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## **Abbreviations**

AIDS	Acquired Immuno Deficiency Syndrome
GMB	Grain Marketing Board
IOM	International Organization for Migration
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced People
PLAs	Participatory Learning Approaches
PSG	Project Support Group
PSI	Population Services International
Sida	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
ZPS	Zimbabwe Prison Services

## 1. Foreword

Since the start of the HIV/AIDS epidemic, a concern of the governments in the Southern African region has been that people moving between countries might be spreading HIV. Today, however, there is increasing recognition that mobile populations maybe more vulnerable to HIV/AIDS than are populations that do not move. They may be subject to discrimination, xenophobia, exploitation and harassment, and have little or no legal or social protection in the host community. They also often have little or no access to HIV information, health services and means of AIDS prevention like condoms or treatment of Sexually Transmitted Infections (STIs). Mobile populations may acquire HIV while on the move, and take the infection back with them when they return home, often without even knowing it.

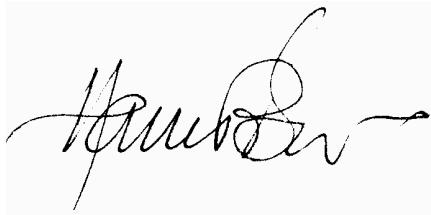
Given the high number of mobile populations in the SADC region and the severe impact the epidemic has in this region, there is an urgent need for responses that address their particular vulnerabilities to HIV/AIDS. Such responses are critical to the effectiveness of national AIDS programmes in the many countries that experience significant migration and population mobility. Responses must be based on the social and contextual realities faced by mobile populations and should be part of an empowerment that improves their legal, social, economic, and health status.

This field study in South Africa, Mozambique and Zimbabwe is a joint project of IOM and CARE International and is the second part of a regional project on Mobile Populations and HIV/AIDS, implemented by IOM and funded by the Swedish International Development Cooperation Agency (Sida).

The first part of this regional project is a desk review on eight different mobile groups in eight Southern African countries. The desk review covered the following eight mobile population groups: (1) Military personnel, (2) Transport Workers, (3) Mine workers, (4) Construction Workers, (5) Agricultural Farm Workers, (6) Informal Traders, (7) Domestic Workers, (8) Refugees/IDPs in Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. The review highlights the gaps in terms of policies and programmes and comes up with recommendations that will reduce HIV vulnerability for mobile populations. The desk review also includes a bibliography on mobile populations and HIV/AIDS in the Southern African region. Together with CADRE (the Centre for AIDS Development, Research and Evaluation), IOM is hosting this bibliography on CADRE's website [www.cadre.org.za](http://www.cadre.org.za). The desk review can be downloaded from IOM's website at [www.iom.int](http://www.iom.int).

This field study complements the desk review and highlights the daily struggles of different mobile populations in selected areas in South Africa, Zimbabwe and Mozambique. The study comes up with some practical recommendations that will be communicated broadly to a number of stakeholders in the region and will hopefully be implemented rigorously.

We hope that this report will find a broad readership in the SADC region and beyond and sufficiently highlights the vulnerability of mobile populations and the need for timely and effective responses. IOM and CARE International are committed to play a key role in addressing the HIV vulnerability of mobile populations in this Region, in cooperation with Governments, appropriate UN Agencies and NGOs.

A handwritten signature in black ink, appearing to read 'Hans-Petter Boe', is centered on a light gray rectangular background.

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Hans-Petter Boe  
Regional Representative for Southern Africa  
International Organization for Migration  
Pretoria

## **2. EXECUTIVE SUMMARY**

The purpose of this study was to identify and study the links between mobility and HIV/AIDS in Southern Africa. The study took place in five provinces in three countries in Southern Africa: Limpopo Province, South Africa; Matabeleland South Province and Chiredzi South Province, Zimbabwe; and Niassa Province and Nampula Province, Mozambique. The study focused on highly mobile communities including male and female informal traders, sex workers, other vulnerable women such as domestic workers, migrant labourers, farming communities, mine workers, construction workers, truckers, uniformed government employees such as customs and immigration officials, in- and out-of-school youth, and truck drivers.

### **KEY RESULTS AND RECOMMENDATIONS**

#### **South Africa**

Five vulnerable groups were identified in the border town of Messina, Limpopo Province: truck drivers, sex workers, informal traders, domestic workers, farm workers. The groups face differing levels of vulnerability to infection by HIV/AIDS. Sex workers and truck drivers are the most obvious and visible vulnerable groups. However, high rates of sexual harassment and rape of female informal traders and lack of any specific programmes targeting these incidents make female informal traders particularly at risk. Therefore, there is a need to establish programmes dealing with the prevention of gender violence and abuse. There is also a need to develop and strengthen HIV/AIDS prevention programmes targeting farm workers. Farm workers are predominantly illegal migrant labourers from Zimbabwe and Mozambique. They reportedly have multiple sexual partners both in South Africa and in their home countries with irregular condom use. Local peer educator programmes and clinics, though active, need to be supported to allow for expansion of programmes and increased quality of services. Also, condoms need to be more accessible to all these vulnerable groups.

Five high-risk groups were identified in the rural, mainly farming community of Tzaneen: farm workers, informal traders, truck drivers, sex workers, and youth. Unlike in Messina, the majority of farm workers in Tzaneen are female. The farm workers' knowledge of HIV prevention and STI recognition and treatment is very low. Female informal traders are also vulnerable as they are sometimes forced to exchange sex for transport to and from the informal markets by the taxi drivers. There is very little overt commercial sex work but sex workers can be found in the town of Tzaneen. Sex workers are often of school-going age and rarely insist on condom use. Their main clients are truck drivers. Poverty, crime, increasing school dropout rates and high levels of sexual abuse make young people particularly vulnerable. Young people should therefore be the focus of HIV prevention activities in Tzaneen. Law enforcement officers and health service providers also need training in dealing with sexual abuse and becoming more youth friendly. Finally, as in Messina, peer mediated HIV prevention programmes need to be introduced and strengthened.

## **Zimbabwe**

Beitbridge is the very busy town on the border between Zimbabwe and South Africa. The study identified five vulnerable groups in Beitbridge as being at elevated risk of HIV: sex workers, truck drivers, migrant labourers, informal traders, and youth. Sex workers can be as young as 13 years old. Their major clients are truck drivers, male informal traders and uniformed government officials. Female informal traders are a highly vulnerable group in Beitbridge who are often forced to exchange sex for transport from taxi and truck drivers and face daily harassment and physical and verbal abuse. As in the opposite border town of Messina, there are no programmes advocating for reduction of these incidents or providing counselling and support to victims. Therefore, there is an immediate need for programmes that target the perpetrators, mostly customs and immigration officials, police and soldiers, as well as educate women on the legal recourses available in case of harassment and abuse. Also, it is important to develop and strengthen prevention and care programmes in Beitbridge through increased funding and technical assistance.

The study in the rural farming community of Malipati, which is the main gateway into Mozambique, focused on five vulnerable groups: sex workers, migrant labourers, youth, spouses of migrant labourers and informal traders. There is a lot of overlap between these vulnerable groups, with spouses of migrant labourers sometimes being sex workers or informal traders at the same time. Most women in Malipati are the spouses of migrant labourers. Extreme poverty and hunger has forced many of them to engage in commercial sex work and there were reports of women exchanging sex for food aid with distribution officials. Informal traders are routinely harassed and verbal and physical abuse by uniformed government officials has been reported. Migrant labourers have disposable income which could lead to multiple partners once they are in South Africa or, less likely, in Mozambique. The men also irregularly use condoms, especially with their wives in Zimbabwe. A key recommendation therefore is to work with food distribution agencies in providing food aid to all needy community members, including the spouses of migrant labourers. In addition, there is a need to introduce peer mediated HIV prevention interventions targeting vulnerable women and condoms need to be more accessible.

## **Mozambique**

Mandimba lies on the border between Mozambique and Malawi. Nacala is a big port town and Nampula is the capital city of Nampula Province. The increasing economic developments along the Nacala Corridor that stretches from the coast to the Malawi border has further underscored the need for programmes that target commercial sex workers, youth, and sex worker clients (including road construction workers and itinerant traders).

In Mandimba, knowledge on HIV/AIDS is low, there is limited access to condoms and there are high numbers of sex workers. Poverty levels are high and young girls turn to sex work, crossing the border into Malawi to solicit for clients.

Similar to Mandimba, the most vulnerable group in Nacala is sex workers, who have high rates of partner change, irregularly use condoms and displaying myths and misconceptions about HIV/AIDS. The recent construction in the area (re-built roads, repaired railway line and conversion of an old army base into a commercial airport)

has impacted on HIV vulnerability as the number of construction workers in the area has increased.

Nampula has three highly visible vulnerable groups: youth, migrant labourers and sex workers. The sex workers' major clients are the many migrant labourers, typically informal traders who are usually not linked to local services and/or sources of information, and are attracted to the area because of the busy development corridor. Young people reportedly have multiple partners and girls often have older partners who supply them with gifts and money. There is a need for programmes that target commercial sex workers, students, other young people and clients of sex workers. Local health service providers need technical assistance to counsel youths with STIs and HIV and also to act as focal points for HIV information dissemination.

### **3. ASSESSMENT OF SELECTED SITES IN SOUTH AFRICA, ZIMBABWE AND MOZAMBIQUE**

#### **3.1 Purpose of the study**

The purpose of this study is to identify and study the links between mobility and HIV/AIDS in Southern Africa. This study complements the desk review on mobile populations and HIV/AIDS in Southern Africa (see foreword) with information from people on the move themselves using participatory learning and assessment (PLA) tools and focusing on mobile groups that have not been researched much to date.

#### **3.2 Intended uses of the information**

The study is intended to highlight groups that are vulnerable to HIV and AIDS because of their mobility or interaction with mobile groups. The recommendations that are put forward in this publication will be communicated to relevant stakeholders in the research sites as well as further operationalised by IOM and CARE International.

#### **3.3 Research sites**

CARE International and IOM jointly chose the research sites in South Africa, Zimbabwe and Mozambique. It was decided to look at high HIV prevalence areas in the North/South corridor from Zimbabwe to South Africa, thereby focussing on mobile groups that have been largely neglected in previous research. This region was also chosen because of the current food security crisis and the profound level of insecurity in Zimbabwe and to establish related linkages with mobility and HIV vulnerability, if any.

In Mozambique, there are several transport corridors running from the Indian Ocean through Mozambique to neighbouring countries (Nacala corridor, Beira corridor and Maputo corridor). There have been prior studies on the Maputo corridor and to a lesser extent the Beira corridor. The Nacala corridor was chosen as a currently difficult to reach (cost wise) and consequently under researched area. In addition, this area – which currently has low HIV prevalence - is undergoing considerable economic change (though upgrading of corridor - rail, road and port, economic inputs into port development and military base in Nacala), which could significantly change current migrancy patterns and impact on the spread of HIV.

The study took place in four provinces in three countries in Southern Africa:

*1. Messina and Tzaneen, Limpopo Province, South Africa*

A former relatively prosperous mining town, Messina lies on the South Africa-Zimbabwe border. The Greater Tzaneen Municipality is made up of ten villages – one of which is Nkowankowa, a trucking throughway and only 13km from Tzaneen.

*2. Beitbridge and Malipati - Matabeleland South Province and Chiredzi South Province, Zimbabwe*

Beitbridge is the busiest border town in Zimbabwe. It is located in Matabeleland South Province about 584km from Harare and separated from South Africa by the Limpopo River. Malipati is located in Chiredzi South Province, about 185km from Chiredzi and 681km from Harare and is the province's gateway to Mozambique.

### *3. Nampula, Nacala and Mandimba, Niassa and Nampula Province, Mozambique*

Mandimba is a small village approximately 3,325 km from Maputo, or twelve hours drive, in the south of the mountainous Niassa Province. The village lies for seven kilometres on the border between Mozambique and Malawi. Nacala town is found in the north of Mozambique and is the major town in Nampula Province. It is located on the coast by the sea. Nampula is the third capital city of Mozambique and is found in the north. Nampula has access to the sea through its districts of Nacala Port, Old Nacala, Pemba, Mossuril, Mongincual, Angoche and Moma.

## **3.4 Research team**

Research coordinators:

- David Wilson (Professor in Zimbabwe and Australia)
- Patience Mukwashi (PHD student, Project Support Group Southern Africa) who has experience in research and programming in high transmission areas and significant research experience with mobile populations.

South Africa research team: Centre for Positive Care

Zimbabwe research team: Masvingo Horizons Research Project

Mozambique: CARE Nampula (local enumerators were trained by Patience Mukwashi)

## **3.5 Research methodology**

By using participatory rural appraisal methodologies, this in-depth sociological assessment is a broad livelihood analysis exploring risk and vulnerability in the context of people's economic vulnerability and capacity to respond to shocks and stresses.

