In the Quest of a Better Life

Introduction

"Leave your country, your relatives, and your father's home, and go to the land that I am going to show you. I will give you many descendants, and they will become a great nation. I will bless you and make your name famous so that you will be a blessing". Genesis 12.1-2

The movement of people in quest of a better life existed since our forefathers' time and continues to our present days. Today, political unrest, ethic conflict, poverty, natural disaster, wars, economic instabilities, lack of suitable employment, and many others social, cultural, and environmental factors are the root causes of people migrating from places to places for safety

and better living conditions. Among this people on the move are young people, women, elderly, and children.

There is a long history of inter-migration within southern African states and the end of the apartheid in South Africa had attracted many neighbouring citizens fleeing socio-economic and political hardship in their countries of origin. In brief, there are various push factors in migrants' countries of origin that interplay with the pull factors in destination countries. The tradition dated since the discovery of diamonds and gold in South Africa, coupled with industrialization which lured thousands of migrant labourers from southern Africa region and also from other parts of South Africa to the mining and industrial centres of the country. Since, 1999, southern African states have embraced migration issues, in national as well as regional development, through several activities.

IOM works to helps ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. IOM address the migratory phenomenon from integral and holistic perspective, including links to development, in order to maximize its benefits and minimize its negative effects. My internship with IOM Pretoria was to explore the psycho-social conditions and aspirations of young migrants and to gain an in-depth understanding of the issues and causes, as well as the politics and social consequences of international migration and internally displaced people.

The purpose of this paper is to elaborate on the causes of child migration within the context of aspirations, psychosocial effects, health seeking opportunities, and migration health

strategies to deal with this contingency and my personal experience with young migrants in Pretoria and Musina at South African and Zimbabwe border.

Child Migration

In many African countries, for instance, sending children to work in faraway places is seen as socially acceptable and often occurs in the context of family dysfunction related to large family size or an inability to care for a child (or children) because of a death in the family, displacement, severe economic stress or other factors... This practice underlies the widespread interchange of children among these countries, with the result that they easily disappear from parental or other view and are more easily exploitable (ILO 2002). It has been assumed that children migrate because they are forced to: coerced by their parents or trafficked by others, and solely because of economic reasons. They are often portrayed as passive victims of exploitation, lacking agency and not having an active role in the decision-making or migration process (Hashim 2006).

In the context of HIV, children engage in migration for many reasons, as orphans and even before they become orphans, if their parents or other members of their extended families are affected by the pandemic. However, policy rarely considers children as migrants and instead seeks to support children affected by AIDS as static members of their communities. Children who move between communities are faced with additional problems of homelessness and lack of identity that can magnify some negative impacts of AIDS (Speak your world, 2005).

Moreover, Whitehead and Hashim (2005) note that there has been a particular focus on: 'Trafficked children, street children, AIDS orphans, child soldiers and child refugees' but ordinary child migrants' stories have been hidden. Independent child migrants were invisible if

they did not fall into one of these vulnerable categories. As a result of this focus on more harmful situations, children's migration experiences have usually been assumed to be negative: suffering poor working conditions, very low (or even no) pay; and an absence of education. Such generalisations have disguised the reality of many migrant children's lives.

Elsewhere, IOM points on the fact that more recently, independent migration of unaccompanied minor migrants has become a concern as child migration is increasing across the southern African region. Households or families affected by HIV and or poverty often relocate labour for decreasing costs thus pushing children to migrate on their own. The unaccompanied minors are highly vulnerable and although most countries have legislation that outlaws child labour and protects children from exploitation; the enforcement of these regulations is weak throughout the region (IOM, 2011). This is the case of many young Zimbabwe migrants I met in Musina in very deplorable conditions living in unaccompanied young migrants' centre. Most of these children migrated to access formal learning opportunities, vocational training and apprenticeships in order to cultivate their aspirations through participating in social and economic activities in the host country. Those I met in Pretoria, as I came to know them better, I realized that some of them deliberately had chosen the road of delinquency… However, we must understand that migration is strongly linked to their stage in the life course as it becomes important for their transition from childhood to adulthood. This transition is also important for their independent lifestyle (Carpena-Mendez 2007; Punch 2002).

