for the diffusion of the epidemic (Robalino, Jenkins and El-Maroufi 2002: 1). Moreover, HIV testing in MENA appears to be disconnected with the HIV epidemiology in the region (Abu-Raddad *et al* 2010: 83). There is an increased demand for HIV mandatory testing of migrant workers by countries in the Middle East and in recent years there have been reported incidents of the continued deportation of migrant workers due to their HIV status (UNDP Bangladesh 2009: 15). Such practices are not only in violation of migrants' rights to equal employment but also contribute to a distorted image of "outsiders" as disease carriers and a potential risk for the host population. Thus it is important to

assess real and tangible risks associated with HIV/AIDS transmission between migrant and host populations in order to eliminate stigmatization and isolation of vulnerable groups, and build a clear picture of the epidemic dynamic in the region.

According to the Lebanese National AIDS Program (NAP), by November 2011 the total of HIV/AIDS cases in Lebanon reported to NAP was 1,455, while UNAIDS estimated the number of people living with HIV (PLHIV) to be between 3,600 [2,700-4,800] (MOPH 2012). Although the draft 2011 National Strategy Plan for HIV/AIDS emphasizes the need for special attention to migrant workers, available data exists only on out-migration, attributing 29% of all new cases in 2010 to foreign travel and migration (NAP 2011).

## *5.2. Migration in Lebanon*

According to the latest data from Central Administration of Statistics (CAS), the Lebanese Ministry of Labor issued 36, 715 work permits for the first time and renewed 94, 398 permits in 2008. However, the number of work permits issued is not an adequate measure of foreign labor in Lebanon, as they do not include those who entered the country illegally, whose permits have expired and not been renewed, those who are working with only tourist visas, and those who are unemployed (Jureidini and Moukarbel 2004: 591). Email communication with CAS has confirmed that there are no more comprehensive and disaggregated statistics on migration available at the moment (Badre 2011).

According to a 1997 UNDP report, main categories of migrants in Lebanon are the following:

- Mostly women from Sri Lanka, the Philippines,[6] India and African countries employed in domestic work and similar functions in business establishments;
- Male nationals of Egypt, Sudan and Syria employed as janitors, cleaners, porters, etc. in buildings and commercial establishments;
- Syrian and Egyptian men employed in construction, farming, road construction, car-servicing, cleaning and garbage collection, and repair and maintenance workshops, as well as peddlers and porters;

[6] Since 2007, there has been a ban on the employment of Filipino domestic workers in Lebanon as stipulated by the Filipino government; however experts argue that there have been more Filipino workers coming in since 2007 than ever before..

- West Europeans, some Arab and other foreign nationals, engaged in sectors that require scientific skills or financial means (in Jureidini 2004: 64).

One major limitation of migration statistics for Lebanon is that, due to a bilateral agreement between Lebanon and Syria, Syrian workers are not counted as they do not require a work permit. In fact Syrian workers in Lebanon have never been counted and estimates range from 300,000 to 500,000 individuals i.e. from 5.5% to 9.2% of the working age population of Syria in 2010 (Di Bartolomeo, Jaulin and Perrin 2012: 3).

In addition, there are a number of Iraqi nationals in Lebanon that are considered work migrants by Lebanese authorities. Many of them fled their country for a mixture of security and economic reasons. Reports state that there are about 50,000 Iraqis living in Lebanon, many employed without proper papers (Chatty and Mansour 2011: 10).

Despite the increasing number of migrant workers in Lebanon, existing regulatory frameworks are inadequate. Experts argue that in view of the sensitive political situation, the multiple labor restrictions applied to Palestinian refugees in the country spill over to other migrant workers. Moreover, Lebanon has not ratified the International Convention on the Rights of Migrant Workers (CMW), not reporting to any international body on the status of migrant workers (Tabar and Rassi 2010: 94-95). However, it must be noted that many international and civil society organizations advocate for migrant rights in Lebanon and fill the void created by state policies.

During a recent technical consultation meeting for National AIDS Program managers and ILO Constituents from Iraq, Jordan, Lebanon and Syria, the Syrian representative raised concerns regarding HIV vulnerabilities of Syrian workers in Lebanon and called for a bilateral agreement and project targeting migrant workers (Martini 2011). What stands out in relation to Syrian migrants is not only their sheer volume, but also the reasons for migration. According to one of my key informants, the reasons for migration are not always purely economic but could also be for the purposes of escaping a culturally strict and stifling environment at home. The political events of the past 14 months, during which many Syrians have found themselves in the middle of fierce fighting

between the government forces and opposition, have also contributed to an influx of Syrian nationals into Lebanon.[7]

# 6. Data analysis

## *6.1. Living and working conditions: structural violence*

The structural violence perpetrated against migrant workers in Lebanon is evident in their living and working conditions. Jureidini and Moukarbel argue that the conditions that many migrants find themselves in Lebanon can be described as new forms of slavery (Joureidini and Moukarbel 2004: 582).

> Bales identifies three types of modern slavery: 'chattel slavery'—where slaves are either captured, born or sold into permanent servitude; 'debt bondage'—where servitude is ensured against the loan of money and where the length and nature of that servitude is indeterminate; and 'contract slavery'— where contracts are 'legal fictions' rather than legally binding employment agreements, and thus conceal what are in reality conditions of slavery (Jureidini and Moukarbel 2004: 583).

The following section aims to answer the first research question by analyzing those working and living conditions of migrants that relate to their vulnerability to HIV or infringe upon their rights based on HIV status. These conditions have surfaced throughout the research as part of the social context that influences and shapes migrants' capability sets (see Figure 1 in Chapter 3). Furthermore, this section argues that the structural violence perpetrated against migrants in Lebanon is multifaceted and systematic and, in many cases, justified by the host society.

### 6.1.1. Migration process

***Recruitment:*** The recruitment process of foreign labor into Lebanon varies for different categories of migrants. Female domestic workers and some male workers (e.g. Sukleen employees, a garbage collection company) are formally recruited through agencies. This means that they have to be "sponsored" by their employer to come to Lebanon (this system is called *kafala*). The sponsorship fee is $1,000 and is paid by the employer in addition to work permit, transportation and medical insurance fees[8] (Jureidini and Moukarbel 2004: 594).

---

[7] Since April 2011, UNHCR has assisted over 9,000 people fleeing Syria into Lebanon (Di Bartolomeo, Jaulin and Perrin 2012: 1).

[8] For a full list of fees, see the latest announcement by General Security at: http://www.labor.gov.lb/NewsDtl.asp?InfoID=4&InfoParentID=1&CatName=News&PID=-1&FFlag=1

Some migrants choose to be "freelancers", meaning that they do not have to work for or live with a single employer and usually work on an hourly basis for different employers. However, to retain a legal status they still need to find a sponsor to arrange their papers for them. This has become a profitable business for some Lebanese, who charge an additional fee for each migrant that they "sponsor" (Jureidini and Moukarbel 2004: 595). One of the interviewees for this study reported having to pay $1,400 to her sponsor annually to arrange her work permit and insurance, which usually cost $600.

There is a third category of mainly unregulated labor migrants in Lebanon coming from other Arab states. The majority of them are Syrians, who can simply enter Lebanon with their identity card and stay and work up to 6 months without a work permit due to bilateral agreements between Syria and Lebanon on the movement of people and labor (Di Bartolomeo, Fakhoury and Perrin 2010: 3; Diab 2006: 8-9). A similar agreement also exists with Egypt (Diab 2006: 8) and, moreover, citizens of 11 Arab countries can obtain a one month tourist visa upon arrival at the airport, renewable for up to 3 months (Di Bartolomeo, Fakhoury and Perrin 2010: 3). This simplified regime makes the entry, stay and employment of labor from these countries broadly unregulated and unmonitored, with no social security or employment rights guarantee.

Every migrant that comes to Lebanon in a regulated way must sign an official contract with his or her employer (Jureidini and Moukarbel 2004: 584). However, some interviewees reported not having signed a contract neither in their home country nor in Lebanon, and those who did sign a contract in Lebanon stated that it was only in Arabic and was not translated or explained to them. According to the ILO (2009), a uniform standard contract for domestic migrant workers stipulating fixed working hours, one day off per week and medical care has been adopted by the Ministry of Labor in early 2009, and talks have begun on a draft law that would include domestic workers in the official labor legislation.[9] However, where there is no effective way of enforcing these contracts, they might just as easily remain a "legal fiction". Moreover, most migrants do not seem to understand the importance of a contract.