The main research methods used are ethnographic observations and analysis, which are based on analysis, comparison, and triangulation of key informant interviews, in-depth interviews, focus group discussions, observations, life histories, and secondary sources.

The focus group discussions were conducted with all the highly mobile communities including male and female informal traders, sex workers, other low-income vulnerable women such as domestic workers, migrant labourers, farming communities, mine workers, construction workers, truckers, uniformed government employees such as customs and immigration officials, in- and out-of-school youth, and truck drivers.

## 4. RESULTS

### 4.1 South Africa results – Messina and Tzaneen

#### 4.1.1 Inventory data summary – Messina and Tzaneen

**Table 1: South Africa inventory data summary**

DATA ITEM	MESSINA	TZANEEN
Informal traders	334	136
Domestic workers	300 – 350	545
Migrant labourers (farm workers)	5,000	340
Migrant labourers (other)	300	247
Farm workers	1,724	508
Mine workers	753	0
Construction workers	0	69
Uniformed government employees	1,277	110
In-school youth	4,226	7,027
Out-of-school youth	6,646	660
Commercial sex workers	400	112
Truck drivers	200	60
Other: Municipal workers	230	-
Department of justice	16	-
Police detectives	18	-

Source: estimates of local authorities at site and actual counts by research team

#### 4.1.2 Ethnographic summary – Messina and Tzaneen

**Table 2: South Africa ethnographic summary**

SITE	DETAILS	ETHNOGRAPHY
<b>Messina</b>	• Stable population: 44,308	• Approximately 110 trucks park overnight at site daily
	• Transient population: ±20,000	• 300 permanent sex workers
	• Approximately 290km from Pretoria	• 100 transient sex workers
		• 330 informal traders
<b>Tzaneen (Nkowankowa)</b>	• Stable population: 32,940	• 45 trucks pass through daily, only 15 stay overnight
	• Transient population: 840	• 112 permanent sex workers, no transient sex workers
	• Approximately 380km from Pretoria	• 136 informal traders

Source for population figures: Nkowankowa and Messina Municipalities; actual counts by research team

### **4.1.3 Ethnography and vulnerable groups – Messina**

Messina, a former relatively prosperous mining town, lies on the South Africa-Zimbabwe border in one of South Africa's poorest provinces, the Limpopo province. Messina is found along the main road that runs from Louis Trichardt to the South Africa-Zimbabwe border post. The town has a stable population of approximately 44,308 people and a transient population of approximately 20,000 people. Women, particularly young women, significantly outnumber men. Fifteen percent of the population is composed of out-of-school youth and there are only two secondary schools. Messina is the "definitive" example of an HIV vulnerable context, with an army base that patrols the Zimbabwe-South Africa border, large number of long distance trucks, commercial sex workers, and (now largely non-operational) copper and diamond mines which drew migrant mineworkers. The major local employment is farming, with the large army base, the major mines and informal trading also playing a role. Thousands of truckers cross and sleep at the border each month.

Five primary vulnerable groups were identified: truck drivers, sex workers, informal traders, domestic workers, farm workers.

#### **Truck drivers**

There are large volumes of trucks passing through the site on a daily basis. The majority of the trucks are on their way to Zimbabwe, with the remaining (departing) trucks en route to Zambia, Malawi, Democratic Republic of Congo (DRC) and even as far as Tanzania. The majority of the trucks crossing the border into South Africa park overnight at Beitbridge on the Zimbabwe side.

The truck drivers are predominantly black male South Africans and Zimbabweans. They can normally be found at local bars and lodges where the truck drivers and sex workers report high levels of alcohol consumption.

The trucks, particularly those in long-distance freight haulage, often have small sleeping facilities in the hold. Truck drivers prefer to sleep overnight in their trucks instead of in the lodges in order to save money and also to guard their trucks from thieves and vandals. The truck drivers often bring girlfriends and casual sex partners to their trucks to engage in sexual intercourse.

#### **Sex workers**

There are an estimated 400 sex workers in Messina, of whom 100 are transient and 300 are permanent. They rent small rooms and there can be two or three sex workers living in one room. A number of sex workers live in Messina town and they typically rent rooms in the backyards of Indian business owners' shops. The rest live in "mkukus" (informal shacks) in the low-income areas. There are two main type of sex workers: those who go out into the streets, bars, nightclubs and lodges in the evenings to solicit clients; and those who have regular clients whom they meet at pre-arranged sites which can be the sex workers' homes or the truck drivers' trucks.

The majority of commercial sex workers who go out to solicit clients are young women aged between 15 and 25 years. Clients interviewed said they preferred this group of women because they were the least expensive, normally charging between

R20<sup>1</sup> and R70 (the fee depends not only on the apparent financial status of the client but also on how desperate for money the sex worker is at that particular time). The clients of this group of sex workers are mostly soldiers, truck drivers, and Indian businessmen with shops in and around Messina. The sex workers cited problems with the soldiers, and said they did not pay well, often reneged on paying, and could be physically and verbally abusive.

The second main category of sex worker is that of women who have regular clients who they meet at prearranged locations. A lot of these "senior sex workers" work from their own homes. Most of these sex workers are non-South African and tend to be more experienced, less naïve and more business-minded than their street and bar-based counterparts. One client said "they mean business" and are more likely to charge relatively high amounts per session as opposed to smaller amounts per night. Prices range from R100 to R150 per session and R250 to R300 per night, depending on the type of client. The sex workers interviewed preferred white businessmen as clients because they were willing to pay more for shorter periods of time and they sometimes asked for non-penetrative forms of sex, such as oral sex. Truck drivers were also a preferred type of client as they have disposable cash, although this was said to depend on the trucking company that a truck driver belongs to. To make the sex more pleasurable for the clients, some sex workers reported inserting astringents such as "Dettol" and "Panado" in powder form and traditional medicines into their vaginas to make them narrower and give the men the sensation of having "sex with a virgin".

**Table 3: Prices charged by sex workers in Messina**

TYPE OF CLIENT	AMOUNT CHARGED	
	SESSION	NIGHT
Black truck drivers	R50	R100 – R200
Indian businessmen	R50	R100 – R200
White businessmen	R70	R250 – R300

The primary reason for engaging in sex work is poverty, although the definition of "basic needs" differed widely among them. Some young women, particularly those originally from other South African towns, said they began doing sex work to get enough money to buy clothes, cosmetics and meet hairdressing costs. Young women from more impoverished South African, Zimbabwean, Zambian and Mozambique communities began sex work to get food for themselves and their families and also to pay for rent and municipal services.

Condom use by sex workers appears to be highly sporadic. Most of the sex workers interviewed knew about HIV and AIDS, how the virus is transmitted and how consistent and proper condom use could prevent transmission of HIV. Most of the sex workers also expressed great concern about their own elevated risk of contracting HIV. However, a clear pattern of reported consistent condom use did not emerge during the in-depth interviews, focus group discussions and participatory learning approaches (PLAs) used.

<sup>1</sup> US\$1=approximately 8 South African Rand (R)

The decision to use a condom appears to rest on the male client, and sex workers often do not insist on a condom for a variety of reasons, the most frequently cited being:

- The sex worker needs the money and is afraid the client will go elsewhere;
- The sex worker can charge more money for sex work without a condom;
- The client becomes physically or verbally abusive if the sex worker insists on condom use.

Some sex workers indicated that they carry their own condoms around with them instead of expecting their clients to buy them. However, the sex workers reported harassment by police, soldiers and customs officials when crossing the border if they are "caught" with condoms - they are immediately labelled as sex workers and often publicly humiliated.

The sex workers also reported suffering from genital warts and other sexually transmitted infections (STIs). Through the work of sex worker peer educators in the area, most sex workers indicated that they knew how to identify an STI and also knew where they could seek treatment. The peer educators have been instrumental in making clinics more "sex worker friendly" and a number of sex workers indicate that they had very few reservations about seeking treatment from formal health service providers. However, foreign sex workers who entered South Africa illegally from Zimbabwe and Mozambique said that they very rarely sought STI treatment from formal health service providers out of fear that staff would report their illegal migrant status to customs officials and the police. They also felt that the staff at the health services wasn't friendly to foreigners. These women opt to first seek treatment (or at best, simply relief of symptoms) from local traditional healers. They sometimes also cross the border illegally to seek treatment from clinics on the Zimbabwe side.

Commercial sex workers can be found all over Messina. They normally start operating at about 18.00h (after sunset) and can operate until the following morning. They report being encouraged to operate from a number of lodges and bars by the owners in order to attract male customers.

Most non-South African sex workers do not use government clinics, which the women said were unfriendly to foreigners. The women were also afraid that the government nurses and doctors would report them to the police and customs officials. They seek treatment for STIs from traditional healers and private health service providers. A significant number reported crossing over to the Zimbabwe side for treatment.

### **Informal traders**

There are an estimated 334 informal traders in Messina, of which the vast majority (85%) is female. Most of the informal traders operate from the two major market places in the town. The informal traders here sell cooked food, fruits, soft drinks and beauty products such as skin moisturizing and lightening creams, combs and jewellery.

Informal traders can also be found right next to the border post. They illegally sell South African rands and Zimbabwean dollars. These informal traders are predominantly male and Zimbabwean.

There is also a large group of mostly Zimbabwean female informal traders who regularly cross the border to buy goods from Louis Trichardt and Messina for re-sale in Zimbabwe. Clear details on their numbers could not be obtained as they are highly mobile and also very unwilling to be questioned for fear that the interviewers are "undercover" customs officials or police wanting to impound their goods and/or arrest them. These women tend to be somewhat older than the other women in Messina, ranging in age from about 25 to 65 years old. They also spend as little time as possible in Messina and said they needed to return to their husbands and children. The women travel by bus, kombi or hitchhike – normally with truck drivers – and come from as far away as Masvingo, Mutare and Harare in Zimbabwe. They sometimes sleep in the overhead shelters at the market places and move around and carry goods in groups of two to six women for protection.

The sexual dynamics of informal traders in Messina is difficult to establish because of the traders' mobility and also because a significant proportion are married women who were unwilling to discuss any incidents of extramarital sex. However, anecdotal evidence from other groups at the sites seems to suggest that some of the younger female informal traders based in the market places engage in commercial sex work in the evenings. Their clients are mostly truck drivers and soldiers. There also appears to be some transactional sex work amongst this group of informal traders with sex being exchanged for goods with truck drivers. Relationships with truck drivers and soldiers were frequently described as being "boyfriend-girlfriend" in nature, as opposed to "casual". As such, condom use was highly irregular as they "trust" their steady partner.

There were also unconfirmed reports of coerced sex and harassment at the border post, particularly of non-South African female informal traders. Sex is reportedly exchanged with customs officials for permission to cross with goods. Some female informal traders reported incidents of rape taking place when the informal traders are placed in holding cells for crossing the border illegally or carrying illegal goods. The female informal traders were very wary of uniformed government officials and customs officials, and seemed to fear thieves less than the soldiers who constantly wander around Messina.

### **Life History: Messina Female Informal Trader**

Toliya Ngulube<sup>2</sup> is 23 years old and lives with her parents at Kembo, a place approximately 20km from Messina town. She is an informal trader selling fruits and cigarettes.

Toliya's father like many other old men in Messina was a mineworker in the now closed copper mines. Her mother is also typical of many old women in Messina – she is an uneducated Domestic worker in Messina's white suburb. Toliya has two older sisters, two young sisters, and one younger brother. Toliya also has a seven-year-old daughter who lives with her and the rest of her family and who attends Toliya's former school, St Martin's primary school. It is about 12km from Messina town. Toliya started school in 1989 but dropped out after about two years because her family did not have enough money.

When she was in her mid-teens, she started *"going around with men to get some money"*. Her first sexual encounter was at age 15 with a schoolboy she was in love with.

*"Having sex for the first time was so scary...I kept thinking about having a baby by mistake or getting a disease"*.

There was no condom use. The relationship did not last for more than a few months. The boyfriend grew more and more jealous over her having relationships with other men and she finally left him after he became abusive. Toliya is not sure whether he is the father of her child or not. Since then, she has had a succession of older boyfriends who give her money and gifts.

She became an informal trader about the time she realized she was pregnant. Toliya likes being a trader because she can make a lot of money every day and she gets to meet a lot of different people.

*"Being a trader means I meet a whole lot of people who can help me out. It also makes me be disciplined about money. Money is very important, especially with a child"*.

Her hopes for the future are to get a formal job, *"maybe in a shop or something"*, and to be able to afford to educate her daughter,

*"I don't want her to become like me"*.

