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# Urban livelihoods and the risk of HIV infection: lived experiences of young migrant women in Havana informal settlements in Windhoek, Namibia

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# University of the Witwatersrand

**Research Report for the Masters of Arts in Forced Migration Studies**

Urban Livelihoods and the Risk of HIV Infection: Lived Experiences of Young Migrant Women in Havana Informal Settlements in Windhoek, Namibia




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## DECLARATION

I, Eveline Mwadina Shinana hereby declare that this thesis is my own unaided work. It is submitted for the degree of Master of Arts in Forced Migration Studies in the school of Social Sciences at the University of Witwatersrand, Johannesburg. It has not been submitted for any other degree at any other university



Signature Date: 11.08.2014

Eveline Mwadina Shinana

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## DEDICATION

I dedicate this report with love to my husband Immanuel who has consistently given me all the support during my studies.

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## ACRONYMS

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ART | Anti-retroviral Therapy |
| ART | Anti-retroviral |
| CoW | City of Windhoek |
| CSDH | Commission on the Social Determinants of Health |
| FGDs | Focus Group Discussions |
| HIV | Human Immunodeficiency Virus |
| SSA | Sub-Saharan Africa |
| WHO | World Health Organisation |
| UNAIDS | United Nations Joint Programme on HIV/AIDS |

## ABSTRACT

*Informal settlements are associated with higher prevalence of HIV. There is empirical evidence that HIV prevalence is higher in the North-Western suburbs (Katutura) of Windhoek which primarily consist of low-income housing and informal settlements. It is reported that a large proportion of young women in these suburbs who are 25 years and younger are HIV positive. This study sought to explore the linkage between urban livelihood strategies and the risk of acquiring HIV among young migrant women (aged 18 to 24) in Havana informal settlement in Katutura in Windhoek, Namibia. The study focuses on the lived experiences of internal young migrant women to explore the linkage between their livelihood strategies and the risks of acquiring HIV. A desk review was undertaken in order to analyse existing documents related to urban livelihoods and HIV from studies that have been conducted in the City of Windhoek. Semi-structured interviews and focus group discussions as research instruments were administered to collect primary data. Thematic analysis has been employed to analyse the data to help extract descriptive information concerning experiences of young migrant women in Katutura informal settlements and construct meanings in order to be able to understand how livelihood strategies of young internal migrant women in Havana relate to the risk of acquiring HIV.*

*The study reveals that young migrant women in Havana informal settlement moved to Windhoek in order to have their livelihoods improved. Based on the data, income; education; employment and housing are some of the social and economic factors found to be affecting the livelihoods of the young migrant women. Furthermore, the study unveils that young migrant women engage in risky sexual behaviours such as low condom use, transactional sex and multiple concurrent partnerships as a strategy to earn livelihoods. Engaging in risky sexual behaviour such as transactional sex enhances the risk of acquiring HIV once they are exposed, as it influences their sexual decision making due to their dependency on men. The study concludes that there is a linkage between urban livelihoods and the risk of HIV infection. Therefore, exclusion of migrant communities from services as well as their limited access to sustainable livelihoods encourages young migrant women to engage in risky sexual behaviour.*

*The findings of this study do not portray that all young women in Havana informal settlement engage in risky sexual behaviour because young migrant women are a heterogeneous group however, participants who took part in this study are a representative of all young migrant women (aged 18-24) in Havana. Therefore, their risky behaviour can be one of the major factors contributing to high prevalence of HIV among young women in Katutura.*

**KEY WORDS:** *Migration, HIV, risky sexual behaviour, urbanisation, livelihoods, informal settlements, urban poverty, Havana, Katutura, Windhoek*

# CHAPTER 1: INTRODUCTION

## 1.1 BACKGROUND AND CONTEXT

This study seeks to explore the linkage between urban livelihood strategies and the risk of HIV infection among young internal migrant women (aged 18 to 24) in Havana informal settlement in Katutura. The study draws from the key findings of Aulagnier et al. (2011) on the study conducted to examine the incidence of HIV in Windhoek Namibia which analyse socio-economic factors related to HIV infection and Vearey (2009) on a case study of the RENEWAL (Regional Network on AIDS, Livelihoods and Food Security), a study that set out to explore the Linkages between HIV, migration and urban food security. The study adopts Dugbazah's (2012) definitions of both livelihoods and livelihood strategies. Therefore, in the context of this study "livelihoods are considered as consisting of the assets, activities, and entitlements that enable people to make a living whilst livelihoods strategies refer to the ways in which people adopt different activities for survival in different socio-economic and environmental settings so, they are composed of activities that generate the means of survival" (Dugbazah, 2012:25)

The world is rapidly becoming urban due to the migration of people from rural to urban areas (Weeks, 2005). Edmonston et al. (2004:455) defines migration as "a form of geographic or spatial mobility involving a change of usual residence between clearly defined geographic units". According to Arango (2000), the movement of people from one geographic location to another is driven by economic differentials between countries or within a specific country. In addition, Africa is one of the regions facing fastest urbanisation and also one of the continents most affected by HIV epidemic (Greif et al., 2010). Ramjee and Daniels (2013) report that in Sub-Saharan Africa (SSA) approximately three quarters (69%) of the 23.5 million of those who are infected global are from Africa and as a result, SSA remains the region most affected by HIV epidemic.

Namibia is one of the African countries that recorded a high HIV prevalence of 13.3% (Ramjee and Daniels, 2013) while a household-based survey conducted in the city of Windhoek revealed 14.6% HIV prevalence. This demonstrates that HIV prevalence in Windhoek is higher than the national prevalence (CoW et al, 2013). Ramjee and Daniels (2013) further report that more women are becoming infected than their male counter parts and it is reported that in every minute, a very young woman becomes infected with HIV. This

emphasizes that women are more at risk of HIV compared to men. Aulagnier et al., 2011 state that HIV prevalence is reported to be high in north-western part of Windhoek (Katutura) which consists mainly of informal settlements. According to Thomas et al. (2011), studies conducted in South Africa and elsewhere in Africa confirm that HIV prevalence among informal settlement population is always higher than that of the formal population due to riskier sexual behaviour observed in slum settings.

Furthermore, Windhoek is facing rapid population growth and the most recent estimates demonstrate an increase in population size of 38% observed between 2001 and 2011, from 233 000 to 322 000 inhabitants (CoW et al., 2013). City of Windhoek et al., (2013:5) further report that, "the population growth in the informal settlement is estimated to be 9% each year, compared to 4% for the rest of the city". The high rate of urbanisation observed in Windhoek is due to migration of people from rural areas to the city in search of employment and better economic conditions (Ogunmokun et al. 2000). According to Newaya (2010), Katutura is known to be a lower income area and its residents are marginalized Namibians who in most cases are migrants form rural areas as well as international migrants (Aulagnier et al., 2011). Aulagnier et al., (2011) further explain that people in this area have limited access to public services compared to high or middle income areas in the South East of the city and the area is associated with high incidences of HIV infection.

## 1.2 RESEARCH QUESTIONS AND OBJECTIVES

This study aims to explore the linkage between urban livelihood strategies and the risk of acquiring HIV among young migrant women aged between 18 and 24 residing in Havana informal settlement, Katutura, Windhoek. The study is trying to address the question and meet the primary objectives stated below.

***Research question:*** How do the livelihood strategies of young migrant women in Havana informal settlement in Katutura influence their risk of acquiring HIV?

***Research objectives***

The primary objectives of the study are:

- To undertake a desk review to analyse existing studies conducted in the City of Windhoek which are related to the livelihood strategies and the risks of HIV infection among young migrant women in Havana informal settlement.
- Use the lived experiences of the young migrant women in Havana informal settlements to explore the linkages between migration and urban livelihood opportunities
- To explore the relationship between sexual decision making and the risks of HIV infection

## 1.3 THE RATIONALE OF THE STUDY

Urban informal settlements are associated with the spread of HIV in Sub-Sahara African cities (Greif et al., 2010 and Thomas et al., 2011). Greif at al. (2010), claim that the rapid urbanisation and the increase of urban informal settlements in Sub-Saharan Africa have become a major public health concern due to their linkage with sexual risk and HIV. This study uses the lived experience of the young migrant women who reside in Havana informal settlement in Katutura to explore the linkage between urban livelihoods and the risk of HIV infection. Furthermore, it focuses on young women because HIV prevalence is high among young women, not only those that are in Windhoek but it has also been observed countrywide and globally. This implies that young women are more vulnerable to the risks of HIV infection (Aulagnier et al., 2011; Newaya, 2010; Ogbokor, 2011; Greif, 2010).

The study builds on Aulagnier et al.'s (2011) quantitative study that was conducted in Windhoek, Namibia to estimate HIV incidence and prevalence and to analyse socio-economic factors related to HIV infection. The study's findings reveal that HIV prevalence is higher in the North-Western (Katutura) of Windhoek which is primarily an informal settlement and low-income formal housing (Aulagnier et al., 2011). In addition, there is a large proportion of young women aged 25 years and younger who are reported to be vulnerable to HIV due to transactional sex observed in Namibia (Newaya, 2010).

It is against this backdrop that this study seeks to examine how the livelihood strategies of the young migrant women aged 18 to 24 years in the informal settlement of Havana in Katutura influences the risks of becoming infected with HIV. The study has been conducted in Katutura particularly in Havana for several reasons based on existing literature of which three are stated below: a) there is a high prevalence of HIV, b) most of the rural-urban migrants reside in Katutura and, c) it is usually informal settlement residents that are associated with risky sexual behaviours that enhance the risk of HIV infection and they rely on informal economic sector for a livelihood whereby the earnings are relatively low and irregular. The study acknowledges several other studies related to urban livelihoods as well as migration and HIV that have been conducted in Windhoek and elsewhere in the region however, exploration of the linkages between livelihood strategies and the risk of HIV infection has been under-researched. Therefore, this study aims to contribute to closing this knowledge gap as well as to inform policies to respond to the challenges faced by the urban poor.

## 1.4 CONCEPTUAL FRAMEWORK

The study draws on the theories of migration, social determinants of health and the livelihoods framework. These theories are selected because they are relevant to the discussion of migration, urban livelihoods and the risks of HIV infection. In the same vein, they also enable me to explore the lived experiences of the young migrant women in the informal settlements to determine how their livelihood strategies relate to their risk of acquiring HIV.

### 1.4.1 THE THEORIES OF MIGRATION

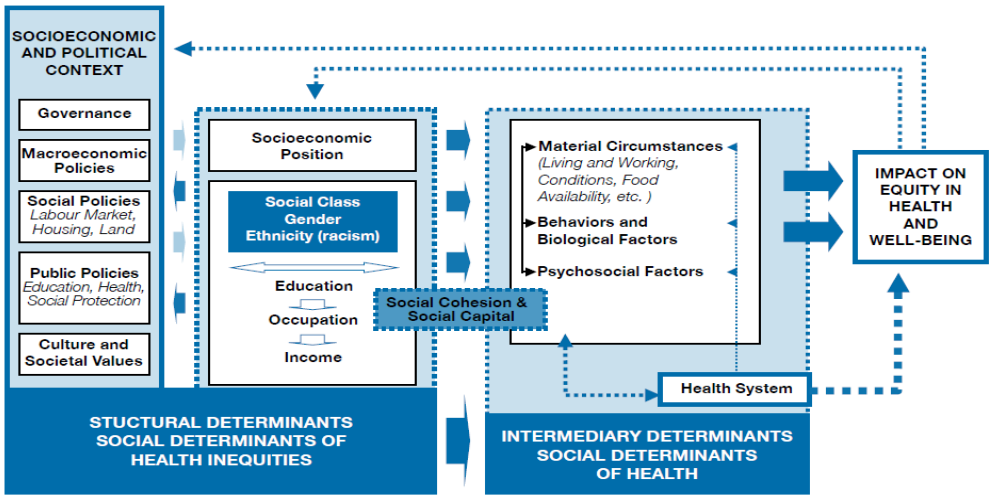
Although the theories of migration focus more on international migration, they enhance understanding of the process of migration for example by providing information concerning who initiated the move and the reasons of moving. There are several theories of migration however this study will only concentrate on four theories namely, the dual economic model,

new economic theory, neoclassical economic model and social network theory, because they best fit within the context of this study. The dual economic models draws on the Ravensteins' (1889) theory which suggests that migration is a push and pull process therefore, people migrate to seek for better job and financial opportunities at a new destinations (Dugbazah, 2012). Furthermore, the new economic and neoclassical models help to understand whether the decision to migrate was done at an individual or a household level (Dugbazah, 2012; Massey et al., 1993). According to Agesa and Kim (2001) cited by Dugbazah (2012), the social network theory argues that "in migrant-sending communities, information about jobs and living standards is most efficiently transmitted through an arrangement struck between personal networks such as friends and neighbours who migrated Dugbazah (2012:128).

### 1.4.2 THE SOCIAL DETERMINANTS OF HEALTH

Rispel and Nieuwoudt (2012/13) describe the social determinants of health as "social and economic factors that influence health, and include income, education, social safety networks, employment and job security, early childhood development, gender, race, food insecurity, housing, social exclusion, access to health services and disability" (Rispel & Nieuwoudt, 2012/13:90). By identifying the social and economic factors that affect health and well-being of individuals will help us understand how the living conditions and exclusion of the people living in urban informal settlement affect their health conditions.

Figure 1: The CSDH Conceptual Framework



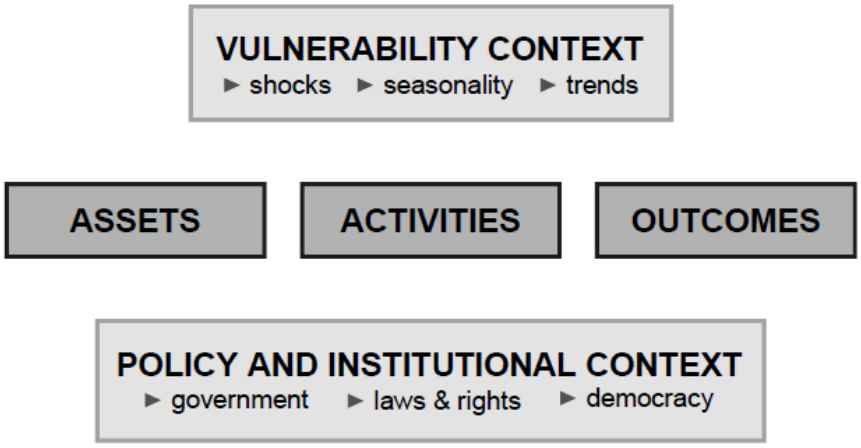

Source: Adapted from WHO, Social Determinants Discussion Paper 2 (2010)

The Commission of Social Determinants of Health (CSDH) conceptual framework with its three key components, namely: the socio-political context, structural determinants and socioeconomic position and intermediary determinants is developed by World Health Organization to provide evidence on how structure of societies through numerous social interactions, norms and institutions, are affecting population health, and what governments and public health can do about it (WHO, 2010). The CSDH shows "how social, economic and political mechanisms give rise to a set of socioeconomic positions, which in turn shape specific determinants of health status reflective of people's place within social hierarchies, based on their respective status, individuals experience differences in exposure and vulnerability to health-compromising conditions" (WHO, 2010:5).

### 1.4.3 URBAN LIVELIHOODS

The conceptual framework on livelihoods will be used as a basis of analysing, understanding and managing the complexity of the livelihoods. According to Carney cited in Rakodi (2002:9), "a livelihood framework is a tool that helps to define the scope of and provide analytical basis for livelihoods analysis by identifying the main factors affecting livelihoods and the relationships between them, to help those concerned with supporting the livelihoods of supporting the poor people". She further states that a livelihood framework suggests that there is a close link between the overall assets status and an individual, household or group, the resources on which it can draw imperative in the face of hardship and its level of security. According to Dugbazah (2012), "the key point of the sustainable livelihoods approach allows the consideration of various factors and processes, which either hinder or enhance people's ability to make a living in an economically and socially sustainable manner" (Dugbazah 2012:106). She further explains that the sustainable livelihood approach aims to enhance our understanding of how people make use of the resources available to them to make a living. This will also enable us to understand the strategies that participants use in order to make a living.

