



Irregular Migration and Vulnerability to HIV & AIDS: Some Observations from Zimbabwe

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Abstract

Mobile populations are at very high risk of HIV infection. At the same time, they can be catalysts in its spread. Migration from Matabeleland region in Zimbabwe to South Africa has several features that increase this dual disposition of those involved. These features include the largely irregular nature of migration, its circulatory nature, increasing feminisation as well as the working and living conditions of the migrants in the host country. Irregular migration exposes migrants to various forms of abuse by thugs, those who purport to assist them on the way and law enforcement agents. At the country of destination, undocumented migrants are often employed in precarious forms of jobs which expose them to abuse by employers and other workers. Female irregular migrants are particularly at risk both on transit and at destination. Although they often spend extended periods of time away from home, migrants occasionally return to their spouses or partners at home. This increases the risk of infection for spouses and partners who are often unable to negotiate for safe sex. Using observations from studies conducted in Ward Seven of Matabeleland Province in Zimbabwe, this article discusses some of the factors that expose migrants, particularly irregular migrants, to HIV infection as well making them catalysts in its spread.

Résumé

Les populations mobiles sont exposées à un très haut risque de l'infection au VIH. Dans le même temps, elles peuvent être des catalyseurs de son expansion. La migration de la région du Matabeleland vers l'Afrique du Sud revêt plusieurs caractéristiques qui accentuent cette double disposition des personnes concernées. Ces caractéristiques comprennent la nature largement clandestine de l'immigration, sa trajectoire circulaire, sa féminisation grandissante, ainsi que les conditions de travail et d'existence des migrants dans le pays d'accueil. La migration clandestine expose les migrants à diverses formes d'abus par les

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coupeurs de route, ceux qui prétendent les assister en cours de route et les agents d'application de la loi. Dans le pays d'accueil, les migrants sans papiers sont souvent embauchés dans des formes d'emplois précaires qui les exposent à des abus de la part des employeurs et d'autres travailleurs. Les femmes migrantes clandestines sont particulièrement à risque, à la fois en transit et à destination. Même s'ils passent souvent de longues périodes loin de leur pays, les migrants retournent occasionnellement à la maison auprès de leurs conjoint(e)s ou partenaires. Ceci augmente les risques d'infections pour ces derniers qui ne sont souvent pas en position de négocier pour des relations sexuelles protégées. Partant d'observations d'études réalisées au Ward Seven de la Province du Matabeleland au Zimbabwe, cet article discute certains des facteurs qui exposent les migrants clandestins à l'infection à VIH, tout en les rendant catalyseurs de son expansion.

Introduction

Studies indicate that the epidemiology of HIV&AIDS is closely linked to migration (Thiam et al. 2004). According to Brummer (2002) migration has been the catalyst for the spread of HIV&AIDS. Despite these observations, few specific studies have been done to link the specific situations of migrants and HIV & AIDS, especially in Southern Africa. This is despite the existence of high rates of HIV infection and an increasing number of people who migrate under conditions that make them vulnerable to infection as well as making them catalysts in the spread of HIV. The highest HIV infection rates in the world are in sub-Saharan Africa. In fact, Brummer (2002) describes the sub-Saharan Africa region as the 'epicentre' of the global HIV&AIDS epidemic. AIDS is now a medical emergency of unprecedented proportions that threatens the social economic and cultural framework of Africa.

At the same time the volume of migration, particularly from other countries in the region to South Africa, continues to increase and with it, irregular migration. A combination of factors, including political and economic marginalisation, have contributed to the ever escalating rates of irregular migration from the Matabeleland region of Zimbabwe to South Africa. Despite the magnitude of the HIV&AIDS problem in the region, not much research has been done to link HIV&AIDS to migration. This paper discusses some aspects of migration that take place between an area called Ward Seven in the Matabeleland South Province and the behaviours of migrants that are likely to promote the spread of HIV among the migrants and in their communities back home.