Male informal traders in Messina were cited as being occasional clients of sex workers, depending on how much money the men would have made. There also appears to be some "steady" relationships with younger informal traders. The male informal traders displayed high levels of HIV/AIDS awareness and reported using condoms consistently with their sexual partners – with the notable exception of their wives back home in Zimbabwe. The men said that they do not use condoms with their wives as they know they "would never have affairs with other men" and "knew"

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<sup>2</sup> Not her real name

their wives were "clean". One young Zimbabwean male informal trader said "*unongoshandisa condom ne-hure*" ("you only use a condom with a prostitute").

### **Domestic workers**

There are approximately 300 to 350 domestic workers in the Messina area. They are normally black single mothers or older women and work in the white and Indian suburbs.

The domestic workers wash clothes, look after children, cook, clean and engage in many other domestic chores. Paid only an average of R300 to R500 a month, these women can work up to 17 hours a day. Their salaries vary according to the length of time they have been working in a particular household.

The domestic workers' biggest complaint is that they feel they are badly underpaid and cite lack of education and racism as a contributory factor. They also complained about the other conditions of employment – long working hours and sudden dismissals with no notice.

The domestic workers cited health problems such as asthma, diabetes, tuberculosis, cholera and HIV/AIDS as being prevalent in their community. The domestic workers were very uncomfortable discussing issues of their own sexuality. This could be because of their age (most were between the ages of 30 and 40 years). Some did admit to having a steady boyfriend, often a local man such as a married soldier, who would sometimes come and sleep over at the domestic worker's place and leave in the morning. Condom use is not frequent in these relationships as the partner is seen as "steady" and "trustworthy".

There were few young domestic workers observed, and the reason appears to be that employers are unwilling to have young women on the premises "who cause trouble". Young women are perceived to have many sex partners and are less reliable than older women. Some anecdotal evidence points to the fact that some domestic workers engage in sex work, but it is unlikely that many do so based on results of this study. Sex workers are quite visible in Messina and a woman known to engage in sex work, particularly if she solicits from the streets, is unlikely to be engaged as a domestic worker. The domestic workers said sex workers are easily recognizable because they are often young, dress very "flashily" in clothes like "hipsters, minis and jeans" and "preen" whenever a potential client passes by. The domestic workers said that sex workers come from Zimbabwe and Zambia and hitchhike on the trucks crossing the border.

According to the domestic workers, most of the sex workers' clients are local Indians and truck drivers, miners, soldiers, customs and immigration officials, and taxi drivers. Despite the fact that their boyfriends are drawn from these groups of men, the domestic workers did not feel particularly at risk of HIV as their boyfriends "look healthy and you can tell a person who is sick just by looking at them".

The domestic workers did seem to have sympathy for the sex workers describing them as "desperate and confused". There was also some envy on the part of the domestic workers of the money sex workers make and some of the domestic workers interviewed admitted having occasionally exchanged sex for money when times were

really difficult. On a good night, a sex worker can make two or three times the monthly salary of a domestic worker.

### **Farm workers and migrant labourers**

This assessment looked at farms along the Limpopo River. The farms are involved in cultivation, packing and selling cotton, citrus, wheat, maize, tomatoes, butternuts, watermelons and assorted other vegetables. All the farms assessed along the river are white-owned.

Approximately 95% of the farm workers are migrant labourers from Zimbabwe and most are male. Although no accurate figures are available, it is widely believed that most of these labourers cross the border illegally. There are holes in the border fence that open out onto a number of South African farms and Zimbabwean illegal border crossers were observed by the researchers going through the holes. Most of the migrant farm workers were unwilling to take part in the interviews out of fear of deportation. However, the few who were willing to participate reported paying bribes – particularly if caught by Zimbabwean border patrol units – to avoid getting arrested. Some female migrant labourers, informal traders and sex workers reported having to trade sex to these border patrol units in order to cross illegally through the border fences.

Farm workers can be paid as little as R147 per month and some reported working only for food. Farms vary in terms of the standard of farm worker housing, with some compounds having clean water and electricity while others do not.

On weekends, farm workers entertain themselves by playing soccer with farm workers from neighbouring farms. On paydays, the farm workers hold a “dance” where there is much gambling and drinking and usually a lot of sexual activity.

Male farm workers reported having multiple sex partners, sometimes having two or more “girlfriends” on the farm they work on and a “senior wife” back home in Zimbabwe. Most of the farms have no health facilities and specific condom distribution points. There is also a lot of stigma associated with the use of condoms on the farms (women who use condoms are “prostitutes” and men who use condoms are not “real men”) and condom use is highly infrequent.

There are few female migrant farm workers and normally come to the South African farms in November when it is time to plant tomatoes or remove weeds from the cotton fields. There were a number of reports of farm owners intentionally hiring male and female illegal migrant farm workers for a few weeks and then reporting them to the police and customs officials in order to avoid having to pay them.

#### **4.1.4 Key findings and recommendations - Messina**

##### **Findings:**

- The vulnerable groups face differing levels of vulnerability to infection of HIV/AIDS and sex workers and truck drivers are the most obvious and visible vulnerable groups. Sex workers and truck drivers have multiple partners and irregularly use condoms.

- Young female cross border informal traders are a less visibly vulnerable but a particularly at risk group. Female informal traders are regularly physically harassed at border posts by immigration and customs officials, police and soldiers. The women are also sometimes forced to exchange sex to avoid having their goods impounded, or to avoid being arrested for having crossed the border illegally. Female informal traders also exchange sex for transport from taxi and truck drivers. Condom use by female informal traders is irregular.
- Most male farm and migrant labourers are economic refugees from Zimbabwe who have crossed the border into South Africa illegally. They have multiple sexual partners, limited access to health facilities and condom distribution points, and face the fear of being arrested and deported daily.
- Although domestic workers do not appear to have multiple sexual partners, they have "steady" boyfriends drawn from high risk groups such as soldiers and male informal traders and usually do not use condoms with them. It is also highly probable that some domestic workers occasionally engage in sex work to supplement their very low salaries. Because of their reluctance to discuss reproductive health issues, they are unlikely to be seeking advice on prevention and treatment of STIs from formal health service providers or health CBOs.

## **Recommendations**

- There is a need for programmes that deal with the prevention of gender violence and abuse. The programmes should provide training to health service providers and law enforcement agencies on active identification and prosecution of harassers and rapists and best practices in dealing with victims of gender violence and abuse. The programmes should also target uniformed government officials, farm workers and customs and immigration officials and discourage abuse of women and making the legal implications of being a perpetrator of harassment and abuse clear. The programmes should also educate vulnerable women, especially female informal traders, domestic workers and sex workers, on what steps to take when reporting gender violence and abuse and also to provide counselling to victims.
- Peer mediated HIV/AIDS prevention programmes on farms need to be strengthened. The programmes should include making condoms and health services more accessible on farms, and provide information on HIV and STI prevention and care. A major challenge is that the programmes would need to assure farm workers and migrant labourers that they will be safe from arrest and deportation by South African officials. The programmes have to ensure the confidentiality of participants in their activities, possibly by not recording participant details or gathering formal data on the numbers of illegal workers in their sites. Another possible, though more difficult, solution is to provide foreign farm workers with assistance in obtaining work permits and travel documents through a cooperation agreement between the relevant ministries.

- More condom distribution points in Messina have to be established. Condoms need to be more easily accessible, especially for farm workers, sex workers, informal traders, and truck drivers.
- There needs to be strengthening (through increased resources and technical assistance on scaling up of services, and improving service delivery) of already existing HIV/AIDS CBOs and NGOs.

#### **4.1.4 Ethnography and vulnerable groups - Tzaneen Municipality**

The Greater Tzaneen Municipality is made up of ten villages - two informal settlements and eight townships. The main three villages are Nkowankowa, Linyenye, and Letsitele. This assessment focused on the town of Tzaneen and Nkowankowa village. Nkowankowa village was selected because it is bigger than the other villages, it is a trucking throughway with a coach house and hotel for truckers and is close to the main road running to the mining town of Nelspruit, it has an industrial area (although now largely defunct as most of the factories have shut down) and it has a surrounding farming community. Nkowankowa is also only about 13km from Tzaneen town. Most people live in Nkowankowa and its surrounding farms and work in Tzaneen town. For the purpose of this report, the research site will be described as "Tzaneen" unless otherwise specified.

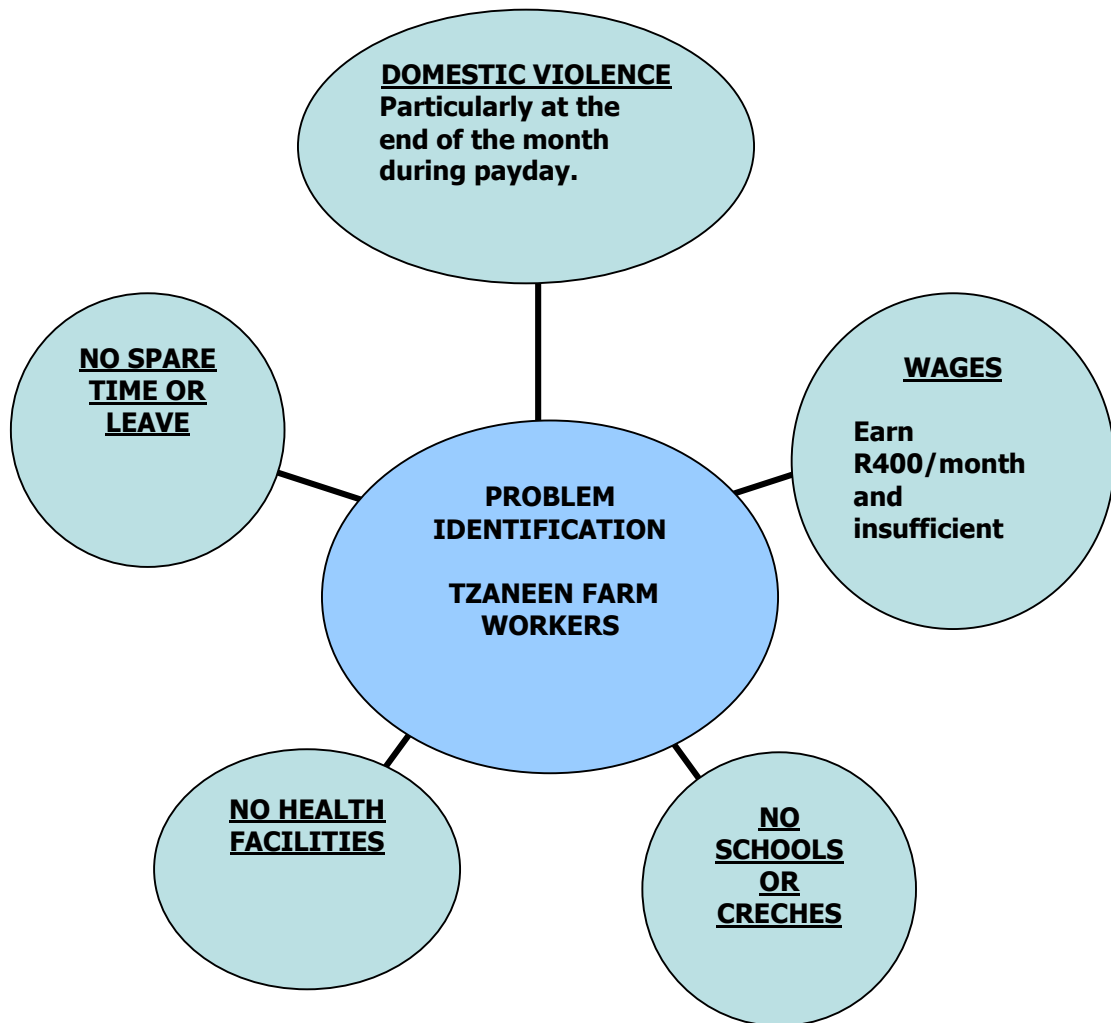
Tzaneen is in Limpopo Province and is about 380km from Pretoria and 80km from Polokwane (formerly called Pietersburg). The area has an approximate stable population of 32,940 and a transient population of about 840 according to Nkowankowa Municipality authorities. Most of the transient population is made up of truck drivers and Zimbabwean and Mozambique migrants working on the farms or involved in sculpting and weaving.

Five highly vulnerable groups were identified: Farm workers, truck drivers, sex workers, informal traders, and youth.

##### **Farm workers**

The Tzaneen area has ten farms that produce bananas, litchis, pawpaws, mangoes, and avocados. Their biggest market is in Cape Town and Durban although some of the fruit is sold in the much smaller Tzaneen markets. Most of the farm workers in Tzaneen are women, and this seems to be because farmers feel that male farm workers are more likely to strike than women and that women are cheaper and more desperate for work. Of the ten farms, only six have farm worker compounds on the farms. Other farm workers have to travel everyday to the farms. Some farm owners provide transport for their employees from a central point in their areas of settlement to the farms, particularly during busy seasons. At other times, the farm workers have to use public transport. Farm compounds are very small, typically having two families or couples living in each two-roomed building. Most of the migrant farm workers described themselves as being permanent workers at the farm they were living on.

