HIV/AIDS RISK AMONG INTERNATIONAL MIGRANTS WORKING IN THE SOUTH AFRICAN INFORMAL ECONOMY: CASE STUDIES OF NIGERIAN MEN

BY

OLUBUNMI OMOYENI AKINTOLA

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIRMENT FOR THE DEGREE OF MASTERS IN POPULATION STUDIES IN THE SCHOOL OF DEVELOPMENT STUDIES
UNIVERSITY OF KWAZULU-NATAL

JANUARY 2007

ABSTRACT

In recent years, South Africa has attracted migrants from other African countries, many of whom find work in the informal sector of the economy. At the same time, African migrants elsewhere in Europe and the US have been shown to have higher rates of HIV infection than the general population. In South Africa, however, little is known about the vulnerability of international migrants to HIV infection. This study explored HIV/AIDS risks among informal economy migrants in the broader context of migration. The objective is to explore HIV/AIDS risk among migrants and to understand how migration experiences shape vulnerability to HIV/AIDS.

This is a case study of ten Nigerian migrant traders in the Church Walk flea market in Durban. Ethnographic methods such as participant observation, individual and key informant interviews, as well as informal group discussion were used to collect in-depth data on migrants' motivations for migrating, challenges faced upon arriving in South Africa and sexual risk behaviours.

It was found that migrants become vulnerable to HIV/AIDS both during the process of migration and once settled in the informal economy. Migrants found it difficult to secure jobs once in South Africa. Consequently, they had to deal with disillusionment, hunger, homelessness and hopelessness. During this period of hardship, migrants indulged in risky sexual practices such as having unprotected sex with casual partners as a means of dealing with their precarious situation. Migrants also had unprotected sex with many regular and casual partners once in the flea market where, as a last resort, they had found self-employment but had no access to HIV/AIDS intervention programmes. Reasons cited for risky sexual behaviour included separation from regular partners, loneliness, sexual pressures and the lack of social sanctions, which regulated sexual behaviour in their home country.

The findings show that international migrants in the informal economy are a potential high-risk group for HIV infection and could transmit HIV to local partners as well as regular partners in their home country. This study highlights the need for interventions to reach this population.

DECLARATION OF ORIGINALITY

I hereby declare that this dissertation represents original work by OLUBUNMI OMOYENI AKINTOLA and has not been submitted in any other University for any degree. Other people's work used in this dissertation has being fully acknowledged and referenced in the text.

CANDIDATE'S SIGNATURE: Akintola DATE: 27th March 2007

SUPERVISOR'S SIGNATURE: _____ DATE: _____

DEDICATION

THIS DISSERTATION IS DEDICATED TO THE GLORY OF GOD

FOR HIS GRACE AND ENABLEMENT

AND ALSO

TO THE LOVING MEMORY OF MY LATE MOTHER

LYDIA OLAITAN AJAYI

ACKNOWLEDGEMENTS

I give glory to God Almighty, for the successful completion of this project. I appreciate Professor Eleanor Preston-Whyte my supervisor. I am indebted to her for her dedication, guidance and interest in the project. I also thank her for giving me the opportunity to attend an ethnography course. I appreciate her understanding, kindness, tolerance, patience, invaluable input, excellent suggestions and mentorship, which have contributed immensely to the success of this work. Thank you for encouraging me and for believing in me and thanks once again for being a mother figure to me.

I acknowledge the support of my darling husband, Dr Olagoke Akintola. Goke you have always been there for me since the beginning of my Masters programme. You supported me financially, spiritually, morally and took care of the children when I was busy with my work. Thank you for funding this research project it means a lot to me, and your constant words of encouragement. You are my pillar of strength. I appreciate you. My children: David Oluwafoyinsola and Daniel Ewaoluwa, both of you are the gifts of God in my life and a perfect expression of God's love and faithfulness to me. I appreciate you both for your patience, particularly during those times of relative neglect when mummy was writing up her dissertation. I love you both.

I also acknowledge the support and encouragement from various family, friends and people that supported me in the course of this research. I wish to make particular mention of the following people: My mother-in-law Pastor Modupeola Omotanbaje Akintola, I appreciate all your prayers, words of encouragement, selfless support during the years and particularly when I was writing this dissertation. You are a woman of honour, I admire you and I appreciate you. I appreciate Mr Omoniyi Akintola, thank you for supporting us in South Africa and for believing in us. Ronke Akintola thank you for always being there and also for your concern for my family, may God continue to bless you with good health.

I acknowledge the financial support of my father Kayode Okunola Ajayi, towards my Masters programme. Thank you for your constant prayers and support, and words of encouragement. I

appreciate you. Further, I appreciate Most Senior Apostle David Ola Akintola for your constant support and prayers. Dipo, Tope, Layo and Deji I appreciate you all for your regular phone calls it means a lot to me.

Sister Ladun, Ladele, and Tim thank you for making life easier when I was conducting this study, and also I appreciate all my research participants who were enthusiastic about the study and told me their stories. I thank the staff of the school of Development Studies, particularly Ms Lesley Anderson for prompt and constant support whenever I needed assistance. You are the best administrator that I have ever seen. I acknowledge Mr Richard Devey for his constant support and assistance and for always being there, particularly for his words of encouragement.

Dr and Dr (Mrs) Kayode Samuel thank you for your constant prayers and support and for being there when we needed it most. Dr Folake Samuel, I appreciate your initial contribution to this project. Dr and Dr (Mrs) Adeyemi Foluke Laosebikan, thank you for being there and for believing in us. Dr Busayo Ige, thank you for always listening to me and for your encouragement and insights in dealing with some complex issues. Dr Segun Ige thank you for your useful suggestions and for helping me to correct my initial drafts. I acknowledge Mr Pius Owolawi for helping me to insert photographs in my dissertation text and Mr and Mrs Peter Bunmi Odedina, for logistic support. You are all very resourceful individuals. God bless you all.

I cannot but acknowledge Dr Robert Sember for useful insights and guidance and Beth Filiano for her input on my initial few chapters thank you. Lastly, I thank Ms Patricia Kethiwe Majozi: thank you for your support at home with the children and for making life easier particularly during the writing of this dissertation.

TABLE OF CONTENTS **PAGES**

CHAPTER THREE

METHODOLOGY AND FIELD EXPERIENCES

CHAPTER FOUR

EVERYDAY LIFE AT THE FLEA MARKET

CHAPTER FIVE

MOTIVATIONS AND CHALLENGES OF MIGRATION

CHAPTER SIX

VULNERABILITY TO HIV/AIDS

CHAPTER SEVEN

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

LIST OF FIGURES

FIGURES PAGES

LIST OF APPENDICES

APPENDICES PAGES

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
CBD	Central Business District
DOH	Department of Health
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
IOM	International Organisation of Migration
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UNAIDS	United Nations AIDS

CHAPTER ONE
INTRODUCTION AND PROBLEM STATEMENT

1.1 Background to the study

Migration can be described as a form of spatial mobility between clearly distinguishable geographic units (Mostert et al, 1998: 167). International migration occurs when people cross international borders and internal migration when people move between provinces, regions, cities or between rural and urban areas (Mostert et al, 1998). In recent years, international migration has increased in part due to globalization, war, political and economic instability, and limited economic opportunities in developing countries (Hepburn and Taran, 2001; Stalker, 2001). The International Organisation of Migration (2003) cited in UNAIDS (2004) estimated that international migrants increased from 105 million in 1985 to 175 million in 2000. People migrate for various reasons, which include threat of war or conflict, the search for work, or higher pay, study, or just the opportunity to make a better life (Adepoju, 1998; Maharaj and Moodley, 2000; Stalker, 2001). Migration is not a new phenomenon (Rogerson, 1997; Adepoju, 1998; Stalker, 2001), but the scale and pace of migration is unprecedented in Sub-Saharan Africa. In the late 1980s, an estimated 16 million of the total 80 million international migrants worldwide were from sub-Saharan Africa (UNAIDS, 2004).

International migration to South Africa dates back more than 150 years, to before the drawing of international borders by colonial powers (Crush, 2000). Then, migrants particularly from countries in the Southern African region came to South Africa to work in the mines as well as on the sugarcane farms (Crush, 2000). Similar forms of migration still continue to the present day although the number of countries sending migrant mineworkers has declined (Crush et al, 2005:16). Since the collapse of apartheid, there has been an increase in the number of migrants from African countries particularly those countries sharing physical boundaries with South Africa. At the same time, there has been a decrease in the number of migrants from European countries (Massey, 2006: 57/58).

Internal migration patterns have been defined mainly by the migrant labour system (Mafukidze, 2006), which to date, remains the form of migration of a significant proportion of workers from rural areas (Crush, 2000). Both international and internal migration has been the subject of much research (Crush et al, 2005; Adepoju, 2006; Landau, 2006; Mafukidze, 2006). The link between migration and health has also been explored by authors such as Jochelson (1991), Williams et al (1998), and more recently Collinson et al, (2006). The relationship between migration and health is complex (Crush et al, 2005:296; Garenne, 2006: 252). Crush and colleagues noted that South Africa's migrant labour system played a major role in the spread of infectious diseases such as tuberculosis, syphilis and gonorrhoea. Collinson et al (2006) indicated that different forms of migration may lead to different health vulnerabilities. However, it is the relationship between migration and HIV/AIDS that has received a considerable amount of attention in the literature. Various studies suggest that both internal and international migrants may be at a higher risk of HIV/AIDS infection than the general population (Decosas and Adrien, 1997; Beyene, 2000; Lurie et al, 2003a; Poudel et al, 2004). For example, a study conducted by Brockerhoff and Biddlecom (1999) among internal migrants in Kenya showed that men who live away from their wives and regular partners are at higher risk of infection with HIV because they are more likely to have multiple sexual partners than those who live with their wives. Another study among Nepalese who had migrated to India to work indicated that migrants engaged in risky sexual practices including unprotected sex with female sex workers while away from home and continue risky sexual behaviour when they return home (Poudel et al, 2004).

HIV/AIDS is a global challenge due to its increasing incidence, prevalence, and the paucity of access to treatment particularly in many developing countries. The disease affects many individuals in their reproductive and productive ages (Barnett and Whiteside, 2002:3). Sub-Saharan Africa carries an unequal burden of the disease compared to other regions of the world. An estimated 24.7 million people in sub-Saharan Africa have the virus compared to the 39.5 million globally (UNAIDS, 2006a). In South Africa an estimated 5.5 million people were living with HIV at the end of 2005

(UNAIDS, 2006a). According to the South African Department of Health (2006), 30.2% of pregnant women attending public antenatal clinics were living with the virus at the end of 2005. At 39.1% rate of infection, the province of KwaZulu-Natal has the highest HIV prevalence in the country (DOH, 2005). Although the South African government has put in place a number of interventions to combat the spread of HIV/AIDS, the response to the epidemic has been controversial and leaves much to be desired.

At the same time, there has been an increase in the number of African migrants to South Africa since 1994 (Maharaj and Rajkumar, 1997; Peberdy and Rogerson, 2000; Massey, 2006). The influx of African migrants into South Africa has been attributed to the country's high level of infrastructure, economic opportunities, and political stability since 1994 (Rogerson, 1997; Peberdy and Rogerson, 2000; Barnett and Whiteside, 2002:151). Studies indicate that many of these African migrants work in the informal economy in South Africa, where they find unskilled or semi-skilled work or are self-employed as street traders on pavements or in the fleamarkets (Rogerson, 1996; Rogerson, 1997; Lund et al, 2000; Maharaj and Moodley, 2000; Perberdy and Rogerson, 2000).

Various studies, (Peberdy and Rogerson, 2000; Handmaker and Persely, 2001; Hunter and Skinner, 2001) have shown that foreign traders in the South African informal economy experience xenophobia. The term xenophobia is defined as the fear or hatred of foreigners by nationals (Handmaker and Parsley, 2001: 19). Migrants experience xenophobia in various forms including derogatory terms and violence. In a survey by Hunter and Skinner (2001:26), about a third of foreigners working in the informal economy reported xenophobia as one of the problems that they faced. Xenophobia among foreign traders is a topic of concern in South Africa. However it has been discussed briefly here bearing in mind that it is not the focus of this study.

Information from studies in Europe and the United States provide insight into the risk of infection that migrants might be exposed to. These studies indicate that African migrants to these countries have higher rates of HIV infection than the general population and this has been linked to their risky sexual behaviour (Gras et al, 1999; Harawa et al, 2002; Burns and Fenton, 2006). Given the finding on the risk behaviour of African migrants to western countries, one could argue that African migrants constitute a high-risk group. In South Africa however, there is little information on the HIV prevalence rates and sexual risk practices among international migrants in sectors other than the mines.

1.2 Statement of the problem

In South Africa, the informal economy represents an important source of employment and income for many African migrants (Preston-Whyte and Rogerson, 1991; Hunter and Skinner, 2001; Lee, 2004). At the same time, studies conducted in the informal economy in the city of Durban, South Africa, indicated that some workers in this sector are at high risk of infection with HIV/AIDS (Lee, 2004). Lee's (2004) study provides insight into the vulnerability of women street traders in the informal economy in Durban. Recent studies also suggest that workers in the informal economy have problems accessing health care services (Hunter and Skinner, 2001: 25). However, little is to be found in the literature on the nature of the HIV/AIDS risks that migrants, in particular those who work in the informal economy, are exposed to. There are studies that have focused on refugees and the risk of HIV/AIDS in South Africa, which have been used to design interventions for refugees (UNHCR, 2003). However, there is no study that focuses particularly on sexual risk behaviours of migrants working as street traders in the informal economy. Further, it is not clear how experiences of migration shape migrants' vulnerability to HIV/AIDS.

This study is an attempt to address this gap in the literature, and it explores HIV/AIDS risks among African migrants on the informal economy using Nigerian migrants working in a fleamarket in the city of Durban, South Africa, as case studies. The study used ethnographic methods to explore HIV/AIDS risks among study participants. Ethnography is a scientific approach to exploring and examining social and cultural patterns and

meaning in communities, institutions and other social setting (Schensul et al, 1999). Unlike other social sciences, ethnography depends on the researcher as the primary tool of data collection. Ethnography involves a number of data collection procedures, however the core method for collecting ethnographic data is participation and observation over time. Participant observation is a process of learning through exposure to or involvement in the daily activities of participants in the research settings (Schensul et al 1999). The methodology used in conducting this research is further discussed in Chapter 3.

1.3 Objectives of the study

The objectives of the study are as follows:

- To explore Nigerian migrants' motivation for migrating and their migration experiences as a background to understanding their risk of contracting HIV.
- To explore Nigerian migrants' knowledge about HIV/AIDS and their perception of HIV risk.
- To explore Nigerian migrants' sources of knowledge on HIV/AIDS.
- To understand Nigerian migrants' sexual risk behaviours.
- To assess the implications of the above for the spread of HIV/AIDS in South Africa.

1.4 Structure of Dissertation

Chapter 1 introduced the topic of the dissertation, and gave the background to the study. Ethnographic method has being introduced as the research method that was used to investigate the study. I have highlighted the problem to be researched, and finally I listed the objectives of the study.

This introductory chapter is followed by Chapter 2, a general review of literature that is relevant to the thesis. I draw on three distinct but intersecting bodies of literature; migration, migrant vulnerabilities to HIV/AIDS, and the informal economy under the following headings: Global and regional context of migration; Migration and

vulnerability to HIV/AIDS; Internal migration and HIV/AIDS in sub-Saharan Africa; International migration and HIV/AIDS; Knowledge of AIDS and HIV risk perception; HIV prevalence among international migrants; Risky sexual behaviours among international migrants; Migrants and the informal economy in South Africa; and the informal economy and vulnerability to HIV/AIDS.

Chapter 3 describes the research design and the methods used to investigate the research questions. The data was collected using ethnographic techniques such as participant observation, key informant interview, in-depth interviews and informal group discussions. Finally the limitations of the study are highlighted.

Chapter 4 provides an ethnographic description of the study site: the geographic location, the structure of the market, characteristics of the traders and the goods sold and the numerous other activities of the fleamarket. It paints a picture of a busy market, its traders and sets the scene for a discussion of their HIV risk. These risks are illustrated by three case studies. These case studies serve as illustration to Chapters 6 and 7.

Chapter 5 explores the migrant's motivations for leaving their home country. The misconceptions, disappointments and problems they encountered in South Africa shows how they ended up in the informal economy.

Chapter 6 reports some specific findings from the study. It describes HIV/AIDS risks among migrants in the informal economy. It is based on an analysis of the in-depth interviews with research participants, and informal discussions held with some ad-hoc groups in the fleamarket. The focus is on the broader context of migration. The migrants' sexual vulnerabilities to HIV/AIDS, and related issues such as circumcision and condom use, are also discussed. Finally three short stories of migrants who were infected with HIV/AIDS are presented. How they accessed care for AIDS is also discussed including the help rendered by fellow migrants.

Chapter 7 recaps some of the major findings of the research and indicates how a migrant's social environment can shape his or her vulnerability to HIV infection. The participants are small in number but, despite this limitation, with the help of research participants, I have managed to learn about migrant's sexuality and their vulnerabilities to HIV infection. From this it is possible to draw a number of recommendations and provide suggestions for future research.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of literature relevant to the research topic. The review draws on three distinct but intersecting bodies of literature; 1) Migration; 2) Migrant vulnerabilities to HIV/AIDS; and 3) The informal economy. Although these three bodies of literature are extensive, I have drawn on only the aspects that are most relevant to my study. In presenting the first body of literature, I attempt to locate the study within the broader context of migration. The second body of literature discusses the link between migration and HIV/AIDS. I conclude by reviewing literature on the informal economy and its complex relationship both with migration and migrants' vulnerability to HIV/AIDS.

2.2 Global and regional context of migration

Globally, migration is on the increase (Bernstein, 1997; Hepburn and Taran, 2001; Adepoju, 2006; Massey, 2006). In Sub-Saharan Africa, the scale and pace of migration is unprecedented. The International Organisation on Migration (2003) estimated that 3.6 million Africans live in Europe and North America. Massey (2006) has noted that international migrants come from regions and countries that are undergoing rapid change as a result of their incorporation into global trade, information and production networks. Migration is not limited to the poor but migration is on the increase among highly educated and specialized professionals, bureaucrats, technologists, and technocrats (Preston-Whyte, 2004; Mafukidze, 2006:117). In addition, ethnic conflicts and civil wars in many countries in Africa such as Angola, the Democratic Republic of Congo (DRC), Somalia, Sierra Leone, Rwanda and Burundi make the African continent the principal source of the world's refugees and internally displaced persons (Bernstein, 1997; Landau, 2005; Adepoju, 2006).

Migration to South Africa from other countries (external or regional migration) is on the increase (Handmaker and Parsely, 2001; Massey 2006). One of the explanations proffered is that the South African democratic government, since its inception in 1994, has rapidly embraced entry into the global arena, pursuing neo-liberal economic policies aimed at encouraging free movement of international trade and capital (Handmaker and Parsely, 2001:2). The collapse of apartheid brought new opportunities and reasons for migration across borders, within the southern African region. The number of people coming into and going out of South Africa has increased since 1990 to over seven million a year (Crush, 1999). But the actual number of migrants entering South Africa in recent years is unknown. Estimates range from several hundred thousands to millions (Crush, 1997). An unofficial estimate of illegal immigrants put the figure at between 2 million and 8 million (South African Department of Social Development, 2000 cited in Massey, 2006). However, all these figures have been described as exaggerated (Landau, 2006).

Many migrants now see South Africa as a new place to trade, seek work, shop, and seek asylum (Rogerson, 1997; Peberdy and Rogerson, 2000; Landau, 2005; Mafukidze, 2006). Most of the migrants to South Africa are from countries that belong to the Southern Africa Development Community (SADC) particularly those that share physical boundaries (Massey, 2006). Mozambique and Lesotho are the two countries that send the largest number of migrants to South Africa (Massey, 2006). In addition there has been an increase in the number of migrants from other countries in East and West Africa (Rogerson, 1997; Adepoju, 2006). Many of the African migrants who come to South Africa end up in the informal economy either by choice or default (Rogerson, 1997, Hunter and Skinner, 2001). This is a point to which I shall return in a subsequent theme on migrants and the informal economy in South Africa.

Despite evidence to suggest that the number of migrants from West Africa to South Africa has been on the increase (Adepoju, 2006), few studies provide in-depth information about their lived experiences. For example, a recent study explored the experiences of migrants from Francophone countries living in Cape Town (Lekogo, 2006). Most of the previous studies of migrants are surveys, which ask questions about

migrants' activities and experiences. These studies are deficient in that they do not provide in-depth information about the lived experiences of migrants. This ethnographic study is located within the broader context of migration. I explored migrants' experiences against the backdrop of a growing West African population in South Africa. The study is unique and different from previous quantitative and qualitative studies focusing on international migrants from Africa because it sought to understand migrants' experiences using ethnographic methods to collect information on the issues they faced during migration and how this affected their sexual behaviour.

2.3 Migration and vulnerability to HIV/AIDS

Migration (internal and international) has been identified as one of the social factors responsible for the spread of HIV infection and other sexually transmitted infections (Decosas et al, 1995; Mabey and Mayaud, 1997; Gras, et al 1991; Lurie et al, 2003 a, b; UNAIDS, 2004; Zuma et al, 2004). There are a variety of arguments regarding the factors that place migrants at an elevated risk of HIV infection and transmission. Early theories of migration suggest that migrants who voluntarily move over long distances, between markedly different sociocultural environments which hold uncertain consequences and support networks, can be defined as "innovators" or "risk-takers" (Brockerhoff and Biddlecom, 1999). It is thus hypothesized that similar risk-taking attributes apply to other aspects of migrants' lives such as their sexual practices before and at their migration destinations. Given these risk-taking characteristics, migrants, it is argued, should be more likely than non-migrants to engage in unprotected sex with multiple partners than would non-migrants (Biddlecom and Brockehoff, 1999: 836). Other authors have argued that rural-urban migrants in Africa are able to avoid controls over sexual behaviour in their new urban environment, which may also be conducive to high-risk behaviors (Anarfi, 1993; Decosas et al, 1995). It seems reasonable to suppose that this argument could also be applicable to international migrants who move from sexually conservative societies to environments which are sexually permissive and where there is no one around to enforce societal controls or sanctions over sexual behaviour.

Brockerhoff and Biddlecom (1999: 835) proposed a conceptual framework of the influence of internal migration on sexual behaviour. This model attributes the riskier sexual behaviour among migrants to 1) pre-disposing individual characteristics such as gender, marital status, educational attainment, socialization, ethnicity and religion, age at sexual initiation; 2) changes in an individual's characteristics due to migration such as separation from a spouse or partner; and 3) exposure to a new social environment such as different sexual norms, opportunities and constraints that result in behaviour modification, sexual permissiveness, access to social support network and income-earning opportunities.

