

The Vulnerability of Female Informal Cross Border Traders to HIV and Aids in Zimbabwe: The Case of Beitbridge Border Post

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Abstract: *Female Informal Cross Border Traders (FICBT) are key economic actors in Zimbabwe and their activities should be viewed as a continuum of the formal sector. This study focuses on the importance of informal cross border trading in Zimbabwe as well as its impact on the vulnerability to HIV and AIDS. It argues that Zimbabwe should examine HIV and AIDS and informal cross border trading in an attempt to make meaningful and relevant legal and policy interventions for HIV and AIDS mitigation. Informal cross border traders make a major contribution to the growth of the Zimbabwean economy. It is a source of livelihood for many poor people especially women. This research used the qualitative approach in gathering data. Primary data was collected through key informant interviews and survey questionnaires. A literature review of existing data on characteristics and movement of informal cross border traders and HIV and AIDS was also carried out. The findings of the study indicated that FICBT were more vulnerable to HIV and AIDS because of gender inequality, duration of time spend at border posts which are high transmission zones, accommodation and transport challenges and limited access to healthcare facilities. The research recommends that the Government of Zimbabwe should come up with appropriate sexual education and reproductive health programmes, recognise the role of informal cross border traders by designing intervention strategies and provision of adequate health care facilities at border posts.*

Keywords: *informal cross border traders, vulnerability, HIV and AIDS, gender inequality, high transmission zones.*

I. Introduction

Informal Cross Border Trading (ICBT) in Zimbabwe dates back to the 1990's when the country started experiencing serious economic hardships. This economic decline saw many women engaging in informal cross border trading in order to supplement their families' income (Tevera and Zinyama, 2002). ICBT in Zimbabwe forms a substantial percentage of economic activity even though in most cases it is not documented (Nduru, 2004). It is called informal or parallel trading because in most cases traders travel with their goods, operate on a relatively small scale, often buy and sale in informal markets, sometimes do not pass through the formal import and export channels and are sometimes involved in smuggling (Peberdy, 2002).

There is no universal definition of ICBT trade policy disciplines. It generally refers to trade in processed or non-processed merchandise which may be legal imports or exports on one side of the border and illicit on the other side and vice-versa, on account of not having been subjected to statutory border formalities such as customs clearance (ADB, 2012). Traders engage in ICBT as a source of income and economic activity. Most traders have no education and raise capital from their own resources or through loans from friends and relatives. Traders are generally not bankable nor do they have assets that Banks would accept as collateral (ADB, 2012).

ICBT in Zimbabwe has been dominated by women. According to the United Nations Development Fund for Women (UNDFW) (2009) in the SADC region, women constitute about 70 percent of ICBT. Although they contribute formally to the socio-economic activity in Zimbabwe, these traders are not formally recognised and are sometimes not included in policy formulation and policies on HIV and AIDS. This has been partly as a result of their fragmentation. As a result people in this sector only benefit from the National Policy for HIV and AIDS (1999) which tend to be broad in scope and does not address the unique realities of informal cross border traders. In most African countries there are no formal associations representing ICBTs and where they exist they are relatively weak (IOM, 2005). Despite the importance of the ICBTs, HIV and AIDS has had a negative impact on this sector in Zimbabwe. The importance of ICBTs has been mainly measured in terms of direct and indirect employment creation, socio-economic upliftment of women, regional economic trade and social integration and food security. In the early 2000, the country witnessed more women migrating to South Africa, Mozambique, Zambia, and Botswana and even as far as Tanzania to sell their wares and purchase second hand clothing for resale back home.

Although the HIV and AIDS pandemic in Zimbabwe is generalised, women and girls are particularly vulnerable to infection. In a 2005 report by the Ministry of Health and Child Welfare in Zimbabwe showed that women and girls are twice affected by HIV and AIDS compared to the general population. HIV and AIDS prevalence among women 15-49 age group constitutes more than 56 per cent of the adult prevalence. Very high levels of infection are found in border areas, growth points, and mining towns and on commercial farms suggesting mobility and spousal separation as major vulnerability factors. ICBTs being mobile populations are highly vulnerable to the epidemic (IOM, 2005).