Figure 2: The Basic Livelihoods Framework




**Source: Ellis 2003:3**

According to Ellis (2003), the livelihoods activities refer to the things that people do in order to earn a living. Furthermore, "migration opens up access to category of activities that are varying extents remote from the household and the risk factors that surround making a living is summarised as the 'vulnerability context'. The structures associated with government authority, laws and rights, democracy participation are summarised as 'policy and institutional context" (Ellis, 2003:3). Ellis (2003) further explains that "people's livelihoods conducted within these contexts, result in outcomes, higher or lower material welfare, reduced or raised vulnerability to food security, improving or degrading the environmental resources" (Ellis, 2003:3-4)

# CHAPTER 2: LITERATURE REVIEW

This section aims to provide a conceptual framework to explain the scope of this study. Therefore, the available literature of the studies related to the themes of this study have been reviewed in order to explore the theoretical linkage between urban livelihoods and the risk factors of HIV infection among young migrant women (18-24) in Havana informal settlement in Katutura.

This chapter is divided into 6 thematic sections namely: 1) Urbanisation; 2) Migration and Poverty; 3) Urban Livelihoods; 4) Sexual Behaviour; 5) Informal Settlements and HIV/AIDS and 6) Migration and HIV/ AIDS. Each thematic section seeks to contribute to the understanding of the linkage between urban livelihoods and the risk of HIV infection among young migrant women in Havana informal settlement in Katutura.

## 2.1 URBANISATION

Weeks (2005) defines urbanisation as a "change in the proportion of a population living in urban places and it is a relative measure ranging from 0 per cent, if a population is entirely rural or agricultural, to 100 per cent if a population is entirely urban" (Weeks, 2005:456). He further explains that rural-urban migration is one of the main factors contributing to urbanisation. Cited by weeks (2005), the United Nations (United Nations Population Division 2002c) projected that "by 2030, 83 per cent of the population in more developed regions will be urban, and that 56 per cent in less developed regions will be urban, producing a world total of 60 per cent urban" (Weeks, 2005:458).

According to Zlontik (2006), urbanisation resulted in rapid growth of urban population in Africa. This is evident from the statistics provided which indicates that between 1970 and 2005, the number of people living in urban areas increased by more than fourfold, from 83 million to an estimated 353 million. It is evident from the statistics provided that the rate of urban population growth is very high but it remains unclear to whether it is mainly migration that contributes to higher population growth or there are probably some other demographic factors that are involved.

The rapid population growth in urban areas has raised significant concerns due to the fact that it resulted in huge growth in the number of the urban poor (Cohen, 2006). This is an indication that urbanisation has an impact on population growth which affect the living conditions of the people living in urban areas. Cohen (2006) further explains that the increase in the number of people residing in urban areas also increases the number of people living in the informal settlements therefore, it is estimated that 72 per cent of the people residing in urban areas in Africa live in the informal settlements. Greif (2010) also presents her concern with relation to rapid urbanisation and the growth of informal settlements observed in sub-Saharan Africa because of their relationship with sexual risk and the spread of HIV infection. Cohen (2006) claims that cities are areas of improved living standards where the indicators general health and wellbeing are significantly high. However, this contradicts the situation observed in African cities. Greif (2010:948) reports that "the general advantage in health outcomes seen across the world is not evident in Africa, which is simultaneously burdened with highest levels of HIV/AIDS since it contains two-thirds of those infected with HIV world wide".

According to Aulagnier et al. (2011:1), "Namibia is facing rapid urbanization, especially towards the capital city of Windhoek which might exacerbate the HIV epidemic as economic inequality is heightening in city areas and has been found to be highly associated with sexually transmitted diseases and HIV". Furthermore, Frayne (2007) states that the population of Namibia's capital city Windhoek has been growing at annual rate of 5.4 per cent in recent years. He further states that a significant population growth is observed in Katutura, a large area to the northwest of the city which was entitled to the black population during the apartheid era. This high rate of urbanisation is due to migration of people form rural areas to the city in search of employment and better economic conditions (Ogunmokun et al. 2000). According to Newaya (2010), in addition to searching for employment as stated by Ogunmokun et al (2000) the increase of migration into Windhoek is also motivated by a search for better quality of life. However, it is evident that migrants into Windhoek from the rural areas hardly achieve the quality of life that motivates their move because according to Newaya (2010), migrants from rural areas mostly settle in the informal areas of Katutura and some formal neighbourhoods of Katutura. Katutura is known to be a lower income area and its residents are marginalized Namibians who in most cases are migrants from rural areas as

well as international migrants (Aulagnier et al., 2011). Aulagnier et al., (2011) further explain that people in this area have limited access to public services compared to high or middle income areas in the South East of the city and the area is associated with high prevalence of HIV infection. The exclusion of Havana informal settlement residents from the services demonstrates inequality in terms of the distribution of the services between the rich and the poor.

## 2.2 MIGRATION AND POVERTY

Dugbazah (2012) argues that despite the common understanding that migrants are likely to improve their wellbeing once they migrate; there is no sufficient evidence to support that migration diminishes economic differences between the place of origin and that of destination. This is an indication that it is not yet clear as to whether migrants improve their standards of living once they move therefore, studies to investigate their livelihoods in places of destination is of utmost importance. Ogbokor (2011) in his study that investigate the sources of poverty in Namibia argues with reference to report made by the Namibian development goal that eighty per cent of poor household are found in rural areas. He therefore claims that sometimes we overlook the fact that in most cases people who migrate looking for improved livelihoods end up having their dreams ruined as they reside in informal settlements contributing to the number of those already living in poverty.

Ogunmokun et al. (2000) referring to migrants in Windhoek claims that although many migrants are unable to get jobs, they settle mainly in Katutura (previously designated as a black people township) and some other formal but mainly informal settlements that have grown around the township. Although migrants find themselves in difficult conditions, they remain in the city because cities are known better economic opportunities hoping that the situation might improve.

Mercado et al. (2007) make a significant contribution by providing reasons to explain why poverty is constantly high in informal settlements compared with formal settlement settings. People who reside in the informal settlements are thoroughly excluded from services and opportunities such as formal jobs, security, capacity and empowerment that would help them to be in charge of their own welfare (Mercado et al., 2007). He further states that, "as noted in the interim report by the Millennium Development Goals Task Force, much of the urban

poverty is not because of the distance from infrastructure and services but it is because they are excluded from the attributes of urban life that remain a monopoly of privileged minority" (Mercado et al., 2007:i7).

## 2.3 URBAN LIVELIHOODS

According to Ellis (2003) "a term livelihood attempts to capture not just what people do in order to make a living, but the resources that provide them with the capability to build a satisfactory living, the risk factors that they must consider managing their resources, and the institutional and policy context that either helps or hinders them in their pursuit of a viable or improving living standards" (Ellis, 2003:3). This implies that economic success of migrants in places of destination does not solely depend on their effort but it is also influenced by social and economic factors within social hierarchies in their places of destination. Despite the challenges that migrants face in their destination areas, De Haan (2000) and Dugbazah (2012) emphasise that migration is commonly known as one of the most significant sustainable livelihood strategies used by individuals, households and communities to improve their economic capability.

Dugbazah (2012) states that in Sub-Saharan Africa people migrate from rural areas to urban areas as a result of poor income generation from agricultural activities, lack of decent jobs and poverty. It is therefore evident that migrants move looking for more profitable livelihoods. On the other hand De Haan (2002) argues that migration can help to improve poverty although in most instances it does not improve the standards of living however; access to opportunities is not equally distributed among migrants and non-migrants which lead to inequality. Economic benefits gained by migrants do not only help them improve their standards of living but they also enable them to support their families in rural areas by sending remittances. According to Crush et al. (2005), remittances sent to home areas in a form of goods or cash play a very important role in the livelihoods of a migrant household allowing for social, or taking children to school, making it easy for the family members to access health care services as well as housing and food.

Molnar (2012) reported that the rapid population growth that has taken place in Windhoek has made life difficult for most of the migrants who moved to the city to earn a livelihood due

to high unemployment rate which results in high crime rate in Katutura. He further reports that the residents of Katutura depend on wage employment, trade activities, old age pension and agriculture as a source of income therefore, 68% of the household in Katutura have incomes below the poverty line.

This study is more interested on women's migration and their livelihood strategies with relation to their risk of becoming infected with HIV. Dugbazah's (2012) study conducted in Ghana has made a great contribution to the understanding of the role that gender in migration particularly women's migration and its implications on their economic livelihoods. It has been perceived that migration is gender selective; it is often men who migrate from rural areas to go and look for jobs in urban areas. According to Dugbazah (2012), the trend has been observed in terms of the number of women migrating from rural areas who independently move to look for jobs in urban areas mainly in the informal sector. Furthermore, "migration is gender-structured because men and women migrate for different reasons, use different channels, and most importantly, migration have different consequences for men and women in both sending and receiving communities" (Dugbazah, 2012:40).

Brockerhoff and Biddlecom (1999) stress that migrant women who are not educated and those who lack the skills required in the job market may end up in commercial sex work because it is readily available for one to earn a livelihood and to support their relatives back in their places of origin. Furthermore, young women who migrate for economic or educational purposes are likely to depend on men, who are usually older than them for financial support hence; the financial dependency of young migrant women increases their vulnerability to spontaneous relationships in urban sexual market (Brockerhoff et al., 1999). This explains that migrant women are more vulnerable to the risks of HIV infection compared with men due to their dependency on men for survival.

## 2.4 SEXUAL BEHAVIOUR

On the one hand, Greif et al. (2010) discuss that rapid urbanisation growth of urban informal settlements in sub-Saharan Africa have contributed to the highest level of HIV as informal settlements are associated with risky sexual behaviours such as lower age at first sexual encounter, less contraceptive use and multiple sexual partners. She further emphasises that in urban areas, issues of high unemployment rates as well as low incomes make women

susceptible to unsafe sexual behaviour influencing them to engage in transactional sex as well as involving themselves in concurrent partnerships as a way of increasing their incomes, a situation that enhances their chances of acquiring HIV (Greif et al., 2010). In the same vein, Hunter (2002) points out the factors that influence people to engage in transactional sex as the privileged economic position of men, the issue of masculinity among men and the agency of women themselves. On the other hand, Hunter (2002) stresses that women residing in the informal settlements particularly those who recently arrived engage themselves in transactional relationships because they generally have no resources to draw out a livelihood therefore they depend on men for survival and for gifts such as cash or consumption goods such as food and cell-phones. This risky sexual behaviour exposes migrant women in the informal settlements to higher risks of HIV infection.

UNAIDS make a valuable contribution to the understanding of the linkage between informal settlement and risky sexual behaviour. UNAIDS (2008) point out that, the exclusion of migrants from services as well as the host community and stress may force them to engage in risky casual or sex work, factors which make them vulnerable to HIV. This demonstrates that exclusion of migrants from the host communities has an impact on the sexual behaviour of migrants therefore; the integration of migrants and the provision of access to services can prevent risky sexual behaviours among migrants.

Brummer (2000:8) explains that "the individual characteristics of pre-migration (sex, age, marital status, educational level, ethnicity, social status and economic prospects) influence the decision to migrate and migrants' perception of risk. He further stresses that the process of migration has an impact on some of the migrants' individualities which finally affect their real sexual behaviour (Brummer, 2000). This is an indication that the change in behaviour of migrants plays a major role in the process exposing them to the risks of HIV infection. Although migrants in Africa are found to be more vulnerable to HIV than the people who do not move, UNAIDS (2001b) points out that "being mobile in and of itself is not a risk factor for HIV/AIDS, it is the situation encountered and the behaviour possibly engaged in during mobility or migration that increases vulnerability risk regarding HIV/AIDS" (UNAIDS, 2001b:5). These risk behaviours according to Brockerhoff et al. (1999) apart from migrants who are transport or sex workers, their sexual behaviour includes high number of multiple partners and the low use of condoms which he view as conditions conducive to contracting HIV. Moreover, Lagarde et al. (2003) reports that previous studies conducted in Africa reveal

that migrants have more risk sexual behaviour than non-migrants because travelling exposes them to new behaviours and migration disrupts traditional social constraints on and control of sexual behaviour. Cited by Brummer (2002:8), Brockerhoff et al. (1999) emphasise on sexual behaviour as he states that "there are three factors related to migrants' sexual behaviour such as the pre-migration individual characteristics, changes in individual characteristics due to migration, and exposure to a new social environment". As a result of issues raised previously, Greif et al (2010) argue that the general urban advantage that influence positive health outcome as observed across the world is not apparent in Africa due to the fact that Africa is experiencing the highest prevalence rate of HIV.

## 2.5 INFORMAL SETTLEMENTS AND HIV/AIDS

Thomas et al. (2011) claim that not enough attention has been given to the high prevalence of HIV in the informal settlement settings although there is an empirical evidence from South Africa and other African countries that demonstrates that the HIV prevalence in the informal settlement population is more or sometimes double than that in the formal settlement population of the same city. This is an indication that as there is economic inequality between formal and informal settlements as disparities with relation to HIV incidences and prevalence between formal and informal settlement and this implies that informal settlement residents are more prone to HIV infections than the formal settlement populations.

Greif et al. (2010) study conducted in 5 Southern and East African countries made a significant contribution to the literature and to the understanding of why informal settlements are associated with high HIV prevalence. According to his findings, there is a major difference in terms of behaviour between women who reside in formal and those who live in informal residence whereby women who live in informal settlement are known for early engagement into sexual activities, lower use of condom and involvement with multiple partners. However, Greif's findings do not explain why women residing in informal settlement present risky sexual behaviour.

According to Fjeldstad et al. (2005), almost 40% of the urban population in Namibia today reside in the informal settlement, and most of them are unemployed. He further reports that the unemployment rate in Namibia is high, estimated at 31% and the highest unemployment rate is observed among young women in urban areas. Newaya (2010) explains reasons

behind expansions of informal settlement in Namibia specifically in the capital city that, "informal settlements are a direct response to increased in-ward migration from rural areas to cities and the consequent failure of urban authorities and economies to provide adequate and affordable housing for increasing population" (Newaya, 2010:19). Abbot cited by Newaya (2010) argues that for as long as people continue to move to towns and cities to look for better livelihoods, availability of housing and employment opportunities will be more limited and this situation drives migrants further into poor conditions and the growth of informal economic activities will be observed. However, earnings from the informal sector are gradually decreasing and irregular due to the fact that the number of people who depend on informal economy for a living is increasing (Ogbokor, 2011). It is arguable that urban population growth does not only have implications on formal employment opportunities but it can also drive migrants into informal settlements. The poor living conditions and economic hardships experienced by migrant women who live in the informal settlement may influence their sexual behaviour.

## 2.6 MIGRATION AND HIV/AIDS

Both the UNAIDS Global Report (2012) and UNAIDS world AIDS Day Report (2012) make a significant contribution to this study because they provide evidence concerning the prevalence of HIV globally, although the reports were not compiled in the context of migration. UNAIDS (2012) Global Report indicates that globally, 34 million people were living with HIV at the end of 2011. The report further states that an on-going decline on new infections is observed globally however; new cases are being recorded at national levels in many parts of the world. According to UNAIDS (2012:29) World AIDS Day Report, "today, young people account for 40% of all new adult HIV infections and each day more than 2400 young people become infected with HIV- and some five million young people are living with HIV". This demonstrates that HIV remains a global challenge and young people are more vulnerable to HIV/AIDS.

"Sub- Saharan Africa remains the most severely affected region, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide" (UNAIDS, 2012:8). It is evident from the statistics above that sub-Saharan Africa is heavily affected by HIV and the region accounts for higher incidences of the

epidemic. Based on the 2006 Sentinel Serological Survey conducted in Namibia, Namibia was found to be one of the countries with the highest rates of HIV infection in the world (Molnar, 2012). He further reports that one in five people aged 15-49 in Namibia is HIV positive and this makes Namibia to be among the top five countries affected by HIV pandemic in the world. Although Namibia has a small population of 2.1 million (National Planning Commission, 2012 Census Report), approximately 204 000 people are living with HIV (MOHSS, 2008). Among the people who are infected with HIV 119 000 are women and 14 100 people were newly infected and among the new infections, 77 per cent are young women aged 15-24. It can be observed that young women in Namibia are more vulnerable to HIV/AIDS therefore; it is worth exploring the factors that expose young women to the risks of HIV infection.