Development Research Centre on Migration, Globalization and Poverty points out that impact of migration on children and adolescents must be seen in the broader context of poverty and conflict, and within the perspectives of vulnerability and resilience, gender relation and children right. The vast majority of unaccompanied child migrants are children who move within

their own countries or to nearby countries to work in a wide variety of occupations or go to school (2005). Children are affected by migration when they are left behind by one or both migrating parents, migrate with their parents, are born in a foreign country or migrate alone. These children of migrants face vulnerability in adapting to host societies, such as increased risk of dropping out of school, juvenile crime, not practicing healthy behaviours difficult access to education, social and health services, social exclusion, psychosocial problems and poor working conditions (UNICEF, 2006). No matter what is the motive, migration of young people into unfamiliar environment causes them disorientation and a loss of identity

The case of Zimbabwe Child Migrants

Zimbabwe is experiencing a severe economic degradation which affected the socio-economic climate in the region. As a result, many young people are crossing the border into South Africa as a survival strategy. The cross border migration of Zimbabwean migrants often takes places in irregular fashion, which puts migrant at additional risks, including sexual and gender based violence and other forms of violence, exploitation susceptibility to sexually transmitted infections, heightened risk to human trafficking, natural and at times fatal hazards such as attacks by wild animals during night time travel and discrimination, xenophobia in the host countries.

Back in February 2009 an estimated 4,000 Zimbabweans were sleeping at the showground exposed to the harsh sun during the day and the cold at night without any proper shelter, protection or assistance. They had no access to adequate food, water, sanitation, shelter or health care (source MSF).

To contribute to the protection and assistance of the young and unaccompanied minor migrants, IOM programs in Musina:

- Assisted Voluntary Return
- Provide Non Food Items
- Provide support to shelters providing protection services to migrants
- Educate on Cultural Diversity and peace-Xenophobia
- Provide Capacity Building workshops for law Enforcement officials.

Migration and Health

The health dimension of migratory movements is becoming ever more prominent in response to the large and increasing number of people who are traversing geographical, cultural and ecological boundaries on a regular basis in a variety of capacities (Carballo, 2001). This almost unconstrained movement of people over borders and within countries has raised fears of global transmission of diseases. It is not uncommon to find that many countries test prospective travellers and migrants for a range of diseases in particular HIV/ AIDS, hepatitis B and C, tuberculosis before residence permits are issued (Migration Watch Uk n.d; Van Krieken).

In South Africa, public health care by law is free to all citizens and non-citizens. However, it has been well documented that migrants face a range of challenges in accessing even basic health care. Allegation of discrimination and xenophobic attitudes by health care staff ranked as one of the leading barriers to health care reported by migrants interviewed by Human Rights Watch (Human Rights Watch, 2009). Even though the law stated that no identity documentation is required, migrants are often asked for their identity documentation before they can be seen by medical officer (FGD, Durban, 2009).