> *[T]hey just explained it [the contract] to me that it's so and so. And you know I don't care, I just want to work, give me my salary and that's it (Interview 3).*

[9] The Lebanese Code of Labor excludes domestic workers (see Enclosure 1).

> *I have a copy of the contract that I signed at home and when I asked for a translation they said that it's the same contract. So it doesn't bother me (Interview 1).*

One of the biggest problems with the recruitment process in Lebanon is the *kafala* system, as it makes migrants dependent on their *kafeels* (sponsors) both financially and physically. It deprives migrants of the right to withdraw their labor (especially live-in maids) or even to leave the country as the sponsor/employer will often retain the employee's passport. The Lebanese Minister of Labor has recently proclaimed that this system is not grounded in Lebanese law and was imported from GCC countries by the General Security, the directorate within the Ministry of Labor responsible for monitoring foreigners in Lebanon (Migrant Rights 2012).

***Medical testing requirements:*** The Ministry of Labor (MoL) of Lebanon officially requires every person seeking to obtain a work permit in Lebanon to undergo tests for five infectious diseases: VDRL for syphilis, PPD for tuberculosis, HIV, HbsAg for Hepatitis B, malaria and a pregnancy test for females. In addition, Egyptian nationals are subjected to test for Schistosomiasis (Bilharzia) (Mollayess *et al* 2006: 20). These tests are first done in the country of origin and later repeated once the migrant arrives to Lebanon, as the MoL does not recognize any tests done outside. If any of the tests are found positive, the worker cannot obtain a work permit, which essentially means that s/he is obliged to leave the country after their tourist visa expires within 3 months.

There are a number of issues that arise in connection to these medical tests. UNAIDS and WHO state that any testing for HIV should occur under conditions of informed consent, counseling and confidentiality (3C) and be linked to positive health outcomes (UNAIDS & WHO 2004: 1). Anchored in a human rights approach, these "3 C's" are systematically violated in the case of mandatory HIV testing of migrants in Lebanon. The issue of consent is especially lucrative and contentious. When asked whether they had to undergo a medical test upon arrival and whether they knew what they were tested for, all of the interviewees indicated that they were aware that one of the tests was for HIV. However, the principle of informed consent assumes that it is both informed and voluntary. Considering that medical testing is a prerequisite for getting a work permit, the migrants are not left with a choice if they wish to receive work authorization in Lebanon. According to Azfar Khan, Senior Migration Expert at ILO Regional Office in the Arab States, the migrants will willingly submit themselves to any test as they consider working in Lebanon "the icing on the

cake". Secondly, no pre- or post-test counseling is ever offered to migrants neither at the testing centers in the countries of origin nor in Lebanon. It is not quite clear if the results are ever explained or shown to the migrants themselves but they are most certainly not kept confidential. Moreover, reports of deportation of HIV positive migrants repeatedly show up both in previous studies and in the interviews conducted for this study.

However, the National AIDS Program (NAP) manager denied any deportation cases based on HIV status. According to him, these deportations usually happen for other reasons, such as in the case of "runaway" domestic workers who flee their employers' homes and thus become irregular migrants. He also added that the private recruitment agencies initiate deportations to fill their quota, and that the Lebanese authorities have nothing to do with it.

Such discrepancy in the information from various sources is also evident in whether or not the migrant workers are routinely subjected to these tests. According to ILO's Marie-Jose Tayah and the UNDP study on Bangladeshi female migrant workers (UNDP 2009), these tests are repeated every time the migrants renew their work permit, which is done on an annual basis. However, according to the NAP manager and other sources consulted (Molayess *et al* 2006), this is not necessarily true.

Regardless of whether or not deportations actually take place or how often the migrants are tested, the major issue at hand is the rationale behind the medical testing requirement. Subjecting foreigners, especially female domestic migrant workers, to mandatory HIV testing creates a false sense of security in the host society, which views foreigners as disease carriers as explained by the cultural theory of risk. Such risk-aversive behavior not only infringes on migrants' rights to privacy and equal employment opportunity, but given the complex and evolving directionality of HIV transmission, does not guarantee the intended results of containing the infection. Moreover, it aggravates the global burden of the disease by merely shifting responsibility and not contributing to the alleviation of the problem itself (Yassin and Michael 2010). In the context of Lebanon, it is interesting to note that perception of risk of STIs spread by female migrants in particular is linked to a certain category of female migrant workers, namely East Europeans and Russians, recruited specifically for the entertainment sector. Anecdotal evidence indicating this category of migrant workers' involvement in the sex sector reinforces suspicions that women migrant domestic workers (WMDWs), regardless of their nationality, are also involved in such activities (ILO 2007). As a Russian national myself, I have on numerous occasions encountered such attitudes from Lebanese

nationals, be it in the form of inappropriate jokes about working in a "super night club" (euphemism for strip clubs in Lebanon) or other stories about the informal sex sector in the country.

Furthermore, any claims at efficiency or effectiveness of such tests would be unfounded as they are performed arbitrarily, mostly on those migrants whose migration process is regulated and who require a work permit in Lebanon. This means that the largely unregulated Syrian and Iraqi workers are not subjected to these tests, nor is any other foreigner that enters Lebanon on a tourist visa (for instance, myself). Moreover, any test results can be forged if necessary and there is no evidence to suggest that the requirement is strictly enforced. According to Azfar Khan and other interviews, the test results can easily be faked for anything between $50-200. Thus these medical tests are unwarranted, unethical, unjustified and in violation of migrants' rights to voluntary and consensual HIV testing.

Lebanon has not ratified ILO Convention 189 on Decent Work for Domestic Workers and thus cannot be pressured to abolish mandatory HIV testing or disclosure of status for migrant workers, as stipulated by the Recommendation supplementing the Convention (see Enclosure 2). During the 99$^{th}$ session of the ILO General Conference, when the Convention was on the agenda for discussion, the Lebanese government abstained from including any provisions on domestic workers' right to privacy in work-related medical testing and freedom from discrimination on the basis of pregnancy and HIV status, requesting further clarification of the terms "privacy" and "free from discrimination" (ILO 2010).

### 6.1.2. Living conditions

Living conditions of migrant workers in Lebanon are often highly restrictive and insecure. Especially live-in domestic workers suffer from lack of private space and freedom of movement as they sometimes don't have their own rooms, or if they do, they are very often without a window and the size of a closet. I happened to rent a "maid's room" for 2 months while living in Beirut, which was the smallest room in the apartment, the only one without AC, and had barely enough space for a small bed and a bed stand. Moreover, many maids are not allowed to leave this stifling atmosphere even on their days off. Many "freelancers" are also forced to live together in small premises to save on rent, as I personally observed during one of the interviews conducted in a private apartment.

As for male migrant workers, specifically Syrians, their living conditions are just as precarious, if not worse. According to one of my key informants, who first came to Lebanon from Syria to work on construction sites, the living conditions were the toughest part of the experience. He shared a room with 13 other people in the same building they were working on as it was free. There was no heat, one shared bathroom for everyone and they had to sleep and cook in the same room. Some Syrians rent rooms at the Burj el Barajneh Palestinian refugee camp, notorious for its lack of infrastructure and poor living conditions.

### 6.1.3. Working conditions

Jureidini and Moukarbel compare migrants' working conditions in Lebanon to slavery-like conditions (Jureidini and Moukarbel 2004: 602-603). The most frequently reported issues in previous studies and the interviews for this study were long working hours, especially for live-in maids, not enough rest time, not enough food, abusive or degrading treatment by employers, nonpayment of salaries, and lack of communication with the outside world.

It is important to note that not all migrants are unsatisfied with their working conditions or their employers. About half of the interviewees for this study reported that they did not have complaints regarding their situation and did not get abused or mistreated by their employers. However, they all said that they considered themselves "lucky" compared to many others. One interviewee also claimed that sometimes the workers can exaggerate their conditions as well and not all employers are always to blame.