Literature shows that migration is associated with the spread and high prevalence of HIV in Africa. A number of studies have been conducted in Africa and elsewhere to explore the relationship between migration and the spread of HIV. Although most of the studies focus on international migration, they remain relevant to this study because in most cases both internal and international migrants go through the same experiences in their places of destination. Brummer (2000:2) argues that "migrants and mobile populations in general have played a significant role in the initial spread of HIV in the Southern African region". In the same vein, Decosas et al. (1995) claims that although the spread of HIV has been linked to the presence of migrants in host communities, there have not been cases in Africa where any significant epidemic was stimulated by the arrival of migrants from other countries have been observed. He further suggests that "it is not the origin, or the destination of migration, but the social disruption of which characterises certain types of migration which determines vulnerability to HIV" (Decosas et al., 1995:826). This implies that the issue of migration and HIV is very complex and in order to understand the relationship between the two we need to take into account the social aspects which expose migrants to the risks of HIV infections as they respond to certain socio economic conditions in their places of destination. Therefore it is worth conducting a study of this nature in order to explore whether livelihoods as socioeconomic aspect relate to the acquisition of HIV by migrant population especially those that are living in the informal settlements. In support of that, Brummer (2002) contextualised the issue of HIV/AIDS epidemic in Southern Africa claiming that it is the environmental factors that make migrants susceptible to HIV infection. This is likely to be determined by

environmental conditions in which migrants find themselves in host countries, as some settle in formal urban areas and others find themselves in cities' informal settlements where access to services is very limited. On the other hand, Webb (1997) defines the risk situations as "socially and geographically defined zones where the capacity of the individual to respond effectively to a health threat is reduced" (Webb, 1997:80). As a result, these factors leave migrants with no choice therefore, their health and wellbeing matter less for as long as they are earning a living.

# CHAPTER 3: RESEARCH METHODOLOGY

## INTRODUCTION

This Chapter presents the methodology employed in the process of collecting data. Primary data was collected between mid September and the end of October 2013. This study used the lived experiences of young migrant women to explore their livelihood strategies in order to explore the linkage between livelihoods and the risk of HIV infection. In order to meet the objectives of the study, a qualitative approach is used. The study is qualitative in nature because it is found suitable to answer the question of the study as it will allows the researcher to engage with participants through interviews to get information about their own experiences concerning their livelihoods. According to Patton (1990) a qualitative approach permits the researcher to study selected issues in depth and detail therefore, "typically produce wealth detailed information" (Patton, 1990:10-11). Therefore, a qualitative approach was found appropriate to meet the objectives of this study.

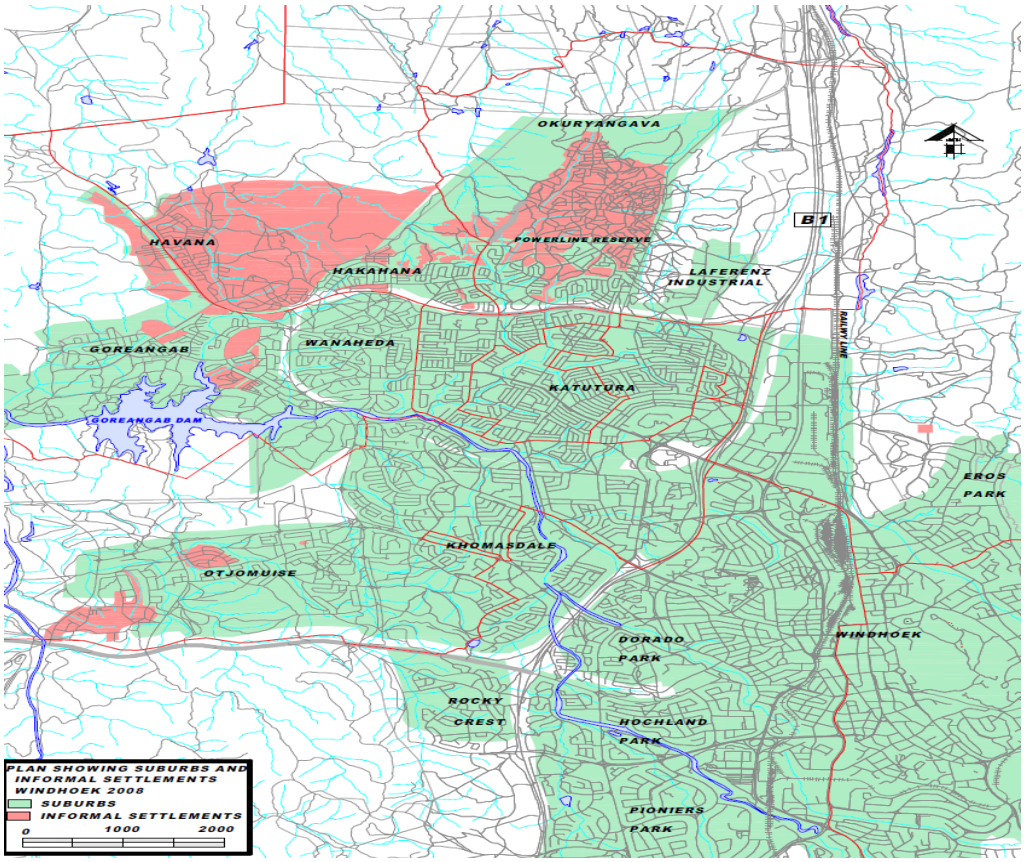
## 3.1 STUDY SITE HISTORICAL BACKGROUND

Windhoek is the capital city of Namibia.

> "Windhoek was divided by law into discrete areas for each officially defined race group: Windhoek city and suburbs (white), Khomasdal (coloured) and Katutura (black) however, since 1979 this segregation has been formally abolished but only limited blurring of racial geography has occurred to date".
>
> (Simon, 1984:552)

Frayne (2007) reports that, the population of Windhoek has been growing at annual rate of 5.4 per cent in recent years. This high rate of urbanisation is due to migration of people from rural areas to the city in search for employment and better economic conditions (Ogunmokun et al., 2000). He further claims that although many migrants are unable to find jobs in the city, they settle mainly in Katutura (previously designated as a black township) and some other formal but mainly informal settlements that have grown around the township.

**Figure: 3 Suburbs of the City of Windhoek, Namibia**




**Source: City of Windhoek 2008**

## 3.2 OVERVIEW OF METHODOLOGY AND DESIGN OF THE STUDY

The study was conducted among 24 young migrant women aged 18 to 24 who lived in Havana in Katutura for the period not less than 12 months. A purposive sampling technique was employed as a tool for selecting participants who are eligible for the study. Tongco (2007) who also refers to purposive sampling as "judgement sampling" defines it as a thoughtful selection of a participant based on the qualities that a participant has. This enables researchers to identify and recruit suitable informants, based on defined qualities. Therefore, informal interviews were conducted in Havana community in order to identify and verify that the respondents meet the criteria to be part of the sample of the study. The study adopts the steps in purposive sampling identified by Tongco (2007). Furthermore, various approaches such as one-on-one interviews, focus group discussions and desk review were all engaged in data collection process. Different methods were used in order to provide rich data.

Before the collection of data, I organised a meeting with the councillor of Moses Garoeb Constituency in which Havana is located in order to brief him about the purpose of my study and its objectives because these are the political leaders elected to represent and serve the community. Therefore, they need to know everything that goes on in the community as a way of protecting the rights of the people in areas under their mandate. The councillor therefore announced on radio to inform community members about my presence and my purpose of being in their community as a way of sensitising the community members and also a way of requesting them to render their co-operation to me as a researcher. In most cases people are reluctant to share their information when they are not given directives by their councillors and sometimes they can even report you to the police.

Collection of secondary data involved a desk review that was undertaken in order to analyse existing documents in order to find out what is existing on the ground. The documents reviewed which form part of my data, include sexual behaviour of young women in Windhoek and the HIV data as well as the reports concerning livelihood activities of internal migrants in the city and these were obtained from UNAIDS in Namibia and the City of Windhoek. This exercise raised new aspects of concern that were used to inform the overall scope of the study and it also enabled me to evaluate the methodology proposed to be used in the study. Therefore, the data from the desk review supplement the data from both focus group discussions and individual interviews. The main themes developed from the desk review will be discussed in my data presentation, analysis and discussion in Chapter 5.

Primary data was collected through 2 focus groups discussions, one with 6 members and another with 5 members, and 18 one-on-one semi- structured interviews. According to Thomas et al. (1995), a focus group is a method which involves in-depth group interviews whereby informants are nominated because they are eligible however, not because they are a representative sampling of a particular population. He further explains that due to the group dynamic nature, the information obtained from discussions among participants usually yield deeper and richer data in relation to individual interviews (Thomas et al., 1995). Hence, focus group discussions were employed in this study because they provide in-depth and complexity of responses that can often stimulate new thoughts for the group members that might not occur during individual interviews. Although some few individuals were hesitant to share their personal experiences with other group members openly, most of the participants openly shared their opinions, perceptions as well as their experiences. Participants did not

only get the opportunity to express their own opinions but they also responded to other members as the need aroused. This methodology aided in the stimulation of discussions of specific interesting subjects that the focus group discussions found needing further discussion. Therefore data generated from this exercise was more detailed than that of individual interviews.

Semi-structured one-on-one interviews were conducted to get more information from the participants on issues that they would have not been comfortable discussing in the presence of other group members. Therefore, semi-structured interview questions were constructed based on the themes identified for the study. Questions were open-ended to enable participants to express themselves and share their lived experiences without restricting them to specific issues and the interviews were scheduled to last for an hour. Only one interview was conducted per day. The process of conducting individual interviews went on until I was no longer getting new information from the participants. As a result, 18 participants were interviewed and some of these participants have also participated in FGDs. An audio recorder was used during both individual interviews and FGDs provided that a verbal consent is obtained from an individual participant.

## 3.3 RESEARCH RESPONDENTS

Participants in this study are young internal migrants aged 18 to 24 living in Havana informal settlement in Katutura. 24 respondents were recruited, selected from Havana's migrant population. A summary of the demographic information of the study respondents is provided in Table 2 below. Some of these respondents participated in both the individual interviews and focus group discussions (FGDs) while others have only participated either in individual interviews or FGDs. Some of the respondents opted to participate in individual interviews because they did not want to share their personal experiences in groups. My interactions with the individual participants took place at their own households while the FGDs were held at Moses Garoeb councillor's office in Havana; however, there was no physical contact between the councillor and the participants due to ethical concerns. All young internal migrant women who participated were active in their activities and they were all able to share their lived experiences with me. They reported their demographic characteristics such as age, years of formal education, number of their children, employment and marital status.

**TABLE 1: PARTICIPANTS' DEMOGRAPHIC INFORMATION**

| Participant's pseudonym | Year in Havana | Qualification | No. of children | occupation | Age | Marital status | Interview | FGD |
|---|---|---|---|---|---|---|---|---|
| **1.Kandeshi** | 2009 | Grade 9 | 2 | Security Guard | 24 | Cohabiting | √ | √ |
| **2.Umbi** | 2012 | None | 1 | Unemployed | 23 | Cohabiting | √ | √ |
| **3.Veronica** | 2012 | Grade 8 | 1 | Unemployed | 19 | Single | | √ |
| **4.Penehafo** | 2011 | Grade 10 + Vocational certificate | 0 | Unemployed | 21 | Single | √ | √ |
| **5.Naituwe** | 2010 | Grade 8 | 3 | Security Guard | 24 | Single | | √ |
| **6.Hilja** | 2008 | Grade 10 + Vocational certificate | 1 | Unemployed | 24 | Single | √ | |
| **7.Magdalena** | 2010 | Grade 8 | 2 | Shop attendant | 24 | Single | √ | √ |
| **8.Victoria** | 2011 | Grade 10 | 0 | Bar attendant | 20 | Single | √ | |
| **9.Foibe** | 2010 | Grade 12 + Diploma | 0 | Bar attendant | 24 | Single | √ | |
| **10.Selma** | 2012 | Grade 9 | 2 | Unemployed | 24 | Cohabiting | √ | |
| **11.Vistorina** | 2011 | Grade 12 | 0 | Unemployed | 20 | Single | | √ |
| **12.Sylvi** | 2012 | Grade 12 | 0 | Unemployed | 19 | Single | | √ |
| **13.Magano** | 2011 | Grade 10 | Pregnant | Hairdresser | 23 | Cohabiting | √ | |
| **14.Frieda** | 2011 | Grade 10 | 1 | Unemployed | 24 | Married | √ | |
| **15.Niita** | 2009 | Grade 10 | Pregnant | Bar attendant | 23 | Single | √ | |
| **16.Toini** | 2012 | Grade 9 | 0 | Unemployed | 19 | Single | √ | |
| **17.Rakkel** | 2010 | Grade 10 | 0 | Bar attendant | 22 | Single | √ | |
| **18.Kaunapawa** | 2010 | Grade 9 | 2 | Unemployed | 24 | Cohabiting | √ | √ |
| **19.Fiina** | 2012 | Grade 8 | 2 | Unemployed | 24 | Cohabiting | | √ |
| **20.Kaleinasho** | 2011 | Grade 10 | 0 | Bar attendant | 22 | Single | | √ |
| **21.Paula** | 2010 | Grade 10 | Pregnant | Unemployed | 24 | Single | √ | |
| **22.Lapaka** | 2011 | Grade 10 | 0 | Unemployed | 23 | Single | √ | |
| **23.Ndapewa** | 2012 | Grade 10 | 1 | Unemployed | 24 | Single | √ | |
| **24.Pomwene** | 2008 | Grade 12 + Certificate | 2 | Kindergarten Teacher | 24 | Married | √ | |

As illustrated in table 2 above, 24 respondents participated in the study. Among all the participants, only 5 participated in both FGDs and individual interviews while 13 opted to participate in individual interviews only and 6 participated in FGDs only. Their participation was determined by their own interest in the two activities as well as their availability due to other responsibilities. All young women except 2 of the respondents that reported that they

are married indicated that they have boyfriends. However, 6 of them reported that they are cohabitating with their boyfriends. Furthermore, it is apparent from table 2 above that most of the respondents are unemployed, and those that are employed have informal jobs with only 3 respondents having formal jobs. When it comes to education attainment, only 4 of the participants have made it to grade 12 and those that indicated that they have grade 10 stated that they did not meet the requirements to go to grade 11. The majority of these young women have children and 3 of them were pregnant at the time of the data collection process.

## 3.4 DATA ANALYSIS

After the process of collecting data and transcribing interviews, the data was organised, coded and analysed. According to Welman et al. (2005), the purpose of coding is to make it easy to analyse and make sense of the data that has been collected and it is done by giving names to events, incidents, behaviours and attitudes. Hence, this section presents the qualitative analysis of the data collected for this study. I analysed the data using thematic analysis method drawing from Braun and Clarke (2006) thematic analysis step by step guide. Braun and Clarke (2006:79) define thematic analysis as a process of analysing qualitative data which involves the identification, analysis and report of patterns or themes contained in the data. On the other hand, Hseih and Shannon (2005:1278) term thematic analysis as qualitative content analysis which they describe as an interpretive research technique of data which includes a "systematic classification" method of coding and identifying themes or patterns. This implies that the analysis of qualitative data requires interpretation of transcribed data in order to unpack and find meanings of the subject under scrutiny, taking in to account relevant theories and concepts.

According to Braun and Clarke (2006:82), "a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set". Therefore, I analysed data by reviewing field notes as well as the individual interview and FGDs transcripts to identify themes that were speaking to my overall research question, drawing from discourse analysis. Identification of themes was a vital technique in this study because it has enabled me to extract descriptive information concerning the lived experiences of the young migrant women living in Havana informal settlements and construct meanings that help understand how their livelihood strategies

influence their risk of acquiring HIV. As a result, I have also identified representative quotes from the data which are crucial to the themes identified. Therefore, selected representative quotes have been organised and analysed.

During the process of data analysis I did not only concentrate on what is said by individual participants during both interviews and FGDs but I have also tried to situate it in the environment in which young migrant women are found as well as the conditions under which interviews and group discussions took place.

## 3.5 REFLEXIVITY: THE ROLE OF A RESEARCHER

According to Patton (1990:11), "the validity and reliability of qualitative data depend to a great extend on the methodological skill, sensitivity, and integrity of a researcher. Patton (1990) further explains that a researcher herself is an instrument. This implies that the role that a researcher plays in a qualitative study is very important because it influences the quality of data being collected.

The wide gap between my age as a researcher and the age of the young women (18-24) that have participated in the study might have affected the way the participants could think of answering the questions. I mostly observed this during one-on-one interviews especially when it comes to questions on sexual history of a participant. Culturally, some of those issues are very sensitive and they are not easy to discuss especially in a vernacular, with someone older than you. However, having been a teacher, I worked with learners of more or less the same age as participants and a teacher plays a role of a mentor in a school environment. I used my experience as a teacher to create the atmosphere that enabled participants to be open and be able to answer questions freely.

As a researcher and an individual, I have my own opinions about different issues covered in this study, however, I kept in mind that my participants have their own opinions too and we are from different backgrounds. This helped me to avoid judging participants based on their responses and this has also helped me to reach the objectives of my study. All data was analysed and coded into different themes without personal influence on the data.