Statement of the Problem

The number of people leaving Zimbabwe to seek employment or refuge in other countries, particularly South Africa, has been increasing over the years. Most of the people, especially those in areas near the border with South Africa, leave the country through irregular means. While studies carried out

elsewhere have indicated a link between population mobility and the spread of HIV&AIDS, no specific studies linking HIV&AIDS and migration have been carried out in these areas.

Aim and Objectives

This article aims at highlighting the circumstances and behaviours of irregular migrants that may contribute to the spread of HIV&AIDS among migrants and their communities back home. Specifically, the paper aims to fulfil the following objectives identify and discuss:

- HIV risk factors for migrants while on transit;
- HIV risk factors for migrants at their destination;
- the factors that might promote the spread of HIV between migrants and their spouses and partners at home.

Literature Review

Migration between Zimbabwe and South Africa has a long history (van Onslen 1976; Paton 1995; Amanor-Wilks and Moyo 1996; Crush 2002). There was, however, a significant increase in migration after Zimbabwe's independence in 1980. Pre-independence migration from Zimbabwe to South Africa took place mainly within the context of the formalised, state-mediated contract labour system and was male dominated. After independence, migration from Zimbabwe to South Africa has become increasingly informal and irregular. Evidence also indicates an increase in the number of women who migrate (Dobson 2000; Zinyama 2000; Crush 2000). The two features of post-independence migration from Zimbabwe to South Africa, namely, its increasing irregularity and feminisation have a bearing on the level of vulnerability of migrants to HIV.

Literature on irregular migration from Zimbabwe to South Africa has, however, tended to focus on the negative impacts of undocumented immigrants to South Africa. Undocumented migrants have been accused of driving wages down and undermining labour standards (Hussein 1996; Ryklief 2003), engaging in criminal activities (Hussein 1996) and putting a strain on social services. The lack of focus on the vulnerability of the migrants to HIV is despite the increasing worldwide acknowledgment that migrants may be more vulnerable to HIV infection than their non-migrant counterparts (ILO 2002; IOM undated; Thiam et al. 2004; Ndiaye 2004).

UNAIDS (2002) asserts that the links between mobility and AIDS are evident in most parts of the world. It reports, for example, that of the Filipinos reported to be living with HIV&AIDS, 28 per cent are workers who have returned home after working in other countries and about 41per

cent of HIV positive Bangladeshis have been migrant workers. It further states that the beginning of the HIV epidemic in rural Mexico can be traced to the return of agricultural labourers who had been working in the United States of America. Bronfman et al (2002) point out that migration and HIV&AIDS have been described as associated phenomena since the early stages of studying HIV&AIDS.

Migrants, especially irregular migrants, are vulnerable to HIV during the migration process and their stay in their country of destination. They encounter situations and engage in behaviours that increase their vulnerability to HIV infection (Thiam et al. 2004). The situations migrants experience and the behaviours they engage in during and after the migration process are influenced by the migrants' characteristics such as sex, age, marital status, educational level and ethnicity. Undocumented migrants are especially vulnerable to HIV infection because of their 'invisibility' during and at the end of the migration process. This state of being 'invisible' or of being 'hidden populations' often translates into exploitation, harassment, exclusion and powerlessness, which increase their vulnerability to the infection.

The migration process leads to changes in the individual's social circumstances which may result in risky sexual behaviours which also increase chances of HIV infection (Brummer 2002; ILO 2002; Ndiaye 2004; Thiam et al. 2004). Brummer (2002) for example observes that leaving their familiar environment with traditional norms and values and the anonymity of being a foreigner can increase risky sexual activities among mobile populations. Thiam et al. (2004) agree with this statement, pointing out that the separation from families and regular partners as a result of migration often leads to risky sexual behaviour. Male migrants are more likely to engage in risky sexual behaviour during migration than female migrants. This is because of traditional and modern definitions of masculinity which usually prescribe early sexual initiation and accept or even encourage many sexual contacts for men (Brummer 2002). Ateka (2001) contends that fidelity is not a virtue among African men. Migrant men are therefore more likely to voluntarily engage in risky sexual behaviour during and after the migration process than their female counterparts.