II. Reasons Why Icbt Has Been Growing In Zimbabwe

ICBT has become a major source of livelihood especially for women in the face of mounting poverty, deteriorating political and socio-economic conditions and unemployment in Zimbabwe. A number of reasons have been given as to the growth of ICBT in the country. These include;

- (i) Growing poverty
- (ii) Shrinking formal sector employment,
- (iii) Declining living and working standards,
- (iv) Strict import controls imposed on formal businesses (Tekere, 2000).

III. Importance Of Icbt In Zimbabwe

ICBT has also expanded dramatically since the early 2000. This type of trading is highly gendered, with women playing a major role in the buying and selling of goods across the border with Mozambique, South Africa, Zambia, Botswana and Tanzania. ICBT in Zimbabwe has been important to the transfer of goods and commodities. Some of the reasons for its importance are that:

- (i) It is significant to the movement of food and agricultural goods,
- (ii) Plays a role in the country's food security,
- (iii) Plays a part in the development of small and medium enterprises,
- (iv) It is a household livelihood strategy,
- (v) Engages a significant number of women,
- (vi) Constitutes a significant proportion of cross border traffic (Peberdy and Rogerson, 2003).

IV. Research Methodology

The research was conducted using three primary methodologies namely; a literature review, key informant interviews, and individual interviews. A literature review of existing data on characteristics and movement of ICBT and HIV and AIDS in the country was conducted. This included the review of reports, both local and international, and other documentation available on the HIV and AIDS epidemic and mobility from similar researches conducted over the last few years. Primary data was collected through key informant interviews with health staff and border officials, and local NGO representatives. 5 key informant interviews participated in the study. The aim was to determine the characteristics and movement of FICBT and the challenges they face. Key informant interviews also provided information on existing responses to the HIV/AIDS epidemic and the effectiveness of current interventions. Individual interviews were conducted with 15 FICBT. To ensure the privacy and confidentiality of these individuals, the researcher approached individual FICBTs. These were informed of the objectives of the study and assured of confidentiality and anonymity.

V. Why Ficbt Are Vulnerable To Hiv And Aids?

The respondents gave varying responses with regards to the reasons as to why FICBT were vulnerable to the HIV and AIDS epidemic. These responses were ranked in order of the most prevalent reasons cited.

(a) Duration of Time Spend at Border Posts

Overall 85 % of the FICBT interviewed indicated that the duration of time spend at border posts was the most important factor contributing to their vulnerability. FICBT pass through and often spend extended periods of time at border posts due to delays by the Department of Immigration and Zimbabwe Revenue Authority (ZIMRA) officials, inadequate infrastructure, and early closures of some border posts. Respondents indicated that most time was spend at Beitbridge and Chirundu border posts as compared to other border posts like Nyamapanda and Forbes border posts. Though the reasons for the delay sometimes maybe varied, they often result in the FICBT being forced to spend long periods of time (6-8 hours) in the case of Beit-bridge border post. Beitbridge and Chirundu border towns do not have decent and sometimes affordable accommodation for cross border traders. This usually forces FICBT either to sleep in the open or to negotiate for own accommodation arrangements. Given of such type of environments, there usually exist an intricate web of sexual relationships among the FICBT, security forces, touts, immigration officials, money changers, local residents and truck drivers which could potentially increase HIV and AIDS vulnerability for all the groups

involved (IOM, 2005). In most cases the sexual relationships are for economic reasons, such as FICBT having sex with truck drivers in exchange for transport or even just for the opportunity to sleep overnight in the trucks.

(b) Accommodation and Transport

Accommodation and transport (80 %) was ranked as the second most important factor. FICBT indicated that they were self employed and often survive on meagre resources and therefore cannot afford high accommodation costs in Beit-bridge town. As a result of this most of them sleep in the open. Some FICBT respondents indicated that they develop long term relationships with truck drivers with whom they frequently travel with during their trips. The truck drivers provide accommodation and transport in exchange for sex. They further indicated that truck drivers were their major clients. In border towns such as Beitbridge and Chirundu, truck drivers maintain a 'small house' in the town and a semi permanent relationship with a resident of the opposite sex who in some cases are FICBT (IOM, 2005). The truck driver resides at the 'small house' every time he is in the border town on transit and has sex with the FICBT. Generally people in such unions develop trust of each other and do not use condoms when having sex, thus increasing the vulnerability to contracting HIV and AIDS (IOM, 2005).