## 3.6 ETHICAL CONSIDERATION

Ethical standards were highly maintained during and after the collection of data in order to protect the rights of participants. The study draws from the key elements or principles of an ethical approach to research outlined by Leaning (2001), Mackenzie et al. (2007) and Slack et al. (2000). Verbal consent was obtained before FGDs and individual interviews in order to avoid the violation of the rights of participants. Furthermore, participants were also provided with information sheet that contains information concerning the nature and the conduct of the study as well as the contact details of the researcher and that of the principal supervisor. Participants who were not feeling comfortable with their voices being recorded especially during one-on-one interviews were not recorded. Although the nature of the study and the methodology techniques applied cannot guarantee confidentiality and anonymity, they were still issues of concern and I have tried by all possible means to minimise harm of participants that could arise as a result of that. Therefore, I have not stated any real name or information that may lead to the identification of the participant in this report. Alternatively, pseudonyms have been used in order to maintain their anonymity.

The information collected will strictly be used for the academic purposes of this study in order to maintain confidentiality however; the study acknowledges that confidentiality could not be guaranteed during the collection of the data due to the group nature of the research. Participants who took part in FGDs were cautioned not to share any information discussed in the meeting room with anyone outside the room. Furthermore, all participants were informed about the nature of the study, what was expected of them and made aware that their participation was voluntary. Therefore, they were reminded that they could withdraw from the study at any stage without providing a reason. It was also made clear that because the study is academic, the result of the study may not yield direct benefits. However, the study may improve knowledge and understanding of the linkage between livelihood strategies and the risks of HIV infection which may inform policies aiming to improve the living conditions of people living in urban informal settlements.

The proposal for this study was approved by the University of the Witwatersrand's Human Research Ethics Committee (non-medical) on 13th August 2013, with the clearance certificate protocol number H13/08/14.

# CHAPTER 4: RESULTS AND DISCUSSION

## 4.1 INTRODUCTION

This chapter presents the results of the study as well as the discussion of the results. It begins with the presentation of the main themes that emerged from the desk review followed by the discussions of the data from the desk review. Thereafter, the primary data from individual interviews, FGDs and the discussion of the findings will follow later in this chapter.

## 4.2 DESK REVIEW

As one of the primary objectives of this study, a desk review was conducted to analyse existing documents or studies conducted in the City of Windhoek with relation to livelihood strategies and the risks of HIV infection among internal migrant population living in Havana informal settlement in Katutura. The study targeted documents or literature from the City of Windhoek (CoW) and other Non- Governmental Organisations (NGOs) in Namibia. I therefore undertook a desk review of documents from CoW and UNAIDS Namibia. Table two below provides a list of documents reviewed.

**TABLE 2: A LIST OF DOCUMENTS USED FOR THE DESK REVIEW**

| Title | Publication |
|---|---|
| **Support Groups of People Living with HIV in Windhoek, Namibia: A Mapping** | UNAIDS and City of Windhoek, 2013 |
| **No Namibian Should Die from AIDS, Universal Access in Namibia: Scale-up, Challenges and Way Forward** | UNAIDS and Ministry of Health and Social Services (MOHSS), 2011 |
| **Towards Strategic Investments in HIV and AIDS at City Level: Lessons learned from the know your epidemic, know your response exercise in Windhoek, Namibia** | UNAIDS and City of Windhoek, 2013 |
| **City of Windhoek, Namibia: Know Your HIV Epidemic/ Know Your Response (KYE/KYR) Policy Synthesis** | City of Windhoek, UNAIDS, UNDP, PharmAccess Foundation and Sacema, 2012 |

As it can be observed from the table above, four documents mainly from UNAIDS and City of Windhoek as well as from other organisations were reviewed and analysed to provide secondary data for the study. These were not reviewed as part of the literature review. However, they form part of the data collected during this study. No document speaking directly to the issues of urban livelihoods and migration could be obtained from the two organisations. Nevertheless, the information contained in the aforementioned documents was relevant to the study and that served as a motivation to continue with the review as proposed.

Focus was directed to the discourses relevant to urban livelihoods and the risk of HIV infection among the city's general population due to the fact that the documents analysed are a representation of the entire CoW population and not the migrant population only. However there are some aspects that focus on the informal settlement population which is likely to be entirely made of migrants.

Themes that speak to the overall question and primary objectives of the study were identified as well as the representative quotes that are fundamental to the themes that have been identified. The CoW in collaboration with UNAIDS identified key drivers of HIV in Windhoek and the key populations at risk of HIV infection. Some of the key drivers and key populations that are relevant to the context of this study can be observed in table three below. According to UNAIDS and CoW (2013:42), a driver of HIV "is a factor associated with HIV risk; that is, the risk of HIV differs according to whether the factor is present or absent". This implies that what can be a driver of HIV in one population may not be a driver in another, therefore; drivers of HIV are context specific. Furthermore, key populations refer to "highly affected sub-populations" (CoW et al., 2013:12). The main themes emerged from the documents reviewed is presented in table three below and the discussion of the findings will follow after the table.

**TABLE 3: MAIN THEMES OF THE DESK REVIEW**

| Theme and Sub-theme | Representative Quotes |
|---|---|
| **HIV**<br>• **Prevalence** | *"It was found that 13% of the city's population aged 15-49 years are living with HIV- meaning that roughly, 29 000 persons are HIV positive in Windhoek"* (UNAIDS, 2013:4).<br><br>*"While prevalence rate in Namibia seem to be following a downward trend, there is no evidence of such a trend in Windhoek"* (UNAIDS and CoW, 2013:3). |
| **Key Drivers**<br>• **Concurrent partnerships**<br>• **Age- disparate and intergenerational sex**<br>• **Alcohol**<br>• **Transactional sex**<br>• **Migration** | *"On the basis of studies conducted elsewhere, it may be reasonable to assume that concurrency is a significant driver of HIV infection in Windhoek"* (CoW et al., 2012:45).<br><br>*"The hypothesized mechanism by which intergenerational sex drives HIV hinge are primarily mechanisms that influence the acquisition of HIV by younger females"* (CoW et al., 2012:45).<br><br>*"Alcohol is a driver of individual risk behaviour and can impact ART adherence"* (CoW et al., 2012:48).<br><br>*"While it may be an important driver of HIV in the city of Windhoek, data on extent of transactional sex and its correlation with HIV status are lacking"* (CoW et al., 2012:53).<br><br>*"Qualitative evidence from elsewhere in Namibia, and DHS data showing an increase in the number of partners with travel away from home, suggest that "migration" may indeed work through more proximate factors to act as a driver of HIV in Windhoek"* (CoW, 2012:56). |
| **Key population**<br>• **Women and girls**<br>• **Urban Poor**<br>• **Informal Settlements inhabitants** | *"Women and girls are not at risk simply because of their gender, but because of social and structural factors including transactional and intergenerational sex"* (CoW, 2012:70).<br><br>*"Data from Windhoek and elsewhere confirm that urban poor, especially poor urban women and those living in informal settlements, are indeed a key population"* (Cow, 2012:75)<br><br>*"In particular, the process generated evidence that people living in informal settlements are the most highly affected by HIV and AIDS in the city"* (UNAIDS and CoW, 2013:3). |

The studies or documents available from the CoW and UNAIDS that were used for the desk review are not specific to the migrant population however, they make a significant contribution by providing information concerning the current status of the HIV epidemic as well as the underlying factors influencing the prevalence of HIV in the City of Windhoek among the key population at risk of HIV. However, UNAIDS and CoW raised a concern in terms of availability of data, that their data relies on secondary data from the Ministry of Health and Social Services (MOHSS), obtained from Demographic Health Survey Data (DHS). As a matter of fact, this affects the analysis of the HIV epidemic on important aspects such as key populations, and social and cultural dynamics as some of the data were conducted in the city of Windhoek itself and others represents the entire Khomas region (CoW et al., 2012 and CoW et al., 2013). Despite that, the findings of the studies conducted by the aforementioned organisations remain relevant to this study.

### 4.2.1 HIV PREVALENCE

Based on the available data from the desk review, it can be observed that HIV prevalence in the City of Windhoek is high. However, it does not give a picture of the prevalence in the informal settlements particularly Havana.

> *"It was found that 13% of the city's population aged 15-49 years are living with HIV- meaning that roughly, 29 000 persons are HIV positive in Windhoek".*
>
> (UNAIDS, 2013:4)

It is apparent that HIV has an impact on the economically active population of the City of Windhoek more especially that all 29 000 (aged 15 to 49) people are infected with HIV. This demonstrates that the data focuses on persons in their reproductive age (15-49 years). Although it does not specify the prevalence among the 18-24 years migrant women that are living with HIV, it is clear that some of those young women are included in the data. According to UNAIDS and CoW (2013), it has been observed that HIV prevalence in Namibia has been decreasing however the decline is not evident in Windhoek. It is therefore very important to analyse the key drivers of the HIV epidemic in Windhoek in order to understand why the prevalence is not declining as well as to identify measures that need to be put in place in order to address the issue. UNAIDS (2013) reports that HIV prevalence is

likely to remain high as a result of improved life expectancy due to availability of Anti-Retroviral Treatment (ART).

### 4.2.2 KEY POPULATION

Another theme that emerged from the desk review data is a key population. In terms of HIV prevalence and incidences, key population refers to the most affected sub-populations in a population (CoW et al., 2013). CoW et al. (2012) identified truck drivers, sex workers, men who have sex with men (MSM), uniformed forces (military, police and prison officers), prisoners, women and girls, injected drug users (IDUs), orphans and vulnerable children (OVCs), the urban poor and the informal settlement inhabitants. However, for the purpose of this study, only key populations that are relevant to the context of this study will be discussed.

> *The epidemic impacts directly on the well being of the vast majority of the population, the performance of the formal and informal economy, the capacity of public and private sectors to provide services, and the attainment of the Millennium Development Goals (MGDs).*
>
> (UNAIDS, 2011:18)

This implies that the HIV epidemic affects almost everyone in a population in one way or another however; there are always some group of people in a population that are more affected than others. These are the ones that we refer to as key populations. The key populations that were found relevant to this study are women and girls, urban poor and informal settlement inhabitants. CoW et al. (2012) suggests that one person may belong to more than one key population and this puts him or her at higher risk of HIV infection. The discussion below demonstrates how each of the aforementioned key populations is affected by HIV epidemic.

#### a) Women and Girls

Young women and girls are one of the key populations identified due to its vulnerability to the risk of HIV infection. Although the (CoW et al., 2012) identified women and girls as one of the key population, women and girls should not be viewed as a homogenous group. There

might be some women that are more affected than others. For instance, CoW et al. (2012) stresses that poor women and girls living in urban areas are a significant key population and therefore suggests that women who head households should be a priority of the City's responses.

> *"Women and girls are not at risk simply because of their gender, but because of social and structural factors including transactional and intergenerational sex".*
>
> (CoW et al., 2012:70)

It is evident that transactional and intergenerational sex are major drivers of HIV in the City of Windhoek. Apart from those two factors; CoW et al. (2012) identified poverty as one of the multiple mechanisms and key drivers influencing the risk of HIV infection among women and girls. Therefore, it is fair to conclude that women and girls engage in risky sexual behaviour such as transactional and intergenerational sex in order to earn a livelihood, as a result of poverty. The concern of women and girls as victims of HIV is also evident from other studies conducted in Sub-Saharan Africa which reveal that approximately 60% of people living with HIV/AIDS are women and girls and young women aged 15-24 become infected earlier than their male counterparts (CoW et al., 2012). This indicates that women and girls are indeed a key population when it comes to the risk of HIV infection.

**b) The urban poor and informal settlement inhabitants**

The relationship between poverty and HIV is not always as it is assumed to be. According to CoW et al. (2012), the relationship between HIV and poverty is not direct, which means it is not always the poorest of the poor who are at higher risk of HIV infection. In most cases, those who are wealthy also get involved in high risk behaviour by engaging with a lot of sexual partners (CoW et al., 2012). Such behaviour is likely to enhance the risk of HIV infection among the well-off population. However, the CoW et al. (2012) provides empirical evidence demonstrating that the urban poor in the City of Windhoek are at risk of acquiring HIV.

> *"Data from Windhoek and elsewhere confirm that urban poor, especially poor urban women and those living in informal settlements are indeed a key population".*
>
> (CoW et al., 2012:75)

UNAIDS (2011) suggest that informal and low-income formal settlement inhabitants in the City seem to be more vulnerable to the risk of HIV infection due to limited and distant access to sufficient HIV prevention and treatment services. This explains why the urban poor and the informal settlement inhabitants are a key population with regard to HIV vulnerability. In addition, a study conducted in Windhoek also reveals that the highest prevalence of HIV was reported in informal and low-income formal settlement (CoW et al., 2012). Therefore, the urban poor and informal settlement residents in Windhoek are more vulnerable to HIV infection than other populations.

### 4.2.3 KEY DRIVERS OF HIV

Apart from the HIV prevalence and key population as main themes identified from the desk review, key drivers of HIV was also one of the main themes that were found significant to the study. The key drivers of HIV refer to the underlying factors that increase the vulnerability of the people to HIV infection (CoW, 2013). The key drivers that are found relevant to this study amongst others are: migration, concurrent partnerships, Age- disparate and intergenerational sex, alcohol and transactional sex. Transactional sex refers to when a person engage in sexual intercourse in an exchange for money or goods (CoW et al., 2012). According to CoW (2013), the impact of each factor to the HIV epidemic is determined by the presence of other risk factors as well as the relationship between the concerned factors and HIV risk. Furthermore, UNAIDS (2011) and CoW et al. (2013) report that the key drivers of HIV epidemic are linked to primary contributing factors such as social, economic, cultural, behavioural and environmental. This indicates that some of the drivers identified are related either to social, economic, cultural, behavioural or environmental factors. This suggests that the responses may not only focus on the health systems or the treatment itself however, it can also take into account the socio-economic aspects which act as social determinants of health.

### a) Migration

Due to the increase of the number of women migrating nowadays especially from rural to urban areas, women may get involved in transactional sex as they arrive in urban areas, as a way of trying to achieve financial security (CoW et al., 2012).

> *"Qualitative evidence from elsewhere in Namibia, and DHS data showing an increase in the number of partners with travel away from home, suggest that "migration" may indeed work through more proximate factors to act as a driver of HIV in Windhoek".*
>
> (CoW et al., 2012:56)

As a result, those who migrate leaving their partners behind may find new partners in their places of destination and they are likely to infect their partners when they go back home. However, other studies conducted elsewhere yield opposite findings. For example, Lurie et al., (2003) reports that it is often female partners left behind who infect their male partners because they engage in concurrent relationships once their partners migrate. This demonstrates that the transmission of HIV is bidirectional. In addition, CoW et al. (2012) suggest that informal settlements should be taken into account when discussing the issue of migration and HIV because it is evident that most of the migrants from rural to urban areas reside in informal settlements, areas associated with high prevalence of HIV.

### b) Concurrent sexual partnerships

Concurrent sexual partnerships are common in Windhoek although there is no empirical data to measure the impact of concurrency as a driver of HIV in Windhoek (CoW et al., 2012). However:

> *"On the basis of studies conducted elsewhere, it may be reasonable to assume that concurrency is a significant driver of HIV infection in Windhoek".*
>
> (CoW et al., 2012:45)

CoW et al. (2012) emphasises that concurrency as a driver of HIV can increase the spread at the population level during acute infection if a person has multiple partners during that period. Furthermore, "the linking of sexual networks over a single time period rather than

sequentially, meaning that infection can spread more quickly, widely and effectively" (CoW et al., 2012:44). What we are learning from this risky sexual behaviour is that if a person is involved in sexual relationships with several sexual partners at the same time it can contribute to faster transmission of HIV and most of the people that are linked to this sexual network are likely to be infected. This means that a lot of people will be infected in a very short period of time.

**c) Age- disparate and intergenerational sex**

According to Leclerc-Madlala (2008:S18) "age-disparate relationships generally refer to those in which the age gap between partners is five years or more while intergenerational relationships usually refer to the relationships with a 10 year or more age disparity between partners". Furthermore, age-disparate and intergenerational sex are defined as an act of sexual intercourse between older men and younger women (CoW et al., 2012). It has been observed that young women in Windhoek are being involved in sexual relationships with men far older than them (CoW et al., 2012). This could be one of the reasons why HIV incidences are higher amongst young women compared to men and other age groups and this validates the need of conducting a study among young women. However, there could be other possible reasons.

> *"The hypothesized mechanism by which intergenerational sex drives HIV hinge are primarily mechanisms that influence the acquisition of HIV by younger females"*
>
> (CoW et al., 2012:45)

Therefore, the age- disparate and intergenerational sex among young women in Windhoek are important factors that may make them vulnerable to the risk of HIV infection. Being involved in these types of relationships may not automatically make young women susceptible to HIV infection however; the risk might be enhanced if condoms are not used at all times.