On arrival in their host countries, undocumented migrants usually want to remain hidden from authorities for fear of deportation and therefore often lack access to information on health including HIV&AIDS and other services (IOM, undated; Thiam et al. 2004). Many undocumented migrants cannot be absorbed into the formal labour market in the country of destination. As a result, they adopt various survival strategies which include informal trading, acceptance of low paid work, marriage and sex work (IOM undated; Maphosa 2004; Eldis undated).

The increase in the number of women migrants is a growing trend in international migration worldwide. Migration in Southern Africa is also experiencing this trend (Dobson 2000; Zinyama 2000). Migrant women, especially the irregular ones, face problems that are compounded by their being both women and immigrants (ILO 2002). Many migrant women fall into the traffickers' trap on the way to their destination (Ndiaye 2004). Brummer (2002) observes that trafficking in female migrants to South Africa for sexual exploitation is on the increase. During the migration process, migrant women, especially irregular migrant women, risk physical and sexual abuse and suffer human rights abuses and violations (ILO 2002; Ndiaye 2004). In their country of destination, migrant women are often excluded from the formal labour market. Consequently, they are often confined to low status, low paid and/or isolated work which increases their vulnerability to HIV&AIDS (Kanyenze 2004; Maphosa 2009).

Labour migration to South Africa is circulatory in character as migrants regularly return home to their families particularly during Christmas and New Year's holidays (Zinyama 2000). Migrants who get infected during the migration process or at their destinations are likely to infect their spouses and partners when they return. Women are more at risk of being infected in this way than men. This is because women still form a large proportion of the population that remains behind. Furthermore, women often lack the power to negotiate safe sex, especially within marriage. Because of prevailing gender ideologies, women often do not have control over their own and their husbands' sexuality both within and outside the home. Women left behind by their migrant husbands or partners are often vulnerable to HIV infection because of their lack of power to negotiate sex, including the use of condoms. Often women do not determine how, when, where and often with whom they have sexual relations (Ndiaye 2004). Thiam, et al. (2004), however, contend that in the context of circulatory labour migration, migrant men are not entirely to blame for the frequency of HIV&AIDS among their wives. In their study in Senegal, they found that sex was often used as a survival strategy by women while their husbands were away especially among those women who did not receive economic support from their migrant husbands. Circulatory migration provides an environment for both men and women, both those who migrate and those left behind, to develop concurrent transnational sexual partnerships thus putting all involved at high risk of HIV infection.

Methodology

This article is based on data obtained in Ward Seven, in Mangwe District in Zimbabwe. Ward Seven is located in the Southern part of Zimbabwe and shares borders with South Africa and Botswana. Approximately 75 per cent of Mangwe District lies in Natural Region Five, a region characterised by a

fragile natural resource base, poor soils and high summer temperatures. The region is therefore of very low agricultural potential, especially crop production. A combination of lack of alternative sources of energy and overpopulation has resulted in high deforestation rates through a high demand for wood fuel from communal areas. As a result of limited employment opportunities and limited livelihood options as well as political violence, a significant proportion of the adult population from this area is employed outside the country, mainly in South Africa.