Chng et al (2003) proposed a conceptual model for understanding the sexual behaviour of Asian American/Pacific Islander (AAPI) men who have sex with men (MSM) in the United States. The authors argue that the sexual behaviour of AAPIs can be understood by considering three 'impact domains'. Impact domain 1: refers to the influences of the home country patterns, which include cultural norms such as sexual mores, shame or stigma, sexual attitudes, sexual behaviour and drug use. Impact domain 2: these norms and beliefs and practices will be modified by migration/immigration experience, which may include severe trauma, and endurance of prolonged hardship. Impact domain 3: these norms, beliefs and practices will be continually influenced by the process of acculturation as AAPIs try to adjust to life in the United States. This model has been used to understand the sexual behaviours of rural to urban Chinese migrant MSM living in Shangai, China (He et al, 2007).

These two models, I argue, can be applied to understanding the risky sexual behaviours of international heterosexual migrants coming from other parts of Africa to South Africa. I have therefore drawn on these two models in understanding the risky sexual behaviours of Nigerian migrants in the informal economy of South Africa. It is pertinent to note that Brockerhoff and Biddlecom placed more emphasis on individual characteristics prior to migration as compared with Chng et al's emphasis on the socio-cultural environment. Also the influence of the migration experience in Chng's model takes cognizance of the trauma and hardship that one may experience whereas Brockerhoff and Biddlecom place

emphasis on separation from spouses or partners. I will show, in this study, that the sexual behaviour of Nigerian migrants working in the informal economy as street traders has been influenced by the three impact domains espoused by Chng et al (2003). In discussing these three domains of influences I have relied on responses to questions on cultural norms about sexual behaviour in their home country (Nigeria) and the influence of the migration experience as well as that of the new environment (South Africa) on sexual behaviour. I also draw on Brockerhoff and Biddlecom's (1999) framework regarding the influence of the individual characteristics prior to migration and separation from spouses/partners during migration.

2.4 Internal Migration and HIV/AIDS in sub-Saharan Africa

Much of the current knowledge on the relationship between migration and the risk of HIV/AIDS infection in Africa has been derived from studies on internal migration. Hence, I have chosen to review literature on internal migration and HIV/AIDS because of the relevance to my study. Studies in Uganda, for example, have demonstrated a strong correlation between HIV and migration status. Nunn et al (1995) indicated that people who had moved within the previous five years were three times more likely to be infected with HIV than those who had lived in the same place for more than ten years. People who had moved frequently had more sexual partners, on the average, than those who had moved less frequently. In addition, other studies have found that length of stay away from home contributes to the risk of infection with HIV. Lydie et al (2004) interviewed a representative sample of 1913 men and women in Yaounde, Cameroon. The study measured mobility over a one-year period and found HIV prevalence of 7.6% among men who had been away from home for periods longer than 31 days. Prevalence among those who had been away from home for less than 31 days in the year was 3.4% and 1.4% among those who had not been away from home in the previous 12 months. The association between men's mobility and HIV was related to risky sexual behaviour and remained significant after controlling for other important variables.

On the other hand, one study of rural-urban migrants in Kenya did not find exceptionally high-risk sexual practices among migrants compared to non-migrants. The study used the Kenya Demographic Health Survey to explore migrants' knowledge about AIDS and sexually transmitted infections (STIs) as well as sexual behaviour. The authors suggested that this finding might be due to the high levels of marital union and education among these migrants. A higher percentage of migrant (52%) than non-migrant women (35%) of reproductive age were married and co-residing with their partners in urban areas (Brockerhoff and Biddlecom, 1999). This finding suggests that people who migrate with their spouses or partners may be at lesser risk of infection than those who migrate alone. Similarly, participants in my study identified the absence of their spouses or partners as one of the reasons they had sex with local South African women. Brockerhoff and Biddlecom also found that male migrants were more aware of how to protect themselves from being infected with STIs than were non-migrants (91% and 80% respectively). Male migrants also had fewer misconceptions about the route of HIV transmission than non-migrants. Rural migrant women also perceived themselves to be at a high risk of being infected with HIV. The authors attributed this high knowledge to the higher educational attainment among migrants than non-migrants. In contrast, my study focused only on male migrants.

The pattern of HIV transmission during migration has also been investigated. Previous studies on migration and the risk of HIV infection in Senegal, Ghana and Mexico suggest that HIV is mainly transmitted from male migrants returning to their rural partners (Pison et al; 1993; Decosas, 1996; Santarriaga et al, 1996). In their study of seasonal migration and HIV in Senegal, Pison et al (1993) indicated that HIV was mainly transmitted first to adult men through sexual contacts with infected women whom they met during their seasonal migration and second to their wives or regular sexual partners when they returned home.

Internal migration in South Africa is predominantly 'circular' whereby men who migrate to work in urban areas, usually the mines, and agricultural farms maintain a close link with their rural homes to which they return periodically (Jochelson et al, 1991; Lurie et

al, 2003a; Lurie et al, 2003b; Zuma et al, 2003). The roots of this pattern of internal migration can be traced to the discovery of gold and the need for labor to work on the gold mines. The system of migrant labor is one of the legacies of apartheid, a system designed to prevent black men from settling permanently in 'whites only' areas at the end of their working lives (Lurie et al, 2003a; Lurie et al, 2003b; Preston-Whyte et al, 2006). Partly as a result of the significant growth in the levels of urbanisation in South Africa and the ending of influx controls and the pass laws in the mid-1980s, many parts of South Africa have experienced growth in internal migration (Mafukidze, 2006; Massey, 2006; Posel, 2006). One consequence has been the displacement of the rural poor to the towns, as manifested in the numerous informal settlements in urban areas (May, 2000).

In South Africa, most of the studies that enhanced our understanding of the link between migration and HIV have been conducted among internal migrants, specifically those who leave their families in the rural communities to work in the mines in urban areas. Lurie Harrison and Wilkinson (1997) conducted a study on the implications of circular migration for the spread of HIV/AIDS in a rural community in KwaZulu-Natal province in South Africa. The study employed multiple methods to collect data about migrants and their families. Qualitative and quantitative data were collected through repeated visits to case study households, students and daily household composition logs, and structured observation at the local taxi rank to document patterns of movement. Study findings showed that about 60% of households had a male migrant. Migrant workers and their female partners who participated the study in rural KwaZulu-Natal were in agreement about the sexual behaviours of the male migrants. Many men reported having sexual partners while away from home. Some had regular partners with whom they lived with for 5-6 years and had children. Others had sexual relationships with prostitutes. Rural partners of male migrants also had extramarital sexual relationships though they were more reluctant to admit to having sexual relationships outside of marriage (Lurie, Harrison and Wilkinson, 1997).

Although women have been migrating from rural to urban areas of South Africa since pre-colonial times (Walker, 1990), there has been an increase in the number of women

migrating for formal and informal work and traveling more frequently for a variety of social and other reasons (Dodson, 2000). Retrenchments on the gold mines in Lesotho have also led to an increase in migration by women seeking work on South African farms and the new textile factories of Maseru (Ulicki & Crush, 2000). Studies have shown that women migrants are also at a higher risk of infection with HIV than non-migrants. A recent study of female migrants in Carletonville showed that they were at significantly higher risk of being infected with HIV than women who did not migrate. Indeed, most of the commercial sex workers in one of the 'hotspots' in Carletonville were migrants from rural areas in South Africa or neighbouring countries (Zuma et al, 2003).

In order to better understand the relationship between migration and the pattern of spread of HIV, studies have been conducted among both migrant men and their partners. Lurie et al (2003b) investigated the patterns of HIV infection among migrant and non-migrant couples. The male migrants were recruited from mining plants in Carletonville and Richards Bay and their partners were traced to Nongoma and Hlabisa, from two rural communities in KwaZulu-Natal province. The study found that, in 20.8% of the couples, one of the partners was infected with HIV (discordant couples). Using mathematical modeling, it was found that the risk of becoming infected from outside a relationship was greater than the risk of becoming infected from inside the primary relationship. Migrant men were 26 times more likely to be infected from outside their regular relationships than inside while non-migrant men were 10 times more likely to be infected from outside their regular relationship than from inside. The findings of this study provided new insight into patterns of risk among migrants and changed previous understanding about the direction of spread of HIV among migrant couples. We now understand from the findings of this study that migration is a risk factor not only because men return home to infect their rural partners, but also because rural women are likely to become infected from outside their primary relationship while their male partners are away from home. Despite this new understanding, there is still the need for more research that seeks to better understand the factors that increases the risk of HIV/AIDS infection among internal migrants.

2.5 International Migration and HIV/AIDS

While there is considerable research on the risk of infection associated with internal migration, less is known on the risk of infection among international migrants in South Africa save for contract workers in the mines. Most of the studies available on the risk of HIV among international migrants have been done in Europe, mainly in the United Kingdom, the Netherlands as well as the United States. Much of the work on African migrants has focused on those from neighbouring countries such as Malawi and Mozambique working on the mines in South Africa (Chirwa, 1997; Campbell, 2003). The review of the literature on international migration and HIV/AIDS will be done under the following subthemes: knowledge of AIDS and HIV risk perception, HIV/AIDS prevalence among international migrants, and risky sexual behaviour among international migrants.

2.5.1 *Knowledge of AIDS and HIV risk perception*

There are a number of studies that have investigated the knowledge of AIDS and perception of risk among international migrants. These studies point to the fact that international migrants have generally lower levels of knowledge about HIV/AIDS and lower perception of self-risk for HIV infection than the general population. An ethnographic study of potential HIV risk behaviours among Ethiopians and Eritreans in the United States found participants were aware of HIV/AIDS and the impact but some also believed that one could be infected through sharing crockery or touching an infected person (Beyene, 2000). A cross-sectional survey of 748 migrants from five sub-Saharan African communities in London, United Kingdom found a low perception of risk among immigrants (Fenton et al, 2002). Erwin et al (2002) also found a low self-perceived risk of infection among Africans in the United Kingdom. Recent studies in the United Kingdom also support these earlier findings. Burns et al (2007) interviewed key informants to identify the issues affecting the utilization of HIV services among Africans in Britain. The study found that national and ethnic identification was a key determinant of HIV awareness. Awareness of HIV/AIDS was proportional to HIV prevalence in the country of origin. However, this awareness was not translated to behavior as many had a low perception of risk such as that one had to carry out sexual practices outside the norm

(such as anal or oral sex) for one to be infected. Likewise participants in my study had a high level of knowledge about HIV/AIDS. In contrast to these previous studies however, my participants perceived themselves to be at risk of infection.

2.5.2 *HIV prevalence among international migrants*

Studies have documented higher HIV prevalence and risk behaviours among international migrants in Europe and the United States of America. These studies indicate that HIV prevalence among migrants reflects the prevalence in migrants' home countries. For example, a study conducted in Italy among migrants seeking HIV testing showed that HIV prevalence was highest among those from countries with high HIV prevalence (Zaccarelli et al, 2002). Studies have also shown that HIV prevalence among migrants from sub-Saharan Africa is substantially higher than that of other foreigners in the United Kingdom and United States. Fenton et al (2002) indicated that African communities in the United Kingdom are the second largest social group affected by HIV/AIDS after homosexuals and bisexuals. Harawa et al (2002) conducted a study, in which they compared the prevalence of HIV/AIDS among foreign and US born clients of public sexually transmitted diseases (STD) clinics in Los Angeles County in the United States. The study found that although foreign-born clients were not more likely to be infected with HIV than US born clients, HIV prevalence was higher among females from sub-Saharan Africa. In Nepal another study focused on the prevalence of HIV infection and behavioral risk factors for HIV infection among Nepalese migrant workers in Nepali and Indian cities (Gurubacharya and Gurubacharya, 2004). A total of 316 male migrant workers attending counseling and treatment clinics for symptoms of STIs participated in a survey. About two-thirds were internal migrants from different parts of Nepal working in Kathmandu valley while the others were external migrants working in India. The study showed that international migrants had higher rates of infection than internal migrants. HIV prevalence among internal migrants was 2.3% as compared with 8.5% among migrants to India.

2.5.3 Risky sexual behaviours among international migrants

Research has also shown that international migrant engage in high risk sexual behaviours, which may be responsible for the high rates of HIV observed among them. For example, female participants in the study conducted by Beyene (2002) said they did not ask about their partners' sexual history before having sex with them. They also did not discuss the use of condoms because they feared that it might cause their partner to suspect them and leave them. Thus the use of condoms was usually determined by male sexual partners. Among men, unprotected sex was more common with persons of the same ethnic group than with American women who usually insisted that a condom be used. The study also found that 'cultural notions of trust' was more important than the knowledge that participants had about protection. Therefore participants who initially used condoms with female sexual partners stopped using it after some time in the relationship (Beyene, 2000). Fenton et al (2002) study showed that over 40% of participants reported having sexual intercourse with one or more sexual partners in the year preceding the study. Condom use at last sexual intercourse was reported by 46% of men and 43% of women. Similarly, Beyene (2002) found that Ethiopians and Eritreans living in the United States had unprotected sex with multiple partners and frequently used alcohol and illicit drugs before having sex.

A study conducted in Amsterdam, the Netherlands, also found high-risk behaviour among migrants in Amsterdam (Gras et al, 1999). This was a cross-sectional survey of 1660 migrant men and women, which also tested for HIV antibodies among the migrants. Participants reported having multiple partners, concurrent relationships and a history of STIs more frequently than the Dutch population in general. For instance, 45% of migrant men compared to 6% of Dutch men, in a relationship for more than one year, reported sex outside their primary relationship.

Findings from studies conducted in Asia also support the hypothesis that migrants are more at risk of infection with HIV than are non-migrants. In a study conducted in Doti District in western Nepal, Poudel et al (2004) investigated the social and behavioral mechanisms that may influence the vulnerability of Nepalese migrants to India. The

qualitative study was conducted with 53 male migrants who had worked in India but were home on recess. The study showed that migration to India played a crucial role in initiating and establishing high-risk behavior for the transmission of HIV/STIs in far western Nepal. Extramarital sex was not common among the villagers before they migrated to India. However, a large proportion of the participants joined informal social groups once in India. The migrants participated in the activities of these groups, which include frequent sex with sex workers. Peer norms and pressure, use of alcohol, cheaper or free sex with sex workers, single life and low perceived vulnerability to HIV/STIs (and there was infrequent condom use) were identified as some of the factors that influenced migrants' decision to engage in extramarital sex in India.

There are different ways in which migrants may contribute to the spread of HIV/AIDS. Researchers have sought to enhance understanding of the place of infection of international migrants. While some studies suggest that migrants primarily bring infection with them into the country of destination, others suggest that they acquire infection after arrival in the countries. Yet others suggest that migrants may become infected when they visit their countries of origin. A study by Beyene (2000) among Ethiopians and Eritreans suggested that some of the participants were infected before migrating to the United States. Fenton et al (2002) suggested that many of the migrants infected in the United Kingdom may have been infected before migrating or maintain culturally prescribed practices such as dry sex, which place them at increased risk of HIV transmission while in the United Kingdom (Fenton et al, 2002). Harawa et al (2002) suggest that HIV-positive foreign born clients were infected after immigration to the United States.

A number of studies provide empirical evidence of the possible place of infection of migrants. Gras et al (1999) showed that many of the migrants in their study reported having sex with new partners when they visited their countries of origin. Additionally, a cross-sectional survey of 756 migrant from five sub-Saharan communities living in the United Kingdom by Fenton et al (2001) showed that 43% of men and 46% of women had traveled to their home countries in the five years preceding the study. What was

interesting is that 40% of men and 21% of women reported having acquired new sexual partners during their visit. Unfortunately questions on whether or not respondents used condoms with these sexual partners were not asked.

Gurubacharya and Gurubacharya's (2004) study showed that migrants are exposed to potential HIV infection in their country of destination. The authors found that although both internal and international migrants carried out risky sexual practices, international migrants were more at risk of infection. Sixty percent of migrants within Nepal and 85% of the migrants to India had visited female sex workers. Migrants to India visited sex workers more than internal migrants. Most (75%) of the migrants within Nepal used condoms while visiting female sex workers in comparison to only 10% of migrants to India. The authors also found that there was limited access to HIV information service for migrant workers to India as compared to migrants within Nepal. Thus, there was high HIV prevalence and risky behaviours regarding HIV/AIDS among international migrants as compared to internal migrants. The risk of infection was attributed to the prevalence of HIV at the destination of international migrants. Most of the migrants were working in Mumbai, which had a high prevalence of HIV among sex workers.

Studies have also shown that international migrants engage in risky sexual practices that could aid the spread of AIDS when they return to their home countries. Beyene (2000) indicated that migrants who traveled to their home countries (Ethiopia and Eritrea) were more attractive, than local men, to local women with whom they had unprotected sexual intercourse. In the study by Poudel and colleagues (2004), participants who returned home to Nepal continued to have risky sex. This was mainly due to the fact that they had gained new social status as a *lahure* (a returned migrant) or *mumbaiwale* (a person from Mumbai, India) in the village. Their wealth and social status made them attractive to *chhotis* (young women of the village) with whom they had sex; the practice was common in particular during local festivals and cultural events (*mela and jatra, and dueda*[1]). Some participants who had not had extramarital sex in India agreed to having extramarital sex

[1] A deuda is a local cultural event where local men and women sing and dance, mainly at night, in their local dialect (Poudel et al, 2004).

when they returned to the village. Although participants reported that more than 15 migrant men who returned from India had died of AIDS, referred to in Doti as *naya Mumbai rog* (new Mumbai disease) in the five years preceding the study, migrants still felt that village women could not be infected and therefore it was safer to have sex with them. All these studies support findings from a study conducted over a decade ago in Ghana (Anarfi, 2003). The study described the potential role of returning migrants in the spread of HIV. Anarfi (1993) indicated that migrants often visit home during festive occasions and Christmas and local festivals, most of which are conducted in an atmosphere of permissiveness and laxity. Migrants have sex with local partners including transactional sex during these festive periods. These migrants come home with a lot of wealth and spend with ostentation, which makes them attractive to local women. In comparison, participants in my study indicated that they wanted to go back to Nigeria to see family members once they were reasonably financially able to do so while some intended bringing their regular partners to South Africa. If infected, migrants could transmit HIV to partners at home or acquire new infections while at home, if they have sex with spouses or casual partners.

Studies among international migrant mine workers have also shown that miners engage in high-risk sexual behaviour. A quantitative study conducted by Chirwa (1997) among Malawian migrant mine workers who were repatriated from the mines in South Africa showed that migrants engaged in risky sexual practices. Migrants had sex with commercial sex workers while in transit centres in Lilongwe and Blantyre on the way to and from South Africa. These transit centres were surrounded by clubs where local women sold sex. Participants reported that they purchased sex in exchange for women's shoes or ear rings, blankets or a set of bed sheets bought from South Africa. Participants also indicated that they had sex with commercial sex workers in South Africa and that some had sex with other men in their hostels on the mines. In South Africa, little is to be found on the risk faced by African migrants who are working in other sectors of the economy.

2.6 Migrants' access to HIV/AIDS care

There have been a few studies documenting migrants' access to AIDS care. Most of these studies were conducted in the United Kingdom and United States. Harawa et al's (2002) study among attendees at selected sexually transmitted diseases clinics in Los Angeles County, United States, showed that similar proportions of US-born and foreign-born (i.e. migrant) clients – 1.8% and 1.6% respectively tested positive for HIV. However, the study did find that migrants might encounter multiple disadvantages in seeking treatment due to poverty, lack of medical insurance, and difficulty in understanding English. William et al (2001) found there was a lack of communication with and lack of access to health care among Latino immigrants living with AIDS in the Western Gulf Coast of the United States. Similarly, Burns and Fenton (2006) reported that in the United Kingdom, African migrant communities access HIV care late despite the fact that substantial numbers of new HIV diagnoses occur among this group. Studies of Africans living in London (Anderson and Doyal, 2004) and in the United States (Foley, 2005) found that immigrants' knowledge of HIV/AIDS, health beliefs and health seeking behaviour stem from experiences in their home countries. In many African countries, diagnosis of HIV/AIDS occurs very late if at all, antiretroviral treatment is unavailable or expensive, and many people die soon after being diagnosed. African immigrants fear of HIV/AIDS, their social and economic vulnerability, and their reservations about interacting with the American health system all point to the need for special interventions (Foley, 2005). Foley advocated that cultural training for service providers and outreach that addresses the experiences, fears and concerns of the immigrants should reduce the cultural and structural barriers to care.

Research has revealed that African immigrants in the United States are usually diagnosed later than Americans (O'Farrell et al., 1995; Low et al., 1996), are slower to accept antiretroviral treatment (Del Amo et al., 1996), and have less knowledge of HIV treatment than Americans (Weatherburn et al., 2003). One study of HIV-positive Africans in London found that participants reported social anxiety about disclosing their status and a high degree of mistrust of medical personnel (Erwin & Peters, 1999). More

comprehensive research suggests that the African population is distinct from the White population living with HIV mainly because of its acute need for income, problems with housing and living conditions, lack of knowledge of anti-HIV treatment, problems with depression, and problems with interpersonal relations (Weatherburn et al., 2003). This study found that a large majority of HIV-positive Africans are satisfied with their medical treatment and decisions surrounding it; most also stated that conversations with medical staff are the most important way to learn about anti-HIV treatment (Weatherburn et al., 2003). Other research focusing on the experiences of African women living with HIV in London also found that basic needs are a central concern, and that women report a high degree of satisfaction with their medical treatment (Anderson and Doyal, 2004). This finding points to the need to explore issues pertaining to the immigrants' awareness about HIV services, the extent to which these services meet their needs, the coverage of these services, service providers perception of migrants and the impact of these on access to and use of HIV care and services.

2.7 Migrants and the informal economy in South Africa

The informal economy is defined as all businesses that are not registered or recorded in the formal labour market data. They are generally small in nature and are run from homes, pavements or other informal arrangements (Valodia, 2001:873). These include street trading and many forms of home-based work and some highly skilled occupations which takes place outside the formal economy (Valodia, 2001). The informal economy is a preferred term that replaces the term 'informal sector', which was first used by the International Labour Organisation (ILO) in the 1970s. The informal economy is a broader term that shows that activities span all types of work and are not limited to a specific sector (ILO, 2001). The characteristics of businesses and workers in the informal economy include the lack of recognition under legal and regulatory frameworks, insecure and irregular employment relationships and incomes, lack of social protection mechanisms and systems, lack of access to credit, health and safety rules, lack of business licenses and formal premises, and lack of operating permits and accounting procedures (Rogerson, 1996; ILO, 2001; Valodia, 2001; Devey et al, 2005).