Farm workers identified five major problems:



Domestic violence on the farms is a major issue, particularly at month-ends on paydays. Farm workers typically have sexual relations with other farm workers. Often, male farm workers have about two sexual partners and those in positions of power such as foremen and supervisors might have more. Female farm workers are sometimes coerced into having sexual relations with the foremen and supervisors in order to receive better treatment, such as less work allocations. There is very little condom use with partners and condoms are only available in town at the clinics, where they rarely come. The farm workers interviewed showed little knowledge of HIV/AIDS transmission and prevention and some were unsure as to whether there was a cure or not. Female farm workers are also reluctant to seek treatment for STIs at the clinics and often prefer to wait until the STI gets so bad they are unable to work or are in too much pain. There are no HIV/AIDS awareness programmes on any of the farms.

**DAILY DIARY: TZANEEN FEMALE FARM WORKERS**

<b>TIME</b>	<b>ACTIVITIES</b>
<b>05.00 – 05.30</b>	Clean the house Prepare lunchbox for children to eat at school Prepare own lunchbox to eat at work Walk to transport pick-up point
<b>05.30 – 05.50</b>	Wait for transport to go to farm
<b>05.50 – 06.00</b>	Arrival at farm and clock-in Receive materials and equipment from storeroom after getting work allocation for the day
<b>06.00 – 13.00</b>	Remove weeds from fields Water produce (such as bananas, mangos, litchis and pawpaws) Pick/ harvest produce Wash and pack produce for Cape Town and Durban markets
<b>13.00 – 14.40</b>	Lunch (taken on the farm)
<b>14.00 – 16.30</b>	Preparing compost from leaves and weeds Applying insecticides on fields
<b>16.30 – 17.00</b>	Clean up equipment Return material and equipment to storeroom Clock-out at 1700hrs
<b>17.00 – 18.00</b>	Wait for transport and return home
<b>18.00 – 20.00</b>	Arrive home and prepare food for family's supper Prepare children for bed Do household chores such as washing clothes and cleaning house
<b>20.00 – 05.00</b>	Sleep

Farm worker children rarely continue with schooling after age ten – assuming they would have been attending school before then – and begin working on the farms. There are almost no schools or crèches on the farms.

Farm workers earn approximately R400 per month and this was cited as a major problem. Work conditions are not optimal and farm workers often work every day and do not have set leave days and holidays.

#### **LIFE HISTORY: TZANEEN FEMALE FARM WORKER**

Pumla Mokgoba<sup>3</sup> is a 22 year old woman born in Serare Bogkaha which is about 35km from Tzaneen.

The first-born in a family of four, Pumla was raised by her mother, an informal trader selling fruit at a nearby school. Pumla's mother died after "a long illness" in January 1999. Pumla never knew her father, who left her mother when she was still a baby. Pumla has two sisters and one brother. She began school when she was six years old and went to Sepeke Primary School which was about 8km from her home.

*What I remember most about my childhood is going to school during the rainy and winter days without warm clothes and bare footed. I used to use plastic bags to protect myself from the rain. We were very poor.*

She caught tuberculosis when she was eleven and blames some of her adult illnesses on that. Pumla finished her primary education in 1993 when she was 13 years old and went on to Bassie Moake high school. After school every day, she would run errands for neighbours, collecting water and firewood in return for food for her family and old clothes. When she was 17 years old, she fell in love with an older man, flashy with a car and good clothes who bought her gifts of clothes and "fancy food". He actively seduced her, and two months after they first met, they began having sex in July 1997. He was her first boyfriend and her first sex partner. Pumla never found out how old he was, where he worked or even where he lived. In November 1997 she realised she was about three months pregnant. At first she was frightened because she was afraid of her mother's reaction, but she says part of her was happy because she wanted to marry the man and thought he would want to marry her since she was now carrying his child. She never saw him again after she told him she was pregnant. She gave birth in 1998 and went back to school in 1999 where she worked very hard and passed her matric examinations.

After her mother died she tried to look for a job but could not find one. She decided to start selling fruits at a school like her mother had done before her. Unfortunately, she was not making enough money to look after her siblings or her son. A few months later she managed to get a job at Ledzee Farm where she still works.

Though relaxed during the interview, she was very sad at points and quite tearful when talking about how hard it was to look after her family. She makes barely enough money to feed and clothe her family and often has to borrow from other farm workers. She said it was easier to borrow from male farm workers as she was

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<sup>3</sup> Not her real name

still "young and fresh". She says she hates her job and would have liked to get a proper job in a shop in town. Her greatest joy is her son.

*"He is so clever...he can recite poems that he hears others reciting".*

Pumla is also glad her son is healthy and grows quickly. Her greatest worry is that he will never live the life she had dreamt of when she was young and thought the father would marry her. Her son remains at home with the youngest of her siblings while the other two siblings go to school. Pumla cannot afford to send her son to pre-school. Her ambition is to go to college to further her studies and then start a business and become her own boss. The interview ended when Pumla got up to go back to work where she was weeding the fields.

### **Truck drivers**

Approximately 45 trucks pass through the site every day. Most of these trucks will be coming from Johannesburg, Cape Town and Mpumalanga province. Since most of the trucks' final destination is Tzaneen, the truck drivers off-load in Tzaneen and stay overnight before returning home. Truck drivers in the area are notorious for frequenting sex workers and can often be found at lodges and taverns/shebeens/bars. Truck drivers find sex workers at these hotspots, and since adherence to age limits is not enforced, young girls can also be found in the taverns.

Truck drivers have disposable income, and can earn up to R3,000 per month. Sex workers prefer truck drivers as clients, partly because they are not local and so cannot disclose the sex workers identities to the women's families. Truck drivers pay sex workers an average of R50 per session with a condom, R70 per session without a condom, R150 per night with a condom, and up to R210 per night without a condom. Truck drivers infrequently use condoms and often do not carry any around with them.

### **Sex workers**

Most young women involved in commercial sex work prefer to work in Tzaneen where there is less chance of being recognised by their families and neighbours in Nkowankowa. The sex workers in Tzaneen are mostly from Nkowankowa and the other surrounding villages and their ages range from 16 to 30 years. A lot of the sex workers are still at school or are of school-going age. There is also a lot of victimization of sex workers within communities and sex workers are described by some as "evil".

Prices for clients are influenced by the clients' ability to pay as assessed by the clients' dress and car. Clients driving 4x4s are favourites of the sex workers as are white businessmen and tourists passing through. Another important group of clients is the approximately 70 road construction workers. They have disposable income, earning about R1,000 per month. The relationship between sex workers and the police is good, primarily because sex work is allegedly being carried out on police premises (in the toilets, for example). Certain policemen are known to be regular clients of sex workers.

**Table 4: Prices charged by sex workers in Tzaneen**

TYPE OF CLIENT	AMOUNT CHARGED	
	SESSION	NIGHT
Truck drivers	R50	R150
Policemen	R50	R150
White men	R100	R300

Sex workers can have up to 20 clients a week. Condom use is irregular and depends on the client's wishes. Sex without a condom usually costs R20 more than with a condom. Sex workers seek treatment for STIs from formal health service providers after informal health service providers such as traditional healers have failed to cure them.

### **Informal traders**

Most of the approximately 136 informal traders operate in Nkowankowa and sell vegetables and fruits like avocados, bananas and oranges while a few sell cooked food. Their main customers are police, teachers, people boarding taxis and taxi drivers. The majority of informal traders (75%) are women and most of these are between the ages of 40 to 45 years. On average, each informal trader makes a profit of about R250 per month. The informal traders come mainly from the surrounding informal settlements.

The informal traders operate only during the day and stop work at around 17.30h everyday. Female informal traders are sometimes forced to exchange sex for transport to and from the informal markets by the taxi drivers, who range in age from 23 to 40 years. The taxi drivers also reportedly have other girlfriends and wives and the female informal traders complained that these men carry a lot of STIs. When the informal traders have an STI they seek treatment at formal health service providers such as the clinics. They reported very low condom use, particularly with regular "steady" partners who they feel they can trust.

### **Youth**

The Tzaneen area is desperately poor, particularly in the townships and farms. Most of the people are unemployed. A lot of the young girls between 15 and 25 years have multiple sex partners and a significant number of these engage in some form of sex work, typically exchanging sex for food, money and clothes from local men and truck drivers. Young schoolgirls interviewed were very concerned about the high rates of sexual abuse and date rapes that take place.

### **Health facilities**

Most community members have access to clinics and other formal health services. Farm workers however have very little access to health programmes, because they are far away from health service providers, and they cannot get time off from work unless they are really ill. Some farm workers interviewed claimed that they had never even heard of HIV/AIDS. The only health programmes on the farms are provided by the Department of Health and focus on reproductive health services, especially on contraception. A belief on the farms is that the government does not want an increase in the population because children are treated for free in the clinics and

hospitals and this is expensive for the government. It is felt that the government is not concerned with preventing people from getting HIV/AIDS and the government is unwilling to spend much money on the Child Support Grant.

#### **4.1.6 Findings and recommendations - Tzaneen**

##### **Findings:**

- Unlike in Messina, the majority of farm workers and migrant labourers in Tzaneen are female. The workers are very badly paid and their most immediate concerns include bad working conditions, limited access to formal health facilities, and domestic violence. Knowledge on prevention of HIV and STI recognition and treatment seeking is very low.
- Truck drivers are the most visible clients of local sex workers. They are usually from Johannesburg, Cape Town and Mpumalanga Province and have disposable income. Condom use is irregular with partners.
- There is very little overt commercial sex work in the Greater Tzaneen area but sex work does take place in numbers larger than most community members will admit to. Most sex workers operate in Tzaneen Town and commute three or four days a week from their homes in Nkowankowa to Tzaneen Town. Sex workers are typically of school-going age and rarely insist on condom use with clients.
- Young people in Tzaneen are especially vulnerable to sexual health complications. School drop out rates are high and reports of sexual abuse are increasing. Poverty and crime are major concerns of young people. Most sex workers are women of school going age.

##### **Recommendations:**

- Young people should be the focus of HIV prevention activities in Tzaneen. Young girls especially need to be given information on condom use and sexual and reproductive health. Programmes that provide scholarship opportunities for girls could encourage them to stay in school for longer and perform better instead of feeling that they need to engage in sex work for money. Income generation projects for youth should be implemented.
- Law enforcement agencies need to be strengthened to better cope with the high crime and drug use levels amongst youth. Law enforcement officers and health service providers also need training in dealing with sexual abuse and becoming more youth friendly.
- Peer mediated HIV prevention programmes should be introduced on the farms that discuss issues of domestic violence and encourage monogamous relationships.

## 4.2 Zimbabwe results – Beitbridge and Malipati

### 4.2.1 Inventory data summary – Beitbridge and Malipati

**Table 5: Zimbabwe inventory data summary**

DATA ITEM	BEITBRIDGE	MALIPATI
Informal traders	2,500	70
Domestic workers	500	30
Migrant labourers (farm workers)	-	-
Migrant labourers (other)	1,800	-
Farm workers	-	-
Mine workers	-	-
Construction workers	-	-
Uniformed government employees	77	12
In-school youth	2,599	1,065
Out-of-school youth	306	150
Commercial sex workers	2,000	20
Truck drivers	1,184	-
Other: Customs	125	-
Immigration	31	-
Teachers	82	-

Source: estimates of local authorities at site and actual counts by research team

### 4.2.2 Ethnographic summary – Beitbridge and Malipati

**Table 6: Zimbabwe ethnographic summary**

SITE	DETAILS	ETHNOGRAPHY
<b>Beitbridge (Dulibadzimu)</b>	<ul style="list-style-type: none"> <li>Stable population: 21,909</li> </ul>	<ul style="list-style-type: none"> <li>Approximately 150 trucks park overnight and 225 pass through site daily</li> </ul>
	<ul style="list-style-type: none"> <li>Transient population: ±151,000</li> </ul>	<ul style="list-style-type: none"> <li>500 permanent sex workers</li> </ul>
	<ul style="list-style-type: none"> <li>Approximately 584km from Harare</li> </ul>	<ul style="list-style-type: none"> <li>1,500 transient sex workers</li> </ul>
		<ul style="list-style-type: none"> <li>2,500 informal traders</li> </ul>
<b>Malipati</b>	<ul style="list-style-type: none"> <li>Stable population: 2,835</li> </ul>	<ul style="list-style-type: none"> <li>45 trucks pass through daily, only 15 stay overnight</li> </ul>
	<ul style="list-style-type: none"> <li>Transient population: 200</li> </ul>	<ul style="list-style-type: none"> <li>112 permanent sex workers, no transient sex workers</li> </ul>
	<ul style="list-style-type: none"> <li>Approximately 681km from Harare</li> </ul>	<ul style="list-style-type: none"> <li>136 informal traders</li> </ul>

Source for population figures: Beitbridge Municipality, customs and immigration officials, clinic staff, actual counts by research team

### **4.2.3 Ethnography and vulnerable groups – Beitbridge**

Beitbridge is a busy border town located in the southern part of Zimbabwe in Matabeleland South Province, about 584km from Harare. It is separated from South Africa by the Limpopo River. The busiest border site in Zimbabwe, Beitbridge has a lot of male and female informal traders, truck drivers, commercial sex workers and irregular migrants crossing into South Africa.