As for unregulated labor, especially Syrian migrants engage in low-skill, low-wage work with no employment guarantee, social security or workplace safety. Some Syrians are employed in the agriculture sector in the Bekaa valley and the north of the country, whose conditions are outside the scope of this study. However, 3 out of 4 Syrians in Lebanon are employed in the construction sector, mainly in Beirut (Di Bartolomeo, Jaulin and Perrin 2012: 3). They arrive at prearranged "pick up" sites where construction contractors can come and recruit them, usually twice a day. Some are involved in illegal work, such as cab drivers (Syrians, like the Palestinians, are not legally allowed to work as drivers). In his book on Syrian migration in Lebanon, John Chalcraft argues that Syrian migrants have faced increased instability and exile following the 2005 withdrawal of Syrian troops from Lebanon. Although the migrants began to return after an initial withdrawal, they continued to experience feelings of isolation and exclusion due to the scorn directed against them, conditions of

the emerging political economy, social and cultural dislocation, and estrangement from home (Abboud 2011: 328).

### 6.1.4. Income

Average wages per month in 2009 for domestic workers were usually $125 as per their contracts (UNDP Bangladesh 2009: 41). Non-remunerated overtime work as well as nonpayment of wages is a significant concern in Lebanon according to all the previous studies and interviews conducted for this study. In addition, remuneration was recorded to differ greatly according to nationality, language skills and educational level. For example, previous studies reported Filipina domestic workers receiving a higher remuneration than Sri Lankan and Ethiopian nationals (Chammartin 2004: 19). Such hierarchy in wages is reflective of the "ethnic" hierarchy that exists in Lebanon regarding migrant workers in general (Jureidini and Moukarbel 2004: 586). The highest wage reported by my interviewees was $400 per month, which was still not enough to cover additional costs of living.

According to one of my key informants, Syrian construction workers in Beirut make around $25 a day, out of which they have to pay rent, food and transportation costs. They are usually engaged in day-by-day work, with no employment guarantee and debt incurred as a result. Many avoid going home too often in order not to pay the $20 exit fee every time they leave Syria.

However, not all of the interviewees for this study were unsatisfied with their income. Those that indicated that they were satisfied had been living in Lebanon for a while (6 to 20 years), and either had extra work or were not the main breadwinners for their families. In this regard, the issue of adaptive tastes needs to be considered. According to Dowding, Amartya Sen argues that deprived people often adapt to their circumstances, making it impossible to equalize across satisfaction since some people might gain equal satisfaction with lesser goods precisely because of their deprivation (Dowding 2006: 327). Therefore, measuring migrants' satisfaction with their income requires a comparison of individual conversion factors of this income into actual achievements or functionings. In Lebanon, the social conversion factors (e.g. public policies, social norms, discriminating practices, gender roles, societal hierarchies, power relations) are particularly restricting. For example, a single mother working as a "freelancer" might not be able to sustain herself and her child with the same income that a single childless live-in maid might find satisfactory. However, since live-in maids are often not allowed to leave the house or don't receive

their salaries on time, these conditions also severely constrain the conversion of their income into any meaningful functioning.

In regards to HIV vulnerability, low level of income reportedly drives some female (and male) migrants into sex work or abusive relationships. However, this information is extremely hard to corroborate as most of it is based on anecdotal evidence. ILO's Marie-Jose Tayah has shared a story that she heard from a cab driver about a new club that recently opened in Beirut for Arab male migrants and Asian female migrants to "hook up". My interviewees also claimed that many Asian female migrants enter into relationships with Lebanese or Syrian men for money or work permit "sponsorship".

### 6.1.5. Experience of abuse

Migrants in Lebanon routinely experience physical, sexual and psychological abuse. These can range from verbal and physical abuse by employers, both the *madame* and the *mister,* to sexual abuse, rape and even murder. The most scandalous stories appear in the media (e.g. the recent beating and subsequent suicide of Alem Dechasa, an Ethiopian maid)[10] but many remain unreported and unnoticed in the society. None of the interviewees for this study reported being personally physically or sexually abused, but all had stories of other migrants to tell.

Psychological and emotional abuse is much more subtle and definitely less publicized; however, it surfaces as a significant concern for the majority of migrants. Being treated as a second-class citizen, dirty and stupid is not uncommon among migrants in Lebanon.

> *They [the Lebanese] don't consider you as a human being; they see you like an animal, like you are nothing. They can't understand that the work you're doing is a job that you do to survive your life. No, they see you as a thing [sic] (Interview 5).*

McMurray argues that the gender dimension of migration i.e. the fact that almost all domestic workers in Lebanon are female makes them particularly vulnerable to abuse, as they are prone to experience abuse by their male employers and be forced into sex trade by the recruitment agencies (in Jureidini and Moukarbel 2004: 587). Moreover, abusive sexual relationships between female migrant workers and Lebanese men seem to be quite common, according to all of my interviewees.

[10] The video depicting Alem's abuse went viral on YouTube. http://www.youtube.com/watch?v=HBf_-QKp6pw&feature=player_embedded

It is interesting that some of my interviewees seemed to attribute such behavior to the Lebanese culture, or Arab culture in general as some seemed unable to distinguish between, for instance, Lebanese or Syrian men.

*R: It would be like the way Arabs are, they beat their wives or something.*
*I: Do you think it's a cultural thing?*
*R: I think it's a cultural thing. I would call it that (Interview 1).*

*I: Is your boyfriend Lebanese?*
*R: No way, not at all! I never heard anything good about having relations with Lebanese; they don't have a good reputation (Interview 3).*

### 6.1.6. Health concerns

Migrant workers experience numerous health concerns in Lebanon, especially in regards to access to healthcare. The Ministry of Labor requires every registered migrant to obtain health insurance in order to get a work permit. This is usually paid by the employer and the standard medical insurance premium offered to migrant workers is around $100. However, this insurance covers only emergency and hospitalization costs and excludes clinic visits, medication or any previous medical condition, as well as expenses induced by HIV or any other STI (Mollayess *et al* 2006: 25-28).

Unregulated workers i.e. those that do not apply for a work permit usually have no access to a health insurance and have to incur any medical costs by themselves. According to the NAP manager, day-to-day construction workers are entitled to a work accident insurance but in reality most of them do not have it or do not know about it.

Some of the interviewees for this study reported not being able to rest in bed while ill or seek medical assistance right away. However, some others reported that their employers were willing to cover the cost of medication or doctor visits in case of illness. This suggests that the existing health care access for migrants is not sufficient and workers seem to depend on their employers' benevolence to receive the medical care they require.

### 6.1.7. Sexual relationships

The nature and frequency of sexual relationships that migrants engage in Lebanon is a contentious and delicate issue, hard to investigate. The interviews conducted for this study suggest various kinds

of relationships: sporadic and long-term, between the migrant and the local population and within the migrant population, heterosexual and homosexual, commercial and non-commercial. While the dynamics of these relationships are diverse, the risk of exposure to HIV also varies across the board. According to Johnny Tohmeh at MARSA, some migrants in Lebanon belong to more than one at-risk group (e.g. Iraqi or Syrian migrant MSM).

According to Abu-Raddad *et al*, a key highlight of HIV epidemiology in MENA is the vulnerability of sexual partners of both at-risk groups and FSW clients (Abu Raddad *et al* 2010: 61). Women are especially vulnerable because most risk behaviors in MENA are practiced by men (ibid). Thus if male migrants engage in at-risk behavior i.e. unprotected sex with multiple partners or FSWs, their permanent partners or spouses at home also become at risk of contracting the infection. This is a valid concern for the region since the majority of women living with HIV in MENA were infected through their husbands or partners (ibid).

### 6.1.8. Knowledge on HIV and safe sex

When asked about HIV, all of the interviewees indicated that they knew what it was or had heard of it before. However, their level of knowledge is neither indicative of nor generalizable to the entire migrant population in Lebanon. As knowledge, behavior and attitudes were largely outside the scope of this thesis, it is thus hard to make concrete conclusions on this subject. However, some patterns have emerged throughout the research process.

