

Migrant Workers

Introduction

Africans are on the move like never before. Improved transport and communication links, increasing demands for both skilled and unskilled labour, the end of numerous civil wars and the collapse of Apartheid have all provided the sparks for millions in southern Africa to leave their homes for opportunities in new cities, sometimes in new countries. The number of people crossing South Africa's borders and moving within the country - one of the world's worst-affected by HIV - has increased dramatically since the early 1990s. But with increased mobility has come the spread of disease: without substantial movements of people, HIV/AIDS could not have reached across Africa and around the world. Experts have cited many and disparate factors to explain why southern Africans suffer in such high numbers from HIV/AIDS: low condom use, lack of education, poor healthcare, poverty and gender inequality are among the most prominent reasons given. One important factor, still little understood, hard to precisely quantify and often completely overlooked, is mobility. Migrant workers face numerous social and health challenges when they leave their communities for the unknown. The rural areas many migrants come from - and ultimately might return to - are today less insulated from HIV/AIDS and other diseases than ever before. Like the legions of migrant workers, HIV/AIDS knows no borders. The challenge for journalists, NGOs and governments is to understand the unique health risks migrant workers face - and, ultimately, to propose solutions to how their condition might be improved.

The Numbers

Because of the nature of their work - often seasonal, rarely documented, sometimes illegal - quantifying the number of migrant workers in Southern Africa is virtually impossible. The numbers working in the mining and agricultural industries as well as those toiling as informal traders or domestic workers must be in the millions alone. According to a UNAIDS report, 24,7 million people were living with HIV in sub-Saharan Africa in 2006, an increase of 5 million over 2004. Whatever the number of migrant workers criss-crossing the region, it is certain a growing number of them are suffering from HIV/AIDS.

See: AFRICA: Time for a rethink on AIDS campaigns - UNAIDS

http://www.irinnews.org/report.asp?ReportID=56599&SelectRegion=East_Africa,%20Southern_Africa,%20West_Africa&SelectCountry=AFRICA

The Issues

1. Who are the migrant workers?

Millions of Africans have left their homes, their friends and their families in a sometimes hopeless hunt for work often hundreds or even thousands of miles from home. It is safe to assume these migrants mostly leave areas of low unemployment for areas of higher employment; they leave poorer countries for richer; they leave rural areas for urban. South Africa has traditionally been a magnet for labourers from across the region, drawing large numbers from Botswana, Mozambique, Lesotho and Swaziland for work in mines, on farms or in the construction industry. Jobs available to unskilled, uneducated and sometimes very young migrants are often those passed over by locals. Migrants often find few options beyond risky sex work, domestic employment, informal trading or in the transport and agriculture industries. Women comprise a growing percentage of migrant workers, a trend known as the "feminization of migration". Poor, unskilled women are often desperate for work after HIV/AIDS or other diseases have ravaged their communities, killed or weakened their partners, their fathers or their brothers. Stigmatization often causes people with HIV to abandon their communities to seek work or health care away from friends and family.

2. How is mobility tied to the spread of HIV/AIDS?

The International Organisation for Migration (IOM) has cited four primary ways in which mobility and the spread of HIV/AIDS are linked. 1) Mobility often encourages people to engage in risky or vulnerable behaviour. (Young men, for example, are often separated from wives or partners for extended periods of time.) 2) Mobility often isolates people, making them difficult to reach and stay in contact with for health education, testing, condom provision or treatment. (Migrants in a new and unfamiliar country might not even be familiar with local languages.) 3) Mobil-

ity can provide opportunities for sexual networking, drawing migrants into urban areas. 4) Mobile populations can display high percentages of HIV/AIDS because they often include people marginalised socially, economically or politically. Links between mobility and HIV/AIDS can be illustrated in other ways. The incidence of HIV is often higher nearer roads and along major transport links, which act like arteries to move not only goods and people, but also disease. The highest incidence of HIV/AIDS in southern Africa is mainly in relatively rich countries (such as South Africa and Botswana), which have good roads, good transport, strong economies and lots of cross border migration.

3. Why are so many on the move?

People choose to become economic migrants for a number of reasons. The obvious incentive is money and work. Individuals might leave their communities because of political or economic instability at home. Zimbabwe, for example, has suffered hyperinflation and chronic unemployment for years, forcing many over the border into South Africa and elsewhere to seek a better life. People with HIV/AIDS might migrate to avoid discrimination or stigmatisation or to obtain treatment for the disease. Others might migrate to provide care to family members suffering from HIV back home.

See: ZIMBABWE: Government reports 150% drop in living standards

http://www.irinnews.org/report.asp?ReportID=56641&SelectRegion=Southern_Africa&SelectCountry=ZIMBABWE

4. What specific health problems do migrants face?

Migrants may hope to find a better life when they leave their communities, but they rarely find an easy life, especially if they are suffering from or acquire HIV. Africa is home to about 66 percent of the world's AIDS cases, but only 1.3 percent of the global health-care workforce, according to a 2004 report by UNAIDS. Separated from their home communities, often facing cultural and language barriers and even xenophobia, migrants may find accessing health care and treatment extremely difficult. Foreigners working illegally in a new country will have no or only limited rights to access health treatment. Even those working legally will find it difficult to obtain care. Migrants also tend to work in isolated environments - on farms, mines or construction sites - with limited access to health facilities. Although South African mining companies have made strides in recent years to provide better health care, many other migrant jobs, even formal or contracted positions, do not provide for doctor's visits or basic care. Migrant work often provides a fertile breeding ground for the spread of disease: men with money, few recreational options and away from their families might engage in risky sex. A report by the IOM found that among migrant farm workers on the South Africa/Mozambique border, stressful, high-risk work induced a feeling of hopelessness that outweighed the dangers of acquiring HIV. Women migrants may face the greatest risks while in transit when they might be forced to trade sex for visas or permits to travel across borders. Sadly, few policies and programmes address the specific needs of mobile workers. One IOM programme, however, is targeting farm workers in South Africa, offering them both education and care.

See: "SOUTHERN AFRICA: Farmworkers slowly waking up to HIV/AIDS"

<http://www.plusnews.org/aidsreport.asp?reportid=6180>

See: "ZIMBABWE: HIV-positive farmworkers are forgotten"

http://www.irinnews.org/report.asp?ReportID=55818&SelectRegion=Southern_Africa&SelectCountry=ZIMBABWE

See: "MOZAMBIQUE: Exploitation and abuse awaits Zimbabwe's migrant children"

http://www.plusnews.org/AIDSReport.ASP?ReportID=5997&SelectRegion=Southern_Africa&SelectCountry=mozambique

Key Documents and Web Sites

"Mobile Populations and HIV/AIDS in the Southern African Region", a study by UNAIDS and the IOM, May 2003

http://www.iom.org.za/Reports/HIV_SouthAfrica_report.pdf

"HIV and People on the Move: Risk and vulnerabilities of migrants and mobile populations in Southern Africa" December 2006

<http://www.iom.org.za/Reports/HIVandPeopleOnTheMove.pdf>

"HIV/AIDS, Population Mobility and Migration in Southern Africa, Defining a Research and Policy Agenda" IOM study, July 2005

<http://www.iom.org.za/Reports/PopulationMobilityReport.pdf>

"HIV/AIDS Prevention and Care Programmes for Mobile Populations in Africa: An Inventory. Study by UNAIDS, UNDP and IOM, June 2002

http://www.iom.org.za/Reports/HIVAIDS_Report_Web.pdf