Based on the population census figures of 1992, Beitbridge has a stable population of 21,909. Most of the stable population is Ndebele or Venda. Beitbridge has a transient population of more than 150,000. The town is growing rapidly as evidenced by the increasing number of stands and settlements under construction, particularly in the high-density suburb of Dulibadzimu.

Dulibadzimu is by far the biggest settlement in Beitbridge and there is a lot of activity and movement within the settlement. This study was undertaken primarily in Dulibadzimu. Beitbridge, especially in Dulibadzimu, is filthy and overcrowded. Houses are clustered, with almost three families (each with an average of six people) per house.

Common diseases in the area include HIV/AIDS, STIs, tuberculosis, cholera and diarrhoea. Sewage pipes frequently burst and are only repaired after a long time. STIs are particularly common and sex is frequently done without condoms, especially by sex workers if their clients have "chibhanzi", a slang word for money.

In Dulibadzimu, there is a lot of sex work taking place. Most people over the age of 15 years are sexually active. There is also a lot of inter-generational sex, with girls as young as 15 having boyfriends of 45 years. Commercial sex work is widespread and quite open. In general, people in Beitbridge have disposable income, primarily as a result of informal trading.

Five primary vulnerable groups were identified in Beitbridge: sex workers, truck drivers, youth, migrant labourers, and informal traders.

#### **Sex workers**

There are almost 2,000 commercial sex workers in Beitbridge, the vast majority being transient sex workers. Some of the sex workers are also informal traders but most are full-time commercial sex workers. Key informants suggest that up to 60-70% of young girls between 16 and 25 years in Beitbridge are sex workers. The women come from as far away as Bulawayo, Chiredzi, Masvingo, Zvishavane and Mutare. A lot of the women prefer to work on the South African side of the border, particularly women from Zambia and Mozambique.

Sex workers that are new in the trade, many of them very young girls, dress differently from other commercial sex workers. They do not have the trendy and fashionable clothes worn by more experienced sex workers. They are also cheaper than other sex workers, and according to sex workers interviewed, they are "less choosy" about their clients. This group of women is popular with government employees such as customs and immigration officials, teachers, Zimbabwe Prison Services (ZPS) officials, and policemen.

Sex workers normally do not cross the border for clients. They typically wait for truck drivers and informal traders to come to them. Sex workers in Beitbridge are not controlled by pimps or gangs. There also haven't been major problems with the police.

**TABLE 7: Prices charged by sex workers in Beitbridge**

Type Of Client	Amount Charged	
	Session	Night
Truck drivers	Z\$1,000	Z\$3,000 - \$4,000
Truck drivers	R20	R50– R100
Informal traders	Z\$700	Z\$1,500 – Z\$2,500
Migrant labourers	Z\$800	Z\$2,500 – Z\$3,000
Managers (immigration and bank)	Z\$1,200	Z\$5,000

Condom use depends on the clients. Some truck drivers refuse to use condoms because they say they have paid a lot of money and that includes the "risk allowance", i.e. they have paid for the sex worker's future STI treatment. The sex workers frequently suffer from STIs and seek treatment from Dulibadzimu Clinic. The sex workers usually go to the clinic for STI treatment between 18.00h and 22.00h when the clinic is less busy and there is friendly staff.

Because sex work is so prevalent in Beitbridge, some house owners in the new townships have turned their houses into lodges. The owners charge about Z\$1,500 per night. It is mostly truck drivers who use these lodges and they bring sex workers with them.

In addition to sex workers, there is also a small group of women in Beitbridge who have sex with top officials in the community either for economic and professional advancement or improve their status in the community. These women are employed, often in very good jobs. There is rarely condom use in these relationships and their STI rates are very high.

### **Truck drivers**

There are many truck drivers in Beitbridge as it is a major border town into South Africa. Approximately 225 trucks pass through the town daily. Customs and immigration officials estimate that up to 70% of people passing through Beitbridge are truck drivers. Truck drivers vary in age from 25-50 years. Almost none of the truck drivers actually live in Beitbridge.

An estimated 112 trucks park overnight at Beitbridge. According to the Zimbabwean Customs Controller interviewed, trucks are sometimes forced to spend the night at the border because of the lengthy document processing time and truck drivers have to go through numerous bureaucratic procedures. A further complication is that the documents of truck drivers are not processed if they arrive after 15.00h. Trucks can spend anything from a few hours to 14 days on the Zimbabwe side of the border. The Zimbabwe Customs officials were not sure how long the processing time was but they did admit that it was significantly longer on the Beitbridge side of the border than the Messina side.

Truck drivers are the most favoured clients of the sex workers. They have relatively large amounts of cash on them, and sometimes are willing to pay in scarce foreign currency. The truck drivers can also afford to sleep in lodges, which the sex workers prefer to having sex in the bush or at their own homes. The truck drivers pay young boys up to Z\$500 a night to guard their trucks while the truck drivers go out. The truck driver prefers to have sex with girls between the ages of 14 and 22 years. The truck drivers are often forced to stay in Beitbridge for days on end because of the long processing time at the Zimbabwean Immigration and Customs. This delay gives the truck drivers an opportunity to find "girlfriends" and have sex with them.

Truck drivers frequently suffer from STIs. They report seeking treatment at Dulibadzimu Clinic, usually between 18.00h and 22.00h. Condom use varies. Some truck drivers reported trying to use condoms all the time, particularly with women they would just have met on their journeys. However, they complained that because they are away from their wives for long periods of time, sometimes they "just want the real thing", i.e. sex without a condom and sometimes pay sex workers to have sex without a condom. In addition, once they have had sex with a sex worker two or three times, the relationship develops into one of "boyfriend-girlfriend" where the partner is trusted and so condoms are not used.

There was a surprising number of truck drivers who claimed not be interested in sex workers at all and asked that peer educators talk to sex workers and ask them to stop knocking on the trucks to solicit clients and using obscene language.

### **Youth and schools**

Unemployment is the biggest problem facing young people in Beitbridge. Most young people do not even bother to actively seek formal employment as there is very little chance of securing employment. Corruption is rife at most levels and "you have to know someone" to be able to get a job. At the government offices of the Ministry of Youth, Gender and Employment Creation, 306 youths had registered for employment and only 15% had found jobs, most of them menial and badly paid. The number of out-of-school youth is difficult to estimate as the majority is forced into informal trading and sex or domestic work.

Young girls often have to exchange sex for money or gifts simply to buy food for themselves and their families. The young girls have sex with older men, especially truck drivers and informal traders who would have been in South Africa. The girls often visit nightclubs and taverns where they can find partners. A lot of these girls have steady boyfriends their own age. Condom use with both the older men and their steady same-age boyfriends is irregular and STI rates are high. Youth seek STI treatment from Dulibadzimu Clinic. The youths interviewed said the clinic was very youth-friendly, and the clinic staff sometimes gave lectures on HIV/AIDS and use of condoms. The clinic staff also encourages abstinence before marriage or at best, having one steady partner. Almost all the teenage boys interviewed do not use condoms with their girlfriends as they "trust" them. Unfortunately, a lot of their girlfriends are also having sex with other men like truck drivers and informal traders.

## **Migrant labourers**

There are two main types of migrants in Beitbridge: migrant labourers deported or returning legally from South Africa, and informal traders. The significant majority are from Zimbabwe.

Approximately 1,800 illegal migrant labourers are deported from South Africa every two weeks. The migrant labourers, most of them men, are brought to Beitbridge by the South African police and handed over to the Zimbabwean police who fine the migrants Z\$500. Reportedly, those unable to pay are made to clean the police premises, which is supposed to constitute community work. Some migrant labourers are amongst the deportees every two weeks. When released the migrant labourers, especially the women, go to the nightclubs and taverns to try and make enough money (through sex work in the case of female migrant labourers or informal trading by both males and females) to go back to South Africa. The deported migrant labourers also have to find a place to stay in Beitbridge, so they go to nightclubs and sex workers who can put them up for the night, make them a meal and also have sex. They are particularly attractive to sex workers because they will sometimes be paying in South African rands.

## **Informal traders**

There are approximately 2,500 informal traders in Beitbridge, who come from all over Zimbabwe. Very few are Venda, most coming from as far away as Chipinge, Bulawayo, Masvingo, Zvishavane and Harare. Beitbridge is seen as a place where a lot of money can be made in a short space of time, and young Zimbabweans especially from Matabeleland, flock to the town. Informal traders can be seen everywhere in Beitbridge: in the two major shopping centres, in the market place, on the main roads, and in the bus and taxi ranks.

Male informal traders are typically young, between 16 and 40 years, and Zimbabwean. They engage in the trade of foreign exchange and sell goods like video and audiocassettes, and curios. They are known locally as "makorokoza" or "kuchokocha" or "magumaguma". Illegal foreign exchange constitutes about 60% of all informal trading in Beitbridge. The male informal traders are some of the best clients of sex workers as they often have cash on them and are willing to pay a lot simply to have a place to sleep at night.

### **LIFE HISTORY: BEITBRIDGE MALE INFORMAL TRADER**

John Chimbetu<sup>4</sup> was born on 13 February 1979 in one of the most remote areas of Mberengwa district in Zimbabwe. John completed his GCSE "O" levels in 1996 and passed eight subjects. After completing school, he stayed at home with his parents, trying to get a job:

*I even tried to apply to the teachers' colleges but nothing came my way and some did not reply. However, after I had tried everything to get employment and saw that things were not working for me, I moved to Beitbridge. I stayed with my brother who was just a driver of a long-distance commuter bus. Because I was not employed and had nothing to do, I decided to go into informal trading. This was very hard for me because at first I did not have the capital and I did not even know where to get materials or how to get customer orders. It was then after deep and serious thinking about my life that I went back home, took an old sewing machine back to Beitbridge, and taught myself to sew clothes. It was very difficult for me because I had never received any training. It was also very very difficult for me to come up with things that would be attractive to customers.*

*After a while I couldn't believe that it was I, poor John, from the poorest family in our area, who was now starting to get customers and making money. There were a lot of people who started to come to my shed to buy these products, and amongst these customers were those women who go to South Africa and even some of those people who were discouraging me at first. My father was very happy with all the good news, especially since I was now able to send my father groceries and other things. It was my special wish that my mother could be alive so she could also witness this achievement of mine.*

John recently got married:

Although I'm married I can sometimes have a prostitute to sleep with, as you know that it is natural. You cannot just stay with one wife without a girlfriend of some sort. While I was at school I used to have many girlfriends I would sleep with. My first sexual experience happened when I was in form two, but back then I didn't know what I was doing. I still thought it was nice and good!

John is optimistic about his future:

I am very happy and comfortable with what I am doing and the clothes I make are very much in demand. This kind of business in Beitbridge really pays, especially if you are established and if you have customers who are regular. Most of my products range from Z\$200.00 to Z\$300.00 which I feel is reasonable for my customers. A lot of people now want my products and these products have attracted local and migrant traders to come and buy from me. As for my future, I feel that if I can get some financial backup, I can expand my business by having a shop to operate in, and also have more materials to boost my business and produce more products. If I happen to have children, I want them to go to better schools and get education for them to better life.

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<sup>4</sup> Not his real name

According to shopkeepers, male informal traders are their most frequent condom purchasers although it is doubtful if condom use is regular. More than the truck drivers, it was reported that male informal traders have a reputation for being abusive towards sex workers, although this seems to be based on a few isolated but very violent incidents. The male informal traders visit sex worker hotspots such as the bars and shebeens. There is a joke amongst the men about going into a shebeen and ordering "one pint and one woman, take-away".

In addition to those selling food and clothes at the market place, there is an important group of female informal traders who make their living crossing the border into South Africa and buying items such as clothes, shoes, hair products and cosmetics and selling them in Zimbabwe. This group of traders rarely sells products in Beitbridge, preferring to travel further up to Bulawayo and Harare where greater profits can be made. They are normally older women between the ages of 30 and 65, and they travel in groups of about five or six for safety and help in carrying goods. The group of older women does not appear to be at an elevated sexual health risk. However younger female informal traders often have multiple partners (normally truck and taxi drivers who exchange transport across the border or to Bulawayo and Harare for sex), rarely use condoms, and are sometimes part-time commercial sex workers.