Firstly, it is important to point out that among the migrant population, previous level of education and exposure to information while working in Lebanon generally tend to be rather low, although it is not true across the board. For instance, all of the interviewees in this study had obtained at least a high school diploma and some even held a college or vocational education degree (e.g. secretarial courses). However, as Jureidini and Moukarbel argue, there is a degree of hierarchy in terms of level of education and income based on the country of origin. Thus Filipino female migrants tend to be more highly educated and also have a higher income, whereas Sri Lankans tend to be at the bottom of the ladder (Juredini and Moukarbel 2004: 586). The interviews conducted for this study suggested similar conclusions, as the two Filipina respondents possessed a higher degree of freedom, income, education and English skills.

Even though all of the interviewees claimed that they knew what HIV was and how to protect themselves, their level of knowledge varied. It is interesting to note that Asian interviewees believed that mostly African migrants (Ethiopians, Sudanese etc.) had AIDS. One interviewee from Philippines claimed that even though she had heard of some HIV cases at home, those people had definitely contracted the disease outside in her belief. Another interviewee asked me to explain to her what exactly HIV/AIDS means. One point that stood out to me was that the word AIDS was used almost exclusively by the interviewees, rather than HIV. This has led me to believe that the difference between HIV and AIDS was definitely not clear to any of them.

Migrant workers in Lebanon have limited access to information and many are not able to communicate with the outside world, use phones, computers, watch TV or read newspapers, at least not during working days and hours (Jureidini and Moukarbel 2004: 602). This often leads to informal communication and social contact being the only source of information. Thus whatever information or knowledge migrant workers have about HIV/AIDS is very often based on hearsay and misconceptions.

> *R: I know last time police checked visa and 8 girls, 4 Ethiopian, 4 Filipino; they're in hospital now with AIDS. My friend some information give me that they catch AIDS.*
> *I: So what happens to them now?*
> *R: I don't know. I know they're in hospital now. She tell me doctors give them medicine to die. I don't know if this is true.*
> *I: Why would they give them medicine to die?*
> *R: Because they send [deport] and sometime they come again. AIDS inside the body two years only [sic] (Interview 2).*

In regards to the male migrant population, particularly Syrian migrants usually come from underprivileged backgrounds. According to a recent study conducted by a Beirut-based marketing research center, InfoPro, these migrants tend to be poorly educated and employed in low skilled and scarcely protected jobs (Di Bartolomeo, Jaulin and Perrin 2012: 3). According to Johnny Tohmeh, psychosocial counselor at MARSA, a Lebanese NGO providing HIV voluntary testing and counseling (VCT) services, the Syrian migrant population tends to display a low level of knowledge on safe sex practices, specifically condom use:

> *Once we had a campaign at this one restaurant handing out publications and condoms and one Syrian guy asked: "What's this?" And a Lebanese worker said as a joke: "It's a balloon, you can blow it." And he really blew it. So sometimes people really don't know anything [...] When it comes to migrant workers, they have a very low economic status so they were not exposed to so much information in their home countries, and here they are not exposed to the Internet or all these resources that could provide this kind of information. So no wonder he didn't know what a condom is even though he's 25 because they've never been exposed to these things.*

However, it is important not to stereotype and assume that all Syrians do not know anything about condoms or never use them. According to my field assistant, the Syrian migrants that he met with at the Bourj el Barajneh refugee camp, where they were renting a room, had told him that there are cheap condoms available on the camp premises. What remains questionable is how often they actually buy and use these condoms. Johnny Tohmeh believes that they more often than not neglect it, either for economic reasons or due to the nature of sexual intercourse they engage in, which is often irregular, spontaneous and quick.

Douglas argues that the individual self can be both risk-averse and risk-taking based on his interaction with the community and self-knowledge. This goes beyond the conception of the rational choice theory that the individual is always risk-averse and acts in his own self-interest, and puts an emphasis on preferences, not rationality (Douglas 1996: 102-103). Douglas further claims that a large number of the community at risk is impervious to information for various reasons (Douglas 1996: 111).

> *I: Do you feel concerned about HIV?*
> *R: You have to of course, it's a disease. Even if you're married you don't know what your husband is doing outside […]*
> *I: How do you protect yourself? Do you use condoms?*
> *R: With my husband no […]*
> *I: Do you think people here are in general careful?*
> *R: Some people care, some people don't. And some people can get upset if you advise them too much [sic] (Interview 4).*

### 6.1.9. Access to support and assistance

None of the interviewees had previously heard about the voluntary counseling and testing services (VCT) for HIV available in Lebanon. These services are provided by a number of local NGOs, such as MARSA, and are usually either completely free of service or require a minimal fee (around $5). According to Johnny Tohmeh from MARSA, the only migrant worker clients they typically have are men who have sex with men (MSM), who hear about them through word of mouth.

According to Douglas, if a disease is categorized within a community as something that outsiders are more prone to, any public expenditure on research and treatment for this disease and this category will be strictly conditioned (Douglas 1996: 120). Thus migrants are not a priority when it comes to national AIDS prevention efforts in Lebanon. According to the NAP manager, they do not currently have the resources to reach out to migrants with prevention or education campaigns:

> *R: The migrant population is very dynamic in Lebanon, I can't do awareness workshops for migrants and deplete all my money and then they leave and others come.*
> *I: But many of them live here for years. For example, some Filipinas.*
> *R: Yes, but how many? And you want to target these Filipinos? It's not cost effective at all.*

However, this is not to say that the situation is hopeless. In recent years, a number of NGOs and civil society organizations have campaigned for migrants' rights and have organized free computer or English classes, recreational activities and cultural events for migrant workers. According to Noha Roukoss at Caritas Migrant Center, they have also created a referral system with other NGOs for all HIV-vulnerable groups, including migrant workers. First, they assist migrants in their Medical Centers and in case they don't have the service available, they refer them to partners within the referral system (Roukoss 2012). Caritas also runs a shelter for abused and runaway migrant workers.

One of the interviewees involved with one of the NGOs campaigning for migrants' rights, KAFA, mentioned that many migrants do not know their rights in Lebanon.

> *I: Why do they [domestic workers] run away?*

*R: Majority because they don't give them salary, or Mister abuses them, or Madame is too much you know with the work load. If the girl doesn't know the rules she will work and work and work, but if they hear that they can complain then they react. So they find a way to get out of the house [sic] (Interview 3).*

## *6.2. Constrained capabilities and HIV*

The essence of the capabilities approach is about living a life one has reason to value (Sen 1999: 75). Capabilities are the opportunities or freedoms one has to achieve valued activities or functionings (Sen 1999; Robeyns 2005), therefore enabling agency in people to decide and to act. Being denied capabilities consequentially affects functionings and agency. Thus a person's capability set defines the full scope of one's freedom (Dowding 2006: 323). This section analyzes selected capabilities from Martha Nussbaum's ten-point capability list (Nussbaum 2003: 41-42) that relate to migrants' health. It argues that the above-mentioned structural violence conditions combine to severely constrain migrants' capabilities to enjoy a healthy life and effectively protect themselves from HIV infection, stigma and discrimination.

### 6.2.1. Bodily Health

This capability implies being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter (Nussbaum 41: 2003). As the prerequisites of adequate shelter, nourishment, hygiene and health care are often lacking for migrants, their capability to enjoy good bodily health, including reproductive and sexual health is thus severely constrained. According to Johnny Tohmeh, many migrants do not consider health a priority within their daily conditions, much less sexual health and protection from STIs:

*For them [migrants] sexual health is not a priority. When a lot of other stuff is missing like security and emotions, sexual health is not a priority. And the emotional and psychological well-being also affects their judgment when they want to get involved in any sexual intercourse. And it's a concept in their mind that concerns all their health because if you see them they don't take care of their hygiene and health. The concept of health in general is not something they really focus on. I'm not trying to stereotype but in general their living conditions are not appropriate.*

Moreover, lack of awareness campaigns specifically targeting migrants, as well as inadequate access to support, assistance and free VCT services constrain migrants' ability to receive HIV-related prevention, counseling and support in Lebanon.

