



Dynamics of Migration and HIV/AIDS in South Africa

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Patterns of Migration

Urban Transition in South Africa is predominantly a migration driven process

- Internal
- Cross border
- Asylum

Rural ties remain strong but nature of these links is changing

City Population Trends (borrowed from the SACN website)

Mogale C	Polokwane	Rustenburg	uMhlathe	
223657	424976	311326	196183	
289724	508277	395540	289190	
29.54%	19.60%	27.05%	47.41%	28.25%
5.31%	3.64%	4.90%	8.07%	5.10%
Joburg	Ekurhuleni	Tshwane	Cape Town	
2639110	2026807	1682701	2563612	
3225812	2480276	1985983	2893247	
22.23%	22.37%	18.02%	12.86%	18.77%
4.10%	4.12%	3.37%	2.45%	3.50%

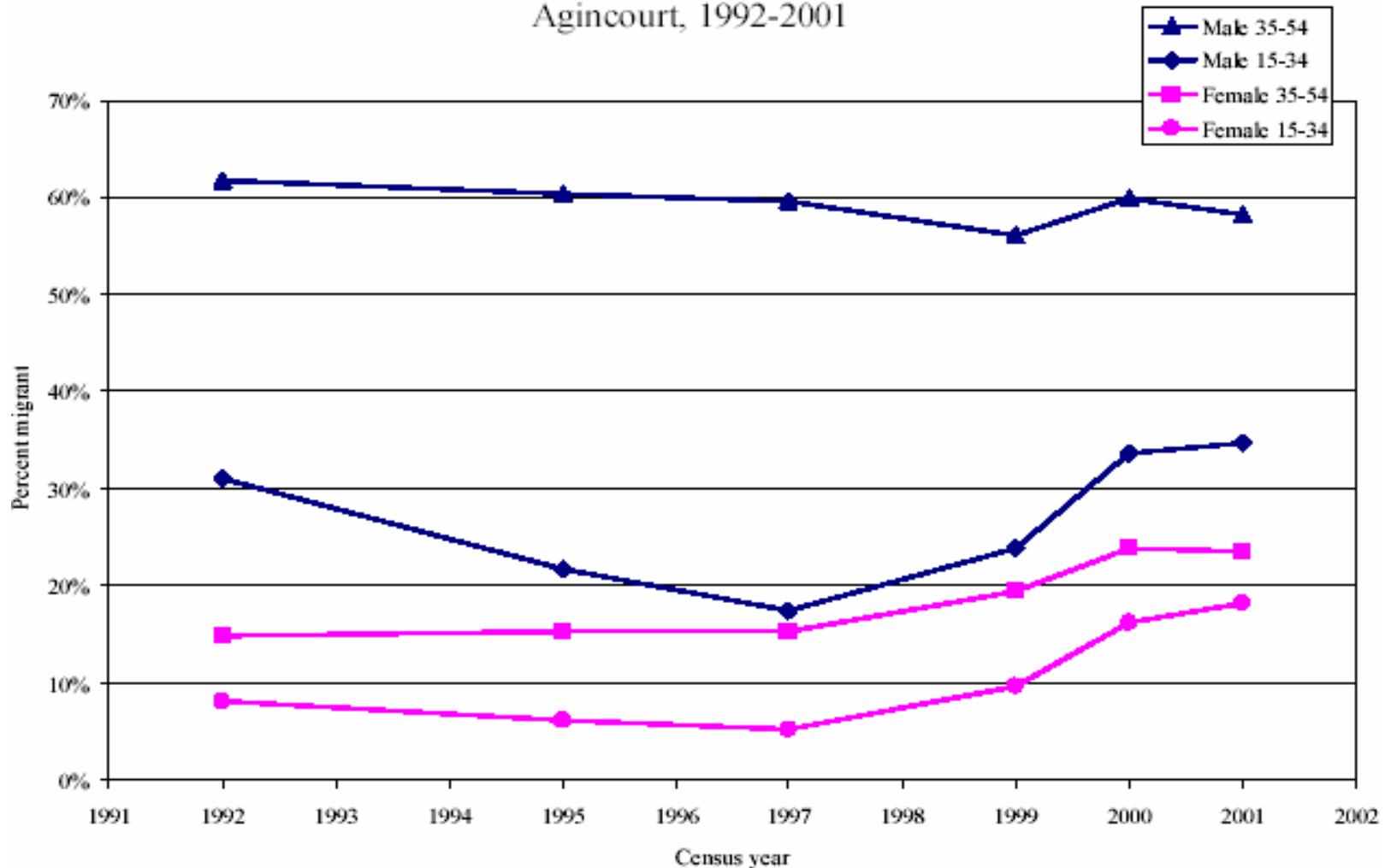


Patterns of Settlement

- Circular migration is still strong
- Migration to smaller cities
- Migration to Peri Urban areas close to urban centers
- Migration of women

Agincourt Health and Demographic Surveillance System (AHDSS) field site (Collinson et al, 2003)

Trends in temporary migration at time of census,
Agincourt, 1992-2001





Changing Reasons for Migration

Although employment is still the main impetus for migration, other reasons are beginning to factor into migration decisions:

- Infrastructural reasons
- Health reasons (Will ARVs affect this further?)