The primary concern for female informal traders is that they face physical and verbal abuse from customs and immigration officials, soldiers and police. The women are harassed by the customs and immigration officials on both the Zimbabwean and South African side of the border. There were a number of reports of female informal traders being forced to have sex with custom officials to prevent their goods from being impounded or having "bureaucratic delays" in the processing of their travel documents. Young women are almost always harassed or propositioned at some stage when going through the border. Witnesses to these incidents are reluctant to speak up or complain for fear they themselves will not be allowed to bring through their goods or "problems" will be found with their passports or visas. South African female customs and immigration officials are also seen as unfriendly and quite xenophobic, for example, asking Zimbabwean women why they want to go to South Africa when South Africa does not want them.

#### **LIFE HISTORY: BEITBRIDGE FEMALE INFORMAL TRADER**

Sekai Zhombe<sup>5</sup> was born on 25 March 1976. Sekai's father was a primary school teacher who owned some small businesses in their rural area in Masvingo at Chivi business centre. Her mother was a housewife. The family had six children – three girls and three boys.

When she was of school-going age, Sekai's father was transferred from Bulawayo to Gweru. She went to Santara primary school and fell in love with her first boyfriend in Grade Six.

In her first term at secondary school, Sekai fell in love with a boy four years older than her in Form Four.

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<sup>5</sup> Not her real name

*"He was very handsome. I really loved him but he was very demanding. He used to ask me to meet him at strange times in the night and to go to film shows in the night. I used to sneak out of the house and almost got caught once or twice. But I loved him very much. I didn't have sex with him though, and that's why he left me I think".*

When she was aged 15 and in Form Two, she was propositioned by a temporary teacher at the school and fell pregnant almost immediately. Her parents were very angry when they found out and threw her out of the house. Sekai had to leave school and went to live with the teacher. After much pressure from his and Sekai's families, the teacher finally agreed to marry her and took her to his rural home in Mazvihwa, Mberengwa.

*"That's when I realised he didn't really love me".*

She stayed with her parents-in-law for four years. Her husband only came home during the school holidays.

*"He used to say 'zvawa tochembera' ('you are looking old') and never showed me any love".*

Her parents-in-law were very supportive and kept telling her not to worry and that one day her husband would realise that he had to treat her properly. After her second child, Sekai decided it was time to leave her husband and go back to her parents in Gweru. She was about 19 years old. Initially her parents welcomed her back, but after a few months they began to complain about having to support her and her children when she had a husband and that she should go back to him. Sekai finally decided to leave for Masvingo and try and find work. She realized very quickly that she was never going to get formal employment with her lack of qualifications and that the only work she could get was to become a sex worker.

*"Things were difficult at first. Some of the men were very cruel. They could spend a night with you and in return give you two empty castle bottles to sell as your reward. Sometimes I was beaten up for no reason. I thought of going back to my parents but my colleagues who seemed to really know what they were doing encouraged me to stay, saying things will be okay. They used to say, 'sango rinopa waneta' (when things are hard and you feel like resigning that's when things get right). So I tried to hold on".*

She fell in love with a "gonyeti driver", or truck driver. He was heading for South Africa and asked her to accompany him to Beitbridge. To her, this was "a blessing", because she had heard from other sex workers that truck drivers were good clients as they paid a lot of money for sex, sometimes even in foreign currency.

When she got to Beitbridge, she never even considered going back to Masvingo. She stayed with the truck driver for three days at Beitbridge while his truck was being cleared at the border post. When he left, Sekai fell in with another truck driver who was also waiting to get his truck cleared. She has been doing this since then. Her children are with their grandparents in Gweru and she is able to send money to them every month.

Sekai's trade name amongst her sex worker friends and clients is "Ever Ready". She says this is because she is willing to have sex any time of the day as long as the client has money. Besides truck drivers, her other clients are informal traders, known as "makorokoza" in Beitbridge. She occasionally has government employees as clients, but says this is only when she has failed to get a truck driver or informal trader. She says government employees are cheap and good at negotiating her price down, even to amounts as little as Z\$700.00 for a session of 30 to 45 minutes.

Sekai is also an informal trader. She sells clothes at a flea market. When she first came to Beitbridge, she started selling fruits and vegetables but had to stop as she could not find anyone she could trust to look after her stall each time she had to go with a client. Her fruits and vegetables would rot if she had to close her stall early in the day and she would lose a lot of money. With clothes, she can close her stall and re-open any time she feels. She sells jeans, track shoes, belts, perfumes, synthetic hair, handbags and hats. Sekai says she can sometimes make up to Z\$12,000.00 a day from selling at the flea market but most times she is lucky to make even Z\$200.00. She says after closing her stall in the afternoon, she goes home to rest and get ready for the "night-shift" when she goes out to the hotspots soliciting clients.

Sekai says she is now comfortable with her life in Beitbridge and is happy that she is making so much money. She says she always insists that her clients use condoms. Sekai wants her children to be educated. She is very proud of her first-born son who she says is very bright and who she wants to become a medical doctor when he grows up. She is also very grateful to her parents for looking after her children while she is away. She normally tries to visit them at east once a year and sends home money for her sons' school fees. Sekai suspects her parents know what she does for a living but they have never brought it up with her.

Sekai does not believe she will ever stop sex work. She says she is now used to it and doesn't want to get married again. She says she cannot afford to have sex with just one man for the rest of her life. She says it would also be very boring and monotonous if she stopped. She also believes that when married, love vanishes. She also believes she will be dead in five years:

*Beitbridge is too dirty and crowded – I might get TB. Or AIDS. Who knows?*

**COMMUNITY IDENTIFICATION AND PRIORITIZATION OF PROBLEMS:  
BEITBRIDGE INFORMAL TRADERS**

<b>VERY IMPORTANT</b>	<b>IMPORTANT</b>
Lack of money	High death rate
Sexual abuse	Inadequate health facilities
Disease	Inadequate sanitation
Hunger	Insufficient schools and vocational colleges

#### **4.2.4 Findings and recommendations- Beitbridge**

##### **Findings:**

- Most sex workers are not originally from Beitbridge. Sex workers can be as young as 13 years old. Their main clients are truck drivers, male informal traders and uniformed government officials. The sex workers have a high rate of partner change and although they exhibited quite high HIV/AIDS knowledge levels, condom use does not appear to be regular. There are peer education HIV-prevention programmes for sex workers in Beitbridge.
- Male truck drivers passing through Beitbridge are at high risk of contracting and transmitting HIV/AIDS. They are frequent clients of sex workers, and have many sex partners. Truck drivers have high STI rates but are increasingly seeking treatment from the local clinics as a result of extended clinic hours and assurances that clinic staff have been trained and guarantee confidentiality.
- Migrant labourers in Beitbridge are mostly men temporarily in Beitbridge after being deported from South Africa. They are also one of the main clients of sex workers and infrequently use condoms.
- Female informal traders are a highly vulnerable group in Beitbridge who are often forced to exchange sex for transport from taxi and truck drivers and face daily harassment and physical and verbal abuse.

##### **Recommendations:**

- Strengthen existing prevention and care programmes in Beitbridge through increased funding and technical assistance.
- Introduce programmes amongst customs and immigration officials that discourage gender violence and harassment. Women in the community should also be educated on the options available to them should they be victims of physical or verbal abuse and train police and clinic staff to be less aggressive and accusatory towards victims.

#### **4.2.5 Ethnography and vulnerable groups – Malipati**

Malipati is located in Chiredzi South Province, about 185km from Chiredzi and 681km from Harare. It is one of the poorest and most remote settlements in Zimbabwe. There is a very poor road network leading to and within Malipati and none of the roads are tarred. The area has a population of 2,835 of which the majority is female. Malipati is the gateway to Mozambique and many residents frequently cross over into Mozambique to sell livestock, sugar and vegetables.

Malipati has a number of rural development NGOs who - together with the donor community - play an important role in Malipati. The people of Malipati are mostly peasant farmers and the area has been severely hit by the drought and food shortages caused by the recent farm invasions. People are getting food from the rural development NGOs, most notably World Vision, and the Grain Marketing Board (GMB), which rarely receives supplies (making World Vision particularly influential). Most young people from Malipati work in mines and farms in South Africa. The young people rarely come home unless they have been deported from South Africa. Most people in Malipati survive on remittances sent by children and husbands working out of the country.

Four primary vulnerable groups were identified in Malipati: sex workers, spouses of migrant labourers, informal traders, and migrant labourers.

##### **Sex workers**

The sex workers are mainly informal traders from Mozambique and Davita, some 80km from Malipati. Sex workers stay in groups of two or three and when there is no space to bring a client, sex work takes place in the bushes.

The commercial sex workers target informal traders on their way to and from Mozambique. Clients are categorized by the full-time commercial sex workers as high, middle and low-income earners and clients are charged according to their income.

A major problem cited by the commercial sex workers is the inadequate supply of free condoms. The socially marketed condom, Protector Plus, is too expensive for the women, and their clients often refuse to buy any. Sex with clients is therefore frequently unprotected. Teachers however always insist on using condoms with the sex workers and buy them themselves. The sex workers exhibited limited knowledge of STIs and HIV/AIDS.

##### **Spouses of migrant labourers**

Most married women in Malipati are spouses of migrant labourers working in South African farms or mines, usually illegally. The spouses of migrant labourers are often cross-border informal traders and/ or sex workers as well.

The women hardly ever see their husbands except during the Easter and Christmas holidays. Their husbands often stop sending money or food back to their homes in Zimbabwe and the women are often forced to engage in informal trading and/ or sex work to feed themselves and their children. The women also need money from their husbands to plant maize in the rainy season. The drought and the adverse political

situation in Zimbabwe have aggravated the situation and many families in Malipati go hungry and subsist on vegetables and roots. Ironically, the spouses of migrant labourers are denied food aid from the GMB and also (reportedly) from NGOs operating in the area because they are assumed to be receiving money from their husbands. Unfortunately, even women who do receive remittances from their migrant husbands only get this money sporadically and they can go without money for months on end.

The women are therefore forced to exchange sex for money or food. They also often have multiple partners for sexual companionship. Their partners and clients are typically teachers, government and NGO employees. Treatment is rarely sought for STIs and the women are very shy about discussing issues of sexual health and their own sexuality. All the wives interviewed said that they had never used a condom before and did not ever intend to do so: "only prostitutes use condoms and I am not a prostitute". The women also said that if their husbands come home with STIs they have no choice but to sleep with them without protection.

### **Life History: Malipati Spouse of Migrant Labourer**

Flora Mutukudzi<sup>6</sup> was in Malipati in 1974. Her father is a communal farmer and has never had formal employment. Her mother is a housewife. Flora has four brothers and two sisters. The family is very poor and often goes hungry.

Flora started school when she was eight years old. She did not complete primary school because there was no money to pay school fees. None of her brothers and sisters completed primary school either.

Flora's first sexual relationship was in 1992 when she was 17 years old and says that she found it unpleasant. The man was about six years older than her and told her he would leave her if she did not have sex with him. She married him that same year when they found out she was pregnant and they moved to his rural home in Malipati. Flora has never held formal employment and complains that she spends her days doing nothing. She helps her parents-in-law in the fields and survives on the food her father-in-law gives her.

Her husband is a migrant labourer in South Africa and Flora says she has not seen or heard from him in the last two months. He does not send any money back home for her and their daughter, although he occasionally sends soap and clothes.

*"I can't tell if my husband is loving or caring because we never have time together since we were married". "Even if he comes, he doesn't have time with me. Maybe he will be looking for younger girls since he will be having some bucks".*

Her husband has told her that he does not want Flora to come and visit him in South Africa. Flora suspects he is having sex with other women.

*"Maybe he is married to someone else or he is staying with a girlfriend".*

Her greatest wish is that her husband gets a job in Zimbabwe so they can be

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<sup>6</sup> Not her real name

together. She says she never felt loved before or after marriage, "but I hope the experience of love is on my way". She is sure that her husband will love her if he is based in Zimbabwe away from the "temptations of South African women".

*"I left my family for him and he leaves me alone again. That's embarrassing. We have to stay together but at the moment I can't do anything. I will wait".*

Apart from that, Flora has little hope for her children and her own life.

*"I can't do anything for my kids. They'll grow up the very way I grew up myself".*

Flora does not have any sexual relationships outside of marriage.

*"I don't like sex anyway. I can't feel it".*

Flora is fatalistic about HIV/AIDS.