### 6.2.2. Bodily Integrity

This capability includes being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction (Nussbaum 2003: 41). The evidence in this study suggests that for the majority of migrant workers in Lebanon all of these conditions are severely constrained through confinement in the house, vulnerability to sexual, physical and emotional abuse, and inability to leave the country at will. Moreover, Johnny Tohmeh argues that opportunities for sexual satisfaction, particularly among male migrants, arise spontaneously and sporadically, leading to risky sexual behavior.

> *[I]t's not that easy for them[migrants] to have a sexual intercourse so when it's done they need to do it quickly, maybe under the radar. So we always come to the idea that protection is not a priority, time is a priority, just getting it over with, finishing it.*

### 6.2.3. Emotions

According to Nussbaum, this capability implies being able to have attachments to things and people outside ourselves; to love, to grieve, to experience longing, gratitude, and justified anger and not having one's emotional development blighted by fear and anxiety (Nussbaum 2003: 41). However, fear and anxiety are experienced by many migrants almost daily be that fear for their job, their legal status, their safety or the general situation in the country.

> *I: Do you feel safe?*
> *R: For now yes, but I don't know what will happen tomorrow. Especially here in Lebanon you can never know (Interview 3).*

Moreover, rape or sexual assault victims and HIV positive migrants do not usually receive psychological support in Lebanon and face the risk of being ostracized and stigmatized by their home communities upon return.

*R: My friend got raped. But they sent her home with the help of these organizations [NGOs].*

*I: How will this girl be received at home? Would she be stigmatized as a rape victim?*

*R: Of course, but if you come from a conservative family and have to get married you have to keep the secret (Interview 3).*

### 6.2.4. Control Over One's Environment

This particular capability has two components: political and material (Nussbaum 2003: 42). For the purposes of this study the material component is the most relevant, which stipulates having the right to seek employment on an equal basis with others, and having the freedom from unwarranted search and seizure. In work, it implies being able to work as a human being, exercising practical reason, and entering into meaningful relationships of mutual recognition with other workers (Nussbaum 2003: 42).

According to the ILO Code of Practice on HIV/AIDS and World of Work: "In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status" (ILO 2001). This principle is routinely violated through the denial of work permits to HIV positive migrants. As discussed above, these medical testing requirements are applied arbitrarily and unethically, violating migrants' rights to privacy and nondisclosure of results. Moreover, this policy also contributes to the discrimination and stigmatization of migrant workers as potential disease carriers.

It is worth noting that individual conversion factors play an important role in the case of Arab migrant workers who, according to Johnny Tohmeh, enjoy a higher degree of freedom and thus have a bigger capability set in Lebanon than in their home countries when it comes to HIV status and stigma.

*Most of our [MARSA] clients are male migrant workers from the Arab region, i.e. Iraq and Syria. For them, Lebanon is still a much better place to be. For example, I have a client who lives with HIV and he's Syrian and he lives in Lebanon because he wouldn't dare to go to Syria. It's much worse there, and even worse in Iraq.*

The capability of freedom from unwarranted search and seizure can be extended to include the freedom from unwarranted deportations based on HIV status. As discussed above, these deportations may happen for other reasons, such as irregular status, or may not happen at all but the main point is that no migrant should fear such deportations in order to be able to work as a human being and on an equal basis with others.

# 7. Conclusion

This study aims to explore the relationship between migration conditions and HIV/AIDS in Lebanon by applying various theoretical models to analyze the data collected through primary and secondary research during the field semester of LUMID. The two research questions of the study are answered in two stages. First, the structural violence model developed by Dr. Paul Farmer is applied to identify and analyze the relationship between migrants' living and working conditions and their vulnerability to HIV/AIDS. It appears that factors such as structural and legal constraints, poor housing and working conditions, abuse and violence, low income, health concerns, and lack of knowledge, support and information all combine to severely constrain migrants' agency and rights, either inclining them to risky behavior or discriminating against them based on HIV status. Second, Amartya Sen's capabilities approach is applied to analyze migrants' capability sets i.e. their freedom to lead a life they have reason to value and make healthy choices that result in healthy achievements. Selected capabilities from Martha Nussbaum's ten-point central capabilities list are analyzed in regards to this inquiry, and it is argued that these capabilities are severely constrained in the case of migrant workers in Lebanon, affecting their freedom to lead healthy lives and effectively protect themselves from HIV infection, stigma and discrimination. Additionally, the cultural theory of risk is utilized in the discussion of discriminatory practices against migrants and risk behavior, and the entire study is informed by the rights based approach (RBA) to health.

This study attempts to build on previous literature and studies on the links between migration and HIV, and migrant labor conditions in Lebanon and the MENA region. It aims to contribute to the field with an in-depth analysis of the structural factors, social context and migrants' capabilities as opposed to merely describing their living and working conditions. While certain patterns have obviously surfaced throughout the research process, it has to be kept in mind that individual experiences of migration vary greatly and individual conversion factors (personal, social, and environmental) influence the way migrants convert their experiences and conditions into capabilities.

The findings of this study suggest that migrants' capabilities and agency are severely constrained in multiple ways during their migration into Lebanon, which can be either seasonal and temporary or long-term. While there has been significant lobbying and advocacy for migrant workers' rights, with a recent march in Beirut formed by migrant workers themselves and human rights activists, it is crucial to empower migrants as right-holders to realize their rights to health, decent working and living conditions and non-discriminatory treatment.

> *What we are asking for is they have to give strong support to all migrant workers. Inshallah [God willing] it will happen because we live in this country. They [NGOs] are trying their best to help (Interview 3).*

To facilitate the practical use of the findings of this study, future research can include a detailed knowledge, attitude, behavior and practices survey among the migrant population in Lebanon, including migrants engaged in seasonal agriculture work. It would also be beneficial to study the risk of HIV transmission between the migrant and the local population, given the evidence of sexual relationships between migrants and Lebanese men. Studies on returning HIV positive migrants in countries of origin in the light of the global burden of the disease are also necessary in order to better evaluate extended risks post-migration.

# References

**Published sources:**

Abboud, S.N. (2011) Review of John Chalcraft "The Invisible Cage: Syrian Migrant Workers in Lebanon." *International Journal of Middle East Studies*, 43, pp. 327-329.

Abu-Raddad, L.J., Akala, F.A., Semini, I., Riedner, G., Wilson, D. and Tawil, O. (2010) Characterizing the HIV/AIDS Epidemic in the Middle East and North Africa: Time for Strategic Action. World Bank.

Acaroglu, R. (2007) "Knowledge and Attitudes of Mariners about AIDS in Turkey. Survey." *Journal of the Association of Nurses in AIDS Care,* 18 (1), pp. 48-55.

Bandyopadhyay M. and Thomas J. (2002) "Women migrant workers' vulnerability to HIV infection in Hong Kong." *AIDS Care,* 14 (4), pp. 509-521.

Beracochea, E., Evans, D.P. and Weinstein, C. (2011) Introduction: Why Do Rights-Based Approaches to Health Matter? pp. 3-17 In: Beracochea, E., Evans, D.P., and Weinstein, C. (eds.) (2011) *Rights-Based Approaches to Public Health*. New York, NY: Springer.

Bischofberger, I. and Vischer, L.R. (2010) "Interviewing Sub-Saharan Migrants in Switzerland About HIV/AIDS: Critical Reflections on the Interview Process." *Journal of Transcultural Nursing,* 21 (1), pp.23-28.

Bryman, A. (2008) *Social Research Methods*, 3rd edition, Oxford: Oxford University Press.

Chammartin, G. (2004) Women Migrant Workers' Protection in Arab League States. pp. 8-24 In: Esim, S. and Smith, M. (eds.) (2004) Gender and Migration in Arab States: The Case of Domestic Workers. International Labor Organization.

Chatty, D. and Mansour, N. (2010) Unlocking Protracted Displacement: an Iraqi case-study. Working Paper Series no. 78. Refugee Studies Center, Oxford University.

Collinson, M.A., Wolff, B., Tollman, S.M. and Kahn, K. (2006) "Trends in Internal Labor Migration from Rural Limpopo Province, Male Risk Behavior, and Implications for the Spread of HIV/AIDS in Rural South Africa." *Journal of Ethnic and Migration Studies,* 32 (4), pp. 633-648.