Infrastructural services in relation to potential for on-migration, by population group (borrowed from Cloete, 2002)

Percentage distribution, 'yes' replies only

Would you move again to obtain...?	Coloured Total reply 'yes'	Coloured Metro urban	Coloured Non metro rural	African Total reply 'yes'	African Metro urban	African Non-metro rural	White Total reply 'yes'	White Metro urban	White Non-metro rural
Better jobs	32	27	56	80	82	70	34	34	34
Housing	46	43	59	83	84	81	44	46	33
General services	39	36	54	79	81	77	32	36	28
Health	35	32	51	70	68	78	20	19	24
Transport	25	21	45	58	55	74	17	16	19
Schools	31	28	48	57	54	71	14	15	12
Water	12	7	34	44	39	71	9	10	8
Peace	42	43	38	68	66	76	25	29	18
N=	384	155	229	204	68	136	232	97	135

Source: 2001 PAWK migration survey (weighted)



Relationship between migration and HIV/AIDS

- Complex relationship
- Dual Relationship

IN WHAT WAY?



Complexity

- Truism to connect mobility with HIV/AIDS
- Not just a physical or a linear relationship
- Migrants become scapegoats for blame but are themselves most vulnerable to HIV/AIDS

Reasons for increased vulnerability

- **Conditions and structures of migration process: poverty, exploitative working conditions etc.**
- **Low levels of awareness and myths surrounding HIV**
- **High levels of stigma in migrant communities**
- **Lack of support networks**
- **Migrant women especially at risk (low negotiating power)**

Insights into failure of prevention (study findings)

- Prevention messages are not reaching certain communities in a consistent manner, especially migrant communities: (*Research needed on effectiveness of prevention messages*)
- Knowledge about HIV does not necessarily translate into perception of risk and/or behaviour change. (*Research needed*)
- *Neglect of reproductive health and exclusion of men*

Some reasons reported for lack of behaviour change (study findings)

- **An inability to adapt and translate concepts used in prevention campaigns to apply to different cultural contexts**
- **More pressing survival concerns**
- **Hunger and Transport**
- **Stigma leads to non-disclosure**
- **HIV education fatigue**
- **Focus on those already positive**
- **Treatment and Prevention dichotomy**

Implication: On Adherence

Duality: Implication of HIV/AIDS on m

HIV/AIDS further induces migration:

- “Returning home to die”
- Children’s migration
- Migration to access health care



Returning Home to Die

- Strong links with rural homes, burial traditions
- Inability to sustain urban lifestyle
- Loss of dignity and stigma
- Further economic implications for the members of households the person moves: added migration impetus of the patient, spouse or children
- Botshabelo

Trends in Adult TB and HIV Deaths in Agincourt (de jure Population) (borrowed from Clark et al, 2005, publication forthcoming)

Age	1992-1997		1998-2002	
	Number of Deaths	Percent of Total Deaths in Age Group	Number of Deaths	Percent of Total Deaths in Age Group
Female				
20-39	29	22.83	203	52.86
40-59	10	9.26	73	27.44
Male				
20-39	34	17.62	161	42.59
40-59	48	19.83	130	36.41

The odds of dying for returning men between the ages of 20 and 60 are between 1.5 and 2 times greater than resident men in that age group, with greater differences in most recent years when HIV prevalence is highest; women experience similar but muted effects.

For both females and males the fraction of total deaths in the age groups 20-39 and 40-59 attributable to HIV and TB show marked increases. This is a critical piece of information for the policymakers while deciding the allocation of health care budgets to rural areas.



Migration to access health services

- As self knowledge of HIV status increases
- As ARV roll out is biased towards urban areas
- More women moving but also more women accessing VCT, also MTCT
- Health increasingly being factored into the choice of location by migrating individuals



Children's migration

- Economic burden to HIV affected family
- Young care givers
- Migration as a coping strategy by children sent to live with another family
- Child headed households



Other HIV/AIDS induced moves

- Panic on knowledge of status
- Stigma on disclosure
- Discrimination by spouse or family, asked to leave



Implication of migration on HIV/AIDS service provision

- Overburdened sites
- Adherence
- TB services
- End 'HIV exceptionalism', strengthen health systems
- Language and education barriers
- Acute need for partnerships at various levels

Why have migrant focused interventions?

- **Migrants in the city but outside of the socio-economic transition**
- **Provides an opportunity for understanding the context of exposure, vulnerability and transmission**
- **Perhaps, an opportunity for structural interventions via 'mobility systems' approach?**
- **'Migrancy' impacting MDGs achievement**