IOM Strategies to Alleviate the Suffering of Migrants

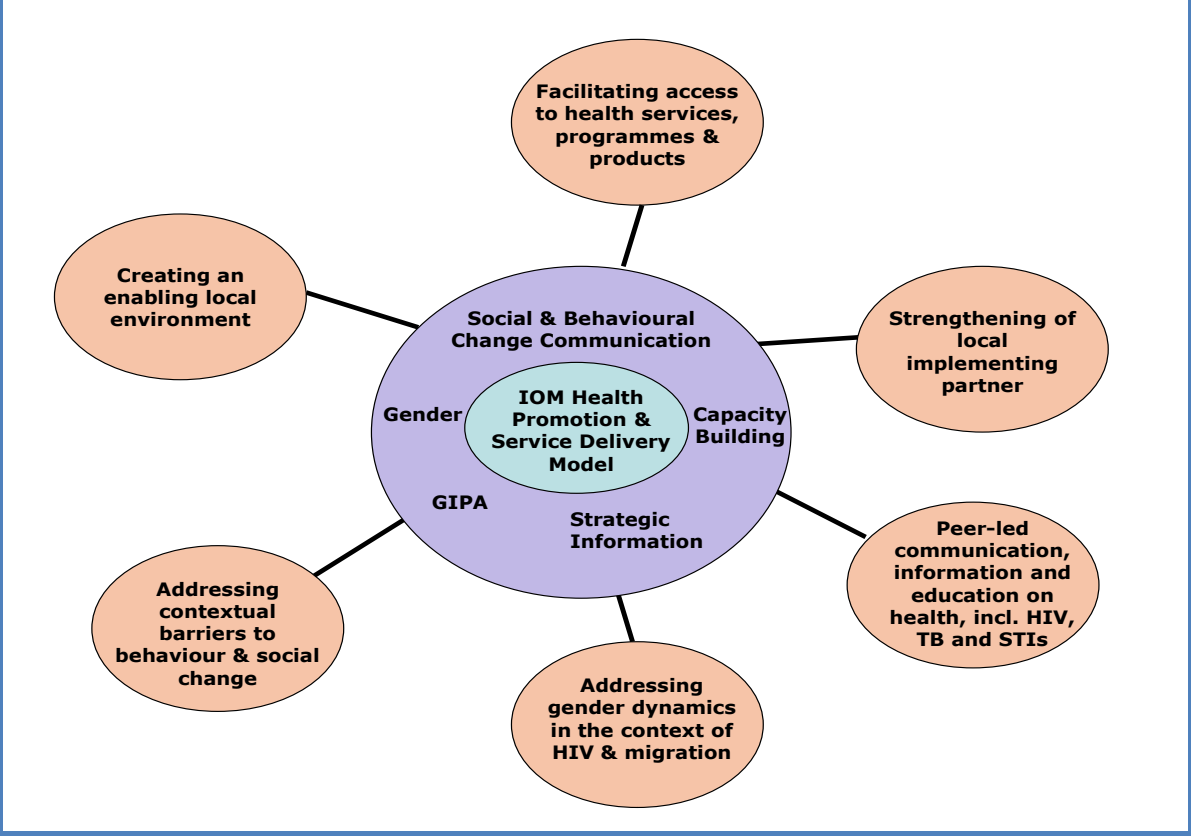
IOM's Migration and Health programmes address the health needs of individual migrants as well as the public health needs of host communities by assisting governmental and non-governmental partners in the development and implementation of relevant policies and programmes. In regard to the field of migration health at IOM focuses on five strategic programme areas:

1. *Service Delivery and Capacity Building:* Providing access to health services for migrants, especially the most vulnerable. Services cover: prevention and health promotion; control and management of infectious diseases, chronic diseases, mental health, reproductive health, and social health needs; and environmental hygiene and control. Raising awareness and knowledge of governments and Regional Economic Communities, civil society and migrant groups on migrants' health issues. Builds and strengthen technical, operational and coordination capacity of states and other stakeholders to develop and implement migrant health initiatives.
2. *Advocacy and Policy Development:* Advises partners and governments on best practices in the management of migration health issues and related strategies and policy options.
3. *Research and Information Dissemination:* Responds to the needs of governments, partner agencies and civil society for evidence-based, disaggregated information on migrant health.

In order to provide appropriate responses to the health needs of migrants and particularly the most vulnerable, IOM try to understand migrants on place-based approach. An approach based on an understanding of the local context where diverse migrant groups are situated and the social determinants of their health. This allows identifying the spaces of vulnerability of migrants. According to IOM (2011), spaces of vulnerability are location where people's health is at high

risk. Health vulnerability stems not only from individual but also a range of environmental factors specific to unique conditions of a location, including the relationship dynamics among mobile and sedentary population. These factors must be taken into consideration when addressing migration health concerns and intervention must consider and target migrants and mobile population as well as the communities in which they interact, such as families in migrant sending communities.