Davies, A. A., Basten, A. and Frattini, C. (2010) "Migration: A Social Determinant of Migrants' Health." Eurohealth 16 (1), pp.10-12.

DeJong, J., Mahfoud, Z., Khoury, D., Barbir, F. and Abdel Afifi, R. (2009) "Ethical Considerations in HIV/AIDS Biobehavioral Surveys That Use Respondent-Driven Sampling: Illustrations from Lebanon." *American Journal of Public Health,* 99 (9), pp. 1-6.

Denman, K. (2012) The Constrained Capabilities of Overseas Domestic Workers in Lebanon. Student paper. Master's programme in Education, Gender and International Development. Institute of Education, London.

Di Bartolomeo, A., Jaulin, T. and Perrin, D. (2012) CARIM – Migration Profile: Syria. Consortium for Applied Research on International Migration.

Di Bartolomeo, A., Fakhoury, T. and Perrin, D. (2010) CARIM – Migration Profile: Lebanon. Consortium for Applied Research on International Migration.

Diab, N.A. (2006) Le droit libanais relatif aux migrations internationales. CARIM – Consortium euro-méditerranéen pour la recherche appliquée sur les migrations internationales.

Dowding, K. (2006) "Can Capabilities Reconcile Freedom and Equality?" *Journal of Political Philosophy,* 14 (3), pp. 323-336.

Douglas, M. (1996). *Risk and Blame: Essays in Cultural Theory.* London: Routledge.

Eide, A. (2000). Economic and Social Rights. pp. 109-174 In: Symonidas, J. (ed.) (2000) *Human Rights: Concept and Standards*. Burlington, VT: Ashgate.

Farmer, P. (2005). *Pathologies of Power: Health, Human Rights and the New War on the Poor.* Berkeley, CA: University of California

ILO (2010) International Labor Conference, 99th Session. Report IV (2) Decent Work for Domestic Workers. Fourth Item on the Agenda. International Labor Organization, Geneva.

ILO (2009) Q&A about Live-in Domestic Workers in Lebanon. ILO Regional Office in Arab States, Beirut.

ILO (2007) Assessment of Migrant Labor Situation in Lebanon: Case of Women Migrant Domestic Workers. Final Report. ILO Regional Office in Arab States, Beirut.

ILO (2001) An ILO Code of Practice on HIV/AIDS and the World of Work. International Labor Organization, Geneva.

Jureidini, R. (2004) Women Migrant Domestic Workers in Lebanon. pp. 64-85 In: Esim, S. and Smith, M. (eds.) (2004) Gender and Migration in Arab States: The Case of Domestic Workers. International Labor Organization

Jureidini, R. and Moukarbel, N. (2004) "Female Sri Lankan Domestic Workers in Lebanon: A Case of "Contract Slavery"? *Journal of Ethnic and Migration Studies,* (30) 4, pp. 581-607.

Kvale, S. (2007). *Doing Interviews.* London: SAGE Publications

Lurie, M. N., Williams, B.G., Zuma, K., Mkaya-Mwamburi, D., Garnett, G..P., Sweat, M.D., Gittelsohn, J. and Karim, S.S.A. (2003) "Who Infects Whom? HIV-1 Concordance and Discordance among Migrant and non-Migrant Couples in South Africa." *AIDS* 17, pp. 2245–2252.

Meier, B.M., Gable, L., Getgen, J.E., and London, L. (2011) Rights-Based Approaches to Public Health Systems. pp.19-28 In: Beracochea, E., Evans, D.P., and Weinstein, C. (eds.) (2011) *Rights-Based Approaches to Public Health.* New York: Springer.

Mikkelsen, B. (2005) *Methods for Development Work and Research: A New Guide for Practitioners*. 2nd edition. New Delhi: Sage Publications.

Molayess, G., Ghorayeb, M., Maalouf, N., Lawand, O., Azzam, R., Salloum, R. and Malaeb, S. (2006) A Closer Look at the Screening and Maintenance of the Health Needs of Migrant Female Domestic Workers in Lebanon. Advisor: Dr. I. Nuwayhid. American University of Beirut Faculty of Medicine.

Nussbaum, M. (2003) "Capabilities as Fundamental Entitlements: Sen and Social Justice." *Feminist Economics*, 9 (2-3), pp. 33-59.

Ratha D. and Shaw, W. (2007) South-South Migration and Remittances. World Bank Working Paper no. 102. World Bank.

Robalino, D., Jenkins, C. and El Maroufi, K. (2002) Risks and Macroeconomic Impacts of HIV/ AIDS in Middle East and North Africa: Why Waiting to Intervene can be Costly. World Bank Policy Research Working Paper no. 2874. World Bank.

Robeyns, I. (2005) "The Capability Approach: a theoretical survey." *Journal of Human Development*, 6 (1), pp. 93-114.

Sen, A. (1999) *Development as Freedom*. Oxford: Oxford University Press.

Sen, S., Aguilar, J.P. and Bacchus, D.N.A. (2010) "Migration, Poverty, and Risk of HIV Infection: An Application of Social Capital Theory." *Journal of Human Behavior in the Social Environment* 20 (7), pp. 897-908.

Silverman, D. (2005) *Doing Qualitative Research: A Practical Handbook.* 2nd ed. Los Angeles: Sage.

Tabar, P. and Rassi, R. (2010) The Case of Lebanon as an Origin and Destination Country of Arab Labor Mobility. pp. 86-107 In: Intra-regional Labor Mobility in Arab States. International Organization for Migration

UNAIDS (2011) Middle East and North Africa. Regional Report on AIDS 2011. Joint United Nations Programme on HIV/AIDS.

UNDP Bangladesh (2009) HIV Vulnerabilities Faced by Women Migrants: From Bangladesh to the Arab States. United Nations Development Programme.

Zhuang, X., Wu, Z., Poundstone, K., Yang, C., Zhong, Y., and Jiang, S. (2012) "HIV-Related High-Risk Behaviors among Chinese Migrant Construction Laborers in Nantong, Jiangsu." *PLoS ONE* 7(3), pp. 1-6

**Internet sources:**

CAS (2008) *Residents in Lebanon* [pdf] Beirut: Central Administration for Statistics. Available at: http://www.cas.gov.lb/Excel/SYB/2008/Residents%20in%20Lebanon.pdf. Accessed on 12.03.2012

Migrant Rights (2012*) Lebanese Minister of Labor Promises to Abolish Sponsorship "Kafala" System* [online] Available at: http://www.migrant-rights.org/2012/01/24/lebanese-minister-of-labor-promises-to-abolish-sponsorhip-kafala-system-to-subject-domestic-work-to-labor-laws/. Accessed on 19.05.2012

MOPH (2012) National AIDS Control Program in Lebanon [online] Beirut: Ministry of Public Health of Lebanon. Available at: http://www.moph.gov.lb/Prevention/AIDS/Pages/Background.aspx. Accessed on 12.03.2012

United Nations, Department of Economic and Social Affairs, Population Division (2009) Trends in International Migrant Stock: The 2008 Revision. United Nations database, POP/DB/MIG/Stock/Rev.2008. Available at: http://esa.un.org/migration/p2k0data.asp Accessed on 12.05.2012

UNAIDS and WHO (2004*) UNAIDS/WHO Policy Statement on HIV Testing* [pdf] Joint United Nations Pogramme on HIV/AIDS and World Health Organization. Available at: http://www.who.int/rpc/research_ethics/hivtestingpolicy_en_pdf.pdf. Accessed on 16.05.2012

**Interviews, visits, emails, lectures:**

Badre, L. (Expert, Central Statistics Administration of Lebanon). Email to the author, 03.10.2011

El Naqib, M. (National AIDS Program Manager). Recorded interview, 14.11.2011, Beirut.

Khalil, J. (Receptionist, Arab Baptist Theology Seminary). Notes taken during an interview, 21.11.2011, Beirut

Khan, A. (Senior Migration Expert) and Tayah, M.J. (Research Coordination and Knowledge Sharing Officer for the Women Migrant Domestic Workers Program, ILO Regional Office in Arab States). Recorded interview, 29.10.2011, Beirut

Martini, Michela (HIV/AIDS and World of Work Technical Officer, ILO Regional Office in Arab States). Oral communication during a visit, 19.10.2011, Beirut.