The informal economy is the main source of employment in many countries. ILO (2001) estimates that in Africa, informal work accounts for 90% of new jobs, almost 80% of non-agricultural employment, and over 60% of urban employment. In South Africa, there has been an increase in informal employment in recent years (Devey et al, 2005). As elsewhere in the developing world, many of the foreign migrants find work in the informal economy in South Africa (Reitzes, 1997; Rogerson, 1997; Maharaj and Moodley, 1999; Hunter and Skinner, 2001). Although some (migrants and non-migrants) work in the informal economy because of the potential for entrepreneurship, growth or earnings that it offers most operate in this sector because they have no choice (Lund et al, 2000; ILO, 2001). A study focusing on the participation of non-South Africans in street and cross-border trading in South Africa found that 42% of participants in the study entered the informal economy for survival or an opportunity to earn an income (Peberdy, 1997). A study conducted among foreign operators of small, medium and micro enterprises (SMMEs) found that almost 50% of the foreign migrants in the informal economy expressed the wish to leave for formal employment (Rogerson, 1997). As I will show in this study, all the migrants who participated in my study claimed that they had to 'settle for the informal economy' because of a lack of employment opportunities in the formal economy. (See Chapter 5)

According to the ILO (2002), street trading together with home-based work (excluding domestic, unpaid labour) makes up between 10-25% of the informal economy in developing countries. Street traders are one of the most visible groups of people operating in the South African informal economy and street trading represents a fast growing sector of the informal economy. In South Africa, it was estimated that, in 1998, over 20,000 traders in Durban generated a total annual revenue of R500 million in informal outlets, including street vendors, shebeens, spazas, tuck shops and private persons (Durban North Central and South Central Councils, 2000).

In Johannesburg, the economic heart of South Africa, businesses owned by African migrants have increased in number in recent years (Rogerson, 1997). Rogerson (1997) conducted a study among 70 immigrants from 19 different countries who are

entrepreneurs of the small, medium and micro-enterprise economy in Johannesburg, South Africa. Hunter and Skinner (2001) found that about 29% of migrant street traders in Durban were from West Africa including 4% from Nigeria. Compared to their South African counterparts, foreign migrants tend to be more active in the higher income growth sectors of the informal economy largely due to their high level of education (Hunter and Skinner, 2001). What these previous studies fail to provide information on is how foreign migrants work their way into these sectors and how they end up in their current business. My study addresses this issue by discussing participants' trajectory as well as how and why they came to work in the informal economy.

Rogerson (1997) found that most (56%) of the foreign owned businesses (SMMEs) were run by single (unmarried) persons while an overwhelming majority of businesses were run by males (84%) compared to females (16%). Most (64%) of the female businesses were run by people from Southern African Development Communities (SADC) countries. Most of the participants carried out retail or service enterprises (77%) rather than production activities. Most were selling curios, ethnic clothes and foods; businesses included motorcar repairs/panel beating and hairdressing salons. Others owned restaurants, nightclubs, cafes, music shops and import/export businesses. The main reasons cited for migrating were to explore economic opportunities offered in South Africa or to explore opportunities for expanding businesses. Others cited war and conflict in their countries, and marriage to a South African.

Several studies have shown that foreign migrants play an important but unrecognized role in the informal economy in South Africa (Rogerson, 1997; Lund et al, 2000; Hunter and Skinner, 2001). A survey conducted by McDonald, Mashike and Golden (1999) investigated foreign migrants in the informal economy. Interviews were conducted with 501 migrants, in Gauteng, Western Cape, and KwaZulu-Natal. The study found that migrants are largely motivated to come to South Africa to take advantage of economic opportunities in the country although they cite other reasons as well. Although most foreign migrants are educated, skilled and enterprising, they largely find work in the

informal economy or as construction workers with very low incomes (McDonald et al, 1999).

Studies conducted in Durban have documented migrants' countries of origin, economic activities and the specific parts of the city where they live and work (Durban Unicity, 2001; Hunter and Skinner, 2001). Hunter and Skinner carried out a survey of 171 foreign street traders working in the inner city of Durban. The authors found that participants came from 17 countries and about half were members of the Southern African Development Community. Most (96%) of the participants were males. This finding is consistent with findings from this study where all the participants were men. In comparison, Lund et al (2000) found that that 60% of South African traders were women.

Participants in Hunter and Skinner's study had an age range of 17-54 years with a mean age of 27.2 years. Most (78%) of the participants were single and 58% did not have children and of those who had, 80% of children live outside South Africa. Almost half (47%) cited political reasons, such as civil war, political violence or instability and ethnic/religious problems for migrating to South Africa. Another 47% cited economic reasons while the remaining 6% gave other reasons such as the fact that they wanted to see South Africa or visit family. As Hunter and Skinner (2001) point out migrants in the informal economy do not form a homogenous group, coming from different countries as they do for different reasons and with different legal status.

2.8 The informal economy and vulnerability to HIV/AIDS

Although the informal economy is an important means of livelihood for many people, it is also associated with high levels of poverty, and of economic and social inequity (Ajuwon et al, 2001; Lee, 2004). These circumstances exacerbate the conditions for the transmission of HIV/AIDS (ILO, 2001). Indeed, UNAIDS (2004) has noted that people struggling against adverse conditions, such as poverty, oppression, discrimination and illiteracy, are especially vulnerable to being infected with HIV. According to the ILO (2001) workers in this sector have generally low levels of education, poor income and

lack of access to social protection measures and these make them more vulnerable to infection. In Nigeria, most (98%) apprentice tailors working in the informal economy in Nigeria did not complete secondary school education and work under poor social and economic conditions, which make them vulnerable to sexual exploitation and also increases their risk of HIV infection (Ajuwon at al, 2002).

However, empirical research on the relationship between the informal economy and vulnerability to HIV/AIDS are scarce. Most of the available studies have tended to focus on the vulnerability of women. Female hawkers working in the informal economy are common in Nigeria and a number of studies have focused on their vulnerability to sexual exploitation and HIV (Orubuloye et al, 1993; Ajuwon et al, 2002). A study by Ajuwon et al (2001) among 228 female hawkers in four bus stations in Ibadan, Nigeria showed that 4% were raped in the course of trading. Additionally, Ajuwon et al (2002) found that 57% of apprentice tailors reported sexual debut with an instructor and 4% reported being raped in the six months preceding the study. Twenty-one per cent of participants reported exchanging sex for money or gifts. James et al (2006) conducted a study among 2219 male and female hawkers in Abuja, Nigeria, and found that 54% of male hawkers had a history of visiting commercial sex workers but also reported inconsistent use of condoms. Of respondents who were sexually active, 30.6% had a history of sexually transmitted infections. The study also showed that street hawkers had an HIV prevalence rate of 13.7%, more than twice the national HIV prevalence rate of 5.8% in Nigeria.

In South Africa, less is known about the vulnerability of workers in the informal economy. Women working in the informal economy in South Africa reported being cajoled into having unprotected sex by male customers who often entice them with money. A study conducted by Lee (2004) on the vulnerability of women street traders and HIV/AIDS collected information only from local government officials and other key informants and did not conduct any interviews with street traders. Therefore, it does not provide useful information on the vulnerabilities in the informal economy. However, the study found that health services are often inaccessible and that the fear of losing earnings prevents women from seeking health care in time.

Despite the risk of infection in the informal economy, there are usually few HIV/AIDS educational interventions that target workers. Studies have shown that workers in the informal economy are difficult to reach with HIV/AIDS interventions such as condom distribution unlike those working in formal enterprises (ILO, 2001; Chazan, 2006). Drawing on research in four African countries, McKay (2003) indicated that the formal workplace usually presents workers with opportunities for reducing the risk of HIV infection but workers in the informal economy usually do not have access to these opportunities. In addition, they often miss HIV/AIDS campaigns in their communities because they work long hours and have to rely on inaccurate information and myths circulated in the work sites (McKay, 2003).

Foreigners working in the informal economy, like their South African counterparts, work hard, for long hours and little remuneration (Hunter and Skinner, 2001). These conditions may heighten their vulnerability to HIV infection. Given the conditions in the informal sector and the fact that previous studies among migrants indicate that they may be at a higher risk for HIV infection, it seems reasonable to suppose that migrants working in this sector may be at greater risk of infection with HIV. However, there is no study in South Africa that has sought to explore the risk faced by international migrants working in the informal sector. This study seeks to fill the gap in the literature. The following chapter discusses the methodology used to collect data.

CHAPTER THREE
METHODOLOGY AND FIELD EXPERIENCE

3.1 Introduction

This chapter describes the methodology used in the study. It describes my experience as a pregnant Nigerian migrant studying fellow migrants. It presents the research method used for data collection, the types of data collected, and the methods used to analyze them.

3.2 Study methodology

This is an ethnographic study. Ethnography involves participation in that it requires relatively long-term interactions with the study participants, and the cultivation of a genuine rapport with members of the study community. It is worth noting at this stage that ethnography is not just a single, specific, data collection technique (Parker and Ehrhardt, 2001) but it refers to a range of research methods that may be drawn upon when designing an ethnographic study. Ethnography typically involves a mix of different methods with in-depth interviews and participant observation being primary. Pioneered in anthropology, it is now an interdisciplinary approach that has been increasingly used by researchers in other social science disciplines (Parker and Ehrhardt, 2001). It enables the study of people in "naturally occurring settings" with the goal of capturing social meanings and ordinary activities (Preston-Whyte, et al, 2005). In addition ethnography, due to its in-depth and broad based approach to data collection, "enables the researcher to uncover what otherwise might have remained hidden aspects of social reality that would otherwise fail to be acknowledged" (Parker and Ehrhardt, 2001:111). The approach has proved particularly effective in reaching "hidden and marginalized groups of people" (Preston-Whyte et al, 2005). Ethnography can best grasp and reveal the complexities of real life situations. That is to say that ethnography is useful when there is a need to have an in-depth understanding of life contexts (Preston-Whyte et al, 2005). I made use of ethnographic methods in order to develop an in-depth understanding of HIV/AIDS risks among informal economy migrants in the broader context of migration.

3.3 Field experience

This thesis is based upon my observations, interviews and informal discussion with Nigerian migrant traders in the Church Walk fleamarket located in the city of Durban. Fieldwork took place from March to October 2006. I am also a Nigerian migrant and I live in an up market suburb of Durban. I came to Durban, South Africa, in May 2002 to join my husband who is also a Nigerian, but had come to KwaZulu-Natal to study towards a PhD. In my case, the role of an ethnographer was complemented by my personal role as an insider/Nigerian among the study community. The fact that I am a Nigerian seemed to be a significant factor in the open and honest way in which my research participants dealt with me.

3.3.1 "Entering the field"

An important first step in carrying out any field research is gaining entry into the research field (Upvall and Hashwani, 2001; Rossman and Rallies, 1998). This can be a long and cumbersome process. In my own case, I did not have any difficulty in gaining entrance to the field for this study. This is partly because I am also a migrant from Nigeria. I approached a Nigerian woman (a trader) in the fleamarket who later became my key informant for this study. The woman is the secretary of a local association of Nigerians in the informal economy. She assisted my access to the Nigerian migrants in the fleamarket. I will call her sister Ladun; we both speak the same language, Yoruba[2]. After I had an informal discussion with her concerning the study, she introduced me to her fellow Nigerian traders in the fleamarket. The potential study participants are from two ethnic groups in Nigeria (Yoruba and Ibos) and they speak two different languages. Although participants are from different parts of the country, they could all communicate in English and Pidgin English[3], which I also understand and can speak well. I am from the Yoruba ethnic group and I speak the Yoruba language, English and Pidgin English. So there was no language barrier between the participants and myself. The ages of potential research participants ranged from twenty five to thirty five years. After I had been introduced to the potential participants I visited their individual stalls and spent time with them to get

[2] Yoruba is the language spoken in South-western Nigeria including Lagos, which is the economic hub of the country.
[3] Pidgin English is the adulterated form of the English language

more familiar and develop rapport. The potential research participants received me very well and were willing to participate in the study. Perhaps the reason why the research participants respected me and responded the way they did was the fact that I was introduced to them as a married woman from Nigeria and I was pregnant. In the Nigerian context married women are well respected by men. In all 10 Nigerian migrants volunteered to participate in the study.

After being introduced to the research participants, I established rapport with many of the other migrant traders as well, particularly the ones from Nigeria, in the market. To illustrate the kind of relationship and rapport that I built during the field study, I did my best to assist whenever participants (five of them) expressed a need for information from me. For instance, some asked about how they could secure admission into various tertiary institutions in Durban. As the weeks progressed, I also participated in selling goods and helped to record sales in the sales register. This usually occurred on busy days when business was booming as sister Ladun and her shop attendant[4] had difficulty in coping with the influx of customers. Also based on individual discussion, interviews and informal group discussions, participants knew that I was knowledgeable about HIV/AIDS therefore many of them turned to me for information and advice.

Many of the research participants looked at me as a respected 'aunty', one to whom they turned for advice on all manner of life issues such as marriage, children, education, health and HIV/AIDS. From the onset of the research, I was determined that the methodology that I use in acquiring information would not be a process of just "finding out". I felt a strong sense of responsibility towards the research participants and I wanted them to learn something of value in the process of my research. Although I had a relatively easy entry into the field, I experienced a number of challenges in conducting the study, as will be discussed below.

[4] See chapter 4 for detail on shop attendants.

3.3.2 'Pregnant ethnographer'

I first went to the market in March 2006 when I was seven months pregnant with my second child. My tummy was big and many research participants believed I would give birth to a set of twins. Participants saw me as a delicate person who needed attention and care. Being pregnant was a privileged position to be in. I think it influenced the reception that I got from my study participants and, infact, everyone in the market. In retrospect, I feel participants would not have been as kind and compassionate to me as they were if I had not being pregnant.

As a pregnant researcher even sitting down for my quiet observation was sometimes difficult. I sometimes experienced backache if I sat down for too long; therefore I moved around the market from time to time to stretch the muscles of my back and my legs. My husband called me from time to time to find out if everything was all right. But because of the bustle of the market I would not hear that my cell phone was ringing. I kept my cell phone in a safe place so that it would not be snatched by "pick pockets". I walked up and down the market though not as briskly as a girl but not slowly either. Research participants usually commended me for my strength.

Because my baby was pressing on my bladder at seven months I visited the toilets at least twice each day when at the market. This required that I walk from sister Ladun's stall to the toilets at the shopping complex and back again. On one such trip to the toilet, I saw something interesting. It looked like the drumstick of a huge chicken. It was hanging and rolling on top of a smoky fireplace and a Chinese man was roasting it. The man was wearing a white long overcoat and a cap so he looked like a chef. He was dramatising in order to attract customers and he caught my attention. About thirty young people (men and women with ages ranging from 16 to 40 years) were on the queue in front of him, waiting for their turn to be served. When I got back to the stall, I asked sister Ladun what sort of food so many people were queuing to buy at the "huge chicken drumstick" place, she told me that the food is called "chicken sharwama". Sister Ladun and I later went to buy some, and from then on I started craving for it. I believe the craving is a "pregnancy induced craving". I did not buy it everyday but at least once a week. On a few occasions,

I bought chicken sharwarma for our lunch (sister Ladun, her shop attendant (Ladele) and myself). Sister Ladun declined but I insisted because she had been kind to me.

At times when I did not arrive early at the market, research participants would insist that sister Ladun phone me and ask whether I would still be coming to the market or whether I had finally delivered my baby. Consequently, I had to inform them whenever I was not going to the market, for instance on my clinic days when I had to go for antenatal check ups.

3.3.3 'Suspicion about being a journalist'

Even though I did not experience difficulty in entering the field, initially I was met with some resistance but not hostility from two migrant traders who declined to participate in the study. They were suspicious that I might be an under-cover investigative journalist working with the South African Broadcasting Corporation (SABC) special assignment team. However, over several visits to the market, and because of the type of rapport that I built with research participants, it became clear that I was not a journalist but just a student conducting research on HIV/AIDS. Also, despite the success with recruiting enough research participants for the in-depth interviews, I encountered some difficulties in securing appointments with them and in completing the actual interviews. Research participants are usually busy and we were often interrupted by customers who needed attention.

Figure 1: The Ethnographer on the field

3.3.4 *My sitting space*

Axinn et al (1991) and White and Meintjes (2000) have highlighted the practical value of acquiring a base in the study community, which is usually very helpful to the researcher. Sister Ladun kindly provided a space and a seat for me in her stall where I could quietly observe all the market activities. Figure 1 shows me sitting on a white plastic chair in sister Ladun's stall. During the period of my fieldwork, I usually arrived at the market each day at 8 am and left around 4-5 pm when the market closed. From this space I arranged for in-depth interviews and the research participants could easily locate me when we had an appointment. The space was not ideal for in-depth interviews, because the discussion touched on sexual and sensitive matters. Therefore I did not conduct in-depth interviews at sister Ladun's stall, but I normally conducted informal discussions with some four to five men in her stall. I also used the space for taking a break after

completing in-depth interviews with participants before leaving for home. In addition, sister Ladun instructed one of her male shop attendants to help and assist me with any problems that might arise. A Senegalese man (a trader) usually gave me his comfortable white plastic chair with arms to sit on, because the stool I was sitting on in sister Ladun's stall was not comfortable for me as a pregnant lady. In addition there was a particular South African woman in the market, who looked after my welfare and ensured that my belongings (cell phone and school bag) were safe at all times.

3.4 Collecting data for the study

Given that ethnography involves a range of data collection methods, ethnographic tools such as participant observation over time, in-depth interviews with 10 research participants, key informant interviews and informal discussions with *adhoc* migrant groups were used to seek information.

3.4.1 Participant observation

Anthropologist Russell Bernard (1995:136) cited in Ulin et al (2002) defined participant observation as a method of data collection which involves getting close to people and making them feel comfortable enough with your presence that you can observe and record information about their "ordinary unstaged lives".

I started observing each day as soon as I entered the market; this allowed me to document salient information that could not be captured by either interviews or informal discussions. Participant observation technique was used to observe and document the informal trading activities of the participants during the data collection period. Their interaction with their customers and other women who visited their stalls were also observed and documented. Comprehensive field notes were written at the end of each day spent on the field. Participant observation was ongoing throughout the entire period that the fieldwork lasted.

3.4.2 In-depth interviews

I conducted in-depth interviews with the ten research participants in their stalls. Also I used the in-depth interviews to collect information on participant's migration experiences. In these free-flowing unstructured narratives, participants spoke at length about how they migrated to South Africa and about their experience since arriving in the country. The interviews were conducted mainly in English because my research participants could communicate in English fluently. Some however preferred to speak in Pidgin English and Yoruba when explaining or elaborating on issues. The in-depth interviews were not audio taped for two reasons. The first reason was to avoid the distractions of changing tapes and/or batteries during the interviews. Secondly audiotaping was impossible amidst the bustle of the market. Instead, I scribbled important points or phrases in a small jotter. The notes served as reminders for writing the detailed field notes each evening.

During in-depth interviews participants spoke at length because they were narrating their stories. Sometimes the interview continued until the last bus going to the University left the city centre. I usually found it difficult to bring the interview to an end because many participants were eager to tell me their stories. As it would be rude to signal that I had to leave by coughing, shifting on my chair or packing my pen and field note, I was usually rescued by sister Ladun. She would find me to inform me that I should finish so that I did not miss the bus.

3.4.3 Key informant interviews

At the beginning of the study, informal interviews were conducted with two people (sister Ladun and Ladele). These two people later became key informants for my study. The informal interviews continued throughout the period that I was in the market. I used the discussion to ask questions and to clarify information obtained through my observation.

3.4.4 Informal group discussion

I conducted *adhoc* informal group discussion with migrant traders whenever I had the opportunity. Traders at the market have a metaphor that they use to describe days when

sales were low. They would go from one stall to the other complaining that "the market is very dry today". 'Dry' is a metaphor used by migrants traders to mean that there is no business. However, when sales are good they would not say that the market is wet. But there would be smiles on all the participants' faces and they would sit in their stalls quietly putting their money away in their pockets. When the market is "dry" some of the participants would come and sit on the carpet at sister Ladun's stall. Sometimes three to five participants came to chat with her or to drink some water. Participants loved to come to sister Ladun's stall, perhaps, because she is a very amicable woman, perhaps because she is the only person who brings water to the market. This meant I did not have to go and select participants for a group discussion. On such occasions when participants were willing to talk, or started to ask me questions I used the opportunity to initiate discussions on HIV/AIDS or sometimes about their sexual partners by asking them this question "awon iyawo yin nko?"[5] The question would generate a lot of discussion around my research topic. I also created an atmosphere where we could all learn from one another. I made a conscious effort to maintain an informal atmosphere whereby the data collection process would be as near as possible to familiar conversation.

The way in which research participants gather in sister Ladun's stall provided me with ample opportunities to engage participants on topics around HIV/AIDS and their sexual partners. The informal group discussions were not planned and participants were not officially invited. The group discussions served to contribute something unique to the understanding of the issues under investigation. For instance, it was during one of the discussions that I got to know that participants and their casual partners go to the cheap hotels during business hours for sex.

[5] "awon iyawo yin nko?" this is a Yoruba phrase meaning "how are your wives"? "Iyawo" means wife. It is a well-known word even amongst non-Yoruba speakers in Nigeria so therefore when I ask this question the Ibo participants could also contribute in the informal discussion.

3.5 'Baby ethnographer'

My second baby was due in June, but on a Tuesday morning in May 2006 at 9:45 I delivered a healthy beautiful baby boy with lots of fluffy hair. He decided to come two weeks earlier than his due date. My research participants and Ladun were all expecting me as usual because I had promised to come to the market on that day to say good bye for a while. I had wanted to take a break until the baby arrived, because my baby's head had started touching my pelvic bone, and this made sitting down and walking more difficult than before. When I did not visit the market for a few days, sister Ladun called my husband to inquire what the matter was and he told her that I had given birth. Sister Ladun was excited and helped to spread the news among research participants. Sister Ladun gave me a present for the baby. All my research participants wanted to attend the christening on the eighth-day, but could not because it was a Saturday and they were too busy at the market and because they not have a car. Baby ethnographer has gone to the market twice because research participants wanted to see him.

Reflecting back, I believe a number of things made participants accept me and give me a good reception. There is no doubt that my being a pregnant woman, and the fact that I am also a Nigerian, influenced the level of acceptance. Further, I learnt a lot from my study participants apart from the research findings. My study participants took me to places where I could buy food stuffs for our local dishes, which I did not know before. They also discussed business opportunities that exist in the city centre. I still go to the fleamarket from time to time. Whenever I visit the market, research participants give me personal updates about their progress in business and some about educational progress. Sister Ladun and two other study participants phone me occasionally. I have established a relationship with my research participants and I look forward to visiting the market again and again.

3.6 How I analysed the data

Comprehensive field notes were written and recorded on a daily basis. I conducted only one in-depth interview per day, and after each day of interviews I typed interview transcripts. Interviews were recorded on the same day in order not to forget details. Sometimes the words of research participants were written verbatim when they were important. My field notes were read and re-read repeatedly throughout the data collection period so as to get to know them intimately. I analysed all my transcripts by means of a two-staged interpretative thematic analysis (MacPhail and Campbell, 2001), which involves further detailed reading and re-reading of discussions to look for themes. The first stage of data analysis involved sorting the informal group discussion transcripts into broad content categories. Because of the informal nature of the *adhoc* group discussion, much effort went into organizing the data and putting it in logical order. After an initial sorting process, the second stage of immersion in the data sought to generate reasons why study participants have many sexual partners.