As observed by Jahic and Finckenauer (2005) numbers are powerful tools that help us quantify and present abstract phenomena in an easy and comprehensible manner. They are an efficient way of conveying information and minimising error. However, quantification does not capture the true nature of a problem. According to Mwanje (2001) qualitative research enables the researcher to obtain responses about what people think, do and feel in the process gaining insights into attitudes, beliefs, motives and behaviours of the target populations and, and gain an overall better understanding of the underlying processes. Qualitative research is grounded in the experiences and voices of the research participants. This prevents the researcher making conclusions that are based on preliminary, often mistaken impressions (Jacobsen and Landau 2003). Irregular migrants fall into the category of 'hidden populations' (Tyldum and Brunovskis 2005). A hidden population is one whose activities are often stigmatised or illegal. It is a population whose size and boundaries are not known, and which therefore does not have a sampling frame. As a result of the clandestine nature of their activities, members of a hidden population are often unwilling to cooperate with researchers. Sometimes they deliberately give unreliable information to protect themselves. In migration studies, 'hidden populations' consist mainly of 'border transgressors' who include human traffickers, human smugglers and undocumented migrants. Studies involving such populations therefore require approaches that are different from those commonly used for more easily observable populations.

Non-probability, namely, convenience or availability sampling was used. This was because there was no sampling frame from which a probability sample could be drawn. Convenience sampling, alternatively referred to as availability sampling or accidental sampling, is where the sample is chosen on the basis of the ease with which members of the population can be accessed. As a result of the unavailability of a sampling frame, it was not possible to have a sample size before the commencement of the study. Data were obtained from 122 respondents. Data was collected using a variety of ethnographic methods including key informant interviews, in-depth interviews, group discussions, observation and informal conversations.

Findings and Discussion

Prevalence of Irregular Migration

A significant proportion of migrants from the southern parts of Zimbabwe to South Africa are irregular migrants. Some migrants enter South Africa with proper travel documents and then overstay. In the process, they acquire South Africa identification documents, usually through fraudulent means. Acquiring South African documents, especially the passport, facilitates the migrants' exit and entry from the country. Besides entering regularly using proper travel documents and then overstaying, migrants also use various irregular ways of entering into South Africa, including being assisted by human smugglers locally known as an *omalayisha*. Irregular migration is generally known here as *dabulaphu*. Although *dabulaphu* traditionally entailed crossing the border through illegal crossing points and walking most or all the way to the destination, the use of the term has gradually become generalised to include all forms of irregular migration which include being assisted by *omalayisha*. *Omalayisha* (singular: *umalayisha*) are informal cross-border transport operators who smuggle people across the borders by bribing border official to allow people without proper travel documents to pass. As a result, *omalayisha* charge very high fees to transport people without proper travel documents whom they refer as *abashisayo* (the hot ones). This is because the fare paid by the traveller without proper travel documents includes the cost of the bribe. For payment, *omalayisha* often use a system of deferred payment known as 'pay forward', which is a payment arrangement that involves a sponsor who undertakes to pay for the travel expenses of a beneficiary after they have travelled. Although sponsors could be people who remain behind such as parents, they are often relatives who are already working in South Africa. On arrival in South Africa, beneficiaries are usually met at the Park Station by their sponsors where the payment is made. Alternatively, they are delivered to their sponsors' residences where the payment is made.

Problems may occur in this process. For example a 35-year-old male informant reported that he travelled from Ward Seven to Johannesburg with *umalayisha* after his uncle had offered to pay for his travel. However, when he arrived in Johannesburg, he could not find his uncle and had to stay at *umalayisha*'s place while trying to locate him. Another male respondent aged 22 said he travelled to Johannesburg with *umalayisha* but for some reason when he arrived in Johannesburg his sponsor did not have the money to pay for his travel. These examples illustrate the fact that after travelling all the way to Johannesburg some migrants have found themselves stranded with

their sponsors either failing to pay or being at large. This exposes them to abuse by transport operators or other people after assisting them with accommodation and food.