(c) Limited access to healthcare services and lack of HIV and AIDS interventions

Given their meagre earnings, 65 % of the FICBT indicated that they do not seek medical treatment in foreign countries such as South Africa, Botswana, Mozambique, Tanzania and Zambia, but would instead wait until they get back to Zimbabwe where they can access subsidised treatment. Such delays in treatment in foreign countries, particularly for Sexually Transmitted Infections (STIs), lead to increased HIV vulnerability, as STIs are a major contributory factor to HIV infection (Grosskurth, 1995). FICBT indicated that they also face challenges in accessing health care services because of their irregular status, language barrier and lack of knowledge of services that are available in the host country, unfriendly hours of operating at most medical centres. Their hours of work and the threat of losing a day's earnings often result in informal cross border traders not accessing treatment in host countries.

(d) Gender Inequality

Gender inequality was ranked as the fourth most important factor by FICBT. 65 % of the respondents indicated that women generally have limited access to social and economic resources. The majority of women in Zimbabwe are poor, and economically depend on men and have limited decision-making powers in their families. Usually FICBT engage in transactional sex with truck or taxi drivers, immigration and customs officials, and security forces that would have facilitated their migration process (FHI, 2004, IOM, 2005). In such cases, FICBT indicated that they are often powerless to negotiate for safer sex and become vulnerable to contracting HIV and AIDS.

Key informant interviewees indicated that the risk of contracting HIV and AIDS is also governed by a range of social factors, which are influenced by women's insecure and marginalised economic positions. For instance, gender inequality and women's impoverishment may force women traders to remain dependent upon men for economic security which limits their control over protection measures and their ability to leave potentially high-risk relationships. Furthermore, women's financial dependency coupled with their precarious working locations such as at truck stops, in trading towns and working after dark, may influence their involvement in 'paid' relationships with transient men (Lee, 2004).

(e) Low HIV and AIDS Knowledge and Risk Perception

57 % of the FICBT indicated that their knowledge about HIV and AIDS was low. Most of them still believed in myths, had misconceptions about HIV and AIDS and doubted the efficacy of condoms in preventing HIV infection. There are few HIV and AIDS interventions that specifically target cross border traders in Zimbabwe. For example, informal cross border traders indicated that they had difficulties in accessing condoms as, in most public areas of customs or immigration buildings at border posts, there were no condoms available; rather, condoms are available at clinics, shops or AIDS service organizations, which are usually far from the border post. Further, difficulties in actually targeting informal cross border traders, who are constantly on the move, preoccupied with survival needs, and may not be receptive to HIV and AIDS education and prevention messages, are experienced by some AIDS service organizations.

(f) Immigration laws

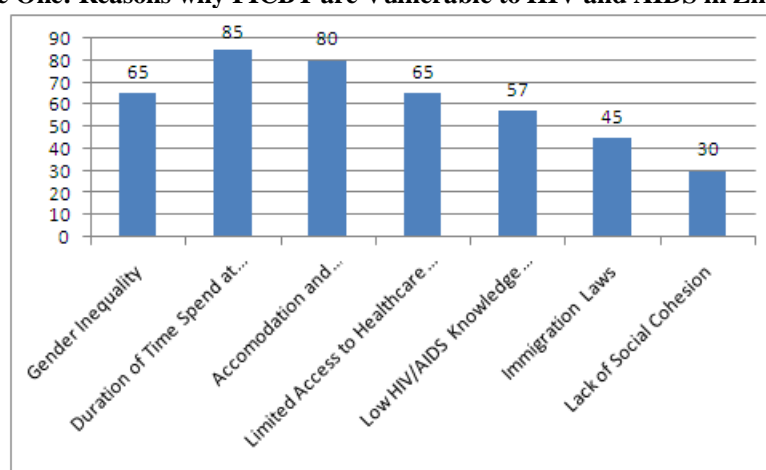
The process of obtaining passports, bottlenecks at border posts and limited knowledge of where to find particular goods can lengthen the amount of time an individual spends away from home. Long periods of separation from family and friends may induce informal cross border traders to resort to casual sex and or substance abuse to relieve their boredom and loneliness, which in turn may also lead to risky sexual behaviour.