The framework bellow illustrates IOM strategies in addressing migrants' health issues



This model is based on participatory community development theory "bottom-up" combined with PAR Participatory Action Research to understand and bring change at micro and macro levels by involving the people involved and taking into account, the individual,

environmental and structural barriers that impede the health and aspirations of migrants' population in general. Structural social work approach coupled with community development theories are to be used since these approaches apply to all levels in which social work is undertaken, whether in design of wide-ranging policies or direct interventions with individual or groups of populations. It's also important to understand factors that can affect the well-being of migrant during the migration process. This involves according to IOM:

Pre-Migration phase

- Pre-migratory events and trauma (war, human rights violation, torture especially forced migration flows.
- Epidemiological profile and how it compares to the profile at destination;
- Linguistic, cultural, and geographic proximity to destination.

Movement phase

- Travel conditions and mode (perilous, lack of basic health necessities) especially for irregular migration flows.
- Duration of the journey
- Traumas events such as abuse
- Single or mass movement

Arrival and integration phase

- Migration policies
- Social exclusion
- Discrimination
- Exploitation

- Legal status and access to service
- Language and cultural values
- Linguistically and culturally adjusted services
- Separation from family, partner
- Duration of stay.

Return phase

- Level of home community service (possibly destroyed), especially after crisis situation
- Remaining community ties
- Duration of absence
- Behavior and health profile as acquired in host community.

Cross cutting aspect (such as gender, age, socio-economic status, genetic factors also play in migrants' health issues).

Furthermore, Camacho (2007) made a call for seeking multiple perspectives in migration research including children, parents, siblings, and employers and this could lead to a wider understanding of the relevant issues. The author stresses on the importance to fully understand the social, cultural and economic context at both the sender and destination communities. For example, we need to know what children's pre-migrant life was like in order to grasp the relative positives and negatives of their migrant lifestyle. And, in order to understand the migrant experience we need to explore their everyday lives as migrants and not just narrowly focus on their work or school situation. Hence it can be useful to conduct multi-sited research at both the sender and destination communities.

Migration and Research

Parts of my internship's deliverables were to revise and finalize a research tool kit, prepare migration health Fact Sheet or Policy Brief by using the previous baseline study. Rapid baseline assessments had proven to be an effective tool for project development and as a pre-project baseline on which the impact of intervention can be assessed. A baseline study can be used to gather essential information about target group, the surrounding area and the realities on the ground. The findings can be used to tailor field-level program activities. It can assist in deciding on the overall objectives and priorities of the project and can identify gaps in existing program goals. It can be used as a tool to measure the progress, success of the program over the long term. It can also be used as an advocacy tool to sensitize stakeholders including government, donors, NGOs, civil society about the current situation on the ground. In term of migrant, this tool will help to increase knowledge and understanding on migrant health through relevant research activities as Camacho (2007) points it above. Community-based assessments, service access mapping to understand the psycho-social wellbeing of migrants, gender, migration and health, labour migration and health, migrant typologies in terms of access to health services and health outcomes are essential to promote the translation of Migration Health research and related migrants issues findings into policy and program.

I understood the importance of this participatory assessment while conducting a rapid appraisal of the impact of cross-border migrant on selected health and services unit in the Limpopo province in South Africa. The participatory approach to research not only allows us to have a big picture but it also helps to include the voice of the marginalized in the decision that affects their lives. It leads to liberation, empowerment, capacity building, and self-determination on the part of the migrants.

Building migrants' capacities

Understanding the push factors that constraint migrant to leave their home countries is very important in order to help them navigate successfully in the host countries. This requires building capacity of different stakeholders at all levels focusing on issues relating on migration and health in the sending and receiving countries through interventions that empower migrants in respect to their gender. Since the needs and aspirations of migrants vary from individual to individual, attentive listening and respect of their fundamental human rights are to be exercised in order to allow migrants to achieve their dream and to become contributive members to their host countries. An example of this is IOM and the Zimbabwe government livelihood training program that assists households to launch small business activities such as leatherwork, hair dressing, bricklaying, baking, and dress making. Women migrants are particularly vulnerable to sexual harassment, sexual exploitation building their capacity to recognize threats of sexual and gender based violence, to seek help and to expose the perpetrators help to remove cultural barriers that make them passive victims.