Another way of migrating from Zimbabwe to South Africa is by using the illegal crossing points. Those who travel in this manner risk falling prey to *amagumaguma*. These are groups of young men who are often found loitering at border posts and are involved in various, mostly illegal, activities such as foreign currency transactions, theft and assisting people to cross the border through unofficial points. Whatever they are engaged in, the motive of *amagumaguma* is to take advantage of the desperate travellers to steal from them, rob them or rape them. They often offer unsuspecting travellers help in crossing the border using unofficial means and on the way turn around and rob and rape their unsuspecting clients. Alternatively they waylay them and attack them with the same objective. Respondents related shocking stories about the activities of *amagumaguma*. A 21-year-old female respondent said of them:

These are robbers ... these are animals ... these are very dangerous people. They often waylay people who are trying to cross the border illegally and rob them. Many times they pretend to assist but turn around and rob the unsuspecting travellers. They move in groups and are often armed with knives and guns.

Another 26-year-old female respondent described them as '... animals, dogs who rape women and kill for money'.

A 24-year-old male respondent narrated his experience with *amagumaguma* thus:

Around 7 pm the journey towards the border started. Night time is the most ideal time to travel especially when there is no moon and visibility is at its minimum. It is difficult for border patrol officers to detect people in the dark. There were now over 60 of us, about 20 of the travellers being women. The travellers' ages were around 18 and 25 years. We were supposed to walk in single file formation holding hands, with one 'umpisi' (another group of human smugglers, perceived to be friendlier than *amagumaguma*) walking in front of the group, another in the middle and a third one at the back. When we got to the river, we were ordered to take off our clothes and cross the river naked. As soon as we had crossed the river, a group of *amagumaguma* pounced on us. They thoroughly searched us and took away from us anything that was of value. Those travellers who were found with nothing of value were thoroughly beaten up and warned that in future they had to remember to bring something of value for

the amagumaguma. A well dressed young man had his t-shirt, jeans and North Star shoes taken away from him. He was left wearing only a short. The amagumaguma then selected some women from the group whom they raped as the rest of the group watched. Those who tried to restrain them were heavily assaulted and had their clothes torn. One young man had his feet sliced with a knife. The other migrants had to carry him to the pick-up point. During the body searches, women were subjected to all sorts of humiliating touches which amount to fondling... no part of the body remains untouched.

Another migrant, a 27-year-old male believed that such incidents could explain why:

... many young women become mothers less than a year after arriving in South Africa. Some of them could have been impregnated by these thugs. Such traumatic experiences lead many young women to turn to drugs and prostitution because they feel worthless. That is also why many of them die of AIDS.

The vulnerability of undocumented migrants to abuse and HIV infection is clearly depicted by the following story carried by *Zimbabwe Today* entitled, 'The Terrible Price of Freedom' (<http://www.zimbabwetoday.co.uk/>)

Three teenage girls are robbed, beaten and raped.

This weekend, in the Johannesburg offices of SAWIMA, a South African NGO dedicated to helping distressed migrants, I met three girls from Zimbabwe's second city, Bulawayo. They were still dressed in muddy rags, and sobbed as they told officials what had happened to them during their bid to escape from the Mugabe regime. Two of them, aged 12 and 13, were too upset.

But the 15-year-old described graphically how their bid to find a new life in the Republic had gone terribly wrong. She told me that the three of them had managed to collect half the money demanded by agents in Bulawayo, in return for safe passage over the border, and on to Johannesburg. Her brother, who lives in South Africa, promised to pay the balance once the girls were delivered to him.

The girls were collected by a gang of several men who specialise in this trade in humanity. Their fee, an average for the trip I understand, was 1,500 South African Rand.

'When we got over the border,' said the girl, 'they rang my brother on his mobile phone, and he confirmed that he would make the full payment as soon as we arrived. But then the men began to demand we have sex with them. When we tried to resist they beat us, and threatened to abandon us in the bush.'

'It was in the night, we had no money, we were so frightened... They all raped us, over and over again...now I think they may have given me HIV.'