45 % of the FICBT indicated that informal cross border traders are often not acknowledged in most countries where they sell their wares. They do not have official work permits that allow them to conduct their business. This render them vulnerable as they may be apprehended by authorities in borders or the host countries, and may therefore be subjected to sexual and other forms of exploitation (IOM, 2010).

(g) Lack of social cohesion

Lack of social cohesion was ranked as the least factor with 30 % of the respondents. The social exclusion that informal cross border traders often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviours. The social structures and norms in these environments may create feelings of anonymity, which could result in feelings of limited accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

Figure One: Reasons why FICBT are Vulnerable to HIV and AIDS in Zimbabwe



VI. Conclusions

ICBT is now a permanent and growing feature of the economic landscape in Zimbabwe. It makes crucial contribution to economic growth and employment and should be fostered and encouraged as a significant component of local economic development. According to Pisani (2000) the spread of HIV and AIDS relies primarily on private human behaviour. Even if individuals everywhere had the full benefit of measures to reduce vulnerability and full access to the tools and skills to prevent transmission, it is illusory to think that the spread of the disease would stop. The importance of ICBT in Zimbabwe and its impact on the vulnerability of FICBT to HIV and AIDS requires that the Government of Zimbabwe re-examine HIV and AIDS in an attempt to make meaningful and relevant legal and policy interventions for HIV and AIDS mitigation.

From the research findings it can be noted that the consequences of HIV and AIDS and the need for urgent action cannot be over emphasised. The HIV and AIDS pandemic have enormous economic effects on society and the economy at large. The households are the first to be affected by the sickness of a member or a relative, with increase in expenditure, often with loss of income. The disease has created a growing number of orphans. It has also forced older people to remain in the labour force longer than they would have under normal circumstances because of economic reasons. The disease has affected all categories of workers, be it unskilled, skilled or the managerial work force.

VII. Recommendations

According to Ainsworth (1998) HIV and AIDS prevention is not only a legitimate government initiative, but also a fundamental responsibility of government. Madavo (1998) maintains that governments must take a strong lead in confronting HIV and AIDS. There are issues that only governments can do, or make it possible for others to do. The Government of Zimbabwe should put HIV and AIDS at the centre of the development agenda and not just on the health agenda.

The Government of Zimbabwe can effectively reduce the spill over effects of unsafe sexual behaviour. It can reduce legal and social barriers, subsidise costs of safe behaviour and help reduce consequences to others by ensuring appropriate sexual education and reproductive health programmes.

Non Governmental Organisations (NGOs), Community Based Organisations (CBOs) and Faith Based Organisations (FBOs) should introduce HIV and AIDS prevention service centres and health clinics that are open after hours in high-risk areas such as border posts where ICBT are found.

Promotion of HIV and AIDS education, in particular addressing low HIV and AIDS knowledge and low risk perception through developing HIV and AIDS education materials in local vernacular languages and levels of education. Education should include gender, substance abuse and life skills, particularly in relation to how to address the day-to-day challenges faced by FICBT. The Zimbabwe Cross Border Traders Association (ZCBTA) an umbrella body for ICBT should establish HIV and AIDS arm within the structure of the association that would initiate and spearhead HIV and AIDS activities for members, including awareness raising and promotion of behaviour change.

Initiating, coordinating and monitoring HIV and AIDS programmes: In collaboration with neighbouring countries, the Government of Zimbabwe should promote and implement cross border HIV and AIDS initiatives at border posts and high transmission areas, targeting ICBT and other vulnerable groups such as ZIMRA and Department of Immigration officials, customs clearing agents, commercial sex workers, truck drivers, money-changers and local border-town residents.

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