*"I have never suffered of AIDS before and I don't know how it feels so it's nothing to me. I just hear about condoms from other women at the borehole but I have never seen one. Even if my husband comes home infected with AIDS or some other disease, there's nothing I can do except welcome him. I'll have to accept that he is my husband and I have to have sex with him. I will never use a condom with my husband. If it means dying, that's the end of life".*

### **Informal traders**

There are approximately 70 informal traders in Malipati, of which the majority is female. There are also a number of cross-border traders buying and selling goods in Mozambique.

Informal traders sell vegetables obtained from the irrigation projects, livestock and sugar to local people and also in Mozambique. The informal traders buy rice in Mozambique and sell it in Malipati. However, the informal traders complain that it is very difficult to get into Mozambique legally as expensive visas are needed. Therefore, most of the informal traders cross the border illegally. They face the possibility of being arrested by the police patrols and having their goods taken. The informal traders admitted bribing police patrols to be allowed to pass through the border with no visas and/ or passports. Female informal traders also exchange sex with the police patrols in order to cross. Some female informal traders regularly stay overnight at the police camp on the Zimbabwean side before proceeding to Mozambique.

### **Migrant labourers**

The primary and guiding ambition of young people in Malipati is to go to South Africa and get work. Zimbabwe has high levels of unemployment and young people from rural areas have very little hope of getting formal employment. Young men in particular are pushed to go to South Africa by their families and those who do not go face tremendous pressure by the families and peers and are reportedly left feeling like failures.

Migrant labourers, known locally as “majoni-joni” as they will be heading for “Joni” or Johannesburg, rarely come home, except for the Easter and Christmas holidays. Remaining spouses and families complain that it is common for the men to forget about their families back home and stop sending money and food back home. According to their wives the migrant labourers have sexual relationships with many women, sometimes marrying new wives in South Africa and forgetting about their wife or girlfriend back home. Families and wives also complained that the only time they get to see the migrant labourers is when they are arrested and deported from South Africa. The other problem is that the men only come back home for good when they are sick and need their Zimbabwean wives or families to look after them.

Migrant labourers face different health problems. The most frequently cited were STIs, including HIV/AIDS, tuberculosis and malaria. STIs are their main problem because they travel a lot and have many sex partners in places like Malipati, Beitbridge and South Africa. As a group of men said, “we generate money in South Africa: we don’t invest, we look for girls”. They target schoolgirls who they say are “still fresh” or uninfected with HIV. The men see their sex partners as girlfriends rather than sex workers and rarely use condoms: “even if they want to use condoms I wasn’t going to use; they are too beautiful”. Six migrant labourers were asked about condom use during their last sex act and only two used condoms. Three out of the six admitted they were drunk the last time they had sex with a sex worker.

The men seek treatment for STIs from traditional healers, citing lack of confidentiality by clinic staff as being the main reason for avoiding formal health service providers. The traditional healers maintain the men’s privacy and charge low prices for treatment or symptom alleviation. About Z\$200 is charged by the traditional healers for STI treatment. The men recognize that the traditional healers can sometimes not completely cure the men but as long as the symptoms are relieved they do not mind. A surprising number of men believe that once a person has had one STI treated they are immune from all other STIs including HIV/AIDS. They feel that they do not need to use condoms, even with women who are visibly sick, because they have been “immunized”.

### **Life History: Malipati Migrant Labourer**

Thomas Chimombe<sup>7</sup> was born in Malipati in 1981. His father has been working for the Veterinary Services since the early 1970s. His mother is a housewife. Thomas has four brothers and three sisters. Their family is relatively prosperous. The family also practices subsistence farming and they have enough to eat.

Thomas left Malipati for South Africa in 1999 and crossed over illegally without a passport or visa. He found work on the farms in the Messina area harvesting tomatoes, potatoes and cabbages, and also milking cattle. Thomas says that although he really wanted to send money back home to his family in Malipati, he was rarely able to because his wages were so low. Thomas was earning about R500.00 per month.

He was arrested in 2002 and deported back to Zimbabwe. He suspects the owner of the farm he was working on reported his illegal migrant status to the police along

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<sup>7</sup> Not his real name

with a number of other Zimbabwean labourers who had complained about their low salaries. On reaching Beitbridge, Thomas was lucky to find work as a security guard for World Vision. On the days he was on leave, he would go to Mozambique and trade illegally in sugar and livestock. It is very dangerous, he says, because the police could get him, harass him and confiscate his goods.

Once, he was caught by the police crossing the border illegally and was arrested. Four cartons of sugar and one cow was confiscated and sold by the policemen. The money is supposed to go into state coffers but Thomas believes that the policemen who arrested him kept the money. He says he does not have a choice but to continue as he and his family need the money desperately. He can sell a carton of sugar for Z\$6,000, a goat for Z\$10,000 a Z\$90,000 for a cow. So Thomas prefers trading to working for World Vision although he says these days livestock in Zimbabwe are scarce. Thomas says he hates his Zimbabwean bosses at World Vision because they are jealous of the money he makes from trading and victimise him at work. Although he is getting quite a lot of money through his illegal cross-border trading, Thomas says he wants to get a stable job, for example as a driver. He would still like to return to South Africa where a lot of his friends are and where a lot of "real" money can be made. From the money he has made from trading, Thomas has managed to build a small brick house for his family. He says though, that working in Zimbabwe has not brought him any other meaningful achievements and if he was to live on his formal employment salary he would barely be able to survive.

Thomas' first sexual encounter was in 1994 when he was in Grade Seven. The girl was his first serious relationship. Both were virgins in the same grade. His second sexual relationship was in 1996, with the girl who was to later become his wife. He got married to her in August 2002 and says he intends to remain faithful to her as he is frightened of getting an STI or HIV/AIDS. Too many of his relatives and friends have died of AIDS and he does not want the same thing to happen to him. His wife helps him by buying the sugar and sometimes the livestock that he then sells in Mozambique. They currently do not have any children. He wants to have children – preferably sons - in the future but wants to make sure that he is settled financially. He wants his sons to have a bright future and this can only be done through good education.

## **Health services**

Malipati Clinic provides a number of services, including STI treatment. The clinic is responsible for distributing condoms throughout the site. Each month, the clinic receives five boxes of condoms, each box containing 100 pieces. These condoms are then shared with the three bottle stores in the business centre. The clinic and each of the bottle stores therefore receives 125 condoms a month to be distributed to a community of approximately 3,000 people. Condoms supplies frequently run out before the next delivery. Health staff feel the high levels of STIs in the site are due to unprotected sex, especially in sex work. There are socially marketed condoms in the site but community members interviewed complained that the condom, Protector Plus, is too expensive. A pack of Protector Plus condoms is sold for Z\$40 to Z\$50. Most men are unwilling to pay an additional 8% for a condom and since free condoms are in short supply, condom use is very infrequent amongst all the groups.

Apart from the low supplies and high cost of Protector Plus, men in Malipati do not favour condom use because they say they take away pleasure.

The clinic is not trusted by local people seeking STI treatment as confidentiality is, apparently, not kept by the clinic staff. Sex workers and the wives of migrant labourers prefer to seek treatment from other clinics outside Malipati or from traditional healers. The sex workers are afraid that their clients will find out that they are sick and the wives that their husbands will demand to know how they could get an STI if the husbands were away in South Africa. The clinic also does not have an adequate supply of drugs and people are sometimes given only painkillers when suffering from malaria or an STI.

#### **4.2.6 Findings and recommendations - Malipati**

##### **Findings:**

- The spouses of migrant labourers and female informal traders were found to be at elevated risk. Most women in Malipati are married to migrant labourers and extreme poverty and hunger has forced many to engage in commercial and transactional sex work. There were reports of women exchanging sex with food aid distribution officials. A significant proportion of the spouses of migrant labourers are also informal traders, some cross-border informal traders. The informal traders are harassed and verbal and physical abuse has been reported.
- Sex workers have high rates of partner change and condom use with clients is basically non-existent as there is limited access to free condoms and the socially marketed condoms are too expensive. The sex workers also exhibit limited knowledge on HIV and STI prevention.
- The elevated vulnerability of migrant labourers once they are in South Africa or, less likely, Mozambique is clear. They have multiple partners and disposable income. The men also irregularly use condoms, especially with their wives in Zimbabwe.

##### **Recommendations:**

- Negotiate with food distribution agencies to provide food aid to all needy community members, including the spouses of migrant labourers.
- Introduce peer mediated HIV prevention interventions targeting low-income vulnerable women.
- Make free condoms more accessible by increasing condom stocks at the local clinic, which will continue to distribute to strategic points within the area.

### 4.3 Mozambique results – Mandimba, Nacala and Nampula

#### 4.3.1 Inventory data summary – Mandimba, Nacala and Nampula

**Table 8: Mozambique inventory data summary**

DATA ITEM	MANDIMBA	NACALA	NAMPULA
Informal traders	150	766	5,004
Domestic workers	37	2,000	1,450
Migrant labourers (farm workers)	0	0	20
Migrant labourers (other)	4	50	2,440
Farm workers	100	318	26,997
Mine workers	0	0	-
Construction workers	35	1,655	-
Uniformed government employees	23	128	1,886
In-school youth	70%	6,065	10,380
Out-of-school youth	65%	8,000	2,946
Commercial sex workers	60%	-	570
Truck drivers	No count obtained (road closure)	1,000	2,300

Source: estimates of local authorities at site and actual counts by research team

#### 4.3.2 Ethnographic summary – Mandimba, Nacala and Nampula

**Table 9: Mozambique ethnographic summary**

SITE	DETAILS	ETHNOGRAPHY
Mandimba	<ul style="list-style-type: none"> <li>Stable population: 19,024</li> <li>Transient population: 300</li> </ul>	<ul style="list-style-type: none"> <li>150 informal traders</li> <li>Estimated 60% of female population are sex workers</li> </ul>
	<ul style="list-style-type: none"> <li>Approximately 3,325km from Maputo</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Nacala	<ul style="list-style-type: none"> <li>Stable population: 218,000</li> <li>Transient population: 2,750</li> </ul>	<ul style="list-style-type: none"> <li>2,000 domestic workers</li> <li>8,000 out-of-school youth</li> </ul>
	<ul style="list-style-type: none"> <li>Approximately 3,195km from Maputo</li> </ul>	<ul style="list-style-type: none"> <li>6,065 in-school youth</li> </ul>
Nampula	<ul style="list-style-type: none"> <li>Stable population: 1,490,000</li> <li>Transient population: 4,239</li> </ul>	<ul style="list-style-type: none"> <li>570 commercial sex workers</li> <li>10,380 in-school youth</li> </ul>
	<ul style="list-style-type: none"> <li>Approximately 2,995km from Maputo</li> </ul>	<ul style="list-style-type: none"> <li>2,946 out-of-school youth</li> </ul>

Source for population figures: Mandimba HR-Administration, Nacala Municipal Council, and Nampula Institute of Statistics

### **4.3.3 Ethnography and vulnerable groups – Mandimba**

Mandimba is a small village approximately 3,325km from Maputo, or twelve hours drive, in the south of the mountainous Niassa Province. The village lies for seven kilometres on the border between Mozambique and Malawi. The border is on the west side of the village. It is on the Nacala Corridor. Many foreigners, particularly Malawians, South Africans and Tanzanians, cross this border daily. The road to Mandimba from Maputo, national road 249, is very bad and the terrain is dry and barren.

60 percent of the population of 19,024 is male and 40 percent is female. There are two local languages – CiYao and Emakua. Most of the residents in Mandimba are very poor and a few are involved in small-scale commercial and subsistence farming of beans, maize, sunflowers and peppermint.

There are many visitors passing through and places offering accommodation are always busy. The trucks on the national road 249 originate from Beira, Tete, Maputo, Nampula and Malawi. These trucks carry fuel, food products, construction materials, empty beer bottles and soft drinks, and these are carried to Lichinga. Mandimba has a lot of high-risk activity taking place and girls as young as 12 engage in commercial and transactional sex work. There are many problems with malaria, scabies, anaemia and STIs. People seek treatment from traditional healers and only consult formal health service providers like the hospital when they are not healed. Sometimes it is too late and patients die from complications.

There are many STIs because there is a lot of sex work on the site. There is however very little overt commercial sex work and sex workers try and keep their occupation a secret. Sex workers solicit for clients at local bars, restaurants, and nightclubs where there are many foreigners, truck drivers and local men with disposable income. Teachers are also reportedly clients of child sex workers and girls as young as 12 are forced to have sex with their teachers to avoid failing in class. Young girls also exchange sex for food and money from managers and shop owners. People in Mandimba are poor and the area is an expensive place to live in. There are reportedly many incidents of unwanted pregnancies and abortions which result in some women dying. Some young sex workers stay with older sex workers who they call "aunties" and act as their madams. Other sex workers come from Cuamba, Lichinga, Nampula, Malawi and Zambia. This group of sex workers are normally to be found at weekends in the nightclubs.