Conclusion

Migration is a global phenomenon that dated since our forefathers' time to nowadays. As long as people would feel the need to fulfill their fundamental human needs crossing geographical boundaries would be inevitable since it is part of human's survival and defense mechanisms. When parents whose primary responsibility is to provide for their children failed short to do so due to circumstances beyond their control, child would eventually look for a green pasture elsewhere. We must also understand and accept that child migration is also part of their developmental stage that leads to maturity and independence. The important is for states to work with them and guide them towards the appropriate resources that will assist them to achieve their

dream and become responsible citizen of tomorrow.

In term of HIV/AID, the problem is of a big challenge that the Southern Africa is dealing with mostly in migrants' population. Managing migration in a holistic manner that respects migrants' fundamental human rights and international conventions within and across borders is very important to alleviate migrants' suffering and most importantly xenophobia. Researchers are needed to better understand migrants' issues from micro to macro levels from their countries of origin to their points of destination.

While, it's evident that every state will be concerned of their national and public security but, with the train of globalization and its interconnected relations that bound people today, it would be wise to develop realistic policies in order to manage migration for the benefit of all.

*Bellow is a research fact sheet I prepared for migration health Pretoria.

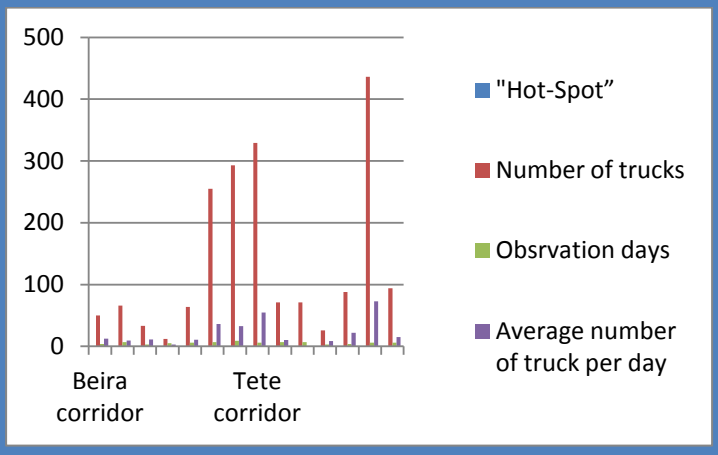
FACTS ON TRANSACTIONAL SEX WORK IN THE CONTEXT OF HIV ALONG TWO TRANSPORT CORRIDORS IN MOZAMBIQUE

The road transport sector in southern Africa is greatly affected by HIV and AIDS. Long-distance truck drivers as well as other workers in the transport sector continue to be vulnerable to HIV infection and experience high morbidity and mortality (Evian, 2000; Centre for Communicable Diseases Control, 2005).

A study conducted by IOM to obtain information on the trucking sector, sex work and HIV on two transport corridors(Beira &Tete) and 14 selected "hot spot" in Mozambique revealed:

Demographic Characteristics

- The age of sex workers across HIV "hot-spot" range from 13 to 35 years.
- Predominantly sex workers are from neighbouring countries (Mozambique and Zimbabwe).
- Truckers are the main client of sex workers 23.9% but, in some areas such as Caia, clients' occupations include teachers, and employees from sectors.
- Majority of the truck drivers using Mozambican highways are from neighbouring countries who speak English.
- The age of truck drivers range from 30 to 50 years.
- Most of the truck drivers had a least secondary education. However, 36% are illiterate.
- In the Beira corridor, 38.1% of truckers are Protestant/ Evangelical follow by Catholic 28.4%, Muslim 6.9%, Hindu 0.3, other Christians 6.2%, Animist 2.1%, None 17.3%.
- In the Tete corridor, 35.6% of truckers are Protestant/ Evangelical follow by Catholic 30.4%, Muslim 8.7%, Hindu 3.6, other Christians 3.6%, Animist 0.6%, None 17.2%.
- Machipanda in the Tete corridor has a higher concentration of truck drivers, money-changers merchants and travellers where transactional sex work is predominant.