3.7 Ethical issues

The study was approved by the Research Ethics Committee of the Faculty of Human Sciences, University of KwaZulu-Natal. In addition, written permission was sought and obtained from prospective research participants before scheduling interviews with them. Further, before each in-depth interview, I read an informed consent statement to participants and they all signed it. The statement explained the objectives of the research, and guaranteed anonymity and confidentiality of information. A copy of the form is in the appendix.

3.8 Limitations of the study

- The study reflects the experiences of 10 informal economy migrants. Hence, the results presented here refer to a small number of migrant men from one geographic location; it cannot be generalized to all the informal economy migrant men in Durban. However it is hoped that the result of this study will inform/stimulate other research into the HIV/AIDS risk among informal economy migrants.

- This study touches on sensitive issues because it explores participants' sexual behaviour and migration experiences. It therefore suffers from the limitation that is common with other social science research focusing on sensitive issues. It is possible that participants may not be completely truthful or they may have exaggerated some of their responses. Closely related to this is the fact that I did not interview the sexual partners of participants to verify the information I collected from my research participants. However, given that I used participant observation and key informant discussion to collect data, I was able to validate much of the information collected from study participants.

I now move from the methodology to Chapter 4, which provides an ethnographic description of the study site, and the various activities that take place in the fleamarket. In addition, in that chapter, there are three case studies of participants, which use colloquial English as used by the participants.

CHAPTER FOUR

EVERYDAY LIFE AT THE FLEAMARKET

4.1 Introduction

This chapter provides an ethnographic description of the Church Walk Fleamarket (the study site) and the activities that take place there. The chapter is divided into four sections. The first part introduces readers to the Church Walk "fleamarket" and its geographic location. The second part describes the structure of the fleamarket, followed by the description of the goods sold, people and traders, and description of the activities of traders and non-traders on a daily basis. Finally there are three detailed case studies, which illustrate the study participants' HIV risks. I begin with an ethnographic vignette of the market to set the scene.

Today is chilly and cold but not windy and it looks as if there is going to be a heavy down pour but the rain hasn't come down yet. There are trees and palms dotted around the market, the still trees (they look like painted trees) carry fresh green leaves on them and birds are hopping around the flower boxes looking for things to eat. Flower boxes are found in some places and flowers are planted in them. Red electric light poles are also dotted around and the electric lights are still on even in the broad daylight. Brightly coloured selling stands (gazebos) are mounted under the trees, and under some of the red electric light poles. The gazebos are arranged in such a way that they are all facing towards a rowdy center, because many stands are located there and it forms a cluster. The clothes and different items sold by traders are hung and displayed outside each stand with hangers, ropes, clips or pegs.

Occasionally loud music is heard and there is a strong aroma of fried food such as beef sausages or samosas particularly around the food stands. Coca cola hawkers ride up and down on their red bicycles. Mobile hawkers are either roaming around the market or walking through with their goods in either rubber or iron trolleys. There are battery pay phones for convenience around every corner of the market manned by young women in their twenties which seem to have a lot of patronage. I observe people going to the stands from time to time handing out coins to the payphone managers before they are allowed to use the phone. There are several concrete walkways in between the stands, all leading either towards the workshop, bus station, parking lot or the Gugu Dlamini Park. At the park, men and women, young and old are walking up and down. Lovers at the park are either holding hands or sitting on the grass relaxing.

Even though it is overcast, people are coming and going through the fleamarket, everyone clinging to either their hand bags, shopping bags, babies, toddlers, jerseys, ice cream or their loved ones. There is a wide age range of people that come into the market

ranging from babies to 70-year-old men and women. Sometimes, elderly men walk alone but the women either walk with an equally elderly spouse, friend, with their families or I suppose grandchildren. I saw some elderly couples in their late sixties walking behind roughly dressed young men. The young men help them to push their grocery trolleys from the Workshop-shopping complex to the parking lot where they pack the parcels into the cars and are paid. Apart from the elderly men and women, there are also men and women of all age groups, some carrying babies. Street kids in shabby clothes sometimes move around sniffing glue. Around mid-day school children in uniform also join the people coming and going at the fleamarket. Security men in navy blue uniforms are visible with their radiophones and some of them are carrying a long 'sjambok' to scare criminals. Inside all the stands there are at least two people sitting on either a stool or a chair and are speaking either in English or local dialects.

Near the entrance of the Workshop-shopping complex, there is an amphitheatre that has a concrete stage and concrete seats. Young men and women sit on the concrete seats either alone or in twos or threes. These young people are chatting to one another. They appear to be waiting for some sort of performance or programme but the actors or organizers are not around. Some would sit down and eat and leave when they finished. I wonder what kind of work they do, or maybe they are unemployed and looking for jobs.

4.2 Meaning and geographic location of the Church Walk Fleamarket

A "fleamarket" according to the Cambridge International Dictionary of English is an outside local market where old or used goods are sold. Quarsingh (2006) in his article for the 'metrobeat' magazine reported that in recent years Durban has seen a growth in the fleamarket industry, with many now dotted in and around the city centre. Durban fleamarkets are characterized by an easygoing air, which attracts both locals and tourists. In Durban there are a number of fleamarkets namely: Essenwood road fleamarket, Point waterfront market, Heritage market and Lifestyle centre, South Plaza, Church Walk, The Stables and the Golden Hours fleamarket (Quarsingh, 2006). The geographic description that I present in the following paragraph is that of the Church Walk fleamarket where the research was conducted.

Church Walk fleamarket is a daily outdoor market that runs along Church Walk in the city centre of Durban all the way to a shopping centre with an inscription on the wall reading "The Workshop". The fleamarket is bounded in the north and south by a shopping center and a huge gymnastic sport hall respectively. The Durban bus station is located to the right across the road and by the left there is a huge white tent church known as the Ethekwini Christian Center. The fleamarket extends from the place described

above right through Commercial Road to Pine Street and on to West Street just before the Central Post Office. Figure 2 (over leaf on page 44) is an aerial view of the Church Walk fleamarket in the central business district (CBD) of Durban. When one is walking in the fleamarket before entering the Workshop-shopping complex, one sees an amphitheatre at the right-hand corner with a concrete stage. This amphitheatre is situated amidst the fleamarket and it also serves as a passage for people either shopping or as a walkway for people who are crossing from one street to another without having to cross the car road.

There is a memorial park called the Gugu Dlamini Park and in it there is a W*all of Hope* and a huge AIDS ribbon arching above a gloriously flamboyant mosaic adjacent to the fleamarket (Coombes, 2004). Gugu Dlamini was brutally murdered in her community because she came out openly about her HIV-positive status. The memorial park and the wall of hope is dedicated to the memory of Gugu Dlamini who worked to further AIDS awareness in various local communities around Durban. The park was renamed on World AIDS Day (1st December) in 2000 in honour of Dlamini's courage. Close to the park there is an ice cream parlour where men and women, young and old people come to relax and entertain themselves.

4.3 Structure of the market

Two types of markets operate in the Church Walk fleamarket. The first one is the everyday market that operates from Monday to Saturday. The second market is the Sunday fleamarket, which comprises a larger number of traders from all over KwaZulu-Natal. The Ethekwini municipality is aware of all the traders at the fleamarkets and their different goods are noted. According to the traders, this is done to prevent traders from selling the same kinds of goods so as to prevent conflicts in the markets, even though traders are breaking the rules daily.

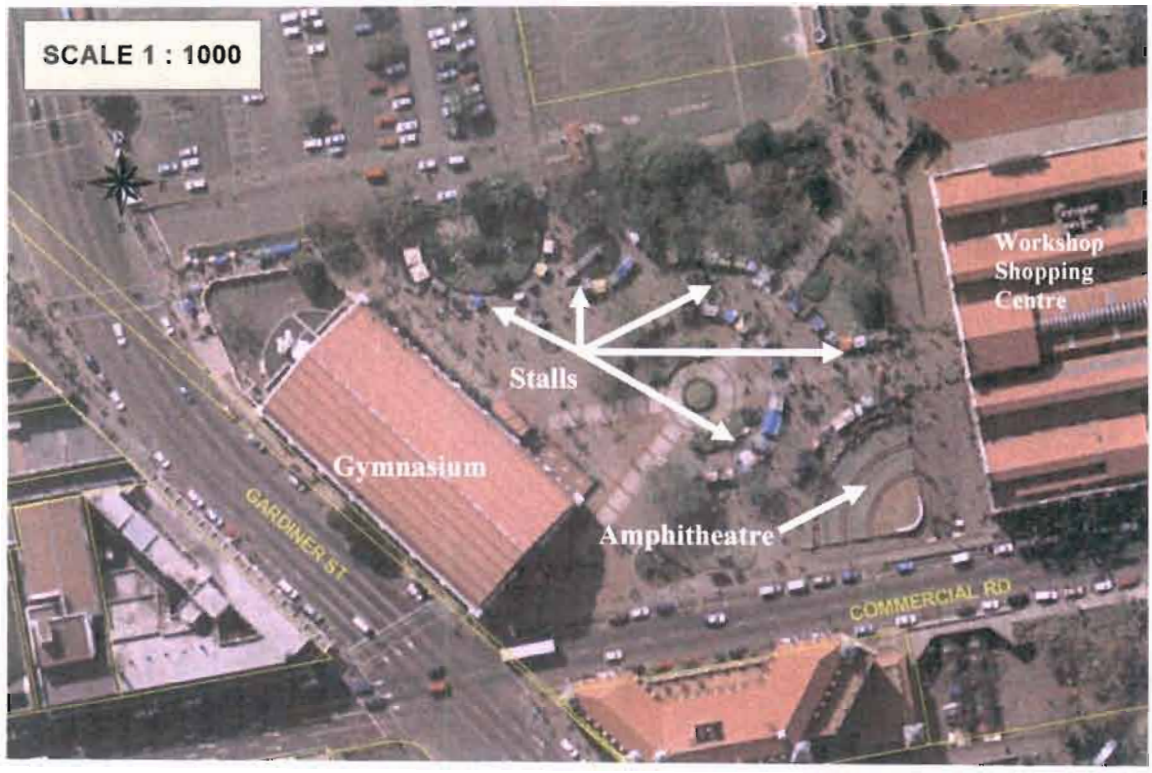

Figure 2: Aerial view of Church Walk flea market (Source: Durban City Engineers).

4.4 Hustle and bustle

4.4.1Types of goods sold and people that frequent the market

The Church Walk fleamarket is an everyday market where items such as crafts, clothing, shoes, bags, hats and caps, fast food, towels, leather ware, fruit and vegetables, cosmetics and accessories, antiques, second hand books and beddings are sold. Few old and second hand goods such as antiques, books and leather ware, are sold at the fleamarket. The difference between the dictionary definition of the 'fleamarket' and the Church Walk fleamarket is that the majority of the goods sold at the market are new.

Figure 3: The Church Walk fleamarket

The market is very busy and people come into the market and go to every stand from all directions because of its prime location in the city centre and its proximity to the bus station. Figure 3 shows the fleamarket and people walking up and down. It is accessible to local South Africans, the tourists and conference attendees. Many of Durban's hotels are situated throughout the CBD and along the beachfront; therefore tourists staying in these hotels frequently visit the city center and the fleamarket. Also the International Conference Centre is within walking distance of the Church Walk fleamarket, and this makes it possible for people to visit the fleamarket and the Workshop shopping complex. Customers start coming into the market from as early as 8am and the number increases as the day progresses. Boys and girls in their school uniforms pass through the market on their way home from school every week day. Africans are more numerous than any other racial group. Many people visit the fleamarket daily from Monday to Saturday but a larger number come on Sundays.

4.4.2 Characteristics of the traders

Africans predominate among the traders followed by Indians and a few Whites. Among the Africans, some are South Africans but the vast majorities are young foreign men between the ages of 25-40 years from different African countries. Foreign traders report experiencing xenophobia (hostility) from their South African counterparts, but I did not explore xenophobia because it is not the focus of my study. Foreign traders manage to live in peace with the local South Africans traders but the relationship between the foreign traders is decidedly more cordial and they look out for each other. Most of the traders are young, unmarried, male adults; this finding is consistent with that of Hunter and Skinner's (2001) study on foreign street traders in Durban. Many of the traders completed secondary education and they can all communicate in English.

African migrants who are traders at the informal market do so for survival. This is discussed in the following chapter. Trading in the fleamarket is laborious, there are no

permanent structures therefore they have to mount and dismantle their gazebos[6] every day. Despite the laborious work, traders claimed that their space is relatively less expensive than renting a shop in the inner city. They pay R20 daily to the municipal authority for their space and on Sundays they pay R30. Further, traders do not keep their wares at the market because there are no permanent structures; therefore they keep their wares in storerooms. Some young men help traders to carry their wares from the store to the market everyday; they are called 'barrow boys' (Lund et al, 2000). Barrow boys earn R100 or more weekly, shop attendants earn R200 weekly. Traders pay R200 monthly for the storeroom where goods are kept in the inner city. Participants reported that a fleamarket stand is 'better' than paying shop rent in the city. They also claimed that there are more people at the fleamarket to buy goods than anywhere else in the city center.

4.5 Activities in the fleamarket

Traders carry out economic activities of buying and selling every day. Customers come to buy goods while various people come for entertainment. Under the economic activities below, I discuss, towards the end, some of the strategies that participants put in place to ensure business sustainability.

4.5.1 Economic activities

Economic activities in the market run from 6:00am in the morning until around 6:00pm in the evening. The first people to arrive each day are the barrow boys, bringing goods from the storerooms. The storerooms are situated about 400 to 500 meters away in flats or warehouses somewhere in the inner city. The second sets of people are young men who help to erect the gazebos before the traders arrive to set their goods for display. These young men (barrow boys and those who erect gazebos) are both local South African men and foreign African men. Traders usually arrive at their stalls between 7-8am to start trading activities for the day. Every morning young African women come from the townships to look for casual jobs at the fleamarket. Some get employed by foreign traders to sell for them in their stalls. Foreign traders employ the services of one

[6] The dictionary meaning of gazebo is a small decorated building usually in a garden, designed to give a good view of the surrounding countryside. In this instance however it is the term used by traders in the fleamarket to describe their colourful selling tent or selling stand.

or more local women (as shop attendants) to sell for them when they are not around. Foreign traders also employ them (shop attendants) because they are Zulu speakers, so that they can communicate with customers in Zulu.

Mondays are described by the traders as usually quiet because it is the first working day and people are still relaxing from the busy weekend shopping. Due to the quiet sales on Mondays traders use the day to replenish stocks that have been sold over the weekends. As the week progresses buying and selling activities increase in volume, one can see that traders are happier and more energetic towards the weekends. Sales are brisker during the weekend and on any public holiday because more people visit the market. Traders look forward to paydays or month-end and weekends, as that is when buyers do most of their shopping. Even though month-end is when traders are preparing to pay their house rents the euphoria after selling a lot of goods outweighs the burden of paying rents.

4.5.1.1 Business strategies of informal migrant traders

Informal migrants traders adopt certain business strategies to sustain their business. Because of lack of capital their business is precarious in nature; they have to stock up their wares every day of the week except on Saturdays and Sundays. Traders usually go to factory outlets in the inner city to source goods to sell, while their shop attendants work for them in their stalls.

Informal migrant traders together with their South African counterparts at the fleamarket sell cheap foreign goods, which are sourced from the middlemen in the inner city. Traders sell foreign goods because the local South African products are more expensive, this may be due to globalization. Globalization is the way in which economic, political, social and cultural links are increasing across the world between all countries (Lund and Nicholson, 2000). Globalization has encouraged trade throughout the world and it means that there is movement of goods and people across national boundaries. For many years, South Africa's companies were protected from outside trading competition by the high tariffs, or taxes placed on imported goods, which prevented foreign products from coming into the country. But since 1990 tariffs have been dropped and more and more

cheap foreign goods are coming into South Africa's markets (Lund and Nicholson, 2000). Having cheap goods to buy is good news for the consumers but bad news for local economic development. In the 'metrobeat' magazine Quarsingh (2006) reported that the "perpetual appeal" of a bargain to customers is one of the reasons why the fleamarket is a desirable place to visit for many people. This bargain mentality explains why there is a customer-trader complacent-ness whereby the customers are happy that they are buying at low prices while the traders too are happy making money. This is because the brands of clothes that are sold at the fleamarket are lower in quality and cheaper than the ones sold at the big shops in the shopping malls.

As part of the strategies that informal migrant traders employ in their businesses to achieve sustainability is the use of a saving club known as 'ajo'[7] (a rotating credit association). Ajo is a saving club that normally comprises at least four people who are committed to making regular contributions to a fund that is given, as a large sum to each contributor in rotation. Traders save this money either to pay their house rent or to expand their business. My research participants called this association *'ajo'*, in South Africa it is known as *stokvel* (Thomas, 1991). This traditional informal rotating credit scheme exists the world over, Americas, Asia, Europe, Africa and Oceania (Thomas, 1991). In Malaysia Ghazali (2003) conducted a study on informal rotating credit as a livelihood strategy of urban households in Penang. The study suggested that informal rotating credit reduces the probability of being poor. This informal credit scheme involves the regular deposit of the same amount of money among credit participants either daily, weekly or monthly; it is a survival strategy (Ghazali, 2003; Thomas, 1991). Although the saving club *(ajo)* is similar to the South African rotating credit association known as 'stokvel' or 'gooi-goois' there are differences. Both ajo and stokvel are strategies for survival and a form of savings, which comes back to participants at a later stage. The typical South African stokvel according to Coetzee and Cross (2002) captures member savings and then either saves them or lends them to some of the members of the group on a rotating basis. Management of the association is voluntary among members

[7] "ajo" is the Yoruba language name for the rotating credit association employed by research participants. Yoruba language is the language of the majority of research participants.

and most funds are normally distributed to members at the time of the group meeting. In South Africa there is a form of get together to celebrate when a member gets a lump sum (Thomas, 1991), while there is no get-together in the 'ajo' the participant member who is next in line takes his/her money quietly.

Many foreign traders are also learning Zulu language, and some speak the language fluently, so that they can communicate well with their customers. Lastly, one of the strategies put in place by migrant traders is the use of a cash sale's register where they normally record the daily sales. The register is a hard-covered notebook and sales are recorded manually. It is a very simple accounting register that they use to monitor their gross sales, items sold, gross total of sales and money earned.

4.5.2 Other activities

Turning from the traders to the potential buyers, there are other activities that take place at the fleamarket. Various people come to the fleamarket for leisure and fun. There is entertainment, such as playing pool. Quarsingh (2006) reported on the cheap entertainment in the fleamarket. This might explain why some people go to there.

4.5.2.1 Preaching, singing and advertisements in the amphitheatre

Religious activities like preaching and gospel singing take place in the amphitheatre and people sit comfortably on the concrete pavement to watch and participate in whatever activity is going on. Figure 4 shows a preacher, an interpreter and his 'audience' in the amphitheatre. Very often, particularly among the gospel singers, those watching their performance contribute to the singer's ministry. Promotions for commercial products also take place in the amphitheatre. In addition research participants told me that, once a year, an HIV/AIDS awareness campaign takes place in the amphitheatre conducted in Zulu. They also reported that sometimes on Sundays there is a traditional healer who comes to the amphitheatre. The traditional healer advertises his medicine (Muti) to the general public in Zulu and claims that he can cure many ailments including HIV/AIDS and tuberculosis (TB). Apart from people sitting at the amphitheatre there are also many people sitting around at the ice cream parlour, on the park benches and on the grass at the

Gugu Dlamini park. These people are either chatting or relaxing. Some are lovers or friends, while some are sitting alone either relaxing or meditating.

Figure 4: A preacher, his interpreter and audience in the amphitheatre

4.6 As busy as a bee

I observed the day-to-day business of my research participants in the fleamarket. The first thing participants did when they arrived every morning at 7 am was to set out their goods for sale while waiting for their shop attendants to arrive for work. Thereafter research participants would go to the bank to deposit money from the previous day's sales. They also change bank notes into coins for use as change for customers. After leaving the bank, they would walk to different factory outlets in the inner city to replenish their stock

for the day. Participants may eat only once (lunch) at the fleamarket because there is no time for breakfast at home since some leave their homes as early as 6:30 am. Participants stand most of the time particularly when there is an influx of customers, they are very busy.

Research participants close their stall around 5:00 pm every day. They pack their wares into big bags or waterproof storage boxes to be taken away by the barrow boys to the storage rooms. They also dismantle their gazebos, and tie together all the loose fittings for safekeeping. By 6:00 pm many would have left the market place. Eight of my research participants said they hardly listen to the radio or watch the television because they are too tired when they arrive at their homes. Given their busy schedule and business activities, it is pertinent to ask what time is there for sex? This is the theme that I shall now discuss.

4.7 What time is there for sex?

Sex is an ubiquitous activity performed the world over. Despite the fact that research participants are usually exhausted due to their busy daily schedule, participants find time for sexual activities. They fit sex into their busy schedule. It is important to mention here that participants have girlfriends or live-in lovers from time to time[8]. Five of the study participants, who are living with their family or relatives, take their girlfriends to cheap hotels in the inner city during business hours or in the evening after close of business. Those who live alone have sex with partners, after close of business, in their homes.

4.8 Case studies of three research participants

Below, I present three case studies, which illustrate study participants' motivations and the challenges of migration as well as their sexual risk behaviours. In retelling these stories, I have maintained a lot of the colloquial English expressions used by the research participants, as the colloquial expression help to retain the flavour of their migration stories.

[8] A detailed discussion of the sexual behaviour of participants is presented in Chapter 6

MAY ANTHONY**

May is 32 years old and he was born in Lagos, Nigeria. He completed his Higher National Diploma in one of the state polytechnics, but after working for one year he started his own business. May had a shop in Lagos, where he used to sell cell phones and cell phone accessories. He is married and blessed with a child. His business was booming, he had two cars and he was living comfortably. Until one day when a man named Jordan* came from South Africa to Nigeria for a holiday. Jordan, while in Nigeria, invited May to South Africa, to work for him in his cell phone company. Mr. Jordan is also a Nigerian but he lived in South Africa and he is from the same ethnic group (Ibo) as Mr. May. As soon as the holiday season was over Jordan went back to South Africa but the two men were communicating on the cellphone. He persuaded May to come to South Africa and promised that he would provide May with accommodation until he started earning a salary. May believed him and accepted his offer. The man facilitated him in obtaining a South African visa by sending him an invitation letter and all other required documentation. Mr. Jordan told May that he should make haste with travel plans, so as to start work immediately

May informed everyone back in Nigeria that he was going to South Africa to work in his friend's cell phone company, and start earning "big" salary. He sold his two cars and his business and he used the money for travel arrangement and to settle family bills. He gave his wife some money for house keeping allowance and to care for their son. And the surplus he brought to South Africa as pocket money. He promised his wife that he would send for her and their child as soon as he settled down in South Africa. Before he left Nigeria, May Anthony spoke with his friend and boss (Mr. Jordan) to confirm that he was joining him and he would be arriving the next day.