> *"These mechanism may include younger females' increased biological vulnerability to HIV infection, higher HIV prevalence in population over 24 years of age (and thus higher probability that the older partner is HIV positive); a decreased ability to negotiate condom use because of power differentials in the relationship or an*

*increased willingness not to use condoms in exchange for money or goods; and riskier behaviour overall".*

(CoW et al., 2012:45)

This might not only be an issue of the age difference or women dependency on men for financial benefits but it might also be a matter of gender inequality based on cultural aspects as it was indicated earlier that some of the key drivers are linked to factors such as social and cultural, amongst others. Therefore, the power differential may not only be a result of the difference in terms of the economic status of those who are involved but it can also be an influence of culture and gender.

This might be one of the reasons why according to Newaya (2010) a large proportion of young among women who are 25 years old and younger are reported to be vulnerable to HIV due to transactional sex encounters observed in Namibia. This is because it is indicated earlier that one of the reasons why younger women are sexually involved with older men is the exchanges of goods or money. This notion also involves the issue of power and gender inequality. Gender inequality is considered as one of significant factors contributing to HIV incidence especially to women and girls in cities who may be as vulnerable to HIV due to unstable incomes and insecure housing (CoW et al., 2013). However, the CoW et al. (2012) report emphasises that we should not draw conclusions that younger women who are involved with older men are vulnerable and lack agency. It further points out that most of these young women are conscious of the risks involved in intergenerational relationships however, there is empirical evidence that young women opt to be in those relationships because their benefits outweigh the risk of HIV acquisition (CoW et al., 2012). It is evident here that intergenerational sex is interlinked to transactional sex due to the exchange of sex with goods or money that is involved.

**d) Alcohol Abuse**

According to CoW et al. (2013) there is empirical evidence that more than a third of Windhoek residents disclosed that they abuse alcohol where most of them report to have sex while under the influence of alcohol, a factor associated with low condom use. This can be one of the risky behaviours increasing the probability of HIV acquisition.

*"Alcohol is a driver of individual risk behaviour and can impact ART adherence".*

(CoW et al., 2012:48)

Alcohol may only be a driver if people engage into sexual intercourse while under the influence of alcohol because it is likely that sexual partners may not remember to negotiate for safe sex while intoxicated. Moreover, as per the quote above, alcohol intake does not only have an effect on sexual behaviour but it also inhibit adherence to ART prescriptions for those who are infected with HIV. In addition, alcohol acts as one of the intermediate determinants of HIV risks as it is also linked to encouraging multiple partnerships (CoW et al., 2012).

**e) Transactional Sex**

"In transactional sex, persons engage in sexual intercourse in exchange for money or goods" (CoW et al., 2012:51). It is also important to note the difference between transactional and sex work. Hunter (2002) makes a clear distinction between the two terms by highlighting that sex work involves a predetermined payment while in transactional relationships the benefits are viewed as gifts. This might be a result of poverty that people may get involved in transactional sex in order to be able to make a living or to provide for their families. In support of that, CoW et al. (2013) point out that due to the absence of constant income in the city, some single mothers engage in transactional sex or they take up jobs in risky environments just to make ends meet.

> *"While it may be an important driver of HIV in the City of Windhoek, data on extent of transactional sex and its correlation with HIV status are lacking".*

(CoW et al., 2012:53)

This implies that the City of Windhoek recognises that transactional sex can be one of the factors contributing to high prevalence of HIV in the city. However, there is no empirical evidence available among the studies that have been conducted in Windhoek to support the linkage between transactional sex and the acquisition of HIV. Although the linkage was not observed in Windhoek, studies conducted elsewhere in Sub-Saharan African cities reveal that transactional sex is one of the risk behaviours making women vulnerable to HIV (Greif et al., 2010 and Hunter, 2002). This is because it is hypothesised that people involved in a transactional sex are less likely to negotiate the use of condom, a factor that makes them vulnerable to HIV infection (CoW et al., 2012). Although those that are involved might be

aware of the risk, the power differentials in terms of the economic status might discourage women to negotiate for safer sex or it might also be a case that the use of condom might reduce the value of the gift or benefit. Therefore women may take a risk just to maintain the value of the benefits.

### 4.2.4 CONCLUSION

The desk review provides information that helps understand the prevalence of HIV in the City of Windhoek and emphasises the importance of seeing the city as a heterogeneous space made up of different spaces with different profiles. However, the exercise could be more beneficial to this study if the studies analysed were specific to the migrant population living in the City's informal settlements. It is apparent from the discussion above that the prevalence of HIV is high in Windhoek however it is found to be higher in informal and low-income formal settlements than in high-income formal settlements. There are numerous key drivers associated with the acquisition of HIV among Windhoek residents such as concurrent partnerships, age-disparate and intergenerational sex, alcohol abuse, transactional sex and migration, amongst others. However, transactional and intergenerational sex are playing a major role as key drivers of HIV infection among key populations. One of the interesting aspects arising from the review is that women and girls do not get involved in intergenerational sex due to lack of agency. They make active decisions to engage in intergenerational sex therefore, they weigh the risks involved against the actual benefits from the activity. In terms of the key populations identified by the City of Windhoek (2012), informal settlement inhabitants are found to be more vulnerable to HIV than other key populations because they are likely to be affected by most of the key drivers identified in this study.

## 4.3 INDIVIDUAL INTERVIEWS AND FGDs' RESULTS

This sub-section presents the main themes that emerged from the data collected during focus group discussions (FGDs) and individual interviews. Participants during both the FGDs and individual interviews were asked questions based on six main themes identified prior to data collection process: (1) migration, (2) urban livelihoods, (3) informal settlement, (4) HIV/AIDS, (5) sexual behaviour and (6) urban poverty. Young migrant women who

participated in the study have different experiences in some aspects covered by the study and in some cases they have similar experiences, as migrants living in Havana informal settlements. The data collected was coded into four themes and sub-themes as presented in table 4 below, with quotes from participants to represent each of the themes identified. The names used in the table below are pseudonyms that were given to the participants during the transcribing of data and they are used in the entire section. A more detailed discussion of the data will follow after the table.

**TABLE 4: MAIN THEMES FROM FGDs AND INDIVIDUAL INTERVIEWS**

| Theme and Sub-theme | Representative Quotes |
|---|---|
| **Poverty** | |
| • **Unemployment** | *"The majority of women here in Havana are unemployed"*. (24 years old, Foibe)<br><br>*"When I came here in 2010 I was lucky that I got a job immediately although I was working as a bar attendant. You know how working in a bar is, even when your accounts balance the employer always claims that your books are not balancing, you owe the business. I was tired of working for debts therefore I left my job and I have been unemployed since then".* (24 years old, Kaunapawa) |
| • **Informal Settlement** | *"When I first came to Havana I felt the bus was moving very slow. I thought I was coming to live in a decent place".* (19 years old, Veronica)<br><br>*"Havana is full of shacks, there are no formal houses. We are living in an unhygienic environment where there are no toilets or bathrooms. You can find 30-50 households sharing only one toilet. Therefore people are forced to help themselves in riverbeds, a condition that can affect our health".* (19 years old, Vistorina) |
| • **Food Insecurity** | *"We are suffering here in Havana especially us who are not working. There are certain days when you do not just have anything to eat and you can only get help if you happen to meet someone you know just to give you food to eat for that specific day".* (21 years old, Penehafo) |
| **Unsafe/ Risky Sexual Behaviour** | |
| • **Condom Use** | *"We do not use condoms in our relationship because my boyfriend is allergic to condoms. That is why I use contraceptives".* (22 years old, Kaleinasho)<br><br>*"Sometimes we use a condom sometimes we don't. You know how men are. Sometimes we can use it for 2 consecutive months and after that he does not want it anymore".* (24 years old, Selma)<br><br>*"We do not use condoms because we go for HIV testing regularly. We used to go after every 3 months but now it has changed; now we go after 12 months".* (23 years old, Niita) |
| • **Transactional Sex** | *"Here in Havana we can only survive if we get financial support from our boyfriends because it is not easy for us women to get jobs more especially if you do* |

| | |
|---|---|
| • **Multiple Concurrent Partnerships** | *not have a grade 10 certificate. Therefore we just have to rely on our boyfriends for a living".* (23 years old, Albertina)<br><br>*"I was working as a temporary employee in a certain security service company and my supervisor wanted to have sex with me so that I could be recruited permanently. I lost my job because I denied going into a sexual relationship with him".* (24 years old, Kandeshi)<br><br>*"I have friends who have about 3 boyfriends living in different towns. They want to benefit financially from all of them; therefore they choose men who are paid on different days of the month".* (24 years old, Magdalena)<br><br>*"I have been cheating on my boyfriend that I have been living together with since 2011 because he has been cheating on me too and he even fathered a child. I just wanted to give him a taste of how it feels".* (21 years old, Magano) |
| **Livelihoods**<br>• **Job Opportunities**<br>• **Education Attainment** | *"The only job that us women can get here in Havana is either to become a bar attendant, housekeeper or a security guard".* (23 years old, Lapaka)<br><br>*"I have never attended formal school and I do not even speak English. It is not easy for us who do not speak English or Afrikaans to get formal jobs, not even in security service companies".* (23 years old, Umbi) |
| **HIV/ AIDS**<br>• **ARVs**<br>• **AIDS** | *"We young women do not fear of HIV anymore because of the availability of ARVs. People who are infected do no longer lose weight, you just go on treatment and you even look healthier than those that are healthy and when it is time, you just die in your sleep".* ( 24 years old, Hilja)<br><br>*"Some young migrant women do not fear of becoming infected with HIV, they say AIDS is not here to kill dogs; it is there for human beings".* (23 years old, Victoria) |

The findings of the study will be discussed based on the themes in table 4 above. The primary data which serves as the main data of the study was collected through one-on-one interviews and FGDs. The aforementioned techniques that were employed to collect data revealed fundamental information concerning lived experiences of the young migrant women in Havana informal settlement in Katutura. The data enables us to understand the linkage between urban livelihood strategies and the risk of acquiring HIV among young migrant women (18-24) in Havana informal settlement in Katutura, as part of the objectives of this study. The results of this study are not unique from those of other studies conducted elsewhere in relation to the risk factors of HIV. However, they contribute to closing the gap in the literature concerning livelihood strategies and the risk of HIV infection. This will be a reflection of my interpretation of the data based on the analysis of the themes that emerged from the data.

### 4.3.1 LIVED EXPERIENCES OF YOUNG MIGRANT WOMEN AGED 18 TO 24 LIVING IN HAVANA INFORMAL SETTLEMENT IN KATUTURA

This sub-section presents the discussion of the findings from 18 individual interviews and 2 FGDs that were employed to collect data for this study. The discussion aims to provide a detailed understanding of the linkage between urban livelihoods and the risk of HIV infection among young migrant women in Havana informal settlement in Katutura. The discussion will be based on four themes that emerged from the data as they appear in table 4 above: 1) Poverty, 2) Unsafe sexual behaviour, 3) Livelihoods and 4) HIV/ AIDS.

Migrant women who participated in this study moved for various reasons. Some initiated the move themselves while others were either invited by their relatives such as sisters, aunties, uncles or by their boyfriends. Furthermore, some moved independently to Windhoek to look for jobs in order to improve their livelihood opportunities and some came either to find study courses or to improve their grade 10[1] results as some of them reported to have failed grade 10. Kandeshi, a 24 years old Security Guard provides her migration history as follows:

> *I was invited to come to Windhoek (Havana) by my boyfriend in 2009, a situation that forced me to co-habit with him because I did not have any other place to stay. There were difficult moments in our relationship, there had been misunderstandings between the two of us and I think it was because I was not working. I therefore, decided to look for a job in order to earn a livelihood and become financially independent and that is how I ended up as a security guard.*
>
> (Kandeshi, FGDs)

This implies that some of these young migrants came to Havana in Windhoek not knowing the place they were coming to. Some moved because someone else initiated their move for them. However, as they settle in the city they experienced economic hardships that forced them to look for jobs. Therefore, all the respondents that are not currently employed have indicated that they want to find jobs although some did not migrate with the intention of moving to Windhoek to work. Although some of these young migrant women were invited

[1] Grade 10 is a benchmark used to judge whether a learner had gained sufficient knowledge and skills from junior secondary education. Successful completion of grade 10 allows learners to continue with senior secondary education (grade 11 & 12).

by their loved ones, their life experiences in the city have not been as they expected before they migrated. Penehafo, 21 years old unemployed migrant woman shared her experience of being a newly arrived young migrant in Havana.

> *"My aunt who came after my mother invited me to Windhoek. I hoped to come and live a good life here in Havana. I did not even know if I would date a man here in Windhoek, I just thought I would always stay with my aunt, happily together. When I was staying with her, if for an example I happen to use her soap, she would always remind me that she gets her soaps from her man and everything that she owned is from men, a situation that was very challenging".*
>
> (Penehafo, FGDs)

This situation implies that when young migrant women come to the city they face a lot of challenges due to lack of income. Penehafo's aunt may have also influenced her sexual behaviour by demonstrating to her that she is unable to help her but boyfriends of some form would be able to help her access resources. It can be inferred that Penehafo's aunt wanted her to stop using her stuff and encouraged her to go and look for a man to take care of her. Penehafo's aunt may not have been pleased in doing what she is doing to her niece because she is aware of the risks that are involved but due to the lack of resources she might not also be able to provide for her niece's basic needs. However, it can be concluded that she wanted Penehafo to use men as a strategy of earning a livelihood. Behaviour of this nature might also encourage young women to be depended on men and they may not even think of working for themselves if there is someone available to support them, although employment opportunities in the city might be limited. This situation may make them vulnerable to HIV if they happen to be exposed.

**POVERTY**

The study draws the definition of poverty from Rakodi et al.'s (2002) explanation. Therefore, in this context poverty refers to a situation where:

> *"A household or individuals are considered poor when the resources that they command are insufficient to enable them to consume sufficient goods and services to achieve a reasonable minimum level of welfare".*
>
> (Rakodi et al., 2002)

It is evident from the data that young women in Havana are living in poverty. They came to Windhoek hoping to improve their standards of living but they have found themselves living in Havana informal settlement unemployed, living under conditions that are even worse than where they come from and sometimes without bread to put on their table. Although there are some of the participants that are satisfied with their way of living in Havana especially a few that have jobs, the majority of the respondents are living in poverty however, they are hoping that their standards of living will improve one day.

Paula who came to Windhoek in 2010 described her experience of being in Havana as follows:

> *"When I came to Windhoek in 2010, I just came straight to Havana. I have been working for my uncle here in his bar. The living condition was not good here, that is why I decided to move somewhere else. The problem that I had working for my uncle was that I was earning very little and at the same time I was also expected to pay for water as well as contributing money for food. They also expected me to buy meat when there was no meat in the house. It was very difficult for me because I was unable to attend to my own needs and I was always left with nothing every month so I was not even able to send anything back home."*
>
> (Paula, individual interview)

Based on the definition of poverty, it is fair to argue that young migrant women residing in Havana are living in poverty due to the lack of resources that can help them earn a living and maintain their wellbeing. As per the social determinants of health (Rispel and Nieuwoudt), poverty also can be classified as a social and economic factor that can have a negative impact on the wellbeing of the young migrant women in Havana. As to how these social aspects determine the quality of health among the respondents will be discussed under the following themes.

**a) Unemployment**

It can be observed from table 1 that summarises the demographic information of the participants that 14 of 24 respondents that participated in this study do not have income and most of those that have income generate it from informal market. Although some of them

cannot find jobs, they still feel there are better opportunities in Havana compared to where they come from.

> *"The majority of women here in Havana are unemployed".*
>
> (Foibe, individual interview)

It can also be noted from Foibe's observation above that most of the women living in Havana informal settlement are not employed. Although there are no figures to show the unemployment rate in Havana, we can relate to the overall unemployment rate in Namibia.

UNAIDS (2011) reports that:

> *"The country's high GNP conceals the fact that a large proportion of the population (37.7 per cent) lives under the poverty threshold and the unemployment rate is over 50 per cent".*
>
> (UNAIDS, 2011)

This indicates that a large number of people in Namibia are living in poverty although the GNP paints a different picture. However, it is acknowledged that these statistics are not specific to the Havana population as it represents the general population. What is important here is that the proportion of those that are living in poverty is high and it has also been proved by the data of this study. Unemployed and a mother of two, 24 years old Kaunapawa shares her experience of her first job in Havana, below:

> *"When I came here in 2010 I was lucky that I got a job immediately although I was working as a bar attendant. You know how working in a bar is, even when your accounts balance the employer always claim that your books are not balancing, you owe the business. I was tired of working for debts therefore I left my job and I did not get a job since then".*
>
> (Kaunapawa, FGDs)

As per Kaunapawa's experience, those who are lucky like her might think it is easy to get a job in Havana. However, the concern is about the type of jobs available as well as the working conditions under which migrant women perform their duties. In most cases these young people end up being exploited as they often get informal jobs where they are not even

represented by workers' unions and as a result their employers take advantage of the situation. This situation is likely to impose a negative influence on the livelihood opportunities not only for the young migrant women but for the entire migrants' population. In addition, Naituwe, 24 years old who came to Windhoek to work for a Security Services Company explains how she left her job that motivated her to migrate.