A SAWIMA official told me that the girls had been taken to a Johannesburg address and kept as sex slaves for several days, before being finally abandoned on the organisation's doorstep early one morning. The girls are now undergoing medical examination, and attempts are being made to find the 15-year-old's brother. The official said that almost half of all women who escape illegally from Zimbabwe endure similar experiences, and she believes that many more are killed after being raped, their bodies left in the bush.

'These human traffickers are beasts,' she told me. 'People know this, but they are so desperate they will even risk their lives to come here.'

Back here in Harare the talks on power sharing begin yet again. And while the politicians talk, the rapes, the beatings and the murders continue.

(Posted on Tuesday, 28 October 2008 at 08:48)

The following is an account of a 17-year-old Zimbabwean girl who is among the many whose stories have been reported by Doctors without Borders;

There were seven of us, all girls. We were just friends, not relatives. I was the youngest of them. We got on a bus to Beitbridge and when we got off these men were saying that if we don't have money to cross we could come with them. We opted to go in their cars. They said border jumpers travel at night so we drove around from 6pm to 7am. We went to so many different places I didn't know where we were any more. Then they stopped at one place in the forest and this became our sort of home for the next four months. There were 13 men watching us all the time and they raped us every day. Eventually they started to let go to urinate by ourselves and that is how we escaped. Now I am four months pregnant. I left Zimbabwe because I am an orphan - I am the breadwinner for my siblings and I came to find food and find a way to support them. Now I don't know what I am going to do, how I am going to take care of them.

Such stories lucidly illustrate the vulnerability of irregular migrants to HIV infection. Female irregular migrants are the most vulnerable as the following section discusses. According to UNAIDS (2005) vulnerability is often related to a particular stage in the migration process. It argues that migrants are most vulnerable at their destinations while women face the greatest risk in transit as when they have to trade sex in order to survive or complete their journeys. This study did not establish the stage of migration at which women

are most vulnerable although evidence seems to support UNAIDS observations that women are most vulnerable during transit. The above cases support Bronfman et.al (2002)'s assertion that the epidemic affects those whose dignity and human rights are less respected.

The Increasing Feminisation of Migration

Migration from Ward Seven is still a male-dominated activity, although there are indications of an increase in women migrants. This is an area in which migration was an exclusively male activity for a long time. The increase in female migration can be attributed to a number of factors which include the facilitative role of *omalayisha*, the impacts of HIV&AIDS, the development of migrant networks and the continued decline of the Zimbabwean economy. The impact of HIV&AIDS has led to an increase in the number of widowed women joining the migration trek in order to provide for their families. Over the years elaborate networks linking the migrants and their places of origin have developed, thus making migration in general, but especially the migration of women, easier and less risky than it used to be. These networks facilitate easy migration by providing information about the conditions at destination, such as job opportunities, accommodation and general survival skills in the country of destination. The rising levels of unemployment in Zimbabwe are forcing a lot of people to leave for other countries, including South Africa.

The ILO (1999) states that globally, women are no longer just found among accompanying family members but now make up an increasing proportion of migrant workers. For Jolly and Reeves (2005), contrary to the common misconception that men are the migrants, almost half of the world's 175 million international migrants are women. Adepoju (2004) asserts that the traditional pattern of migration within and from Africa which was male-dominated, long-term and long-distance is changing. Evidence shows an increase in migration by women. A large proportion of such women are those who move independently to fulfil their own economic needs and not simply joining their husbands or other family members. In its country report of Mozambique, the International Organisation for Migration (IOM) (2010) states that the proportion of migrants who are women has not changed greatly in recent decades. It however points out that women are now more likely to migrate independently rather than as members of a household and they are actively involved in employment. Many are forced to migrate by the loss of their husbands/partners, in many cases due to AIDS-related conditions.

Accommodation Problems

One of the greatest problems faced by immigrants in South Africa, especially in Johannesburg, is the shortage of residential accommodation. As a result undocumented migrants generally live in conditions that expose them

to HIV&AIDS. In some cases a number of people share rooms which are often partitioned into smaller and smaller units. One respondent described the living conditions of migrants as follows:

...you can find up to twenty people sharing one room, both men and women. Some of them would be unemployed and have no papers and have to spend the day indoors. You can imagine what they spend the day doing and the consequences of that in this era of HIV and AIDS.