In April 2004, May arrived in South Africa together with two of his friends. The friends wanted to come and further their education. They were hoping that if May started his work immediately he would accommodate them until they could be able to stand on their

* This means that all the names used in these case studies are not participants real names, identities have been changed for anonymity.

own feet. May agreed and promised to help them. When May arrived in Johannesburg, he called Mr. Jordan to come and pick them up from the airport. Mr Jordan told May that he would not be able to stay in his house. Because his wife (who apparently is a white woman) would not tolerate people suddenly appearing at their doorstep without prior notice. Mr. Jordan told May that there was no position in his Johannesburg office; the only position was in Durban. Jordan told May to change some of his traveler's cheques to rands at the airport so as to take a bus to Durban immediately. Jordan said his staff in Durban were waiting for him and he gave him a contact cell phone number.

May and his two friends traveled from Johannesburg down to Durban. On getting to Durban, May called the contact man that Jordan gave him. The contact man came down to welcome them. He took them to one of the eateries (Nandos) and later lodged them into one of the hotels in front of the Durban beachfront. He paid for their hotel accommodation for one week and he told May to rest for few days before he began work and finally promised to get in touch in a few days.

After about two days of resting in the hotel, May Anthony got bored and wanted to start working, so he decided to call the contact man in Durban. The contact man did not answer his phone. After trying for many times without success May decided to call Jordan. Jordan asked May to give the contact man some time because their Durban office is very busy. He tried again and again without success. Then he got scared thinking that everything about Jordan's cell phone company was a hoax. But he tried to assuage his fears and decided to call Jordan, his boss and his friend.

May tried to contact Mr. Jordan on several occasions, but to no avail. Mr Jordan had switched off his cell phone. May left voice messages but Mr Jordan did not return his calls. That was his moment of truth. The hotel staff reminded him that his stay has lapsed and he may either renew or check out of the hotel the next day. May and his friends checked out of the hotel the next day and sat in front of the hotel stranded with their traveling bags. As they were standing, thinking of what to do next they saw a man speaking their dialect and they approached him about finding a cheaper place to stay.

The man helped them to find cheaper furnished accommodation in the notorious Point road[9]. May paid for the accommodation from the extra cash he brought from home and also bought a blanket for warmth. May and his friends also asked him how to get jobs in order to sustain themselves while they thought of their next step of action. The man said he also couldn't get a job and he introduced them to the illegal drug business. May and his friend declined his offer and started to look for honest means of making money. May and his friends decided not to go back to Nigeria but to stay in South Africa. May couldn't go back home because he had informed everyone about his trip to South Africa to earn more money and he was ashamed and afraid of gossips and people might call him a failure. Secondly, he couldn't go home because he had nothing to go back to since he had sold his business.

After a month of searching for a job without success, May could no longer afford the rented room. He had exhausted the money that he brought from home. He had to move out of the room since he could not afford the rent. He became homeless but he took his bag to somebody's room for safekeeping. At nighttime May and his friends slept on the beachfront. The beachfront is very cold, windy, lonely and scary at night. At the beachfront May worried about rain at night, thieves that come to steal blankets and criminals that go about raiding and collecting people's cell phones and people's wallets.

May rummages for leftover burgers and chips in the refuse bins placed in front of the eateries at the beachfront restaurants. He searches for work during the day and goes back to the beachfront to sleep at night. He wakes up by 5 am in the morning and freshens up before he starts another day. May and his friend did this for one month until one particular evening when they heard a man speaking one of the Nigerian local dialects, the man was a pastor. May decided to tell the pastor of their predicament instead of suffering in silence. The pastor introduced May and his friends to a shelter. The shelter serves as a

[9] Durban Point Road is adjacent to the Durban port. It is notorious because it is a 'redlight' district; that is commercial sex workers operate from there. Point Road is one of the major places where commercial sex workers are found in Durban. And also, recently, African migrants live there and some operate illegal drug businesses.

church on church meeting days but a shelter on other days and at night. The shelter is free but the only condition for staying in that shelter is that they had to attend the church services.

Even though May is still jobless, things are improving because they now have temporary accommodation. He experienced a lot of frustration and was also uncertain about his future. At night he and his friends would go to a club to party, meet women and drink away their sorrows. At the clubs in those days, May and his friends had unprotected sex with girls they met at the party because they were hopeless about their situation.

May Anthony felt very lonely; he needed love and acceptance especially the "tender loving care" of a woman. There were a lot of differences between the beachfront and the shelter, as he would no longer have to worry about the rainfall at night, the blanket thieves or looking for a dry place to sleep. He missed his wife very much. But the search for a job continued and finally he found one, in a shop owned by an Indian man who sells and repairs faulty cell phones. The Indian man promised to pay May R400 per month. May was the first person to find a job between his two friends. One of his friends got sick and depressed and even contemplated going back home.

There are several people from other African countries living in the shelter, and the men outnumber the women. In the shelter, there are rooms, toilets and a hall. All the women share only one room. People, who do not have jobs and have no money, sleep in the Church hall. While the remaining men who have some sort of jobs can rent a room, which they shared with other people. The maximum number of men per room is four. When May eventually found a job (at the Indian' shop) he and his friends rented a room of their own in the shelter. Although his situation improved, May still felt lonely.

At his new place of work (the Indian shop) May met and socialized with many women. Some of the women happened to be their clients; they come to the Indian shop. That is

where May met a lady called Zanele* and they fell in love with each other. By month end, May got his very first wage in South Africa. He bought a lot of things for himself and his friends most especially bathing soap and deodorants. They also bought a cell phone, which was shared among the three of them. They all called their homes back in Nigeria and gave their families the same phone number. It was a good experience for all of them. The two friends thought that if May Anthony could get a job they too could get one, they were encouraged and they also started searching for jobs tirelessly.

May's work was going on well, although he finished work very late at night. His boss liked him because he did not complain about closing late and he is a hard working man. From time to time on weekends May and his girlfriend would go out for leisure and other activities, which included having sex. May said because he had found a job life now had meaning for him and he had hopes about the future. Suddenly his suicidal craving disappeared and then he wanted to protect his girlfriend also from being infected with HIV in case he had contracted HIV during his sexual escapades with club girls. May and his girlfriend Zanele used condoms for sex.

After three months of collecting wages, May's boss stopped paying his wage. He complained that sales were not good and promised to pay the following month. After the following month, May Anthony's Indian boss again did not pay his wage. Life became hard again. They moved out of their room and started sleeping in the church hall again. May stopped going to work because he reckoned that it was of no use working when there is no wage and he started searching for another job again. Then he got a job in the fleamarket, as a goods carrier. He helped traders to carry their goods from the storage room to the fleamarket everyday. He wakes up as early as 5 am, goes into the inner city flats to pack goods for traders at the fleamarket. He earned R200 per week and R800 in a month, this wage is better than what he earns at the Indian shop but the job is very arduous, it requires muscle work. And there is no weekend May goes to the market every day.

* Zanele is also not the real name of girlfriend, all names are pseudonyms to protect the privacy of everyone in the case stories.

One day Zanele came to break the news of her pregnancy to May. May was worried and demanded to know how she became pregnant since they have being using condoms. Then Zanele said that all along she had another boyfriend with whom she had been having unprotected sex and that the other man is responsible for her pregnancy. That was how they ended the relationship. May Anthony was broken hearted because he was still very much in love with her.

May Anthony worked for few months at the fleamarket, and later in 2005, he rented a shop in the city where he was selling cell phones and its accessories. That is the same thing that he was selling back in Nigeria. Starting the business was not hard for him because it was his terrain. He started the business from the money that he saved while carrying goods to the market. One of May's friends (Sule*) has also secured a job as an Arabic teacher in an Arabic school in the city. The third friend has also started carrying goods in the fleamarket. Since the three men now have jobs, they moved back into their rented room at the shelter, they no longer slept in the shelter hall. However, because the Arabic association was not happy that one of their teachers was living in a Church shelter, they got Sule another apartment near their Arabic school. May Anthony and their third friend shared the rented room in the shelter. May still missed his wife.

On a particular Monday when May Anthony got to his cell phone shop, it had been burgled. All his goods were stolen. May was depressed again and he went back to carry goods at the fleamarket so as to raise enough money to start his business all over again. May Anthony met other women at the fleamarket and he started dating again. In October 2005 when he had saved enough money he did not go back to the city shop instead he got a place at the fleamarket to sell his goods.

The December sale was good for May Anthony he saved enough money for clothes and he sent some money home to his wife and parents. He has moved from the shelter to a flat that is shared among three people in a location in Durban. He is now dating another woman called Dumisile*, she is also a South African Zulu woman. May told Dumisile

that he has a wife and a child back home in Nigeria. May and Dumisile are in love, and May was no longer thinking affectionately of his wife. May confided in me that over time, his' love for his wife back in Nigeria has begun to fade. But he still thinks about his son very fondly. He claimed that he was using condoms with Dumisile.

In January 2006, May Anthony hired a Burundian to work for him, because he could not manage the shop alone. He needed someone that would stay in the stall while he went out for other business transactions. Since then the situation has now improved considerably. He began to send money home to his wife and his parents in Nigeria. However, in June 2006, Dumisile came to May Anthony with the news of her pregnancy. He tried to persuade her to terminate the pregnancy but she declined very strongly. And he accepted and thereafter he went to pay for "damages" to Dumisile's family in a rural community in KwaZulu Natal. In the Zulu culture when an unmarried woman is impregnated, the man involved would pay for "damages" to the woman's family.

In September 2006, May together with his Nigerian friends went to Dumisile's family in the rural KwaZulu Natal to pay "lobola" for Dumisile. She was still pregnant and the baby is due early next year. However, May still remained married to his wife in Nigeria. Dumisile is pleading with her husband to go home (Nigeria) and bring his son so that both of them can raise their children together. May Anthony has not decided what to do yet.

LADELE GBADEGESHIN*

Ladele is 25 years old; he was born in Lagos, Nigeria. He is the first born among his parent's four children. Before leaving Nigeria for South Africa, he was studying towards a Bachelor's degree in Business (B. Admin) at Ogun State University. He had a steady girlfriend in Nigeria, whom he intended to marry later. His original plan was to travel to the United Kingdom to further his education. But in Nigeria, he had been denied a visa to the United Kingdom a couple of times. Ladele's travel agents advised his parents that

since it is difficult for him to secure a United Kingdom visa, he should try South Africa first and later apply again through the United Kingdom embassy in South Africa.

Ladele had a relative in Johannesburg, called Uncle Leye who had already settled in South Africa together with his wife; they have two children. Uncle Leye heard about his desire to travel to the United Kingdom and the difficulty he had in securing a visa. Ladele's parents pleaded with him to invite their son to South Africa, so that he could apply for the visa again through the United Kingdom embassy in South Africa. Uncle Leye obliged and gave Ladele the necessary documentation for his journey to South Africa. Therefore in 2004, Ladele left his school, family and girlfriend in Nigeria for South Africa, with the hope of going to the United Kingdom thereafter. On getting to South Africa, Ladele was again denied a visa to the United Kingdom. Then his parents and his uncle discovered that securing a visa to the United Kingdom is equally difficult in South Africa.

Thereafter, they decided that he should suspend his United Kingdom journey and stay in South Africa to complete his education. However, Ladele's parents could not afford the tuition for his undergraduate study in any South African University. Therefore, in 2004, he registered in a private college, Damelin Business School for a one-year diploma in Industrial Technology and administrative management. His parents sent money for his tuition and stipend for maintenance while uncle Leye took care of his accommodation and feeding. The plan was that if Ladele completed this one-year diploma, he would be able to get a low skilled job and save toward his Bachelor's degree. Ladele went about his studies, and was commuting from uncle Leye's house to his college. In his class, there were some beautiful young women, and there were more women than men. Female classmates liked him and they wanted to have affairs with him. But he decided to stay out of any sexual relationship because he wanted to be faithful to his girlfriend whom he left behind in Nigeria. For six months Ladele did not have any girlfriend, and there was no sex.

However, in 2005, after six months of being resident in South Africa, he started to have an affair with a young woman in his class. He experienced sleepless nights because he had broken his promise to his girlfriend in Nigerian, and was now dating a woman in South Africa. The affair with his new woman did not last long because he discovered that his new woman was dating another man who is also in their school. The girlfriend's South African lover threatened to kill Ladele if he did not take his hands off his woman. Ladele was relieved after he broke up the relationship with the new woman. Thereafter he vowed never to have any emotional relationship again, but have casual partners. He continued with his schooling and occasionally he had sex with his casual partners. Ladele's uncle (Leye) is a strict man; he did not want him to have sexual partners for two reasons. The first reason is being the risk of HIV infection; Uncle Leye recognized the risk of HIV and warned him. While the second reason is that he would be a bad role model for his children. Moreover his wife would not tolerate the idea also therefore Ladele had his sexual relationships secretly without uncle Leye's knowledge.

In October 2005 Ladele completed his one-year study at the private college. He applied for jobs but he could not get one because he did not possess a South African identity document. While staying at home and looking for a job, he started to have problems with his uncle's wife. His uncle rented a room for him to stay so as to avoid constant fights with his wife. Ladele felt that he was a burden to his uncle and his wife. The stipend from his parents was no longer regular because they have other children to care for in Nigeria. Ladele had to fend for himself. Therefore he intensified his effort to secure a job. Fellow migrants in Johannesburg advised him to come to Durban, where getting a job was easier compared with Johannesburg. But he did not know anyone in Durban who would accommodate him. However, fellow migrants gave him the address of a shelter where he could stay until he could afford a room.

In January 2006, Ladele came to Durban and he started living in the shelter. His search for a job was unending. In the shelter, he got to know fellow migrants who were working or trading in the informal economy. They suggested that Ladele should try informal work and also told him about the fleamarket. He finally got a job at a stall in the fleamarket. He

worked as the stall attendant and earned R200 per week. Even though he collected wages, he still could not afford a room, because of his other expenses. Ladele kept in touch with his girlfriend in Nigeria occasionally sending her money. However in the fleamarket Ladele has met many women who would like to date him. He is not emotionally involved with any of the women, but he has casual partners.

Two years after Ladele arrived in South Africa, he was neither gainfully employed nor had his dream to travel to the United Kingdom materialized. His parents in Nigeria were worried about his wellbeing and they wanted him to come back home, even though Ladele still hoped that things would get better for him. In August 2006, Ladele returned to Nigeria and promised to be back one month after but three months after he is yet to be back. It is uncertain whether Ladele would come back to South Africa.

TIM AGWUAGWU*

Tim is 26 years old, he was born and he lived most of his early life in Onitsha, Nigeria. He is the fourth born in a family of five children. Tim's eldest brother (Thompson Agwuagwu*) invited him to South Africa. Tim's eldest brother pleaded with him to come to South Africa and help him in his growing trading business while in return he would pay his tuition at the University. Tim did not want to take the offer at first because he wanted his parents to sponsor him to school. However their parents wanted him to take the offer and render help to his elder brother in return for the numerous support that Thom has rendered to their family. He then accepted the offer and started making travel plans. He packed his senior secondary school certificates results and all other necessary documents. His brother sent him some money for his plane ticket.

Tim Agwuagwu arrived in South Africa in March 2005. When he arrived in South Africa he started living in with his brother. The picture Tim had of his brother before coming to South Africa was that of somebody who was very comfortable. But on arriving South Africa Tim discovered that his brother was just fairly comfortable and he was not in a

position to sponsor him to school. He is married to a South African woman and they have a son. He was now experiencing some set back in his business.

Tim decided to go back home, he called their parents about his return trip home. But the parents pleaded with him to stay in South Africa, they promised to send him some money to start his own small business too. Their parents thought that if he comes back home it would be a wasted effort and resources on the part of their eldest son who sponsored his journey. Therefore in October 2005, Tim's parent sent him $1000 to start his own small business. His elder brother (Thompson) helped him to secure a selling space at the fleamarket because he couldn't afford to rent a shop in the city. Tim started selling men's clothing at the fleamarket. He still lived with his brother. Tim and his brother's wife get along very well despite the fact that she is a South African. Their son is very fond of Tim, when he's not at school he stays in Tim's stall and not with his parents.

Before Tim came to South Africa he was a virgin. Tim's parents are very strict: they would not allow their children to have any amorous relationship. But in South Africa Tim has a girlfriend and other casual partners from time to time. He could not take his girlfriend and any other partners to their house, as that would displease his brother. Therefore he takes his partners to a cheap hotel around the city for sex, before they all go home at night. He claimed that he uses condoms for sex. Tim together with every other person in their family, travel back to their flat at night because their house is quite a distance from the city.

Tim's expectation for coming to South Africa did not become a reality. He would like his dream to study for his undergraduate degree to come true. Therefore he is still selling at the fleamarket and making necessary plans so that his business could grow big. He is seeking for admissions and saving up for his tuition. In September 2006, Tim has secured admission at the University of South Africa and he is now studying towards a Bachelor's degree on a part-time basis. At the same time he is still trading at the fleamarket.

In conclusion, these three case studies above serve as illustrations of migration and of study participants' experiences. I now move to Chapter 5, which presents an analysis of participants' motivation for migrating and the challenges experienced by migrants. Chapter 5 presents the study findings on migration in detail. This is very important because it gives the context of migration and the problems experienced by research participants. The chapter explores how the migration context shapes migrants' vulnerability to HIV/AIDS.

CHAPTER FIVE
MOTIVATIONS AND CHALLENGES OF MIGRATION

5.1 Introduction

This chapter explores the migrant's motivations for leaving their home country, the misconceptions, disappointments and problems that they encountered in South Africa and how they ended up in the informal economy. But first, I describe the socio-demographic characteristics of the study participants.

5.2 The participants

The age of the study participants ranged from 25 to 35 years. Only one out of the ten study participant is married, the remaining are unmarried young men. The married participants did not bring his wife to South Africa. Peberdy and Rogerson (2000:38) have reported similar findings among African entrepreneurs in the informal economy. All the remaining unmarried participants have girlfriends whom they left behind in Nigeria except one participant who did not have a girlfriend back home. Two out of the ten study participants had post-secondary school education; three participants abandoned their post-secondary studies for their journey to South Africa. The remaining five completed their secondary school education.

5.3 Motivations and promises of help

During the in-depth interviews, I asked participants when and why they came to South Africa. They gave me a wide range of reasons; most had information or promises of help from friends or family who were already living in South Africa. In some instances the decision to travel was not a personal one, sometimes a senior person in the family such as an elder brother or parent suggested the idea. The senior person normally suggested migrating so that all the siblings would not 'put their eggs in one basket'. The reason is so that the sibling living outside the country will render support to the family when there is

economic need. This is the case of Mr Dumi whose eldest brother encouraged him to migrate, and even financed his journey to South Africa.

> *I had no intention of traveling out, but my brother said we all cannot put our eggs in one basket somebody will have to travel for the sake of the future (26-year-old Mr Dumi).*

The above is not peculiar only to Nigeria, but it is common in all developing countries. Participants came to South Africa with the help of friends or family. Generally, there are friends and families who help migrants to secure accommodation or house them till they can stand on their own feet and sometimes help them secure a job. Below are the different reasons that the research participants gave for coming to South Africa:

5.3.1 Beliefs about better job opportunities

All research participants said they left Nigeria for better job opportunities in South Africa. Many of the participants hoped that once in South Africa the prospect of finding work would be better than at home, and that their wage would be higher. This would facilitate sending remittances back to their home country. The Rand to Naira[10] exchange rate is attractive; one South African Rand is equivalent to 25 Nigerian Naira. Maharaj and Moodley (2000) have reported similar findings on the purpose of migration to South Africa. The authors found that about 70 % of the migrants to Durban interviewed said they came for better employment opportunities. Many of them also claimed that they traveled in order to escape poverty, but many did not achieve this desire, as we shall see later. Many, in order to facilitate their travels, even gave up their jobs and sold their properties before they came to South Africa. As we shall see below, some of the participants in the course of leaving their home country for better job opportunities overseas found themselves in South Africa instead.

5.3.2 Stepping stone to western countries

Four of the study participants told me that they ended up in South Africa because they were advised by friends and travel agents that acquiring a visa for countries such as the

[10] Naira is the Nigerian currency.

United Kingdom or the United States of American was easier from South Africa than from their home country. The four research participants had all been denied such visas to enter western countries previously from their home country. However on getting to South Africa they realised that obtaining such visas was equally difficult:

> *I came to South Africa in 2003, on my way to the UK. Our travel agent told me that entry to the U K was easier from South Africa (26-year-old Mr Dumi)*

A similar finding has been reported by Lekogo (2006) among migrants from Francophone African countries. The study found that Africans from the Francophone countries also used Gabon or the Ivory Coast as a stepping-stone to the developed countries, such as France (their traditional destination) or the United States of America.

5.3.3 Possibility of higher education

Five participants said that they came to South Africa so as to further their education, but lack of funds for the tertiary institution fees, food and accommodation prevented them from realizing the dream. This finding again corroborates the study conducted by Maharaj and Moodley (2000) in which 7 % of their study participants reported that they came to further their studies in South Africa.

5.4 How and why they came to settle in Durban.

Below I discuss why research participants chose to settle in Durban in preference to other parts of the country, and particularly not in Johannesburg, which is the main port of entry into the country.

5.4.1 Durban: the original destination planned

Five out of the ten research participants said that they came to Durban directly from Nigeria, choosing it as their destination. The main reason for this being the fact that participants' friends or family reside in Durban. This shows that friends or family often determine which part of the country the migrants choose.

5.4.2 Durban: the place of last resort

While Durban was the original destination planned for some migrants, many of Durban's migrants do not come directly to the city from their home countries (Maharaj and Moodley, 2000:152). Five of my study participants said that their original destination was Johannesburg but they had fled to Durban to avoid the police harassment of migrants in Johannesburg. Research participants implied that in Durban there is less harassment from police officials and less criminal activity compared to Johannesburg. This finding corroborates that of Maharaj and Moodley (2000:154) that state policing is more benign in Durban than in Johannesburg. Another reason why Durban is a favoured destination is because participant's friends sometimes tell them that Durban has lots of job opportunities because it is a seaport, which offers job opportunities not offered inland.

5.5 Experiences and problems

In this section I will discuss the reality that migrants were faced with upon arrival in the country. I will explore the difference between what they expected before coming to South Africa with what they found on arrival. The choice to go to another country is a difficult one, and 'the grass is not always greener on the other side of the fence'. Participants often mentioned problems such as: unemployment, hunger, homelessness and loneliness. Below, I present some of the experiences and problems encountered by study participants on arriving in South Africa.

5.5.1 Unemployment

All the study participants had hoped to secure semi-skilled jobs in the formal economy such as waiters, bar tenders, security men and office assistants. Three participants hoped that these jobs would be a stepping-stone to entering the South African economy. The remaining participants hoped that while doing this semi-skilled job they would use their wages to further their education on a part-time basis, to secure better jobs thereafter. However, participants found that reality did not live up to their expectation in South Africa. All the study participants said they could not secure employment despite months of searching. Since there is a high unemployment rate among South African citizens it is

not surprising that foreign migrants find it difficult to secure employment. Another reason why they could not secure jobs easily is their lack of an identity document. This raises the question of whether these migrants are legal or illegal. This is discussed below.