> *They did not want to give me the salary that we agreed before I came here, they were paying me less than what we agreed.*
>
> (Naituwe, FGDs)

Naituwe's situation may influenced her to engage in risky sexual behaviour because the reason why she left home was because of the job she got in Windhoek and she is likely to have been motivated to migrate because of the salary that she was promised. She indicated that when she left her job it had been difficult for her to make a living. In such a situation, one might be forced to get involved in transactional sex in order to earn a living especially if there is no one else to help her. This can be one of the factors that increase the HIV vulnerability among young migrant women living in the informal settlements.

Furthermore the accessibility to formal jobs is also determined by human capital, one of the assets in the livelihoods framework. These refer to their education attainment and the skills that they possess as well as their health status. Therefore, we also need to take into account whether these young migrant women possess the skills required by the formal job market as well as the effect of the society such as culture and gender influence the achievement in terms of education. Participants also indicated that the situation of unemployment is better for men than women. After asking how men in Havana survive as some indicated that they rely on their men for support since they are not working Kandeshi indicated that:

> *"Men have better job opportunities unlike us because they can get jobs in construction companies or in security companies because nowadays security companies give first priority to men".*
>
> (Kandeshi, FGDs)

This implies a gender aspect that women are not likely to get jobs in Security Service Companies due to gender stereotyping. Perhaps the owners of security companies have a

perception that women cannot look after properties and this might be based on their cultural orientation. Therefore, even young women who have interest in that type of a job may not get it easily.

**b) Informal Settlements**

Based on the social determinants conceptual framework, where you live determines your susceptibility to illnesses especially HIV. Fjeldstad et al. (2005) states that almost to 40 per cent of the urban population in Namibia today reside in informal settlements and most of them are unemployed. This situation might have a negative impact on the wellbeing of those who reside in the informal settlements. This can be due to environmental conditions themselves or the government as well as municipal policies on housing. However, migrant women had their expectations concerning the place they were moving to when they were deciding to move to Havana.

*"When I first came to Havana I felt the bus was moving very slow. I thought I was coming to live in a decent place".*

(Veronica, FGDs)

*"Havana is full of shacks, there are no formal houses. We are living in an unhygienic environment where there are no toilets or bathrooms. You can find 30-50 households sharing only one toilet. Therefore people are forced to relieve themselves in riverbeds, a condition that can affect our health".*

(Vistorina, FGDs)

Figure 3 below serves as evidence of Vistorina's argument that Havana is full of informal houses and what can be observed in the figure is a view of some of the shacks found in Havana. Some of the shacks can be seen from far on hills which indicate that they occupy a very large area. It can also be observed from the number of shacks that informal settlements accommodate a large population of migrants. This demonstrates marginalisation of migrants from the privileged minority group, the host community in the city of Windhoek. As a result, this can be one of the major contributing factors to extreme poverty observed among migrant population in the city.



Figure 3: Some of the migrants' informal houses in Havana



Figure 4: Some of the types of facilities used for bathing in Havana

In the same vein, Vistorina describes the reality of the situation in Havana especially the issue of poor sanitation besides other social services that are not available in Havana. There are

very few toilets that inhabitants have to share and some do not have access to toilets at all. To have a bathroom in Havana is a luxury therefore people use the facilities like the one shown in figure 4 above when bathing if they have access to it at all. Although migrants have settled in such environments they are concerned about the impact that it has on their health in terms of hygienic conditions. Although the urban poor find themselves in difficult situations due to their economic status, it is not yet clear if the situation will improve as Newaya's (2010) findings on a study that was conducted in Windhoek informal settlement reveals that informal settlements have been expanding since Namibia got its independence in 1990. Reasons behind expansions of informal settlement in city are presented below:

*"Informal settlements are a direct response to increased in-ward migration from rural areas to cities and the consequent failure of urban authorities and economies to provide adequate and affordable housing for increasing population".*

(Newaya, 2010:19)

This indicates that government or municipal policies can have influence on the number of people living in informal settlements. Furthermore, societal policies are some of the socioeconomic and political context classified in the conceptual framework of the social determinants of health classified as structural and social determinants of health inequities (WHO, 2010). In addition, this can also be an effect of policy and institutional context presented in the basic livelihoods framework (Ellis, 2003) which impacts the livelihoods outcome. Lack of sustainable income among the informal settlement inhabitants might have forced some of the migrants to live in poor economic conditions due to the unaffordability of formal housing. Therefore, inequitable access to the acquisition of properties within the society deprives the urban poor the access to proper housing and may result into economic dependence as well as social instability among migrant population especially women. As a result, those who cannot afford to erect shacks might be forced to move in with their boyfriends and this can expose them to the risk of acquiring HIV and some may suffer gender based violence due to their dependency on men. Therefore, if all city inhabitants were entitled to formal housing it would reduce current tenure insecurity faced by the urban poor residing in informal settlements especially Havana.

Furthermore, it has been reported from other studies that for as long as people continue to move to towns and cities to look for better livelihoods, availability of housing and

employment opportunities will be more limited and this situation can drive migrants further into poor conditions and the growth of informal economic activities will be observed (Abbot cited by Newaya 2010). It is arguable that urban population growth does not only have implications on formal employment opportunities but it can also drive migrants into informal settlements due to lack of sustainable income. Poor living conditions and economic hardships in Havana informal settlement can enhance the risks of HIV infection among the young migrant women as Greif et al (2010) reports that women who reside in informal settlements presents risky sexual behaviour. This might be because they engage in risky sexual behaviours such as transactional sex in order to earn a living, one of the factors that increase the chances of acquiring HIV. Adding to that, informal settlements are associated with HIV, as studies that have been conducted in Namibia and elsewhere in the region reveal that HIV prevalence was high in informal than in formal settlements (Aulagnier et al., 2011; Greif et al., 2010; Thomas et al. 2011). This is also supported by empirical evidence from South Africa and some other African countries which demonstrate that the HIV prevalence in the informal settlement population is more or sometimes doubles than that in the formal settlement population of the same city (Thomas et al, 2011). This can be a result of economic inequality between formal and informal settlement. Therefore, it is against this backdrop that this study is using the aspect of livelihoods to investigate its linkage with the risk of HIV infection.

Participants are not only concerned about their own wellbeing but some of them are also concerned about the future of their children that are being raised in the informal settlement setting as some of them stressed that the environment is not conducive for their children's upbringing. Kaunapawa, a mother of two had this to say about the concern of their children:

> *Raising children here in Havana is a challenge due to lack of space therefore our children are exposed to so many things that are not appropriate at their age. Our shacks are very small so there is no privacy here; our children are not being raised in a right way. There is nothing you can hide from them. As young as they are, they already know the value of money and that is what affects their behaviour.*
>
> (Kaunapawa, individual interview)

What arises from this episode is that migrants' children are not growing up in a good environment as sometimes they have to observe their parents having sexual intercourse or it

can be just their mothers with their boyfriends, due to a very limited space. This means that most of the shacks do not have compartments and some shacks are divided with bed sheets. Due to the fact that children are experiencing this at a very young age and because of curiosity they may try to experiment what they observe at a very young age. This may then influence their sexual behaviour which may result into early sexual debut. This issue provokes a concern about how this situation might contribute to high HIV prevalence in the informal settlements in future. It can be suggested here that in order to understand the matter of HIV prevalence in informal settlements our analysis should take into account the background and the environment in which some of the young inhabitants in informal settlements grew up as some of the migrants' children are already in their reproductive ages. Furthermore, this explains why the City of Windhoek (CoW et al., 2012) identified women and girls as well as informal settlement inhabitants as some of their key populations, as target of their responses in their intervention programme towards HIV incidences in Windhoek. This can also be used to clarify risky sexual behaviour observed among young women living in informal settlements by Greif et al. (2010) especially the issue of early sexual debut. Sexual behaviour of young migrant women in Havana will be discussed in the following sections.

### c) Food insecurity

> *"Food insecurity goes beyond physical efficiency of food consumption to include the ability to acquire or consume an adequate quantity or quality of food in socially acceptable ways, or the uncertainty that one will be able to do so".*
>
> (Crush et al., 2006)

Some of the participants raised the issue of food insecurity that they find it difficult to put bread on the table due to the fact that they are unemployed and they do not have any source of income. As a result, they rely on others especially their sexual partners to provide. The situation is even more challenging to those who have children. Penehafo stated:

> *"We are suffering here in Havana especially some us who are not working. There are certain days when you do not just have anything to eat at all and you can only get*

*help if you happen to meet someone you know just to give you food to eat for that particular day".*

(Penehafo, FGDs)

Due to low income and unemployment young migrant women in Havana stated that they cannot afford to buy food on a daily basis. Therefore, this supports the conclusion drawn by Crush et al. (2006) that urban poverty is linked with urban food insecurity. Furthermore, the problem being experienced by young migrant women is not a case of a balanced diet or a right amount of calories needed per day as discussed by Crush et al. (2006); it is a matter of not having anything to eat at all. This may not only make young migrant women susceptible to HIV once exposed due to weak immune systems but it may also affect their general health and that of their children.

The issue of food insecurity among women supports the findings of Weiser et al.'s (2007) study conducted in Botswana and Swaziland to investigate the association between food insufficiency and high risk-sexual behaviour among women. Food insufficiency is defined as "lacking of adequate food supply to meet daily needs" (Weiser et al., 2007:1590). I found the findings of the study relevant to the findings of this study because based on the definition above I suggest that food insecurity and food insufficiency are interlinked. What we can draw from their findings is that food insufficiency is found to be an important risk factor for increased sexual risk taking among women in Botswana and Swaziland (Weiser et al, 2007).

Relating it to Penehafo's experience quoted above, it can be observed that some of the migrants in Havana are experiencing food insecurity. Due to that, food insecurity experienced by young migrant women in Havana might also influence their sexual behaviour, a situation that can enhance their risks of acquiring HIV. Furthermore, there is empirical evidence that food insufficiency force women to be involved in sex exchange or intergenerational relationships for them to be able to acquire food for themselves and their children (Weiser et al., 2007). Intergenerational sex is one of the key drivers of HIV identified by the City of Windhoek in the study conducted in Windhoek (CoW et al., 2012). This can be one of the reasons why women and girls in Windhoek engage in intergenerational sex although there could be some other contributing factors. This condition exposes women and girls to the risks of HIV infection owing to the fact that women in those types of relationships have little

control over safe sex as a result of their dependency on men for food and other resources (Weiser et al., 2007).

## RISKY SEXUAL BEHAVIOUR

Some of the young migrant women who participated in the study present risky sexual behaviour. Greif et al. (2010) suggest that risky sexual behaviour includes lower age at first sex, low use of condom and multiple partners. These are some of the behaviours described by the respondents who participated in the study. Respondents reported inconsistent use of condoms, transactional sex and multiple concurrent partnerships. These are also some of the drivers of HIV reported by the City of Windhoek (CoW et al., 2012). These findings coincide with findings from other studies conducted in Africa which reveal that migrants have more risky sexual behaviour than non-migrants because of the exposure to new behaviour and the process disrupts their traditional social constraints on and control of their sexual behaviour (Lagarde et al., 2003). There can be other several reasons as to why migrant women engage in risky sexual behaviour. On the one hand, UNAIDS (2008), point out that the exclusion of migrants from community services and host community encourage them to engage in risky sexual behaviour such as casual or sex work. On the other hand, Greif et al. (2010) stress that issues of high unemployment rates as well as low incomes make women susceptible to unsafe sexual behaviour influencing them to engage in transactional sex as well as involving themselves in concurrent partnerships as a way of increasing their incomes, a situation that enhances their chances of acquiring HIV. It therefore implies that the respondents engage in risky sexual behaviour due to their exclusion from services and host communities as well as the lack of employment opportunities in Havana and the City of Windhoek at large.

### a) Condom Use

It is arguable that the majority of the participants living in Havana informal settlement have low socio-economic status therefore; it might not be easy for them to negotiate safer sex as they wish to maintain their relationships due to their financial dependency on men.

> "*I was very excited thinking that I was migrating to Windhoek and I kept on telling everyone that I was moving to the capital city. I could not wait but, after spending a*

*few days in Havana I realised that Windhoek is not a good place to stay. It is good when you have a job but it is not easy to cope in Windhoek if you do not have a job. Right now I am just sitting at home, I just depend on my man for everything be it a soap, body lotion, food and everything. I just depend on him but it is not good. He does not give me a lot of money because he does not have a good job. He is working as a security guard. I need to find a job in order to help my mother. My boyfriend can support me but he cannot be the one taking care of my mom or my family. I even have my own child back home. This one is not my child, is only his".*

(Umbi, individual interview)

It is apparent from Umbi's situation that some young migrant women in Havana depend on their men for a living owing to the fact that they do not have any other source of income. They just depend on their boyfriend's hard earned money. Concerning how this might affect their decision for safer sex Kaleinasho, 21 years old shares her experiences of condom use with other participants:

*"We do not use condoms in our relationship because my boyfriend is allergic to condoms. That is why I use contraceptives".*

(Kaleinasho, FGDs)

It might be a fact that Kaleinasho's boyfriend is allergic to condoms however when she raised this point other participants indicated that sometimes men try to find reasons to be excused from using condoms. They also highlighted that some men leave their sexual partners if they always insist on using condoms. No woman would want her man to suffer from condom allergies when there are other alternatives. Therefore, it might be a case that the concerned boyfriend knew that her girlfriend would pity him and perhaps because Kaleinasho wants to maintain the relationship she would not let her man go for other ladies just because of a condom. CoW et al. (2012) suggest that it should not be viewed as women who engage in risky sexual behaviour lack agency, they are very aware of the risks involved however; it is a matter of weighing the risks involved against the benefits. In an individual interview, this is how Kandeshi responded to the question about condom use:

*"I cannot ask my boyfriend to use a condom because he always reminds me that we have been together for long therefore, there is no point to start using condoms now. I*

*could not opt for a condom because my partner does not want it saying it is not possible for us to use condoms for the whole year since we are living together therefore, I use contraceptives since we already have 3 children".*

(Kandeshi, individual interview)

What can be drawn from these responses is that often it is men who do not want to use condoms and women leave it up to them to decide. A condom is only used when a man wants to use it and to these women it is normal if a man does not want to use a condom. Use of a condom is also determined by the length of the relationships. Therefore, condoms are only used when relationships are new and after a few days there will be no more use of condoms because partners begin to trust one another. Condoms are believed to be used in relationships where there is no trust. I asked Kandeshi a follow up question as to whether she trusts her boyfriend. She responded,

*"I do not really believe that because there is no man who does not cheat. May be he cheats on me but I have never caught him with another woman. So I really do not know".*

(Kandeshi, individual interview)

According to Magdalena:

*"Sometimes we use a condom sometimes we don't. You know how men are. Sometimes we can use it for 2 consecutive months and after that he does not want it anymore".*

(Magdalena, individual interview)

Magdalena's experience agrees with the findings of Weiser et al., (2007) about the inconsistency of condom use reported among women with low socio-economic status in Botswana and Swaziland. It can be observed from the situations presented by the young migrant women that low socio-economic status amongst them results into power differentials in their relationships and that might be the reason behind poor use of condom. From her point of view, it is normal for a man not to want to use a condom. Magdalena emphasised that often men threaten them that ladies who demand condom use are the ones that cheat on their boyfriends. Therefore, this situation discourage them from demanding for condom use

because they do no want to be seen as if they are the ones cheating on their boyfriends. According to Pomwene:

> *"The main factor contributing to low use of condom is alcohol. Sexual partners only think about condoms when they are sober but after drinking no one remembers a condom. It all starts in bars".*

(Pomwene, individual interview)

Pomwene observed that migrants in Havana are abusing alcohol, a factor that can inhibit the use of condom among alcohol drinkers. This factor exposes migrants to the risk of HIV infection as it is indicated that after consuming alcohol it is likely that sexual partners will not think of using a condom. These findings coincide with that of the CoW et al. (2012), where a third of Windhoek residents are reported to be abusing alcohol however; the findings are based on the general population.