Martini, Michela (HIV/AIDS and World of Work Technical Officer, ILO Regional Office in Arab States). Email to the author, 20.10.2011.

Roukoss, Noha. (Awareness campaign manager, CARITAS Migrant Center). Email to the author, 19.02.2012.

Tohmeh, Johnny (Psychosocial and VCT counselor, MARSA). Recorded interview, 10.12.2012, Beirut

Uprety, D. (Former president, Nepalese Association in Lebanon; volunteer, Nepalese Honorary Consulate in Lebanon). Notes taken during an interview, 10.11.2011, Beirut

Yassin, N., and Michael, S. (2011). HIV/AIDS and Migration: Understanding Screening Policies Towards Expatriates in GCC Countries. Lecture. American University in Beirut. 07.12. 2011, Beirut.

Anonymous interviews:

Interview 1. 40-year old female from Philippines. Migrant Community Center (MCC), Beirut. 13.11.2011

Interview 2. 41-year old female from Sri Lanka. MCC, Beirut. 13.11.2011

Interview 3. 36-year old female from Philippines. MCC, Beirut. 13.11.2011

Interview 4. 39-year old female from Sierra Leone. MCC, Beirut. 13.11.2011

Interview 5. 25-year old female from the Democratic Republic of Congo. Private home, Beirut. 11.12.2011

**National and international law instruments, strategy plans:**

Ministry of Labor of Lebanon. Code of Labor. Law of September 23, 1946.

Ministry of Labor of Lebanon. Decree Law N 1/70 (2003) on the responsibilities of recruiting agents in Lebanon.

Ministry of Labor of Lebanon. Resolution N 13/1 (2009) on domestic foreign workers offices in Lebanon.

National AIDS Program of Lebanon (2011). National Strategy Plan. Draft.

United Nations (1990). International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Available on http://www2.ohchr.org/english/law/index.htm

**Pictures:**

Pernin, L. (2011) *Anonymous #1* [picture] Available at: http://lucaspernin.capelan.com/stories/the-kafaala-consequence/ Accessed on 10.05.2012.

Pernin, L. (2011) *Balconies* [picture] Available at: http://lucaspernin.capelan.com/stories/the-kafaala-consequence/ Accessed on 10.05.2012.

# ENCLOSURE 1: CODE OF LABOR OF LEBANON (PARTIAL)



## CODE OF LABOUR

Law of 23 September 1946
(including modifications)

The Chamber of Deputies has adopted,
The President of the Republic promulgates the law worded as follows :

PRELIMINARY PROVISIONS

Article 1

The employer is any person, natural or juridical, who in an industrial, trading, or agricultural enterprise employs a worker in some capacity against wage or salary, even if this wage or salary is paid in kind or in profit-sharing.

Article 2

The worker is any man, woman or adolescent who works for consideration of a wage or salary in an employer's premises within the terms of reference indicated in the preceding article, in accordance with an individual or group contract, written or oral.

Article 3

Workers are classified into employees and workmen groups :

- The employee is any salary-earner who performs a desk job or a non manual job.
- The workman is any wage-earner who is not within the group of employees.
- As to trainees, casual or journeymen, they are likened to employees if they perform a job normally entrusted to employees and they are likened to workmen if they perform other jobs. The trainee is any worker still undergoing training and who has not acquired in his profession the technique of the skilled worker.

Article 4

The corporation is the body of workers, of employers, or of master-craftsmen who belong to one of the categories referred to in the following article and grouped into associations, in accordance with the terms set down under Title IV of the present law.

Article 5

Corporations are classified under four main headings :

1 - Industrial corporations;
2 - Trading corporations;
3 - Agricultural corporations;
4 - Professional corporations.

Article 6

The small craft industry is any industry or trade where the proprietor works by himself or with other hands without the direction of another employer, on condition that the number of assistants does not exceed fifteen including the members of the master-craftsman's family.

Article 7

Are exempted from the present law :
1 - Domestic servants employed in private houses;
2 - Agricultural corporations which have no connection with trade or industry and which shall be the object of a special law;
3 - Family concerns employing solely members of the family under the management either of the father, the mother, or the guardian;
4 - Municipal or government services in what concerns the employees and casual wage-earners and journeymen, who are not governed by the civil servants regulations. These agents shall be the object of a special law.

Article 8

All employers, wage-earners and salary-earners, to the exclusion of those who are excepted by a special text, shall be submitted to the provisions of the present law. Equally submitted to this law are all establishments as well as their branches and subsidiaries whether they are of a trading or industrial character, of Lebanese or foreign nationality, public or private, secular or religious, including those cultural establishments, national or foreign, charitable associations and foreign companies operating a business or an agency or a branch in the country.

Article 9

Any natural or juridical person who, according to the provisions of the present law, employs any number of wage-earners and salary-earners in one of the establishments referred to in the preceding article, is required to make a declaration thereof to the Social Affairs Service within two months of the publication of this law in the Official Gazette. For concerns employing more than 25 persons, this declaration is to be accompanied by the personnel statutes in conformity with the requirements of the present law. A prior declaration must be made about new concerns within a time-limit of two months dating from their foundation. All establishments are, additionally, required to submit the following declaration :
1 - If an establishment referred to in the preceding article is planning to employ wage-earners and salary-earners whatever their number;
2 - If an establishment having ceased employing wage-earners and salary-earners, for at least six months, intends to resume hiring others;
3 - If an establishment employing wage-earners and salary-earners changes operator;
4 - If another establishment employing wage-earners and salary earners is removed to another site or if it is the object of expansion or transformation entailing modification in the nature of its industrial or trading pursuits;
5 - If an establishment employing no women or youths under sixteen years of age, plans to hire a number of them;
6 - If an establishment using no motive power or mechanical tools starts using them.

The declaration must be made out by the Head of this establishment and specify which of the above cases it answers, and indicate the name and address of the Declarant, the site of the establishment, the exact nature of the industries or trading carried on and, if the case so requires, the employment of women and youths under sixteen years of age and the use of driving power and mechanical tools.

**TITLE I**

CHAPTER 1 - Work contract

Article 10

No one who has not completed his 21st year of age is authorised to receive trainees of under sixteen years.

# ENCLOSURE 2: ILO R201 Domestic Workers Recommendation, 2011 (PARTIAL)

Recommendation concerning Decent Work for Domestic Workers
Recommendation: R201
Place: Geneva
Session of the Conference: 100
Date of adoption: 16:06:2011
Subject: Specific Categories of Workers
Display the document in: French Spanish
Status: Up-to-date instrument
This Recommendation was adopted after 1985 and is considered up to date.
The General Conference of the International Labour Organization,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its 100th Session on 1 June 2011, and

Having adopted the Domestic Workers Convention, 2011, and

Having decided upon the adoption of certain proposals with regard to decent work for domestic workers, which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation supplementing the Domestic Workers Convention, 2011;

adopts this sixteenth day of June of the year two thousand and eleven the following Recommendation, which may be cited as the Domestic Workers Recommendation, 2011.

1. The provisions of this Recommendation supplement those of the Domestic Workers Convention, 2011 (the Convention), and should be considered in conjunction with them.

2. In taking measures to ensure that domestic workers enjoy freedom of association and the effective recognition of the right to collective bargaining, Members should:

(a) identify and eliminate any legislative or administrative restrictions or other obstacles to the right of domestic workers to establish their own organizations or to join the workers organizations of their own choosing and to the right of organizations of domestic workers to join workers organizations, federations and confederations;

(b) give consideration to taking or supporting measures to strengthen the capacity of workers and employers organizations, organizations representing domestic workers and those of employers of domestic workers, to promote effectively the interests of their members, provided that at all times the independence and autonomy, within the law, of such organizations are protected.

3. In taking measures for the elimination of discrimination in respect of employment and occupation, Members should, consistent with international labour standards, among other things:

(a) make sure that arrangements for work-related medical testing respect the principle of the confidentiality of personal data and the privacy of domestic workers, and are consistent with the ILO code of practice Protection of workers personal data (1997), and other relevant international data protection standards;

(b) prevent any discrimination related to such testing; and

(c) ensure that no domestic worker is required to undertake HIV or pregnancy testing, or to disclose HIV or pregnancy status.