Legality or illegality: Employers did not want to employ the participants because they lacked appropriate documentation such as a work permit, a permanent residence permit or an identity document. Acquiring these documents is difficult. Migrants cannot obtain a work permit unless they secure employment, and employers will not employ foreign migrants unless they have a work permit. The issue of legality or lack of documentation is a sensitive issue among all migrants; therefore during the data collection period I did not ask any question about the legal status of participants. In addition the objective of the study was not to discover who is legal and who is not. In fact the participants in the study all have documentation. Without this they would not be able to acquire a space for selling in the fleamarket.

5.5.2 Dealing with hunger

Seven out of the study research participants said they experienced hunger because they could not secure a job, and had no friends who could have helped them. In desperation and in order to survive, participants said they looked for creative means of finding food. They survived through the help of their South African acquaintances:

> *We feed everyday by eating leftovers from restaurants. The waiters and waitresses keep all the remnants for us. And when we (my friends and I) go to the restaurant at night to collect the food they helped us to microwave it (32-year-old Mr May)*

This is a good example of local help. Three participants also reported that they sometimes searched for leftover chips and burgers in the refuse bins placed in front of the beachfront restaurants. Research participants said that because they were idle, they constantly felt hungry.

5.5.3 Homelessness and loneliness

Research participants said that when the money they brought from their home country ran out they could no longer afford to pay their rents. Four of the study participants said that they became homeless after this. They resorted to sleeping on the beachfront every night. They did this until they saw another of their countryman who introduced them to a shelter in the city. The place is a church on Sunday, but during the week and at night it is converted to a shelter for homeless migrants. Two participants lived in the shelter for about one year, and two still lived in the shelter at the time of the fieldwork.

Many of their fellow migrants who were relatively settled in the country and earning wages did not want to take on the extra responsibility for new migrants except in rare cases of extreme compassion. The reason they gave was that they were still struggling to make ends meet and they could not take on extra financial responsibilities. Coupled with this is the fact that housing somebody else would cause their landlord to evict them due to over crowding. One participant explained how cold and lonely those nights were when he was sleeping on the beachfront. He said that was when he understood the meaning and importance of shelter and warmth. After participants started to live in the church two of them said they were looking for love and acceptance. This would be discussed later in Chapter 6. It would appear that the kind of friends that migrants made when they came to South Africa and the latter's willingness to offer help, determines participants' ability to settle into South African society.

5.5.4 Disillusionment

The migration experiences, challenges and disappointments, such as hunger and homelessness that migrants encountered resulted in disillusionment. Despite all these negative experiences they refused to go back home because of shame. Mr May gave an example:

> *One of my friends always weeps like a baby anytime we got back to the beachfront to eat and sleep. At some point he was sick and tired, he would not speak to anybody for days (32-year-old Mr May).*

Although I interviewed Mr May's friend, he did not tell me about his disillusioned state. I suppose he was too embarrassed or ashamed to tell me.

5.6 Settling for the informal economy

My study participants ended up in the informal economy fleamarket because they could not secure semi-skilled jobs (waiters, office assistants etc). Trading in the informal economy is their opportunity to end hardship and they grasped it with both hands. Trading in the informal economy is laborious but it is their strategy for surviving in South Africa.

> *When I came to South Africa, and I couldn't secure any job, I first worked as a 'barrow boy' for some months. And later I saved some money to start my own business (32-year-old Mr May).*

5.7 Where to from here

All my study participants claimed that they trade in the informal economy in order to survive hunger, homelessness and unemployment. Six participants claimed that it is a stepping-stone to bigger business and four believe that the trading would give them the opportunity of saving money to further their education. All my study participants still hope to fulfill their original dreams of migrating. Two of them reported below:

> *2005 was a good year for me, because I was able to realize one of my goals. I completed a diploma in basic ambulance assistance at UNISA. I now have a diploma certificate. I intend to study further this year but I am yet to save enough money. My long-term goal is to study further and become a navy paramedic. By then I will leave the market, to work on the ship (26-year-old Mr Dumi).*

I have secured admission at UNISA to study part time finance and marketing. I cannot study full time because I have to be in the market everyday. Hopefully if I complete my studies, I might secure a better job (26-year-old Mr Tim).

It seems reasonable to infer that trading in the informal economy is rated lower in prestige than a formal job among my study participants.

In addition, all my ten study participants reported that they would love to go home for a holiday, and see their family members but they cannot realize the dream of traveling home because air tickets are very expensive. Eight out of the nine unmarried study participants expressed their wish to go home, get married to the girlfriends they left behind and bring them to South Africa, even though they still cannot ascertain when this dream would become a reality.

One of my study participants had already gone back home, another one is planning to go back in December 2006, unfailingly, he reported that he is not coping well in South Africa. We turn now to the next chapter, where I examined how the life lived by migrant men may render them vulnerable to the risk of HIV infection.

CHAPTER SIX
VULNERABILITY TO HIV/AIDS

6.1 Introduction

In this chapter, the data on HIV risks among informal economy Nigerian migrants is described and analysed. In addition to the case studies of three research participants illustrated in Chapter 4, I also present three further case studies of what happened to three Nigerian migrants who became infected with HIV/AIDS.

6.2 Participants' knowledge of and beliefs about HIV/AIDS

The first objective of this study is to explore my research participants' knowledge of HIV/AIDS. I wanted first to assess how much they knew about HIV/AIDS. I found that research participants knew that HIV could be contracted by: having unprotected sex with infected partners, infected blood transfusion, an HIV positive mother to her unborn child and by use of contaminated injection needles. They also stated that one could protect oneself from sexual transmission of HIV by using condoms. But further knowledge was not always accurate; one of them claimed that he could test himself for HIV as illustrated below:

> *There is this good friend of mine who came from the United States of America to study here, he told me that there is a way he normally carries out a simple HIV test and it works. He said I would need a transparent glass of clean water. Then I will cut myself with a clean unused razor, and then drop my blood in the glass of water. If it happens that the blood dissolves then it means that I am HIV negative. On the other hand if the blood remains undissolved then it means that one is HIV positive. I tried it sometime ago when I was ill I think it was flu, but my blood dissolved. That is how I found out in my own way. The reason why I did it is because I heard that some people get to know their HIV status when they have flu and it refuses to go (26-year-old Mr Dumi).*

When he told me about this supposed HIV testing practice, I began to reflect on the kind of impact that this belief would have on other individuals, particularly in Africa where there is considerable HIV/AIDS denial and a lot of myths about HIV/AIDS. An example of these myths is that of the protective myth of having sex with a virgin. The virgin

cleansing myth[11] is having sex with a girl virgin or child virgin so that one can rid oneself of the AIDS virus. Innocent children and young girls have become the victims of the virgin myth in South Africa by being raped, and many have been infected with HIV/AIDS in the process. Similarly, if this belief about self-testing spreads, many young people may adopt the testing practice. It seems to me as an easy way out for individuals to delude themselves and their partners that they are HIV negative. The testing practice was reported to me by three of my research participants. The implication of the testing practice is that people may wrongly diagnose themselves as negative and hence unthinkingly infect others.

Nine out of ten participants claimed that they last received HIV/AIDS information in their home country. Here, they do not have time to listen to radio or watch the television. (As earlier discussed in Chapter 4). Participants revealed that HIV/AIDS awareness campaign takes place at the fleamarket once a year, but the programme is conducted in Zulu. Indeed, many participants are eager to know more about HIV/AIDS and after I completed my interviews they expressed their appreciation profoundly. All the participants claimed that they do not have any medical history of STIs and also do not know the association between STIs and HIV/AIDS. Perception of the risk of being infected with HIV is high among all participants. The reason participants gave is the high prevalence rate of HIV/AIDS in South Africa, which they all knew about before migrating.

6.3 Risky sexual behaviour

Risky sexual behaviour such as having unprotected sex with many partners, visiting commercial sex workers, substance abuse such as alcohol abuse, are factors which can increase an individual's vulnerability to HIV/AIDS infection. The participants' risky sexual behaviour is discussed below:

[11] According Leclerc-Madlala (2002) it is a prevalent myth not only among the Zulus in KwaZulu-Natal but in other provinces in South Africa and other African countries.

6.3.1 Participants' sexual partners

All the participants reported that they have sexual partners. There were two kinds of sexual partners: regular sexual partners[12] and casual sexual partners. Regular sexual partners are girlfriends or lovers with whom they share romantic relationships or with whom they are emotionally involved. Casual sexual partners are just sexual partners with whom the participants are not involved romantically or emotionally. Both kinds of sexual partner are overwhelmingly South African women of African decent. These women are not fellow traders, and are not necessarily buyers or customers, but they come to the market either from the townships, locations or inner city flats for fun, shopping or window-shopping. I asked research participants whether their sexual relationships with casual partners involved any form of exchange such as money or favors. All the participants claimed that they do not pay for sex. Their casual partners are not interested in money; they just have sex "for fun". Thus their casual partners are not commercial sex workers; they are women seeking fun and sexual satisfaction. During the participants' negative migration experiences, (See Chapter 5) they reported that the women they met and had sex with at the clubs (see the story of May Anthony in Chapter 4) were not commercial sex workers either. Participants claimed that the women were fun-seekers just like them.

Three out of ten participants reported having only one regular partner (girlfriend), the remaining seven participants admitted to having both regular and casual partners. Two participants introduced me to their regular girlfriends. I also observed that other women, to whom I was not introduced, however visited my research participants. I do not know whether they are casual sexual partners. I presume the lack of formal introduction may be due to the fact that there is no emotional commitment on the part of my research participants. Perhaps participants were ashamed or embarrassed to introduce them to me.

Two participants also reported that their former girlfriends had other regular sexual partners (their local South African boyfriends). Two of them stated as follows:

[12] In this study I will refer to regular sexual partners as girlfriends or use the words interchangeably.

My first girlfriend here in South Africa had another partner while we were still dating. At the time we were dating we used condoms all the time, but one day she told me she was pregnant. Of course I was surprised at how she fell pregnant since we had been using condoms. She then told me not to worry that I was not responsible for the pregnancy but that she had a boyfriend and that the boyfriend is the one responsible for the pregnancy. That was the end of our relationship, but now I'm still concerned because I don't know maybe my current girlfriend too has another partner (32-year-old Mr. May).

My former girlfriend whom I really loved came to spend the weekend with me last year. I noticed that her phone was ringing continuously and she refused to speak to the person. Then I asked my girlfriend "who is it you don't want to speak to" She told me it was her boyfriend. We are no longer dating and since then I have been afraid of having another girlfriend because of AIDS (35-yr-old Mr. Dada).

The research participants said that they had not intended having sexual partners in South Africa, but their attitude changed for the following reasons:

6.3.1.1 Loneliness: Participants reported that loneliness was one of the reasons they became involved in sexual relationships. Five of the research participants reported loneliness and their need for love and acceptance. According to a 32-year-old participant:

I experienced a lot of hardship when I came to this country and after sleeping on the beachfront for one month, and we (friends and I) found a shelter, I was very lonely and I needed love and acceptance. And that was when I looked for a girlfriend (32-year-old Mr May).

6.3.1.2 Sexual needs: All the research participants said that they have "needs" which refers to sexual needs:

I left my girlfriend in Nigeria before I came to South Africa, whom I really love. But as a man, I have needs and Nigeria is too far away (25-year-old Mr. Dele).

I see women here everyday and.....I don't have any committed relationship at home and I have needs and the women here are equally beautiful and available (35-year-old Mr. Dada).

In my entire life I thought I would be a faithful husband to my wife without having any girlfriend, but here am I in South Africa alone and I have needs.." (32-year-old Mr. May).

However, participants said that in order to satisfy these 'needs' they do not need to be in a romantic/committed relationship with any woman, because they have easy access to willing casual partners in South Africa.

6.3.1.3 Pressure from women: Study participants reported that women often pressured them into having sex with them. I also observed some local women calling on participants; they came into their stalls and sat with the participants. I could see that there was an amorous relationship between them, and not business. When the women left the participants would tell me that "ikan ninu won ni yen o"[13] The following illustrates this:

Did you see the woman that was sitting here just now? (Participants would ask me) She is one of them (casual partners). She was here yesterday. And that was her third time here today. She said she would want to know me better (that is outside the market setting).

Then I asked him what that meant, to which he looked at me as if he wanted to say 'don't you understand'. He then smiled and replied in Yoruba his local language: "oun wa nkan niyen". The literal meaning of this is 'she is definitely looking for something', interpreted to mean 'looking for sex'.

In addition, participants reported that women often make suggestive remarks to them as follows:

[13] "Ikan ninu won niyen" this is a Yoruba language phrase meaning: that is one of those we've spoken about.

One day I met a woman through one of my casual partners. Apparently my casual partner and that woman (her friend) have both been talking about our sex life. One day they both came to my shop and the woman said to me pointing to her friend 'she will not be the only one enjoying I also want to experience you (26-year-old Mr. Iman)

Women often say that they are attracted to me
(35-year-old Mr. Dada)

Everywhere I go (when going about my business), I meet women who tell me that I'm cute, what is cute?
(26-year-old Mr. Alex)

I also get to meet ladies who tell me that they love me
(32-year-old Mr. May)

It is not clear to me whether all that my participants say about their casual partners is true or whether they are boasting. Or could it be that participants are also attracted to these women? It seems to me that attraction is from both sides.

6.3.1.4 Lack of societal sanctions: Participants reported that in addition to the reasons given above, lack of familiar or societal sanctions in South Africa compared to their home country encourages them to have sex with many partners. Societal sanctions are checks usually from family members and friends. Study participants reported that at home (Nigeria), there are sanctions against and limits to sexual access. But in South Africa participants reported that they are not known or monitored by anyone, and they are therefore free to do as they wish. In Nigeria for instance, having many sexual partners is frowned upon by family, and if it is done, it is done discreetly, without the family and society's approval. My research participants reported that at home if they were caught having many sex partners, they might be chided or reprimanded by parents or guardians. Further parents or guardians may organize that the affected individual should be counseled by respected people in the family such as religious leaders, or a married and successful person in the family. The counselor would express his disapproval and expect the individual to change.

6.3.2 Alcohol abuse

Participants reported that they had a lot of alcohol to drink in the clubs, when they first came to South Africa. They went to clubs and drank away their sorrows. Abuse of substances such as alcohol may cause impairment of judgment, thereby leading to unprotected sex. The participants however claimed that they do not visit clubs to drown their sorrows anymore. There is a possibility however that they might have contracted HIV.

6.3.3 Condom use among study participants

All study participants claimed that they used condoms and practiced safe sex. Four of the study participants also said that in instances when a condom is not available they would wait until they could get hold of one. This has been termed 'secondary abstinence' which refers to the practice of abstaining from sexual intercourse for a period of time by someone who is sexually experienced (Shisana et al, 2005). However, I do not know whether they were telling me the truth or not. They may have been telling me what they thought I wanted to hear as compared to what is really happening. The sex act is private, and it takes place secretly between two people. There is no way one can actually know whether condoms are used or not. Even though I developed rapport with participants, the level of openness varied. It appears that building rapport may not be enough particularly on the issue of sex. I presume that because of the sensitive and private nature of sex it is difficult to know the actual truth.

6.3.3.1 Condom use dilemmas

Although study participants reported using condoms for sex, the consistency of condom use varied among participants and it also depended on the kind of sexual partner. Study participants had a dilemma in the use of condoms because both their girlfriends and casual partners often did not want them to use condoms. Girlfriends put pressure on participants not to use condoms during sexual intercourse. One of the research participants lamented:

I don't even know what is wrong with these women (sexual partners), they don't like to use condoms. I don't see any reason why women should not want condoms, particularly because I am not married to them. Even the women we meet sometimes in the club equally don't want condoms. Many times I think maybe those women know that they have HIV, and they have a mission to infect us and to kill us because we are foreigners. Because in a country where there is so much HIV/AIDS I don't know why some people still don't want condoms. It beats me (30-year-old Mr. Camillus).

One of the participants recounted a statement by his girlfriend:

Baby I don't want us to use condoms anymore I don't have HIV

Participants said that as a way of dealing with the constant pressure from their girlfriends not to use condoms, they (the study participants and the girlfriends) agreed to go for HIV test so that they could start to have unprotected sex together. Two participants reported that they have had unprotected sex with their regular partners after receiving their HIV test results which were negative.

My girlfriend said she was tired of using condoms. When I insisted on condoms, we started having fights. But I really love her so we went for HIV test. Our test results were negative so we started "doing it" without condoms (32-year-old Mr. Alex).

Nonetheless, the two participants (who tested negative with their girlfriends) expressed concerns that they could still be at risk of infection since their girlfriends might have other sexual partners (For example see Mr May's case study in Chapter 4).

6.3.3.2 'I double it'

While it is a fact that many people do not use condoms, some are doubling the number of condoms used at once. During the in-depth interviews, five participants reported the use

of double condoms for sex. Although all of the research participants are familiar with this term, only five said they have practiced the use of two condoms.

'Double it' is the term used by participants to explain the use of more than one condom at the same time during sexual intercourse. Five of the ten research participants did this but two of the remaining said that they would rather abstain than use two condoms. The research participants reported that before they came to South Africa they were using one condom. They claimed that the practice of double condom started after they entered South Africa and the reason is because of the high prevalence rate of HIV/AIDS. I asked them whether the use of two condoms reduces sexual pleasure. They replied that nothing is more pleasurable than being healthy, and that their lives are more important than any type of pleasure in this world:

> *I love my life more than anything else in this world and I value my life. I don't want to die now. I'm still young and I have a long way ahead of me. There is no enjoyment that is more important than my life, therefore I will continue to double it, it's just sex (26-year-old Mr. Tim).*

There appears to be a difference in respect to condoms and the practice of 'doubling it" between regular partners (girlfriends) and casual partners. Four participants only used two condoms with very casual partners (one night stands). But one research participant reported the use of two condoms with both his regular partner and casual partners. This is what he said:

> *I love my girlfriend very much, I use two condoms with her and she knows about it she understands (26-year-old Mr. Tim)*

In addition to 'doubling it' two other terms emerged around condom use: 'hide and double' and 'double and show'. Below is the explanation for the two terms.

'Hide and double': In this scenario the sexual partner is not aware that two condoms are being used. One study participant claimed that it is not everybody that bothers to 'look down there' when sex (that is penetration) is about to take place. The first condom is put

on in the bathroom, while the second one is added in the bedroom. Research participants reported that the reason for hiding double condoms is because of the pressure from the sex partner of not wanting to use any condom at all.

'Double and show': This term refers to when two condoms are used and the partner is aware of the practice.

On the issue of not wanting to use condoms, I also gathered from the in-depth interviews and informal discussions with research participants that most of their women sexual partners do not want to use condoms during sexual activity. This finding is contrary to what has been found in the literature; that women are the ones who want to use condoms while the men want flesh to flesh (Varga, 1997). This attitude of women not wanting to use condoms in this particular study appears to be due to two reasons: the belief that the migrants are circumcised men and thus cannot transmit HIV/AIDS and the fact that girlfriends want to have babies which I will discuss in detail below.

6.3.3.3 Relying on 'circumcision'

The participants reported that because they are circumcised[14] their partners did not think it necessary to use condoms during sexual intercourse. One of the participants recounted his partner's comment:

> *Baby but you don't have HIV you are circumcised we all know that circumcised men can't give us the disease easily (recounted by Mr Dada).*

The issue of circumcision as a factor that reduces the risk of HIV infection is still a matter for debate but there are a number of recent studies conducted in Africa and one in South Africa (See William et al 2006; Auvert et al 2005) that support this view. Participants claimed that their partners are already using this information as a reason for having unprotected sex with Nigerian men who are circumcised.

[14] Circumcision in this context means male circumcision: the removal of the foreskin of the penis. Research participants reported that they have been circumcised from infancy. This form of circumcision is not related to any rite of passage.

To expand on the above, many of the migrants in the fleamarket are from West African countries where males are circumcised, and studies have shown that there is low HIV/AIDS prevalence in areas where circumcision rates are high (De Vincenzi and Mertens 1994; Siegfried et al 2003). There is an on-going debate about the link between male circumcision and HIV/AIDS, some researchers have argued that circumcision reduces the risk of HIV infection while others say it does not. Recently in South Africa, a randomized controlled trial conducted at Orange Farm and surrounding communities has shown that circumcising males can dramatically lower their risk of becoming infected with HIV through heterosexual sex (Auvert et al, 2005).

6.3.3.4 Pregnancy dilemmas

Participants reported that girlfriends do not want them to use condoms because of their wish to fall pregnant. Research participants said that they, on the other hand, do not want babies. The wish to have a baby is why regular partners often want unprotected sex. One of the participants said his girlfriend often told him: '*Baby, you are cute let's make a baby together*'. Participants claimed that they do not want babies yet because they cannot care for them and also because they do not want children out of wedlock. One of the participants reported:

> *My girlfriend does not like condoms; she said she wants my baby because she loves me and I'm a cute man. She tries hard to make sure we forget it during lovemaking but I always remember (25-year-old Mr. Alloy).*

One of the possible explanations why girlfriends want babies has being documented in the studies conducted by Preston-Whyte in the early 1990s. She studied fertility outside marriage among single African women in Durban (See Preston-Whyte, 1993). It appears that girlfriends are trying to lure their migrant boyfriends into marrying them.

6.4 Accessing condoms and care for HIV/AIDS

Five research participants reported that they buy condoms from pharmacies and supermarkets. One of the participants stated that

I buy condoms whenever I need one, I am the one who want to protect myself from HIV/AIDS, I don't see why I have to wait for the government to provide me with one (25-year-old Mr. Ike)

The above statement reflects the view of five of the participants. They believe that buying condoms to prevent HIV/AIDS is their responsibility and not that of the state.

The other five participants reported that they would access free condoms sometimes when they have the time. Challenges such as: distance to a government clinic or lack of time to travel to hospital, were some of the barriers identified by participants that stop them from getting free condoms from the public health system. Some participants are given 'free' (the government) condoms by friends. Participants reported further that free condoms are provided in some of the cheap hotels around the city where they take their casual partners to have sex.

Only two of the ten research participants had had an HIV test in a private surgery in South Africa. They went to private doctors to test, together with their regular partners as discussed above. One participant out of the remaining eight was tested for HIV before coming to South Africa two years ago but has not repeated the test since then. The remaining seven participants have not being tested and therefore they do not know their HIV status. Three out of the seven participants said they are afraid to test because a positive result would mean a death sentence, since there is no cure for AIDS, and the drug is not affordable:

I will not go for a test; I don't want to know my HIV status, because if I test and I'm HIV positive I will never live a normal life again. Why would I test since there is no cure for the disease and the drug to lessen the virus is too expensive. It would be like a death sentence for me to know. It is better not knowing and living a normal life than knowing and not able to do anything about it (34-year-old Mr. Afolabi).