It was observed that there is a misconception among the young migrant women that condoms are used by those who have not been tested for HIV. What I learnt from them is the feeling that if sexual partners have been tested then they are guaranteed that they will remain negative and there is no need to use a condom after being tested. The evidence is in Niita's response below:

> *"We do not use condoms because we go for HIV testing regularly. We used to go after every 3 months but now it has changed; now we go after 12 months".*

(Niita, individual interview)

This situation might also put these young women at risk of HIV infection especially that Niita indicates that now people only go for a test after 12 months because partners may cheat on each other within the period of 12 months.

### b) Transactional Sex

"In a transactional sex, persons engage in sexual intercourse in exchange for money or goods" (CoW et al., 2012:51) and the benefits are viewed as gifts (Hunter, 2002). Most of the participants in this study indicated that they depend on their boyfriends for financial benefits,

for example to pay for their accommodation as well as to buy them food. Even those that are working indicated that their income is low and they cannot survive on their own earnings, therefore, they rely on their boyfriends to always meet them half way in order to survive the demands of urban life.

> *"Here in Havana, we can only survive if we get financial support from our boyfriends because it is not easy for us women to get jobs more especially if you do not have a grade 10 certificate. Therefore we just have to rely on our boyfriends for a living".*
>
> (Foibe, individual interview)

> "*I started dating a man in Windhoek four months after I arrived in Havana and he had been taking care of me because I was only earning N$ 300.00*[2] *which was not enough for the cost of living in the city……..My boyfriend agreed that I leave my aunt's place and promised that he would take care of me and buy me food……..When I informed my boyfriend that I was fired from my job where I was working as a bar tender, he encouraged me to look for a shack to rent. I found one where I am currently staying and my boyfriend is the one who is paying for rent. I planned to look for another job but my boyfriend does not want thinking that I might go far from him. He suggests that I should just wait until I find a job that only requires me to work during the day because he will continue to take care of me.*
>
> (Penehafo, FGDs)

Both Foibe and Penehafo's experiences explain how young migrant women depend on their men for a livelihood therefore; their relationships can be classified as transactional due to the types of benefits involved. This is because the young migrant women provide evidence to conclude that most of them use their boyfriends or partners as their sources of income. Although there might be various factors that force young migrant women to engage into transactional relationships, it can be mainly due their exclusion from opportunities such as access to formal jobs. This might enable young migrant women to lose control over their lives, a situation that can enhance their susceptibility to the risk of HIV infection. Furthermore, during a focus group discussion Fiina states:

[2] N$ 300.00 is equivalent to R 300.00

*"Sometimes elders in Havana force newly arrived migrants into transactional relationships. They invite young women from rural areas to Havana and when they come to their houses they encourage them to look for boyfriends who can support them because they require them to contribute for food and other household needs. Those who sell alcohol at home use young women to attract customers for their businesses especially the newly arrived. That is why you don't even find a man working as a bar attendant here in Havana, it is because most of their customers are men and men do not go to a bar where they will be served by another man. Most of the shacks that you see around here are products of money and sexual exchange by women".*

(Fiina, FGDs)

On the one hand, Hunter (2000) claims that women residing in the informal settlements particularly those who recently arrived engage themselves in transactional relationships because they generally have no resources to draw out a livelihood therefore they, depend on men for survival and for gifts such as cash or consumption goods such as food and cell-phones. On the other hand Greif et al. (2010) stress that women exchange sex for money in order to increase their income, however this behaviour also increases their chances of exposure to HIV infection. This conforms what Lapaka highlighted during the individual interview that:

*"Women in Havana go into relationships to get what they want and once they get it they break relationships. For example when blackberries were new in the market, most of the young women here in Havana started relationships just to get blackberries and also if you happen to enter some shacks here in Havana you will be impressed because you can find a shack that is fully furnished but the owner has never been employed".*

(Lapaka, individual interview)

It can be observed from the quotes above that young migrant women engage in transactional sex for different purposes depending on their unmet needs such as access to food, rent, furnishers and fashionable goods like cell-phones. As indicated earlier that transactional sex

can be a risky sexual behaviour, it can make those that are involved susceptible to HIV due to lack of power as a result of their dependency on men.

### c) Multiple concurrent partnerships

Only one of all the participants agreed that she was once involved in a concurrent relationship however other participants referred either to their friends or people that they know that have been engaged in multiple concurrent partnerships. Multiple concurrent partnerships are one of the riskier sexual behaviours. According to CoW et al. (2012), multiple concurrent partnerships can contribute to a faster transmission of HIV at a population level. And since it links a chain of sexual partners, more people are likely to be infected more quickly. Therefore, in this case it is not only an individual that is exposed to the risk of HIV infection but all the people in a sexual network are likely to be affected.

> *"I have friends who have about 3 boyfriends living in different towns. They want to benefit financially from all of them; therefore they choose men who are paid on different days of the month so that they will always have money from each of their boyfriends once they get paid".*
>
> (Selma, individual interview)

It is evident from Selma's statement that young migrant women have multiple partners to maximise their financial benefits or materials. This type of behaviour can be linked to transactional sex. Therefore, it can expose young migrant women to the risk of HIV infection the same way as transactional sex does.

Magano's situation is different from the one above. In her case she took revenge because her boyfriend cheated on her so she also started seeing another man just because she wanted to get back at him. At the time of her interview, Magano, carrying her first pregnancy, indicated that she came to Windhoek because she was invited by her boyfriend. At the time of her invitation the boyfriend was in a relationship with another woman with whom he has a child. She was not aware that her boyfriend is involved in another relationship. However, she later found out that she was in a love triangle after she spent some time in Havana.

*"I confronted my boyfriend about his affair but he denied and I just happened to find it out myself".*

(Magano,individual interviews)

She further explained that she stopped when her boyfriend found out about her relationship with another man. Therefore, it can be seen that people do not always go on multiple relationships for financial benefits, it all depends on individuals. However, what should be taken note of here is that whether one engages on multiple partnerships for financial benefit or it is for pleasure the impact on the transmission and the vulnerability to acquisition of HIV is equally the same. Magano stated:

> *"I have been cheating on my boyfriend that I have been living together with since 2011 because he has been cheating on me too and he even fathered a child. I just wanted to give him a taste of how it feels".*

(Magano, individual interview)

## LIVELIHOODS

In Sub-Saharan Africa, people migrate from rural to urban areas in order to improve their livelihood opportunities (Dugbazah, 2012). However, De Haan (2002) argues that migration can help to improve poverty although in most instances it does not improve the standards of living. This indicates that it is not automatic that livelihoods improve once a person migrates. There are various factors that hinder or improve the livelihoods of migrants in informal settlements which emerged from the data of this study such as job opportunities and education attainment. Their impact on livelihoods will be discussed below.

### Job opportunities in Havana and Education attainment

Participants stated that there are no job opportunities for them in Havana. Looking at their qualifications or education attainment shown in table 2, it can be observed that most of the participants only went up to grade 10 and only a few made it to grade 12. This indicates that most of the participants have low education attainment below grade 10, a situation that might also prevent them from getting jobs in the formal sector because they are unskilled. According to Lapaka:

*The only job that us women can get here in Havana is either to become a bar attendant, housekeeper or a security guard".*

(Lapaka, individual interview)

As indicated by Lapaka, migrant women have limited job opportunities apart from becoming bar attendants, housekeepers or security guards. This observation agrees with Ramjee and Daniels' findings that:

*"Women are becoming more mobile and are migrating for economic survival however, in many cases; lack of education often restricts them to unskilled jobs such as informal trading, commercial sex work and domestic work among others"*

(Ramjee et al., 2013:5)

This explains why migrant women are not getting jobs in the formal economy market and can also be observed that this situation influence their sexual behaviour. In addition there is also one ethnic group among the migrants in Havana where attending school is not common in their communities. Therefore, most of them have never been to school. One of the participants shared her grievances concerning their limited livelihood opportunities in Windhoek:

*"I have never attended formal school and I do not even speak English. It is not easy for us who do not speak English or Afrikaans to get formal jobs, not even in security service companies".*

(Umbi, individual interview)

Umbi, a monolingual participant who cannot read or write, states that she is unemployed because she cannot speak English or Afrikaans. She indicated that she had been looking for a job all over in town but she was always turned down since she cannot communicate either in English or Afrikaans. She further states:

*"Even Chinese or Security Service Companies cannot take us. The only job I could find was working in a bar however my boyfriend forced me to quit my job because he was jealous that I could find another man. He used to beat me everyday therefore I*

*decided to leave my job. This situation is affecting me because I cannot afford to send anything to my mother like I used to do when I was working".*

(Umbi, individual interview)

Umbi's situation can be analysed based on the issue of culture, one of the social determinants of health. Culture can hinder the opportunities that can help improve one's standard of living such as education, a factor that can also affect one's wellbeing. It is possible that Umbi's culture does not motivate or encourage them to attend school. Or it can be also an issue of gender inequalities that a girl child is not allowed to attend school. Therefore their educational attainment also determines their livelihood opportunities in the city. One also need to take into account other socioeconomic and political factors that such as the education policies whether they avail enough opportunities for the members of the communities like Umbi's to attend school in the sense that these structures may hinder or enhance a sustainable livelihood.

Apart from those who are not able to secure jobs due to language barriers, others face sexual harassment at work places or when they are looking for jobs. Kandeshi who works a Security Guard shares her experience:

*"I was working as a temporary employee in a certain security service company and my supervisor wanted to have sex with me so that I could be recruited permanently. I lost my job because I denied going into a sexual relationship with him".*

(Kandeshi, FGDs)

Apart from qualifications and sexual harassments, young migrant women's opportunities to get formal jobs also depend on their social capital and political capital. With reference to the livelihoods conceptual framework, social and political capital refers to:

*"The social resources (networks, memberships of groups, relationships of trust and reciprocity, access to wider institutions of society) on which people draw in pursuit of livelihoods".*

(Rakodi et al., 2002)

This supports Hilja's argument:

*"For one to get a job here in Windhoek depends on who you know. Even if you apply for job like some of us who have done some courses after grade 10, you cannot get a job if you do not know anyone who can help you to take your applications to supervisors in certain companies. People are getting jobs through back doors."*

(Hilja, individual interview)

Hilja's argument implies that for them to get formal jobs is determined by the social networks they have. Therefore, according to Hilja without social networks irrespective of their education attainment it may not be easy for them to get jobs. This indicates that social networks are very important in terms of earning a livelihood. Imagining the types of social networks among the young migrants one can infer that they have connections among themselves although there might be some that have connections elsewhere. In a way this can limit their livelihood opportunities and lack of opportunities are likely to have a negative impact on their sexual behaviour.

**HIV/AIDS**

Namibia and Windhoek in particular recorded high HIV prevalence (CoW et al., 2012; Auglanier et al., 2011). HIV prevalence in Windhoek among 15-49 population is 13%. According to Auglanier et al. (2011), HIV prevalence is high in the informal settlement. This is not a unique situation to Namibia alone, studies conducted in South Africa and Africa at large provide evidence that demonstrate high prevalence in informal settlements (Thomas et al., 2011). Women and girls, urban poor and informal settlements inhabitants have been identified as some of the most affected populations in Windhoek. Texts below serve as responses that can contribute to the understanding of why HIV prevalence is high in the informal settlement in Windhoek. Hilja, in her individual interview states:

*"We young women do not fear of HIV anymore because of the availability of ARVs. People who are infected do no longer lose weight, you just go on treatment and you even look healthier than those that are healthy and when it is time, you just die in your sleep".*

(Hilja, individual interview)

What can be observed from the text is that the availability of ARVs and their benefits to those who are infected might also contribute to high prevalence of HIV. This was not only a response from Hilja but most of the participants although they were referring to other young migrant women in Havana indicated that HIV is no longer a threat due to the availability of ARVs. They indicated that for as long as you adhere to your HIV regime, you will look healthier even better than those that are not tested HIV positive. I observed that this is a common perception in Havana since it was a response for the majority of the participants. They also highlighted that because people do no longer lose weight as they take the ARVs, women that are on ART are the ones that most men want because they look fresh although they are not aware of their status. The other factor is that nowadays people do no longer suffer from AIDS illnesses because of the effect of ARVs. You just die looking healthy and in most cases people just die in their sleep and it will be reported that they died of heart attacks and so on. Furthermore, Victoria, during her interview pointed out that:

> *"Some young migrant women do not fear of becoming infected with HIV, they say AIDS is not here to kill dogs; it is there for human beings".*
>
> (Victoria, individual interviews)

This can also explain that young women are not concerned about HIV; it is evident from the text that they have accepted that AIDS is their disease it is not there to kill animals so they have surrendered themselves to HIV so that AIDS can serve its purpose. Most of the participants provided that response when they were asked a question about condom use. They indicated that people are not using condoms because they do not care about HIV/AIDS. However this can also be an effect of lack of primary health education or reproductive health due to the lack of exclusion from the services. Therefore, lack of primary education may also have an effect on their sexual behaviour. Sometimes a person who makes that claim is not even aware of what HIV does to her body and the impact of AIDS because although there are ART programme a person may not be able to live a normal life again, and this is the education that the young migrant population need. This indicates the need of primary health education in the society. According to Magdalena:

> *"Young women in Havana do no fear of HIV; they are only concerned about pregnancies because apparently it prevents them from continuing to enjoy life. They*

*view HIV as a simple infection just like flu, and some compare it with Malaria because there are ARV's that are there to help those that who are infected."*

(Magdalena, individual interview)

This can be one of the explanations as to why most of the participants indicated that they do not condoms however they stated that they use contraceptives although contraceptives also have their importance and it remains a right and responsibility of an individual to choose a method that she wants. Thus, they normalise HIV by comparing it with other diseases.

Responding to the two texts above when Selma, a mother of two was asked her view on the perception of HIV/AIDS among young migrant women in Havana, she suggested:

*Women in Havana are abusing alcohol and they change men all the times. They do not care about HIV and they engage in multiple partnerships because of money. I think the government needs to come up with some programmes specifically for the people living in informal settlements where people would be addressed on a regular basis on issues concerning HIV. The government should send experts on issues concerning HIV/AIDS to hold meetings with informal settlement inhabitants on Sundays because most of the people do not go to work on Sundays. They need to attend counselling sessions. I think it will help young women to change their behaviour.*

(Selma, individual interview)

This is also another way of getting access to livelihood opportunities that expose young migrant women to the risks of HIV infection. This young people are suffering and it is hard for them to make a living in urban areas without employment. As a result, their experience might force them to exchange sex for jobs if they think that is the only way they can get jobs. Employers in different companies also take advantage of these young women because they are aware that they are desperate to find jobs since they are living in poverty. And the worst part is that young women do not know what to do or what their rights are when incidences of that nature happen. Albertina gives highlights on a similar incidence that happened to her friend when she was looking for a job:

*"One of my friends who works in a certain company informed me that one day when she was looking for a job the manager asked her to have sex with him in exchange for a job. According to my friend, she agreed and they did not use a condom. Apparently the manager concerned had just provided her with a morning after pill. She had been scared to go for an HIV test because of the fear that she might have been infected with HIV. She told me that nothing else happened between the two of them since she started working at that company".*

(Albertina, individual interview)

### 4.3.2 CONCLUSION

Most of the young migrant women who participated in this study came to Windhoek in order to improve their livelihoods. However, others migrated because they were invited either by their boyfriends or relatives but as they settled in Havana they realised the need for them to look for employment in order to improve their livelihoods too. As some have reported, they migrated without knowing the kind of environment they were coming to; they were surprised to find out that Havana is an informal settlement suburb, with very limited municipal services. All of them were rural-urban migrants from the northern regions of Namibia. Four main themes were discussed in this section to help understand the linkage between urban livelihoods and the risk of HIV infection among the young internal migrant women living in Havana informal settlement in Katutura. The themes discussed were poverty, risky sexual behaviour, livelihoods and HIV/AIDS.

It can be observed that participants are living in poverty due to lack of employment opportunities in Havana and Windhoek at large. Even those that are working are facing challenges because their incomes are every low; therefore, they are unable to make a living out of their monthly earnings. Furthermore, they live under unhygienic environmental conditions with no sanitation. Young migrant women present risky sexual behaviour such as low and inconsistent use of condom, participation in transactional sex and multiple concurrent partnerships, a situation that is likely to be a result poor living conditions in Havana. Some of their risky behaviours are influenced by the availability of ARVs as some of them feel that if they become infected they can live a positive life as normal as those that are not HIV positive. In addition, most of the participants have low academic attainment

below grade 10 and some are even illiterate a situation that made it more challenging for them to find formal jobs. Therefore, young migrant women in Havana informal settlement find themselves in raised vulnerability in terms of economic, health and food insecurity.