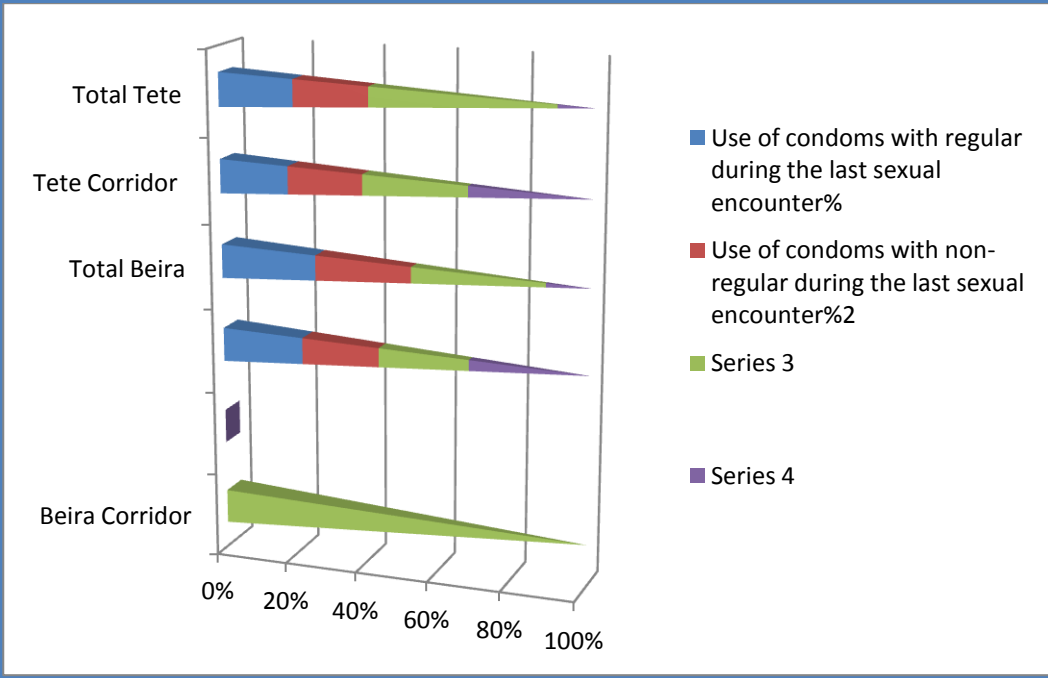


Health Seeking Behaviour and Condom use

- STI are common, both among sex workers and among the truck drivers and the risk of HIV infection is present on the two transport corridors.
- The use of condom or not is based on the client's physical appearance and the level of trust.
- Sex workers may sometimes agree to have sex without condom for higher fee.
- In Beira, sex could be exchanged for 50-250 MT (USD 1.47- 7.35) and in Manica; prices were 200-500 MT (USD 5.88- 14.70).
- 70% of sex workers clients are non-regular partners and with this group of clients sex workers are more likely to use condom 92.5%.
- Condoms are available in health facilities, pharmacies, bars, and lodges. With 90% health facilities providing STI and HIV consultation

- In the Dondo “hot-spot” Women are the main group that come for treatment for STI and HIV and to obtain condoms thanks to two programs that target women.
- Level of knowledge of STI symptoms was higher amongst the Tete corridor truck drivers than among those on Beira corridors.
- Beside transactional sex work, sex workers are engaged in other income generative activities

Condom use with regular and non-regular partners



*****Hot-spot: A confined geographical space in which levels of casual or transactional sex is concentrated.

*Selected “Hot- spot” **Beira** Beira, Dondo, Caia, Gorongosa, Nhamatanda, Inchope Chimoi

Tete: Machipanda, Manica, Catandica, Guro, Changara, Tete city, Moatize.

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