Participants assumed that antiretroviral (ARV) treatment is not available to migrants, because not all the HIV positive South Africans have had access to the drug. Their

assumption that ARVs are not accessible to foreigners is based on the two case studies that are narrated later on in this chapter. Antiretroviral (ARV) is the drug given to HIV positive individuals to boost their immune system and increase their CD4 count. The main focus of this research is not on ARVs but I will give a brief account of ARV access among migrants in Durban, since there is an on-going debate about making ARV available generally in South Africa.

In 2003, ARV roll-out was announced, and in 2004 ARV roll-out was put in place in selected areas in South Africa. The South African Department of Health declared that ARVs should be given to any individual whose CD4 count is below 200, the law did not exclude anyone based on their nationality. However for logistic purposes the KwaZulu Natal Department of Health required a number that can be used to identify peoples' file. This would mean an identity document (ID) number for the South African citizens and a passport number for the migrants (DOH, 2006). The department decided on using an identity document number and therefore made it mandatory for individuals accessing ARVs to posses the South African identity document. They chose the identity number because it is a unique 10-digit number that is assigned for life. This number would enable patients to be tracked as they move between different treatment sites including across provinces. Asking for an identity document may not necessarily be a ploy to exclude foreigners, but it invariably excludes them from treatment access. It is however not surprising that three of my study participants are not keen on knowing their HIV status. Personal discussion with one of the ARV managers revealed that in the event that a migrant has an identity document, he would still be denied access to ARVs. He noted that providing ARVs theoretically does not equal practical provision as the people on the ground (ARVs roll-out centres) would still deny such individuals. He noted that the provision of ARVs is a complex issue. In order to avoid long queues, all participants do not attend public health centers. They would rather seek medical care from surgeries located in the city. Financially the research participants cannot afford the hospital bills but they have to go to the private surgery because of their business. Sometimes they buy drugs from the pharmacies when they are ill. However, participants believe that the public hospitals will treat them without prejudice in emergency situations.

6.5 HIV/AIDS stories of three Nigerian migrants

In this final section I present the stories of three Nigerian migrants (all from the informal economy) as an illustration. These stories illustrate the implications of their sexual risks and access to HIV/AIDS care. My research participants narrated these stories to me. Note that these stories are not those of the research participants:

Mr. Natty: died 2004

Mr. Natty came to South Africa in 1993. He left his wife and children in Nigeria. Participants said he has gone back to Nigeria about twice since he arrived South Africa. He started coughing and was sweating at night, and after a number of treatments the cough would not go away. He had tuberculosis. The private doctor he was consulting decided that he should go for an HIV test. Natty's HIV test came out positive. His doctor treated the tuberculosis and he was okay, but he did not disclose his HIV-positive status to his friends because of the fear of stigma. He carried on with his normal life. In 2003, his was sick again and his condition got worse. He could not afford antiretroviral medication. His health deteriorated, he had full blown AIDS. His friends tried their best to care for him; they fed him and paid for his rent, but he later died in South Africa. When his family in Nigeria were told about their son and asked whether they would like to have his corpse returned to Nigeria, they told his friends to have him buried in South Africa because of the cost of transporting the corpse. He has since being buried in the Durban cemetery. Friends did not inform Natty's family of the real cause of his death.

Mr. Benson: died 2005

He came to South Africa in 1996. When he left Nigeria he was not married. On getting to South Africa he had many sexual partners. He told his friends that he never heard about using condoms in Nigeria therefore when he came here he did not use condoms with his partners. His problems started when he got sick and visited private doctors in the city. After series of treatments he did not get any better so one doctor recommended that he should have an HIV test. His test result came out positive, and his CD4 count was already

below 200[15]. He started buying anti retroviral drugs with his savings. Later he started to use money from his business to buy the then very expensive drugs. He depleted all his money and he had to tell his friends about his illness. Friends, including some of this study's participants also started to contribute money to buy ARVS. He could not afford to purchase the drug regularly, the illness developed into AIDS. When his friends could no longer continue caring for him, they contributed money and purchased an air ticket for him to return home so that his family at home could take care of him. He died within two months of arriving home. His friends who are still here in South Africa mourned him and they announced in an obituary that he died after a brief illness, but they did not mention AIDS.

Mr. Okanlawon: 1967-2007

Mr. Okanlawon was the first child and only son for his parents. He came to South Africa in 1997 and was not married then. Over the years he had many sexual partners in South Africa. His friends warned him that he should use condoms for sex but he declined by saying that: sex with a condom is like licking a sweet with the wrapper on. He claimed that he did not like condoms and he did not use any. Four years ago (2004), he got married to a South African woman, they are yet to have a child. In late 2005, his wife reported him to a Nigerian woman whom she (his wife) believed could intervene in their peculiar family problem. She complained that Okanlawon (her husband) was no longer interested in making love to her. Her fear was that Okanlawon did not love her anymore and was worried that he might be dating another woman. In early 2006, friends noticed that Mr. Okanlawon was getting lean but he told them that it (his lean body) was due to stress. In mid 2006, he was sick and went to the clinic for treatment. In July 2006, he had a lot of boils on his face, and remained indoors. In October 2006, he got seriously ill and he could not go out anymore. Concerned friends went to greet him but decided to call on a pastor to pray for him when they saw that he was really ill. The pastor prayed for him but also suggested that Mr. Okanlawon have an HIV test. Mr Okanlawon declined saying that HIV testing would not be necessary. At this time his friends had started suspecting that he had contracted 'the deadly disease' but none of

[15] The implication of a CD4 count below 200 is that the immune system will no longer be able to fight infections. Opportunistic infections may increase in frequency, severity and duration (Barnett and Whiteside, 2002: 32).

them discussed it. As time progressed the sickness got worse and his friends were all worried and concerned. One of them (friends) called his mother (in Nigeria) to inform her about her son's ailment and that nobody would be able to care for him since everyone has to go to their various places of work. Okanlawon's mum told his friend to arrange for him to come home so that she could care for him, but he could not afford the air ticket. His mother sent some money to him to purchase his air ticket. He went back to Nigeria on the 28th of December 2006. One week after, his mother called South Africa to inform his friend that he had died, she claimed that he had acute Tuberculosis. All his friends have since mourned his death but they believed that Tuberculosis is one of the symptoms but the actual cause of his death is HIV/AIDS. Nobody knows maybe Mr. Okanlawon ever knew his HIV status in that he did not disclose to anyone.

In conclusion, migrants engage in risky sexual behaviour with more than one sexual partner because they are lonely and they have sexual needs. Also there is inconsistent condom use because their partners are not keen on using condoms. Finally I end the chapter with 'true-life' stories of three informal economy Nigerian migrants. They were all infected with HIV and have all died. These real life stories illustrate the implications of HIV/AIDS risk among foreign migrants working in the informal economy. We now move to the final chapter of this thesis, where I discuss some of the findings of the study.

CHAPTER SEVEN

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

Chapter 1 introduced this study and set out its objectives. Chapter 2 provided a review of literature pertinent to the study; Chapter 3 described the methodology used to investigate the research questions. In Chapter 4, this study described the study context and the field site. Chapter 5, explored the participants' motivation for and challenges of migrations. In Chapter 6, I presented the findings on migrants' sexual vulnerability to HIV/AIDS. In this final chapter, I discuss the findings of the study focusing on how migrants' social context shapes their vulnerability to HIV infection and draw conclusions from the findings. I also make some recommendations to policy makers and provide suggestions for future research on migrants' risk behaviour in South Africa.

7.2 Discussion and conclusion

This study provides new insight into the risks of HIV/AIDS among international migrants working in the informal economy. Previous studies of HIV/AIDS risks among migrants in South Africa have focused on internal migrants, particularly those working on the mines (Crush, 1997; Chirwa, 1997; Lurie et al, 2003a, b; Collinson et al, 2006). In addition, previous studies of vulnerability among informal economy traders in South Africa have looked at female traders as a whole but not focused specifically on the risks of foreign migrants in these settings. Furthermore, studies on migrants have explored migrants' risks at migration destinations (Beyene, 2000; Fenton et al, 2002) and their source countries (Anarfi, 1993; Poudel et al, 2004) but few have investigated how home country socio-cultural norms, and migration experiences as well as the influence of a new environment shape vulnerability to HIV/AIDS. This study, for the first time, explored the risks of HIV/AIDS among international migrants in the informal economy of South Africa focusing on these three domains of influence.

Participants in this study demonstrated fairly good knowledge of HIV/AIDS and its modes of transmission. They claimed that most of the information on HIV/AIDS was from their country of origin and that they were told by friends, before they migrated to South Africa, that the country has a high HIV/AIDS prevalence. They also knew that they could be infected through sexual intercourse if they had unprotected sex. However, participants believed that they could carry out HIV tests on their own. This finding supports that of Burns et al (2007) who found that knowledge of HIV/AIDS among Africans in the United Kingdom was proportional to the prevalence of HIV/AIDS in their country of origin. The study found that participants from East African countries such as Uganda had better knowledge about HIV/AIDS than those from West African countries with relatively low HIV/AIDS prevalence. Also participants in this study did not improve their knowledge of HIV/AIDS once in South Africa, they stated that they hardly listen to the radio or watch television and therefore do not listen to or watch programmes on HIV/AIDS. Further, none of them had attended any training workshop or awareness campaigns. They stated that HIV/AIDS awareness campaign takes place only once a year in the open theatre but it is conducted in Zulu. However, they were eager to learn and expressed the wish to know more about HIV/AIDS. Although none of the participants reported having had STIs, it is disturbing that they did not know the relationship between STIs and HIV and that STIs are co-factors for HIV/AIDS (Mayaud and McCormick, 2001). The implication of this finding is that participants are not likely to seek prompt treatment if they get infected with an STI and thereby increase their risk of infection with HIV/AIDS. This underscores the need to investigate the possibility of conducting STI screening for workers in this setting.

Consistent with the literature on HIV/AIDS risk among international migrants, participants' knowledge about HIV/AIDS did not always lead to protective sexual behaviour. Previous studies among African migrants in the United Kingdom showed that although participants had a high level of knowledge about HIV/AIDS, they still engaged in risky sexual practices (Burns et al, 2007).

Participants had multiple reasons for their sexual behaviour. Drawing on Chng et al (2003) and Brockerhoff and Biddlecom (1999), the sexual behaviour of migrants in this study has been shaped by the complex interaction among the three 'impact domains': 1) home country patterns - social sanctions in home country and its influence on regulating sexual behaviour 2) migration experiences - physical and socio-economic hardships during migration as well as separation from spouses/partners made participants vulnerable to HIV/AIDS 3) socio-cultural influences from the new environment - continued separation from spouses and partners coupled with the lack of social sanctions made participants more likely to have unprotected sex with many partners when opportunities arose. These three domains influenced participants in very complex ways and all contributed to their vulnerability to HIV/AIDS. Therefore, the section that follows is a discussion of the interaction between the three impact domains and how these shape vulnerability of migrants working in the informal economy to HIV/AIDS.

Migrants had incorrect information about the prospects of employment, study and the opportunity to obtain visas for other western countries in South Africa. The lack of correct information made participants migrate to South Africa without first securing employment. Clearly, participants were ill prepared for the experiences they encountered once in South Africa as they were not able to secure employment in the formal sector in South Africa as discussed in Chapter 5. As a result, they could not readily leave South Africa and found themselves in an awkward position having to endure extreme hardships such as hunger, homelessness and poverty, which led to disillusionment and trauma. The lack of employment put them in a precarious situation such that they had to eke out a living while trying to settle in the country. Participants reported being vulnerable due to the hardships encountered during the process of migration. In an attempt to make themselves happy and forget about their problems, participants drank alcohol frequently and had unprotected sex with women whom they met casually at clubs. This finding on the use of alcohol is consistent with findings among migrants and other groups (Beyene, 2000; Poudel et al, 2004). Beyene's study among Ethiopians and Eritreans in the United States showed that migrants had alcohol and illicit drugs before having sex and that this contributed to them not using condoms during sex. Poudel et al (2004) identified alcohol

as a factor, which contributed to unprotected sex among Nepalese migrants working in India. Previous studies have also shown that alcohol use could impair judgement and contribute to unprotected sex (Shisana et al, 2005). One must note, however, that the situation, which made migrants in the study by Beyene (2000) and Poudel et al (2004) drink alcohol before having sex, was different from those of migrants in this study.

A further reason for risky sexual practices was the separation from spouses and regular sexual partners. Most of the participants, including one who was married with a child before migrating, reported having sexual relationships with local women because of loneliness and the need for love. Others reported that they had planned to wait until they could bring their sexual partners from Nigeria but found that it would not be possible to bring them in the near future given the participants' financial situation. The need to satisfy sexual needs coupled with loneliness made them have sex with women when the opportunity arose. While participants wanted to satisfy sexual needs, they also found willing partners. A study conducted in Kenya showed that those individuals who migrate and co-reside with their wives or partners are likely to report lower sexual risk behaviours than those who migrate without their partners (Brockerhoff and Biddlecom, 1999). It is important to note that the duration of separation from sexual partners and spouses may be prolonged. Migrants may remain separated from their regular partners for as long as they are not financially able to bring their partners to South Africa. Although participants have a steady source of income as traders in the fleamarket, most are still not in a financial position to travel to Nigeria. Participants claimed that the lack of societal sanctions also enabled them to have many sexual partners including regular and casual partners. The lack of sanctions reflects the influence of socio-cultural norms in the new environment as compared with that of the home country (Brockerhoff and Biddlecom, 1999; Chng et al, 2003).

Due to participants' inability to secure work in the formal sector they had to settle for work in the informal economy as a means of settling into the society and ending the hardships that they experienced. After entry into the informal economy as traders, participants reported having more than one sexual partner, some of whom were steady

girlfriends and others were casual partners. Despite their perceived risks of contracting HIV/AIDS and the effectiveness of using condoms in preventing HIV infection, some did not use condom consistently, particularly with regular partners. Varga (1997) has shown that condoms are rarely used in steady relationships where partners feel that trust has been established. A clear example of the inconsistency of condom use among participants in this study is to be found in the case of the participant who has a wife in Nigeria but eventually impregnated one of his regular partners in South Africa and has already paid 'lobola' for her to become his 'South African' wife. An interesting finding closely related to the one above, is the claim by participants that their partners resented the use of condoms and that this contributed to the inconsistent use of condoms. This finding is in contrast to previous findings on sexual decision making among couples in South Africa. Previous studies indicated that women have little say in sexual decision-making (Varga, 1997).

Of great concern is the claim by participants that pressures from their sexual partners contributed to them having unprotected sex. Participants claimed that their sexual partners argued that, as circumcised men, the migrant men could not transmit HIV to them easily. Two of the participants claimed that they started having unprotected sex with their partner after going for an HIV test. These findings point to the need to educate migrants on the risk of unprotected sex with circumcised men. UNAIDS (2006b) indicated that circumcised men can still be infected with or transmit HIV and therefore recommends that circumcision should be used with other prevention methods such as correct and consistent condom use, and reduction in the number of sexual partners.

Although some of the claims by the migrants in this study might have been exaggerated, the fact that most of the participants claimed that they went to great lengths in using condoms, some double, shows some consistency in their claims. Furthermore, the use of multiple methods of data collection ensured that information collected was validated from more than one source.

Participants' perceived themselves to be at risk and therefore feared having an HIV test. This finding is not new but consistent with that reported by Fenton et al (2002) among African migrants in London. Fenton and colleagues indicated that African migrants had poor uptake of voluntary counseling and testing. In the United Kingdom for instance, HIV testing is promoted as one of the main HIV prevention strategies among African migrants to the country. The aim is to reduce the proportion of undiagnosed HIV infections and thus facilitate early access to treatment as well as reduce onward vertical or sexual transmission. However, in South Africa, there is no specific HIV testing intervention (within the easy reach of the fleamarket) that targets African migrants. The findings on the risk behaviour of migrants highlight the importance of early testing for migrants and access to care for those who test positive.

The implications of these findings are that these migrants are a potential risk group for the spread of HIV/AIDS. On the one hand, migrants could contract or transmit HIV to their sexual partners in South Africa and also to those in Nigeria when they visit or when their Nigerian partners come to join them in South Africa. This has serious consequences for the spread of HIV/AIDS within South Africa and in their home country, Nigeria.

It seems reasonable to conclude that migration challenges, which lead migrants to the informal economy, is an important factor in the vulnerability of migrant traders. Also important is the lack of access to HIV/AIDS information in the informal economy. Given the experiences of migrants, one can argue that the lack of both HIV/AIDS prevention and testing interventions for informal economy workers makes migrants working in the informal economy vulnerable to HIV/AIDS infection.

7.3 Recommendation for programmes

- Given traders' busy schedule, there is a need for the Durban municipal government to work together with non-governmental organizations and representatives of traders in the fleamarket to develop appropriate HIV/AIDS programmes for all traders working in the informal economy. These should include HIV/AIDS awareness and voluntary counseling and testing programmes.

7.4 Recommendations for further research

As with all social science/human science enquiries, more questions follow any answer produced. Hence, this study points to some directions for future research:

- Due to the increasing number of foreigners in South Africa entering informal trade and having South African partners, there is need for further research into the risk and vulnerability of migrants. Additional research is required that would include male and female African migrants from other African countries.

- Health promotion specialists should conduct studies that will be used to design specific prevention programmes that will target migrants in South Africa.

LIST OF REFERENCES

Adepoju, A. (1998). 'Emigration dynamics in sub-Saharan Africa' In R Appleyard (ed.) *Emigration dynamics in developing countries.* Ashgate: Aldershot. Vol 1:17-34.

Adepoju, A. (2006). 'Leading issues in international migration in sub-Saharan Africa' in Cross, C.; Geralderblom, D.; Roux, N. and Mafukidze, J. (eds) *Views on migration in sub-Saharan Africa.* Proceedings of an African migration alliance workshop. Cape Town: HSRC Press. 25-47.

Ajuwon, A.J.; Fawole, O. I and Osunbade, K.O. (2001). 'Knowledge about AIDS and risky sexual behaviour for HIV among young female hawkers in motors-parks and bus stations in Ibadan, Nigeria' *International Quarterly of Community Health Education.* 20(2): 131-141.

Ajuwon, A.J.; McFarland, W.; Hudes, E.S.; Adedapo, S.; Okikiolu, T. and Lurie, P. (2002). 'HIV risk related behavior, sexual coercion, and implications for prevention strategies among female apprentice tailors, Ibadan, Nigeria' *AIDS and Behavior.* 6(3): 229-233.

Anarfi, J. (1993). 'Sexuality, migration and AIDS in Ghana: a socio-behavioural study' *Health Transition Review.* 3 supplement: 45–67.

Anderson, J. and Doyal, L. (2004). 'Women from Africa living with HIV in London: A descriptive study' *AIDS Care.* 16: 95–105.

Auvert, B.; Taljaard, D.; Lagarde, E.; Sobngwi-Tambekou, J.; Sitta, R. and Puren, A. (2005). 'Randomixed, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 Trail' *PLOS MEDICINE* 2(11) www.plosmedicine.org.

Axinn, W. G.; Fricke, T. E. and Thornton, A. (1991). 'The microdemographic community study approach: Improving survey data by integrating the ethnographic method' *Sociological Methods and Research.* 20(2): 187-217.

Barnett, T. and Whiteside, A. (2002). *AIDS in the twenty first century: Disease and Globalisation.* Basingstoke: Palgrave Macmillan.

Bernstein, A. (1997). 'People on the move: Lessons from International Migration Policies'. *CDE Migration series*. Research report No.6.

Beyene, Y. (2000). 'Potential HIV risk behaviors among Ethiopians and Eritreans in the Diaspora: A bird's-eye view' *Northeast African Studies.* 7(2): 119-142.

Brockerhoff, M. and Biddlecom, A.E. (1999). 'Migration, sexual behaviour and the risk of HIV in Kenya' *International Migration Review.* 33(4): 833–856.

Burns, F. and Fenton, K.A. (2006). 'Access to HIV care among migrant Africans in Britain: What are the issues?' *Psychology, Health & Medicine.* 11(1): 117-125.

Burns, F.; Imrie, J.; Nazroo, J.Y.; Johnson, A.M.; Fenton, K.A. (2007). 'Why the(y) wait? Key informant understandings of factors contributing to late presentation and poor utilization of HIV health and social care services by African migrants in Britian' *AIDS Care.* 19(1): 102-108.

Cambridge International Dictionary (1995). Cambridge: Cambridge University Press.

Campbell, C. (2003). *Letting them die: how HIV/AIDS prevention programmes often fail.* Oxford: The International African Institute and James Curry.

Chazan, M. (2006). 'Responding to HIV/AIDS and chronic vulnerability in an urban context: lessons learned from informal street traders in Durban, South Africa' *Humanitarian Exchange.* number 35: 4-7.

Chirwa, W.C. (1997). 'Migrants labour, sexual networking and multi-partnered sex in Malawi'. *Health Transition Review.* Supplement 3 to vol 7: 5-15.

Chng, C. L.; Wong, F.Y; Park, R.J.; Edberg, M.C. and Lai, D.S. (2003). 'A model for understanding sexual health among Asian American/Pacific Islander men who have sex with men (MSM) in the United States' *AIDS Education and Prevention.* 15 supplement A: 21-38.

Coetzee, G. and Cross, C. (2002). *Group approaches to financial service provision in rural South Africa.* DGRV SA Working papers Series No 1.Pretoria: University of Pretoria.

Collinson, M.; Lurie, M.; Kahn, K.; Wolff, B.; Johnson, A. and Tollman, S. (2006). 'Health consequences of Migration: Evidence from South Africa's rural North-East (Agincourt)' in Tienda, M.; Findley, S.; Tollman, S. and Preston-Whyte, E (eds) *Africa on the move: African migration and urbanization in comparative perspective.* Johannesburg. Wits University Press. 308-328.

Coombes, A.E. (2004). "Monuments and Memories' *ISHUMI/10: Durban Art Gallery.* Durban: Ethekwini Municipality South Africa. 34-45.

Crush, J. (1995). 'Mine migrancy in the contemporary era' in Crush, J, and James, W. (eds). *Crossing Boundaries: Mine migrancy in a democratic South Africa.* Cape Town: Idasa.

Crush, J. (1997). *Covert operations clandestine migration, Temporary work and immigration policy in South Africa.* Cape Town: Southern African Migration Project, March 1997

Crush, J. (1999). 'The discourse and dimensions of irregularity in post-apartheid South Africa' *International Migration.* 37: 125–51.

Crush, J. (2000). 'Migrations past: An historical overview of cross-border movement in Southern Africa' In McDonald, D. A. (ed.) *On the border: Perspectives on International migration in Southern Africa.* SAMP and St Martins Press: 12-25.

Crush, J.; William, B.; Gouws, E.; and Lurie, M. (2005). 'Migration and HIV/AIDS in South Africa' *Development Southern Africa.* 22(3): 293-318.

Decosas, J.; Kane, F.; Anarfi, J.; Sodji, K. and Wagner, W. (1995). 'Migration and AIDS' *The Lancet.* 346: 826–828.