Such living conditions encourage both casual and transactional sex. For example new migrants may be forced to offer sex in exchange for accommodation, which exposes them to HIV and AIDS.

Employment Opportunities at Destination

Despite the prevalent perception in the migrant-sending communities that there are unlimited employment opportunities in South Africa, there is a significant level of unemployment among immigrants. This is both a reflection of high unemployment rates in the country and the marginalisation of immigrants, especially undocumented immigrants, in the labour market. For example, Milazi (2001:72) points out that:

The high employment rates continue to be a major Achilles heel of the South African economy and the inability to create new jobs in sufficient numbers is a major concern both to business and government.

Maphosa (2009) found that a number of migrants were either unemployed, self-employed or doing 'piece jobs'. Undocumented immigrants are often employed in jobs that are shunned by locals due to harsh working conditions, low pay and status and little protection by labour market institutions. Consequently, they are generally found at the lower end of the job market in their host countries. Most undocumented migrant jobs are in the marginalised categories such as casual work, subcontracting and informal trading (Kanyenze 2004; ILO/SAMAT 1998).

Migrants therefore do jobs described by Stalker (1994) as the 'three D jobs', the dirty, difficult and dangerous. This point is illustrated by the following statement from one of the respondents:

Most of the South Africans live with their families (in Johannesburg). They need to go back to their families after work. This is not the case with us because we leave our families here (in Zimbabwe). We are in Johannesburg to work, so we can accept any job regardless of how difficult and boring it is. What can you do if you are not in your country?

Women migrants are more vulnerable to HIV than their male counterparts. This is because they are more likely than men to experience sex-based gender violence both on transit and at the destination. As stated by Kanyenze (2004), from a gender dimension, the South African labour market is highly stratified to such an extent that it is disadvantageous to women. This is consistent with Chammartin's (2008)'s findings that female migrant workers are mainly in the service sectors. They are concentrated in the female-dominated occupations associated with traditional gender roles. These include jobs in the less skilled and devalued sectors such as domestic work, child care and the care for elderly and handicapped. Jolly and Revees (2005) say migrant women are adversely affected by sex-segregated labour markets, low wages, long working hours, insecure contracts and precarious legal status. IOM (2010) states that coerced sex between the employer and labourer is not unheard of although it is likely to be under-reported. It points out that:

In fact reporting of rape or sexual harassment is very low amongst domestic workers, particularly amongst migrants who may not have legal papers to work in the country (p.15).

Transnational Concurrent Multiple Sexual Partnerships

Cohabiting, referred to as *masihlalisane* is a common practice among migrants. *Masihlalisane* describes semi-permanent sexual relationships that develop between migrants and locals as well as among migrants. Some of these relationships are eventually formalised into long-term relationships or marriages by payment of the bride price (*lobola*) for the woman. Although relationships between migrants and locals exist, most *masihlalisane* arrangements develop among migrants. As explained by Beck-Gernsheim (2007), immigrants who come from the same country of origin often form ethnic communities. It is within these ethnic communities that many kinds of social, economic, political and religious relationships grow. Among them are various types of sexual relationships including *masihlalisane*. Migrant-migrant *masihlalisane* relationships often develop between earlier arrivals, usually male migrants and new arrivals, usually female migrants. Earlier, usually male migrants often take advantage of newer, usually young female migrants whom they offer accommodation, food and even work in exchange for sex. Even married men or those with partners back home enter *masihlalisane* relationships. This results in cross-border concurrent multiple sexual partnerships which create an environment conducive to the spread of HIV. 'Transnationalised polygamy' is a phrase used by Lubkemann (2002) to describe a practice by Mozambican immigrants to South Africa who establish sexual relationships in South Africa despite having left wives back home.