Two primary vulnerable groups were identified: sex workers and youth.

#### **Sex workers**

People in Mandimba have many health problems including malaria, scabies and STIs. Rates of STIs are exacerbated by the high rates of sex work in Mandimba. The main clients of sex workers are local men with disposable income ranging from small-scale traders to established businessmen, foreigners and truck drivers.

There is also a group of married women who exchange sex for food and money to pay for their children's education and upkeep. Their husbands are generally unemployed or earn very little money.

Sex workers irregularly use condoms. They have high STI rates and seek treatment from doctors and the hospital where they say they are well treated. They are also given information on HIV/AIDS prevention at the hospital.

Many of the sex workers know where to get condoms. Some of the sex workers say that condoms are not useful and a number of women hold myths and misconceptions about condoms. For example, women interviewed said that they had taken a good look at the condoms and saw things inside them that frighten the women because they do not know what the things are. The women are also frightened that the hospital does not use sterilized syringes and razors and believe that this can infect them. They say that they would like more information on HIV/AIDS prevention and mitigation.

## **Youth**

Young people in Mandimba are at increased levels of risk because of the poverty in the area. Young girls are particularly vulnerable to harassment by teachers and other older men in the area. A number are forced to engage in sex work to get money and food for their families. The standard of education in Mandimba is low and this makes it even harder for young people to find formal employment. The local administration office states that illiteracy is very high and believes that up to 70% of the residents of Mandimba is illiterate. While it is difficult to confirm this estimate, it underscores the pervasiveness of illiteracy in the area. Many young boys leave school early because they say they do not see the point of getting an education. These boys often turn to informal trading. Young girls who do not turn to sex work sell cooked meals at the market and traditional beer in the bars. Some girls cross the border into Malawi to engage in sex work. They say that they prefer Malawians because they pay in cash instead of in kind.

### **4.3.4 findings and recommendations -Madimba**

#### **Findings:**

- Mandimba has high sex work rates and although free condoms are readily accessible from the local hospital, condom use by sex workers is very irregular. The sex workers also hold many myths and misconceptions about condoms.
- The extreme poverty and lack of adequate educational facilities in Mandimba makes young people particularly vulnerable. Some girls are forced to turn to sex work, crossing the border into Malawi to solicit clients.

#### **Recommendations:**

- Local health service providers need technical assistance to counsel youths with STIs and HIV and also to act as focal points for HIV information dissemination.

#### **4.3.5 Ethnography and vulnerable groups - Nacala**

Nacala town is found in the north of Mozambique and is the major town in Nampula Province. It is located on the coast and has a very busy seaport. The area has faced a number of transport route problems, particularly with the rail route from Nacala to Malawi. The railway line is sometimes disrupted and this delays transport of vital goods and passengers through the corridor.

Nacala is a predominantly Muslim town. About 70 % of its population is Muslim, 25% Christian and 5% of the population reports itself as not being religious. Nacala has a population of approximately 218,000 people. Seventy percent of the population lives in the locations around the town centre and 75% of the people living in poverty are women. Most of the population by the coastline are involved in fishing and a few people are involved in agricultural cultivation.

Nacala has one big hotel, three tourist complexes, and many bars. Most of these bars are empty during weekdays but fully packed at the weekend. A large number of women in Nacala work in shops and private companies, or work as nannies, farmers or sex workers. Nacala is a high HIV/AIDS transmission area because most of the women are poor and are forced to engage in sex work with highly mobile men. The hospital is struggling to cope with the high number of STIs.

In Nacala, one primary vulnerable group, sex workers, was identified.

##### **Sex workers**

Much of the sex work in Nacala takes place in the locations and in the centre of the town. Most of the sex workers come from nearby districts and the town of Nampula. There are small numbers of sex workers from Malawi, Zambia and Tanzania, and many of these sex workers are not permanent. Informal bars known as 'Barracas' are the recreational places where sex work takes place in Nacala. There are about 650 barracas in the whole city centre of Nacala.

At night up to 150 sex workers can be counted looking for clients. Business for the sex workers has increased significantly in recent months as a result of Nacala now being used as one of the major entry points for food coming into Southern Africa. Traffic along the Nacala corridor to Malawi has increased. There are many road construction sites along the Nacala Corridor that leads to the Malawi border and many foreign companies (primarily South African) have active interests along the route. Road labourers along the route can be seen with young women during the evenings.

Most of the sex workers' clients are road construction workers, Indian and Chinese businessmen, truck drivers, and peasant farmers. The sex workers say that sex work is a bad activity to engage in but they feel they have no other way of making money. Condom use is irregular. Some clients refuse to use condoms and insist that AIDS is found in the condoms themselves. Some clients also complain that condoms reduce sensation and pleasure and say that they "can't eat meat covered in a plastic".

With the relatively recent increase in investments in Nacala, there has been a visible increase in the number of young girls soliciting for clients at the construction workers' villages at night.

It was not possible to get information on how many people seek treatment for STIs every day but rates are estimated to be very high. The hospital struggles to cope with the STIs that are reported. Some sex workers are afraid to seek treatment for STIs at the hospital in case hospital staff report the women to the police.

#### **4.3.6 Findings and recommendations – Nacala:**

##### **Findings:**

- Similar to Mandimba, the most vulnerable group in Nacala is sex workers, who have high rates of partner change, irregularly use condoms and display myths and misconceptions about HIV/AIDS. The recent construction in the area (re-built roads, repaired railway line and conversion of an old army base into a commercial airport) has increased HIV vulnerability as construction workers increasingly visit sex workers. The flooding and drought has resulted in the need for more humanitarian existence.

##### **Recommendations:**

- Local health service providers need technical assistance to counsel youths with STIs and HIV and also to act as focal points for HIV information dissemination.

#### **4.3.7 Ethnography and vulnerable groups - Nampula**

Nampula is Mozambique's third largest city. It is located in the north and has access to the sea through its districts of Nacala Port, Nacala Velha, Memba, Mossuril, Mongincual, Angoche and Moma.

There are a lot of business activities taking place in Nampula where both local people and foreigners trade. There has been an increased number of business people from Nigeria, Somalia, Guinea-Bissau, Kenya, Tanzania, South Africa, and Malawi coming into Nampula. There are also a lot of Zimbabweans trading in clothes and other household goods.

There is dramatically increased investment in Nacala Port. Road reconstruction, railway rehabilitation and increased transit traffic to Malawi, increased trade and commerce and the presence of a large refugee camp along the Nacala corridor have created a context of heightened HIV vulnerability. It is particularly note-worthy that HIV prevalence in Nampula increased from 5 to 11% within a year.

Five primary vulnerable groups were identified in Nampula: youth, farm workers, migrant workers, sex workers, and truck drivers.

##### **Youth**

Young people in Nampula, especially girls, are at elevated risk of getting HIV. They have multiple partners, some from high-risk groups like middle-aged men. Young boys complain that they cannot compete with the girls' older boyfriends because they do not have the money to buy expensive clothes.

The main problem raised by the youth is unemployment. They say the food and clothes prices rise at alarming rates and they cannot afford to buy anything. Another problem is that there are not enough customers for the informal traders and this further erodes the amount of money they could be making. Harassment by the police is also a big problem for the youth.

### **Farm workers**

Poor people in Nampula mostly do farming. Most of these are subsistence farmers as opposed to commercial farmers. A few grow cotton and cashews. This group is particularly vulnerable since they have very little access to HIV/AIDS prevention messages and programmes, display little HIV/AIDS knowledge and condom use is limited. The flooding and effects of the war over the previous years have made the lives of the peasant farmers especially difficult and they are often very poor and struggling to survive. The women are often forced to engage in some form of transactional or commercial sex work to get food or money.

### **Migrant workers**

Because of the Nacala Development Corridor that passes through Nampula, Nampula has a high number of commercial visitors including traders and civil servants, business people and informal traders. There are approximately 5,000 migrant workers in town. The majority of migrant workers are informal traders, who are normally not very linked to local services and sources of information. The traders are highly suspicious and there is great difficulty in obtaining information about their travel routes, travel patterns and details of their lives on the road. There is a fear of armed robberies and assault. It is also suspected that a lot of the traders are involved to some extent in illegal activities, which makes them wary of taking part in research and answering intrusive questions. They trade in goods like food, clothes, domestic utensils, alcohol, cars, wood and radios. These people are normally from neighbouring countries or Mozambique provinces like Niassa, Tete, Beira, Zambezia and Maputo. The traders, normally men, reportedly have many sexual partners. The men say that in Nampula there are many beautiful women whom they call "mutiyanna orrera" who are very poor and survive on sex work. Condom use with sex workers is irregular, and the men say this is because they are "seduced by the beauty of macua women" from Nampula.

### **Sex workers**

There is a lot of overt commercial sex work in Nampula and there are many sex workers roaming the streets at night after about 20.00h looking for clients. These girls come from different areas and visit bars, rest houses and nightclubs. Foreign clients are charged a lot of money and locals are assessed on the clothes they are wearing and the cars they are driving. The sex workers interviewed said that they always insist on their clients using condoms, which contradicts information gathered from other target groups.

Other clients of sex workers include managers and business owners, truck drivers and informal traders. These -often older- men can be seen roaming the town with beautiful young girls who they describe as "giving the men the smile of their lost years". These kind of inter-generational relationships are common in Nampula. The

young girls are not only full-time sex workers but also university students who desperately need money. Sex workers can be as young as 14 years old. Many of the sex workers are divorced young women.

### **Truck drivers**

There are a lot of trucks from neighbouring provinces and countries passing through Nampula. The truck drivers rarely spend a lot of time in town and normally only do so if they have had a vehicle breakdown. The truck drivers say that they will be in a hurry to get back to their homes and do not want to spend more days travelling than necessary. The truck drivers are very afraid of crime and a lot of them travel armed and "ready for any kind of war".

### **4.3.8 Findings and recommendations - Nampula**

#### **Findings**

- There is dramatically increased investment in Nacala Port and this has resulted in quite significant socio-epidemiological changes taking place along the Nacala Corridor from the Port itself to the Malawi border. Road reconstruction, railway rehabilitation and increased transit traffic to Malawi, increased trade and commerce along the Corridor have created a context of heightened HIV vulnerability.
- Nampula has three highly visible priority groups: youth, migrant labourers and sex workers. Young people have multiple partners and girls often older partners who supply them with gifts and money. Migrant labourers, typically informal traders, who are normally not very linked to local services and sources of information, can be found in growing numbers because of the development along the Corridor. The migrant labourers are mostly men and are the sex workers' most frequent clients. Finally, there are a lot of sex workers in Nampula who can be as young as 14 and some are students wanting to get supplementary money.

#### **Recommendations**

- The increasing development along the Nacala Corridor that stretches from the Port to the Malawi border has further underscored the need for programmes targeting commercial sex workers, youth, and sex worker clients (including road construction workers and itinerant traders).
- Local health service providers need technical assistance to counsel youths with STIs and HIV and also to act as focal points for HIV information dissemination.

## **Conclusion**

The relationship between migration and HIV/AIDS is complex. This report shows that the links between mobility and HIV/AIDS are related to the conditions and structure of the migration process. Some migrants are vulnerable to HIV infection at their destination, as is often the case with migrants who work far from home and live in difficult circumstances like the farm workers and informal traders that were researched at the sites in Zimbabwe and South Africa. For others, the greatest risk occurs in transit, as with truck drivers and women who must trade sex in order to survive like sex workers and, in many cases, female informal traders in Messina and Beitbridge. As for areas of origin, the youth and sex workers in the Mozambican research sites, and partners of migrants, especially farm workers from the Malipati area, have been shown to be at increased risk of infection.

All of the migrant groups researched for this field study are at increased risk of HIV infection because of the socio-economic conditions that they are faced with at work and/or at home. Poverty; discrimination and exploitation; alienation and a sense of anonymity; limited access to social, education and health services; separation from families and partners; and separation from the socio-cultural norms that guide behaviour in stable communities all contribute to the vulnerability of the groups that were researched in this field study.

As stated in the foreword, there is an urgent need for responses that address the particular vulnerabilities of migrants to HIV/AIDS. The responses must address both the root causes as well as the immediate causes of their vulnerability. Therefore HIV/AIDS programmes and policies must be based on the social and contextual realities faced by migrants and should be part of an empowerment that improves their legal, social, economic, and health status. But, at the same time, the immediate access of migrants to HIV prevention (including condoms) and care programmes and services should be enhanced.

IOM and Care International are committed to follow up on the recommendations that are made in this report and will work with a wide group of stakeholders in the Southern African region to implement them effectively.