Decosas, J. (1996). 'HIV and development' *AIDS.* 10: S69–S74.

Decosas, J. and Adrien, A. (1997). 'Migration and HIV' *AIDS.* 11 (suppl. A): S77-S84.

Del Amo, J.; Petruckevitch, A.; Phillips, A. N.; Johnson, A. M.; Stephenson, J. M. and Desmond, N. (1996). 'Spectrum of disease in Africans with AIDS in London' *AIDS.* 10: 1563–1569.

Devey, R.; Skinner, C. and Valodia, I. (2005). 'The state of the informal economy' *State of the Nation.* Final draft. Pretoria: HSRC Press.

De Vincenzi, I. And Mertens, T. (1994). 'Male circumcision: a role in HIV prevention? *AIDS.* 8(2): 153-160.

Dodson, B. (2000). 'Porous borders: gender and migration in Southern Africa' *South African Geographical Journal.* 82: 40–6.

DOH (2005). 'National HIV and Syphilis antenatal sero-prevalence survey in SA" www.doh.gov.za/docs/2003hiv-fhtml

DOH (2006). 'Access to ARV' *Internal Memorandum: Integrated Health Services Development.* Department of Health KwaZulu-Natal.

Durban City Engineers, (Source of the fleamarket aerial view map) Durban, South Africa.

Durban North Central and South Central Councils (2000). *Durban's informal economy Policy.* Durban, South Africa.

Durban Unicity (2001). *Durban's Informal Economy.* Policy Memo.

Erwin, J. and Peters, B. (1999). 'Treatment issues for HIV + Africans in London' *Social Science & Medicine.* 49: 1519–1528.

Erwin, J.; Morgan, M.; Britten, N.; Gray, K. and Peters, B. (2002). 'Pathways to HIV testing and care by black African and white patients in London' *Sexually Transmitted Infections.* 78: 37–39.

Fenton, K.A.; Chinouya, M.A.; Davidson, O. and Copas, A. (2001). 'HIV transmission risk among sub-Saharan Africans in London traveling to their countries of origin' *AIDS.* 15(11): 1442-1445.

Fenton, K.A.; Chinouya, M.; Davidson, O. and Copas, A. (2002). 'HIV testing and high risk sexual behavior among London's migrant African communities: a participatory research study' *Sexually Transmitted Infections.* 78(4): 241–245.

Foley, E.E. (2005). 'HIV/AIDS and African immigrant women in Philadelphia: Structural and cultural barriers to care' *AIDS Care.* 18(8): 1030-1043.

Garenne, M. (2006). 'Migration, Urbanisation and child health: An African pespective' in Tienda, M.; Findley, S.; Tollman, S. and Preston-Whyte, E (eds) *Africa on the move: African migration and urbanization in comparative perspective.* Johannesburg: Wits University Press. 252-279.

Ghazali, S. (2003). 'Kut (Informal rotating credit) in the livelihood strategies of Urban households in Penang, Malaysia' *Area.* 35(2): 183-194.

Gras, M.J.; Weide, J.F.; Langendam, M.W.; Coutinho, R.A. and van den Hoek, A. (1999). 'HIV prevalence, sexual risk behaviour and sexual mixing patterns among migrants in Amsterdam, the Netherlands' *AIDS.* 13: 1953-1962.

Gurubacharya, D.L. and Gurubacharya, V.L. (2004). 'HIV prevalence among Nepalese migrant workers working in Nepal and Indian cities' *Journal of Nepal Medical Association.* 43: 178-181.

Handmaker, J. and Parsely, J. (2001). 'Migration refugee and racism in South Africa' *Refugee.* 20(1): 15-27.

Harawa, N.T.; Blingham, T.A.; Cochran, S.D.; Greenland, S. and Cunningham, W.E. (2002). 'HIV prevalence among foreign-born and US-born clients of STD clinics' *American Journal of Public Health.* 92(12): 1958-1963.

He, N.; Wong, F.Y.; Huang, E.E.; Thompson, E.E. and Fu, C. (2007). 'Substance use and HIV risk among male heterosexual and money boy migrants in Shanghai, China' *AIDS Care.* 19(1): 109-115.

Hepburn, J. and Taran, P. (2001). 'Global campaign for ratification of the convention on Rights of migrants' http://www.migrantsrights.org/about_campaign_engl.htm

Hunter, N. and Skinner, C. (2001). *Foreign street traders working in inner city Durban: survey results and policy dilemmas'.* Research report No. 49, School of Development Studies (Incorporating CSDS) University of Natal, Durban. 1-53.

International Labour Organisation (2001). 'Module Eight: The informal economy and HIV/AIDS' in *An ILO Code of Practice on HIV/AIDS and the World of Work.* International Labour Organisation. Geneva.

International Labour Organisation (2002). *'ILO Conference 90th session, report iv-Decent work and the informal economy.* International Labour Organisation, Geneva.

International Organisation of Migration (2003). Migration facts and figures. www.iom.int/jahia/.

James, A.; Aigbokhae, I. And Abutu, P. (2006). 'Street hawking and HIV/AIDS' *Retrovirology.* 3 (suppl 1): 30.

Jochelson, K. (2001). *The colour of disease: syphilis and racism in South Africa 1880-1950.* London: Palgrave.

Jochelson, K.; Mothibeli, M. and Leger, J-P. (1991). 'Human immunodeficiency virus and migrant labour in South Africa' *International Journal of Health Services.* 21: 157–173.

Landau, L.B. (2005). 'Forward' Landau, L.B. (ed) in *Forced Migrants in the new Johannesburg: Towards a local government response.* Johannesburg: University of Witwatersrand.

Landau, L.B. (2006). 'Myth and rationality in Southern African responses to migration, displacement, and humanitarianism' in Cross, C.; Geralderblom, D.; Roux, N. and

Mafukidze, J. (eds) *Views on migration in sub-Saharan Africa.* Proceedings of an African migration alliance workshop. Cape Town: HSRC Press. 220-244.

Leclerc-Madlala, S. (2002). 'On the virgin cleansing myth: gendered bodies, AIDS and ethnomedicne' *African Journal of AIDS Research.* 1: 87-95.

Lee, S. (2004). *Assessing the vulnerability of women street traders to HIV/AIDS: A comparative analysis of Uganda and South Africa.* Policy Report. Health Economics and HIV/AIDS Research Division. Accessed 10th September 2005 www.heard.org.za.

Lekogo, R. (2006). 'Francophone Africans in Cape Town: A failed migration?' in Cross, C.; Geralderblom, D.; Roux, N. and Mafukidze, J. (eds) *Views on migration in sub-Saharan Africa.* Proceedings of an African migration alliance workshop. Cape Town: HSRC Press. 207-219.

Low, N.; Paine, K.; Clark, R.; Mahalingam, M. and Pozniak, A. L. (1996). 'AIDS survival and progression in black Africans living in south London 1986–1994' *Genitourinary Medicine.* 72: 12–16.

Lund, F.; Nicholson, J. and Skinner, C. (2000). *Street traders.* Durban: School of Development Studies.

Lurie, M.; Harrison, A.; Wilkinson, D. and Abdool Karim, S. (1997). 'Circular migration and sexual networking in rural KwaZulu/Natal: Implications for the spread of HIV and other sexually transmitted diseases' *Health Transition Review.* Supplement 3 to vol 7: 17-27.

Lurie, M.; Williams, B.; Zuma, K.; Mkaya-Mwamburi, D.; Garnett, G.; Sturm, A. W.; Sweat, M. D.; Gittlesohn, J. and AbdoolKarim, S.S. (2003a). 'The impact of migration on HIV-1 transmission: a study of migrant and non-migrant men and their partners' *Sexually Transmitted Diseases.* 30(2): 149–156.

Lurie, M.; Williams, B.; Zuma, K.; Mkaya-Mwamburi, D.; Garnett, G.; Sweat, M. D.; Gittlesohn, J. and Abdool Karim, S.S. (2003b). 'Who Infects Whom? HIV concordance and discordance among migrant and non-migrant couples in South Africa' *AIDS.* 17: 2245–2252.

Lydie, N.; Robinson, N.J. Ferry, B. Akam, E. (2004). 'Mobility, sexual behaviour, and HIV infection in an urban population in Cameroon. *Journal of Acquired Immune Deficiency Syndrome.* 35: 67-74.

Mabey, D. and Mayaud, P. (1997). 'Sexually transmitted diseases in mobile populations' *Genitourine Medicine.* 73: 18-22.

MacPhail, C. and Campbell, C. (2001). 'I think condoms are good but, aai I hate those things: condom use among adolescents and young people in a South African township' *Social Science and Medicine.* (52): 1613-1627.

Mafukidze, J. (2006). 'A discussion of migration and migration patterns and flows in Africa' in Cross, C.; Geralderblom, D.; Roux, N. and Mafukidze, J. (eds) *Views on migration in sub-Saharan Africa.* Proceedings of an African migration alliance workshop. Cape Town: HSRC Press. 103-129.

Maharaj, B. and Rajkumar, R. (1997). 'The 'alien invasion' in South Africa: Illegal immigrants in Durban' *Development Southern Africa.* 14(2): 255-273.

Maharaj, B. and Moodley, V. (2000). 'New African immigration to the Durban Region' *Canadian Journal of African Studies.* Special issue: transnationalism, African immigration, and New migrant spaces in South Africa 34(1), 149-160.

Massey, D.S. (2006). 'Patterns and processes of international migration in the twenty-first century: Lessons for South Africa'. Tienda, M.; Findley, S.; Tollman, S. and Preston-Whyte, E (eds) *Africa on the move: African migration and urbanization in comparative perspective.* Johannesburg: Wits University Press. 38-70.

May, J. (2000). 'Poverty and inequality in South Africa' in May J (ed.) *Poverty and inequality in South Africa.* Cape Town: David Philip.

Mayaud, P. and McCormick, D. (2001). 'Interventions against sexually transmitted infections (STI) to prevent HIV infections' *British Medical Bulletin.* 58: 129-153.

McDonald, D.; Mashike, L. and Golden, C. (1999). *The lives and times of African migrants and immigrants in post apartheid South Africa.* SAMP Migration Policy Series No 13.

McKay, V. (2003). *Best practices in HIV/AIDS prevention in the informal sector.* Inter-regional tripartite meeting on best practices in workplace policies and programmes on HIV/AIDS. Geneva. 1-39.

Mostert, W.P.; Oosthuizen, J.S and Hofmeyr, B.E. (1998). *Demography: A textbook for the South African Student.* Pretoria: HSRC. 167-201.

Nunn, A.; Wagner, H.; Kamali, A.; Kengeya-Kayondo, J. and Mulder, D. (1995). 'Migration and HIV-1 seroprevalence in a rural Ugandan population' *AIDS.* 9: 503–506.

O'Farrell, N.; Lau, R.; Yoganathan, K.; Bradbeer, C.S.; Griffin, G.E. and Pozniak, A.L. (1995). 'AIDS in Africans living in London' *Genitourinary Medicine.* 71: 358–362.

Orubuloye, I.O.; Caldwell, P. and Caldwell, J.C. (1993). 'The role of high-risk occupations in the spread of AIDS: truck drivers and itinerant market women in Nigeria' *International Family Planning Perspective.* 19(2): 43-48+71.

Parker, R. and Ehrhardt, A.A. (2001). 'Through an ethnographic lens: Ethnographic methods, comparative analysis, and HIV/AIDS Research' *AIDS and Behaviour.* 5(2): 105-114.

Peberdy, S. (1997). *The participation of non-South Africans in street trading in South Africa and in regional cross-border trade: Implications for immigration policy and customs agreements.* www.queensu.ca/samp/transform/peberdy 1.htm. 2006/12/05.

Peberdy, S. and Rogerson, C. (2000). 'Transnationalism and non-South African entrepreneurs in South Africa's small, medium and micro-enterprise (SMME) economy' *Canadian Journal of African Studies.* 34(1): 20–40.

Peberdy, S.; Crush, J. and Msibi, N. (2004). *Internal and cross-border migration to the City of Johannesburg.* Report for Johannesburg City Council, Johannesburg.

Pison, G.; Le Guenno, B.; Largade, E.; Enel, C. and Seck, G. (1993). 'Seasonal migration: risk factor for HIV in rural Senegal' *Journal of Acquired Immune Deficiency Syndromes.* 6: 196-200.

Posel, D. (2006). 'Moving on: Patterns of labour migration in post apartheid South Africa' in Tienda, M.; Findley, S.; Tollman, S. and Preston-Whyte, E (eds) *Africa on the move: African migration and urbanization in comparative perspective.* Johannesburg: Wits University Press. 217-231.

Poudel, K.C.; Jimba, M.; Okumura, J.; Joshi, A.B.; Wakai, S.; (2004). 'Migrants risky sexual behaviours in India and at home in far western Nepal' *Tropical Medicine and International health.* 9(8): 897-903.

Preston-Whyte, E. (1993). 'Women who are not married: fertility, 'illegitimacy' and the nature of households and domestic groups among single African women in Durban' *South African Journal of Sociology.* 24(3): 63-72.

Preston-Whyte, E. (2004). *Framing the South African epidemic: a social science perspective.* Paper presented at the school of development studies conference-reviewing the first decade of development and democracy in South Africa.

Preston-Whyte, E. and Rogerson, C. (eds) (1991). *South Africa's informal economy.* Cape Town: Oxford University Press.

Preston-Whyte, E.; Sember, R. and Parker, R. (2005). 'Introduction: Why ethnography in research on HIV/AIDS' in *HIVAN handbook on Ethnography in Action 2005.* Durban.

Preston-Whyte, E.; Tollman, S.; Landau, L. and Findley, S. (2006). 'African migration in the twenty-first century: Conclusion' in Tienda, M.; Findley, S.; Tollman, S. and Preston-Whyte, E (eds) *Africa on the move: African migration and urbanization in comparative perspective.* Johannesburg: Wits University Press. 329-355.

Quarsingh, F. (2006). 'Market Mania' *Metrobeat.* October 2006 Issue 93.

Reitzes, M. (1997). *Undocumented migration: Dimensions and dilemmas* SAMP Migration Policy Papers. www.queensu.ca/samp/transform/reitzes1.htm. 2006 Dec 05.

Rogerson, C.M. (1996). 'Urban poverty and the informal economy in South Africa's economic heartland' *Environment and Urbanization. 8(1): 167-179.*

Rogerson, C.M. (1997). *International migration, immigrant entrepreneurs and South Africa's small enterprise economy* Crush, J and MacDonald, D. (eds). *SAMP* Migration Policy Series. Cape Town: Institute for Democracy in South Africa and Queen's University, Canada.

Rossman, G. B. and Rallis, S. F. (1998). *Learning in the field: An introduction to qualitative research.* UK: Sage Publications Inc.

Santarriaga, M.; Magis, C.; Loo, E.; Baez-Villasenor, J. and Del Rio, C. (1996). *HIV/AIDS in a migrant exporter Mexican state.* Paper presented at the. 11th International Conference on AIDS. Vancouver, July 1996.

Schensul, S.L.; Schensul, J.J.; and LeCompte, M.D. (1999). *Essential Ethnographic Methods: Observations, interviews and questionnaires.* Walnut Creek Lanham: New York, Oxford: Altamira Press.

Shisana, O.; Rehle, T.; Simbayi, L. C.; Parker, W.; Zuma, K.; Bhana, A.; Connolly, C.; Jooste, S.; Pillay, V. et al (2005). *South African National HIV Prevalence, HIV Incidence, Behaviour and Communications Survey.* Cape Town: HSRC Press.

Siegfried, N.; Muller, M.; Volmink, J.; Deeks, J.; Egger, M.; Low, N.; Weiss, H.; and Williamson, P. (2003). *Male circumcision for prevention of heterosexual acquisition of HIV in men* Summary of a Cochrane Review In the Cochrane Library issue 4, 2003 Chichester, UK: John Wiley & Sons Ltd.

Stalker, P. (2001). *The No-Nonsense guide to International Migration.* Oxford, UK: New Internationalist Publications Ltd.

Thomas, E. (1991). 'Rotating credit associations in Cape Town' in Preston-Whyte, E. and Rogerson, C.M. (eds). *South African Informal Economy.* Cape Town: Oxford University Press. 290-305.

Ulicki, T. and Crush, J. (2000). 'Gender, farm work and women's migration from Lesotho to the new South Africa, *Canadian Journal of African Studies*. 34: 64–79.

Ulin, P.R; Robinson, E.T; Tolley, E. E. and McNeill, E. T. (2002). *Qualitative Methods: A guide for Applied Research in Sexual and Reproductive Health.* U.S.A: Family Health International.

UNAIDS (2002). *AIDS epidemic update* Geneva: Joint United Nations Programmes on HIV/AIDS.

UNAIDS (2004). *Report on the global AIDS epidemics: 4th Global report.* Geneva: Joint United Nations Programme on HIV/AIDS.

UNAIDS (2005). *AIDS epidemic update.* Geneva: Joint United Nations Programmes on HIV/AIDS.

UNAIDS (2006a). *AIDS epidemic update: Global summary. Geneva.* Joint united nations programmes on HIV/AIDS.

UNAIDS (2006b). *Statement on Kenyan and Ugandan trial findings regarding male circumcision and HIV.* Joint United Nation Press statement. www.unaids.org Downloaded on 3rd December 2005.

United Nations High Commission for Refugees (UNHCR) (2003). *Report on HIV/AIDS programmes and activities in 2003.*

Upvall, M. and Hashwani, S. (2001). 'Negotiating the informed-consent process in developing countries: a comparison of Swaziland and Pakistan. *International Nursing Review.* 48: 188-192.

Valodia, I. (2001). 'Economic policy and women's informal work in South Africa' *Development and Change.* 32(5): 871-892.

Varga, C.A. (1997). 'Sexual decision-making and negotiation in the midst of AIDS: youth in KwaZulu-Natal South Africa' *Health Transition Review.* Supplement 3 to volume 7: 45-67.

Walker, C. (1990). 'Gender and the development of the migrant labour system c. 1850-1930: An overview' in Cheryl Walker (ed.) *Women and Gender in Southern Africa to 1945.* Cape Town: Oxford University Press. 168-196.

Weatherburn, P.; Ssanyu-Sseruma, W.; Hickson, F.; McLean, S. and Reid, D. (2003). *Project Nasah: An investigation into the HIV treatment information and other needs of African people with HIV resident in England.* London: Sigma Research.

White, C. and Meintjes, H. (2000). *Restoring the Quality to Qualitative research* Unpublished report.

Williams, B.; Campbell, C.; Mqoqi, N. and Kleinschmidt, I. (1998). 'Occupational health, occupational illness: tuberculosis, silicosis and HIV on the South African mines. In Banks, D. and Parker, J. (eds), *Occupational lung disease: an international perspective.* New York: Chapman and Hall.

William, S.; Lopez, L. and Anderson, P. (2001). 'Latino AIDS immigrants in the Western Gulf States: A different population and the need for innovative prevention strategies' *Journal of Health and Social Policy.* 13(1): 1-19

Williams, B.G.; Lloyd-Smith, J.O.; Gouws, E.; Hankins,C.; Getz,W.M.; Hargrove, J.; De Zoysa, I.; Dye, C. and Auvert, B. (2006). 'The potential impact of male circumcision on HIV in sub-Saharan Africa' *Plos Medicine: (Public library of Science)* 3(7) http://plosjournal.org

Zaccarelli, M.; Orchi, N.; Gattari, P.; Puro, V.; Spizzichino, L.; Serraino, D.; Carli, G.D.; Galati, V. Girardi, E.; Piselli, P. and Ippololito G. (2002). 'Reasons for asking HIV testing and HIV prevalence among foreigners in Rome: Nine years of activity from two major reference centers' *International AIDS society.* International AIDS conference 2002. July 7-12: 14: (abstract no. C10835).

Zuma, K.; Gouws, E. and Williams, B. and Lurie, M. (2003). 'Risk factors for HIV infection among women in Carletonville, South Africa: migration, demography and sexually transmitted diseases' *International Journal of STD and AIDS.* 14: 814–817.

APPENDIX I

Letter of Introduction to Study and Consent Form

Good Morning, /afternoon/evening, my name is Olubunmi Akintola I am from the School of Development Studies, University of KwaZulu-Natal. I am conducting a research on HIV/AIDS risk among African migrants working in the informal economy of Durban, South Africa, and I would like to discuss with you. This research is for academic purposes and its aim is to explore African migrants' motivations and challenges of migration also to explore HIV/AIDS risks among African migrants.

The stories and information that you give during this study will be kept confidential; only 2 people will have access to the information: the researcher and the supervisor. The information collected will be typed and stored in my personal computer and saved on password protected files. Any hand written field notes will be filed away until needed for analysis. Once analysis has been completed, field notes will be destroyed in such a manner that will not allow recovery. In any event, most of the data will be in coded format that only the researcher will understand.

Also, your actual names will not be used in any part of this study. I will make use of alphabets and dates to identify your interview and will use a disguised name to make sure that no one links the information you have given me to you. No one will be identified by their name in the thesis and future publication that I plan to write. Please note that you will not personally benefit from the study but the results will help us to contribute to the understanding of how best we can engage in the prevention of HIV/AIDS particularly among the African migrants community in South Africa.

Your participation in this study is voluntary and you have the right not talk to us if you do not want to. If you agree to take part in the study, I will ask you to sign a form as an indication that we did not force you to participate in the study. You can also end the discussion at anytime if you feel uncomfortable. In case you would like to withdraw some statements/aspects that you have given already from the study or you have any complaints. You can call me on 0825889901 or you can talk to my supervisor Professor Eleanor Preston-Whyte on 031-2602241.

Consent Form

I _____ have read the information about this study and understand the explanations to me verbally. I have had my questions concerning the study answered and understand what will be required of me if I take part in this study.

Signature_____ Date_____

(or mark)

APPENDIX II

List of Questions to guide Ethnographic Interviews

Section A: Socio demographic data

Gender:
Age :
Marital status :
No of children :
Literacy level (highest educational attainment):
Nature of Business:

Section B

1. When did you come to South Africa and why?
2. What sort of work did you intend to do in South Africa? (Perceived expectation of work and current situation)
3. Can you tell me what you know about HIV/AIDS?
4. Can you explain how you got this information?
5. Do you do anything to protect yourself from infection and how?
6. Can you explain the different ways that one can protect oneself from getting infected?
7. Do you sometimes worry about getting infected with HIV/AIDS?
8. Do you consider yourself to be at risk of getting infected with HIV/AIDS
9. Can you explain your answer to question 8?
10. How do you access HIV/AIDS related services such as prevention programmes, VCT?
11. Have you been concerned about knowing your HIV status?
12. Have you made any effort to have an HIV/AIDS test?
13. Can you explain why you would want to know your status or why you would not want to know your status?
14. Can you tell me what you know about voluntary counseling and testing?
15. Can you narrate your own personal experience in accessing HIV/AIDS services?
16. Can you narrate any experience of a friend or colleague in accessing HIV/AIDS services?
17. Do you know anyone from your home country who is infected or affected by HIV/AIDS?