



Is population mobility linked with HIV/AIDS in Asia? An interrogation of evidence and issues

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The paper reviews the evidence on links between population mobility and HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) in South, East and Southeast Asia. It examines three interrelated issues: 1) HIV/AIDS among migrants in general, 2) HIV/AIDS among mobile populations (people in occupations such as trucking, fishing, and seafaring), and 3) mobility of the so-called core groups such as sex workers (SWs) and injecting drug users (IDUs). Migration statistics from conventional population surveys and censuses provide little information on the type of mobility—such as short term, short distance, and circular—that are most relevant to understanding links between mobility and HIV/AIDS. Epidemiological data are usually unlinked with the population at large and are limited to specific behavioural variables. Available evidence, though limited, suggests that migrants are generally overrepresented in the HIV/AIDS statistics (such as in China, Japan, Nepal, the Philippines, and Thailand) and HIV/AIDS prevalence among mobile populations is much higher than national averages in many countries (such as Cambodia, India, Indonesia, Myanmar, Nepal, and Thailand). Mobile men are indiscriminately considered as bridging populations and stigmatized as clients of SWs. Mobility of SWs and IDUs, although it is high, is rarely taken into account. As mobility–HIV studies and discourses are mostly directed to spread of the virus through mobile populations and international migrants, little is known about the implications of mobility for treatment and care. Deprivations, discriminations, and disconnections from family underline vulnerability to HIV/AIDS, and it is incorrect to see all mobile people as transmitters of HIV/AIDS.