4. Members giving consideration to medical testing for domestic workers should consider:

(a) making public health information available to members of the households and domestic workers on the primary health and disease concerns that give rise to any needs for medical testing in each national context;

(b) making information available to members of the households and domestic workers on voluntary medical testing, medical treatment, and good health and hygiene practices, consistent with public health initiatives for the community generally; and

(c) distributing information on best practices for work-related medical testing, appropriately adapted to reflect the special nature of domestic work.



Full text available at: http://www.ilo.org/ilolex/cgi-lex/convde.pl?R201

# ENCLOSURE 3: INTERVIEW GUIDES

## Interview guide for Master's Thesis research in Lebanon, Fall 2011

This interview guide is meant to guide the interviews with policy makers, international civil servants and NGO representatives in Lebanon conducted during field research of Ms. Nurangiz Khodzharova. Nurangiz is a student at Lund University Master's Program in International Development and Management (LUMID) and is now in her third semester, conducting field research for her thesis. Her research focuses on working and living conditions of expatriate labor in Lebanon, particularly its level of exposure and vulnerability to HIV/AIDS infection.

Below are some questions to guide the interview process. As this is a semi-structured interview, the interview guide will not be followed rigidly but rather shape the discussion. Please feel free to provide any additional information that you believe might be of relevance for the research.

**Place of interview:**
**Date of interview:**
**Interviewee's name:**
**Affiliated organization:**

**Introduction of the interviewee**

1. Please introduce yourself and state your position and area of expertise.
2. How long have you been working with migration and migrants' rights in Lebanon and/or the region?

**General country profile**

1. How would you characterize the labor migration into Lebanon? What are its main features i.e. main source countries, gender distribution, main employment sectors using migrant labor, regular vs. irregular migrant labor etc.?
2. What are the main sources of migration statistics in Lebanon and how reliable are they?

**Recruitment and employment conditions**

1. What is the recruitment process for foreign migrant labor? How does it differ in the case of the largely unregulated and undocumented migrant labor, such as Syrian and Iraqi workers?
2. The MOL requires five infectious disease tests, including for HIV, in order for migrant workers to receive a work permit. How effective are these tests and are they done properly, without the violation of workers' rights? What about Syrian workers, who do not require a work permit?
3. Disruption of familiar social context and networks, as well as unfavorable work conditions, are claimed to lead to risky sexual behavior among migrant workers, exposing them to STDs. Can you identify any such conditions and behaviors, specifically among male migrants?

**Legal framework**

1. What is the main legislation regulating migration in Lebanon? Does this legislation include any provisions for access to healthcare, health insurance and/or VCT, treatment and support for HIV/AIDS?
2. Lebanon has not ratified the International Convention on the Rights of Migrant Workers. What implication does this have for migrant rights in Lebanon, particularly in access to healthcare? Convention no 189 Decent work for domestic workers.

.

## Interview guide for interviews with migrant workers in Lebanon

Hello, my name is Nurangiz, I am a Master's student at Lund University in Sweden. I am conducting research for my university studies. I wonder if I might ask you some questions. These are important questions for me to understand and shed light on your situation in Lebanon. The interview will take approximately 20- 30 minutes. Would you like to participate?

Please be assured that your responses will be treated in strictest confidentiality. This interview is bound by the International Social Science code of conduct, which protects the identity of the respondent. In this regard I reassure you that neither your identity nor the information gathered in this research will be used for any other purpose. In addition, I am interviewing other people; therefore, your individual responses will not be identifiable.

If you are not comfortable with English, we will conduct the interview in Arabic or your native language with the help of a translator. She/he is also bound by the same confidentiality rules.

**Place of interview:**
**City:**
**Interviewer's name:**
**Language the interview was conducted in:**
**Date:**

**Section 1 – General information on the respondent**
1.1. Age/Gender
1.2. Marital status, are you the main breadwinner?
1.3. Number of children if relevant
1.4. Personal level of education
1.5. Situation before leaving the home country
1.6. Reasons for leaving the home country
1.7. Time spent in Lebanon, have you occupied different jobs since you arrived in Lebanon?

**Section 2 – Pre-departure experience in the home country**
2.1. How did you come to Lebanon? Did you receive help/services from a recruitment agency/friends/family?
2.2. If you didn't come through a recruitment agency, how did you come? What is your status right now? Do you have a visa/work permit?
2.3. Did you sign a contract before coming here? What does the contract say? Do you understand it fully? Was it provided to you in your native language?
2.4. Were you subject to any medical testing before you left? If yes, was it explained to you what you are tested for?

**Section 3 Experience in Lebanon**
3.1. Did you sign another contract when you came here and was it different from the previous one?
3.2. Did you have to take another medical test once in Lebanon? If so, was it explained to you what you are tested for?
3.3. What sector do you work in? Are you happy with your job? How did you find it?
3.4. Are you satisfied with your salary? Does it correspond to your working hours?
3.5. Do you have to take an additional job on the side, e.g. on the weekends?
3.6. Do you feel safe at your workplace? Do you get injured, abused or mistreated in any way? What happens if you get ill?

3.7. Do you know somebody who gets abused by their employers? Or works in unsafe conditions?

**For male respondents more specifically:**
3.8. If married, is your wife here with you? If not, how long has it been since you last saw your wife?
3.9. If not married, do you have a girlfriend at home/here?
4.0. If girlfriend is at home, how often do you see her?
4.1. Is it difficult to be away from home?
4.3. Do you find girls here attractive? Do you find it easy to meet a girl?
4.4. Do you feel a difference between your own culture and the culture here, especially in terms of relationships? Do you feel like you're freer here? What about your friends here?
4.5. Do you think people here are freer to have sexual relationships?
4.6. Do you have sexual relationships outside of your marriage/partnership? If yes, how often? **(Only ask if respondent seems comfortable enough).**
4.7. How do you feel about safe sex? Do you know what it means?
4.8. Do you know what HIV/AIDS is? If yes, what do you know about it? If no, what do you think it can be?
4.9. Do you know about voluntary counseling and testing for HIV/AIDS in Lebanon?
5.0. Do you know/have you heard of someone who is HIV positive in your home country or in Lebanon?

**For female respondents more specifically:**
5.0. If married, is your husband here with you? If not, how long has it been since you last saw your husband?
5.1. If not married, do you have a boyfriend at home/here?
5.2. If boyfriend is at home, how often do you see him?
5.3. Is it difficult to be away from home? How different is the culture? What do you miss the most?
5.4. Do you meet men here? Do they find you attractive? Do they offer you sex for money/for services/for any other purpose? **(Only ask if respondent seems comfortable enough)**
5.5. Have you ever/ do you know someone who has suffered sexual abuse/harassment here?
5.6. Do you know what HIV/AIDS is? If yes, what do you know about it? If no, what do you think it can be?
5.7. Do you know about voluntary counseling and testing for HIV/AIDS in Lebanon?
5.8. Do you know/have you heard of anyone who is HIV positive in your home country or in Lebanon?

# ENCLOSURE 4: THE CENTRAL HUMAN CAPABILITES

**1. Life.** Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.

**2. Bodily Health.** Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.

**3. Bodily Integrity.** Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.

**4. Senses, Imagination, and Thought.** Being able to use the senses, to imagine, think, and reason – and to do these things in a ''truly human'' way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid nonbeneficial pain.

**5. Emotions.** Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

**6. Practical Reason.** Being able to form a conception of the good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience and religious observance.)

**7. Affiliation.**
A. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.)
B. Having the social bases of self-respect and nonhumiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of nondiscrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin.

**8. Other Species.** Being able to live with concern for and in relation to animals, plants, and the world of nature.

**9. Play.** Being able to laugh, to play, to enjoy recreational activities.

**10. Control Over One's Environment.**
A. Political. Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association.
B. Material. Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others;

having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason, and entering into meaningful relationships of mutual recognition with other workers.

Source: Nussbaum, M. (2003) "Capabilities as Fundamental Entitlements: Sen and Social Justice." *Feminist Economics*, 9 (2-3), pp. 33-59.