Fatalism

Hess and McKinney (2007) define fatalism as a belief that everything in a person's life is subject to a superior power or being, or external forces such as luck, fate or God. Fatalism makes an individual believe that such external forces determine their course of life, including conditions such as gender, length of life and level of wealth. A fatalistic attitude is usually manifested in an individual's behaviour which is characterised by a passive resignation to the events of life. For Diaz and Ayala (1999), however, fatalistic responses can range from resignation to rebellion. Fatalism can be acquired from beliefs. For example, Hess and McKinney (2007) point out that in many African cultures people believe that diseases are caused by many things, including God's disfavour, the interplay of mediating spirits or the breaking of cultural taboos and customs. It can also result from negative life experiences. Fatalism can act as a barrier in efforts to combat HIV&AIDS, including the promotion of condom use. Diaz and Ayala (1999) found that fatalism was one of the ideologies of HIV risk among Latino gay men in the United States of America. From focus group discussions, they found that many of these men engage in unprotected anal sex. Such behaviour does not result from lack of knowledge about HIV, including how it is transmitted, but is just a fatalistic response to it.

Life as a migrant, particularly as an undocumented migrant has many risks. These risks include those that migrants are exposed to during travel, such as vehicle accidents, drowning when trying to cross flooded rivers and falling victim to *amagumaguma*. South Africa, especially Johannesburg, is a very risky environment. The sense of insecurity may result in fatalistic responses to problems such as HIV. Such responses can either be resignation or rebellion. Some respondents in this study expressed the view that HIV&AIDS is just one among many risks that one is exposed to everyday in Johannesburg.

A 20-year-old male migrant said:

I am not afraid of AIDS because I will die anyway, whether ... from a gun, a knife, an accident or HIV&AIDS... You can't escape all of them. In fact in Jozi (Johannesburg) there are more chances of dying from a gun or knife than from AIDS.

As suggested by Diaz and Ayala (1999), HIV&AIDS preventive programmes have to take fatalism into account.

Migrants' Access to Health Care

Undocumented migrants often do not have access to health care due to a number of reasons. Writing on access to health by undocumented immigrants

to the United States of America, Kullgren (2003) states that the health burdens of immigrants are sustained and magnified by language barriers, lack of knowledge about the health care system and fear of detection by immigration authorities. In the case of undocumented Zimbabwean immigrants to South Africa, a report by Doctors without Borders (2009) states that Zimbabweans attempting to access the health system by themselves are often either harassed or hindered from obtaining the services they need, particularly in hospitals. A report by the International Organisation for Migration (IOM) (2010) states that current health care planning in South Africa does not adequately engage with the health of migrants. Researchers have also observed that in particular, HIV&AIDS programming in South Africa overlooks migrants (Vearey et.al 2011). All these factors increase the vulnerability of undocumented migrants to HIV.

Conclusion

Irregular migration from Zimbabwe to South Africa has taken place and may continue for a long time to come. As mobile populations, migrants are both high-risk groups as well as catalysts in the spread of HIV & AIDS. There are various factors affecting migrants' vulnerability to HIV. These are found in all the stages of the migration process. Efforts to deal with the problem of HIV among migrants should therefore take a multi-sectoral approach which links origin and destination areas.

A human rights approach which addresses issues of marginalisation, discrimination and abuse is needed. Human rights organisations, both local and international, should be at the forefront of this campaign. This is because the problem cannot be left to the governments of both the countries of origin and destination. In the first place, people resort to irregular migration as a survival strategy because they have been denied certain basic rights in their country of origin. At the same time in the country of destination these rights are not guaranteed. As observed by Bronfman and others (2002), the HIV&AIDS epidemic affects more those whose dignity and human rights are less respected. The solution, therefore, is to fight for the restoration of their dignity and human rights.

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