# CHAPTER 5: LIMITATIONS OF THE STUDY

This study faced some major limitations that could hinder the effectiveness of the study especially time and financial constraints. The study could have recruited and interviewed more participant than 24 participants that took part in the study however, the time factor could not allow it because both the data collection process and compilation of the research report was required to be completed in a very short period of time. Therefore, due to the fact that the study was conducted by one researcher in a period less than six months, it was not possible to interview more than 18 respondents that participated in one-on-one interviews. Furthermore, there were no funds available for this study at the time of collecting data that could facilitate the process. For example: money for transport, refreshments and remuneration of the participants. However, refreshments were served during FGDs only. As a result some of the participants that agreed to participate withdrew when they learnt that there was no remuneration for sharing their experiences with me. However, participants that agreed to participate in the absence of reward yet provided valuable information that the study was seeking in order to explore the linkage between urban livelihoods and the risk of HIV infection among young migrant women living in Havana informal settlement.

I constructed the interview and FGDs questions in English and I had to translate the questions into Oshiwambo one of the popular indigenous language in Namibia and the other reason is that most of the migrants in Havana are Oshiwambo speaking. I therefore had challenges translating interview questions as well as interviews and group discussions data when I was transcribing because it is not always possible to find exact words to represent those that are used in English or Oshiwambo. As a result some of the questions and responses may not have been transmitted as exactly as they are.

The study was also limited to access of some of the young migrant women who go to work in town or other Windhoek townships everyday because they leave early in the morning and come back late in the evening. Therefore, they were not easy to access. However, those that work in Havana as well as those who work night shifts and those who work in the formal sector with regular working hours were able to participate in the study. All those factors were taken into consideration when the data were collected and I am content that those who participated were a representation of all other young migrant women in Havana. Therefore,

despite the obstacles encountered during the process of collecting data the research stands to make a significant contribution to the understanding of the linkage between urban livelihoods and the risk of HIV infection among young migrant women in Havana.

# CHAPTER 6: CONCLUSION

This chapter presents the summary of the findings drawn from the secondary data collected by means of a desk review and primary data gathered using Focus Group Discussions (FGDs) and one-on-one interviews, as research instruments. The data is presented, analysed and discussed in the previous chapters in conjunction with the Theories of Migration, Social Determinants of Health and the Livelihoods Framework as main theories of the study. This was done in an effort to respond to the research question and the objectives of the study. The primary question of the study sought to determine how the livelihood strategies of the young migrant women in Havana informal settlement influence the risk of acquiring HIV.

Undertaking a desk review was one of the primary objectives of the study. Drawing from the desk review based on my own analysis of the data, information available from the documents used for the desk review are not specific to migrants' population however, they made a significant contribution to the overall study by providing fundamental information concerning the current status of HIV epidemic in Windhoek. I identified three key themes amongst others that I found relevant to my study such as HIV, key drivers of HIV and the key population at risk of HIV. These served as data of the study and my analysis reveals that there is high prevalence of HIV in Windhoek, which is 13% of the city's population aged 15-49 years. HIV is found to be higher among informal and low-income formal settlement inhabitants compared to those living in high-income formal settlements. Furthermore, the data unveils the underlying factors influencing the high prevalence of HIV in the City of Windhoek among the key population at risk of HIV as concurrent partnerships, age-disparate and intergenerational sex, alcohol, transactional sex and migration.

Apart from the data from the desk review, one-on-one interviews and FGDs explored the linkages between migration and urban livelihood opportunities as well as the relationship between sexual decision making and the risk of HIV infection. The key themes that emerged from the primary data are: 1) Poverty, 2) Unsafe or Risky sexual behaviour, 3) Livelihoods and 4) HIV/AIDS. Drawing from the data, young internal migrant women who participated in this study live in an informal settlement, in a disadvantaged community where municipal services are very limited. This condition on its own makes young migrant women vulnerable to HIV and other health-compromising conditions. Informal settlement inhabitants are also

one of the key populations mostly affected by HIV epidemic that have been identified by the City of Windhoek (CoW et al., 2012). Furthermore, the findings reveal that participants are living in poverty as they are unemployed, experiencing food insecurity and have low education attainment. These are some of the social determinants of health – "social economic factors that influence health" (Rispel & Nieuwoudt, 2012/13:90).

Lack of sustainable livelihood opportunities in Havana and the City of Windhoek at large, influence young migrant women to engage in risky sexual behaviours as forms of strategies to secure livelihoods. Risky sexual behaviours among migrant women which emerged from primary data are low or inconsistent condom use, transactional sex and multiple concurrent partnerships. Moreover, participants engage in such risky behaviours to draw livelihoods in order to be able to provide for themselves and their children as most of the participants have children. As a result, these risky sexual behaviours can expose them to the risks of acquiring HIV. Participants indicated that they do not use condoms at all or some use them occasionally because their male partners discourage them to do so. Furthermore, the majority of the participants whether employed or not stated that they depend on their partners for food and other economic resources. Weiser et al. (2007) identified that dependency is one of the factors inhibiting participants to negotiate for safer sex in their relationships, a condition influenced by their low socio-economic status. Therefore, the dependency of young migrant women on men deprive them the power in making sexual decisions in their relationships, as they may want to maintain their relationships for continuous benefits. Another factor contributing to low condom use among migrant population in Havana is alcohol abuse. Participants pointed out that, sexual partners hardly remember to use condoms after consuming alcohol.

CoW et al. (2013) report that due to the absence of constant income in the city, some single mothers get engaged into transactional sex or they take up jobs in risky environments just to make ends meet. This is the same reason that forces young migrant women to engage in transactional sex since most of them are not working and even those that are working have low incomes. The situation does not only apply to those who have children, even those who do not have children often get involved in transactional sex to provide for themselves. In the same vein, it emerged from the data that young migrant women often engage in multiple concurrent partnerships. They indicated that young migrant women in Havana have multiple sexual partners in order to maximise their benefits. This can be the riskier key driver of HIV

in Havana informal settlement due to the fact that it involves a chain of sexual partners. According to CoW et al. (2012:44), "linking of sexual networks over a single time period can spread the infection more quickly, widely and effectively". This implies that multiple concurrent partnership act as a catalyst of HIV infection which is likely to affect people linked to a sexual network.

It can be observed from the findings that young migrant women engage in those risky sexual behaviours equally for the same benefit, to earn a livelihood. Drawing from the livelihoods conceptual framework, young migrant women in Havana result in raised vulnerability in terms of economic, health and food security factors (Ellis, 2003).

In sum, most of the participants decided to migrate to Windhoek in order to have their livelihoods improved. Although some of them do not have sources to draw livelihoods from, they believe opportunities are better in the city than where they come from. Some of the social and economic factors affecting their livelihoods which emerged from the primary data are income, education, employment and housing and these are classified as social determinants of health (Rispel and Nieuwoudt, 2012/2013). This demonstrates that those factors have implications on quality of life as well as the well-being of young migrant women in informal settlements especially Havana, including their risk of acquiring HIV. The preceding factors are also some of the aspects affecting livelihoods among the migrant women population. As per Dugbazah (2012) those factors may hinder or enhance people's ability to make a living in an economically and socially sustainable manner. Basing this argument on migration, it implies that migration can improve or worsen one's livelihoods depending on livelihood opportunities available in the place of destination. As a result, young migrant women in Havana engage in risky sexual behaviour such as low and inconsistent use of condom, involvement in transactional sex and multiple concurrent partnerships which is likely to be a product of limited access to livelihood opportunities, resources and services in the City of Windhoek. It can therefore be concluded that young internal migrant women in Havana use transactional sex as one of their strategies to earn a livelihood, behaviour that enhance their susceptibility to HIV infection once exposed. This can be one of the major factors contributing to high prevalence of HIV in Katutura among young women who are 25 years and younger revealed by Aulagnier et al.'s (2011) study.

Nevertheless, the findings of this study do not aim to portray that all young migrant women in Havana engage in risky sexual behaviour since participants and all other internal migrants living in Havana informal settlements are a heterogeneous group. However, participants of the study are believed to be a representative of all young migrant women aged 18-24 in Havana informal settlements.

# RECOMMENDATIONS

Understanding the linkage between urban livelihoods and the risk of acquiring HIV among young migrant women living in Havana informal settlement can play a vital role in helping the City of Windhoek and other stakeholders in planning for responses for HIV incidences. It can also play an important role in achieving both the national and developmental roles not only in Windhoek but in other towns that have informal settlements.

The findings of the study reveals that young migrant women in Havana informal settlement engage in risky sexual behaviours such as low condom use, transactional sex and multiple concurrent partnerships as a strategy to earn livelihoods. These risky sexual behaviours expose them to the risk of acquiring HIV. Therefore, the findings of the study suggest that efforts to reduce HIV prevalence among young women as well as people living in informal settlement should take in to account the social determinants of health in planning for interventions. This will enable the governing bodies to understand the impact of socioeconomic and political factors in determining the wellbeing of individuals. The interventions should also include primary health education among marginalised people in order to raise awareness about the impact of HIV on their own body as well as the development of the country.

For further research, I suggest that the impact of specific national policies on sexual behaviour of young migrant women living in informal settlements should be explored.

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# APPENDICES

## *APPENDIX A*

### Revised Interview Schedule and Focus Group Discussion Questions

***Individual Interview Questions***

**A.** Questions on migration history of a participant

1. Please tell me your story as a migrant:
    - How did you get to Havana informal settlement?
    - What was your home town like?
    - What is your family like?
    - Tell me about the first time you left home.
    - Why did you decide to move?
    - What do you remember about your decision to move for the first time?
    - Who was influential in your decision to come to Windhoek?
    - How did your family feel about this?
    - Who paid for your transport when you first came to Windhoek?
    - Where were you residing first before you came to Havana?
    - Tell me about other places you have moved to and what that was like.
    - Who were you staying with?
    - What was that like?
    - Did you feel you fit in? Why or Why not?
    - What did you expect when you moved here?
    - Do you feel like you have achieved those goals yet? How so?
    - Who can you count on to help you? For example with food, job etc.

2. If you had a choice, where do you want to live in future? How long do you think you will live in Havana-Katutura? Why?
3. Do you feel you belong or fit in Havana? Why or why not?
4. Can you tell me about your friends in Katutura? Where did you meet them? What are they like? Are they different form you friends back home?
5. Along the way, I am sure you made friends and had relationships. How do you keep in contact with them?
6. What are some of the sacrifices you have made to be in Havana? Do you think those sacrifices have been worth it?

**B. Questions on sexual history of a participant**

1. Have you ever had sexual intercourse? [IF YES]
    - How old you were when you first had sexual intercourse?
    - What was that first experience like for you?
    - In the past 12 months, how many sexual partners have you had?

- Who did you to talk to about it?
- Did you use any form of contraception and if so, what type?
- [IF NO] Why have you chosen no to have sex?

2. Do you currently have a sexual partner? [IF YES]
    - How did you meet your current sexual partner?
    - Is he a regular of casual partner?
    - Is he also a migrant

3. Do you currently use contraception? [IF YES]
    - What method do you use?
    - How did you decide to use that method?
    - [IF NO] Why do you not use contraception?

4. How has your view of sex changed since moving here?
    - Have you lived with a boyfriend?
    - Hooked up with someone?
    - Been involved in sex work?
    - Exchanged sex for gifts or money?
    - Visited a sex worker?

5. Have you ever been paid for sex or known people that have done so?

**C. Questions on livelihood strategies of a participant**

1. What do you do to earn a living?
2. What is the major challenges do young migrant women face to earn a living in the City of Windhoek?
3. Is it better compared to where you come from? Please explain.
4. What resources or strategies help young migrant women to make a living in Havana?
5. What do you think young migrant women who are not employed can do to earn a living?
6. Have you ever involved in livelihood activities that you think can expose you to HIV infections?

**Thank you very much for your participation!**

*Focus Group Discussion Questions*

**A. Self-introduction of researcher and participants**

**B. Questions on migration**

1. How long have you been living in Windhoek?
2. What made you decide to move to Windhoek?
3. What are some of the sacrifices that migrants make to be here?

**C. Questions on urban adaptation**

1. Share with us your experiences of living in Havana?
2. What it is like to live in Havana (Katutura) or (Windhoek in general) as a migrant?
3. What are the best things about living in Havana informal settlement?
4. Discuss life challenges faced with by young migrant women living in Havana.
5. Discuss livelihood opportunities available to migrants in Katutura.
6. Who is there to help migrants when they first move to Havana-Katutura? (to find space to settle or jobs)

**D. Questions on neighbourhoods and social integration**

1. Where do migrants in Windhoek typically live?
    - Please tell me about the neighbourhoods migrants typically live in?
    - How is your interaction with urban natives?
2. Do you feel like you belong or fit in your neighbourhood? Why or Why not?
3. From your experience, how are migrants in Windhoek treated?
4. When young people first come to a city, people say they are exposed to new people, new attitudes, new idea, and new experiences, good and bad.
    - What are the new things that young migrant are exposed to in the city that they do not experience before moving here?
    - What do you think is the difference in lifestyle between your home village and Havana?
    - What do you think are the biggest challenges that young migrants experience in Havana and how do they overcome these challenges?

**E. Sexual behaviour and HIV risks**

1. Describe to me the dating scene in Havana. How is it different than in your home village?
2. Is it easy to find a boyfriend?
    - How do young people like you find boyfriends?
    - How are urban livelihoods important when finding a boyfriend?
3. What are the migrants' attitudes towards and how accepted is:

- Premarital sex in the city?
- Living with a boyfriend?
- Commercial sex workers?
- Have you ever known people that have been paid for sex?
- Having sex with multiple people?
- Hooking up?
- Are these things common in Havana?
- Is your observation the same as in rural areas? What are the similarities and differences?
- How do you think this may expose people to the risk of HIV infection?

**4.** How common is it for young migrants to use condoms?
- What influences young migrant women to or not to use condoms?
- What are the advantages of using condoms?

**Thank you very much for your participation!**

# APPENDIX B

## Consent Forms

### Recording Consent Form

***Title of Research***

"Urban livelihood and the risk of HIV infection: Lived experience of young migrant women in Katutura informal settlements in Windhoek, Namibia"

***Introduction***

You are kindly invited to participate in a study that Eveline Mwadina Shinana is conducting as a requirement for the Masters of Arts (MA) in Forced Migration Studies at the University of the Witwatersrand in Johannesburg, South Africa. My supervisor is Dr Joanna Vearey, who can be contacted by e-mail at jo.vearey@wits.ac.za or by phone at +27 (0)11 717 4041. I, the researcher can be contacted by e-mail at eve.shinana@gmail.com or by phone at +27 73 064 2920/ +264 81 733 3666.

*Can the researcher tape this interview?*

Please take note of the following:

- Tape-recording is voluntary
- If at any point you feel uncomfortable tape-recording will be stopped
- Recorded information will be confidential and will only be accessible to the researcher
- If at any point you want to be to withdraw from this study, recordings will be destroyed
- Transcripts of the interviews will be made available upon request

□ I consent to having my interview tape-recorded by Eveline Mwadina Shinana for this study

□ I decline having my interviews tape-recorded

**To be completed by the researcher**

Print Full name _____

Signature_____

Date_____

**Verbal Consent Form**

***Title of Research***

"Urban livelihood and the risk of HIV infection: Lived experience of young migrant women in Katutura informal settlements in Windhoek, Namibia"

***Name of the main researcher:***

Eveline Mwadina Shinana

***Contact details***

E-mail: eve.shinana@gmail.com Cell: +27 73 064 2920/ +264 81 733 3666

***Institution name and address***

African Centre for Migration and Society (ACMS)

University of the Witwatersrand

1 Jan Smuts Avenue

Braamfontein

Johannesburg

South Africa

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***Researcher (to be read through with the participant)***

- I agree to participate in this study
- I read this consent form and the information it contains and had the opportunity to ask questions
- I agree to participate in the study provided my privacy is respected, subject to the following:
- I understand that my personal details will be used in aggregate form only, so that I will not be identifiable.
- I understand that my participation is voluntary.
- I understand that I have the right to withdraw from this project at any stage.

I Eveline M. Shinana, herewith confirm that the participant has been fully informed about this study and has given a verbal consent to participate in the study.

Signature_____ Date_____

**Interview Consent Form**

***Title of Research***

"Urban livelihood and the risk of HIV infection: Lived experience of young migrant women in Katutura informal settlements in Windhoek, Namibia"

Introduction

You are kindly invited to participate in a study that Eveline Mwadina Shinana is conducting as a requirement for the Masters of Arts (MA) in Forced Migration Studies at the University of the Witwatersrand in Johannesburg, South Africa. My supervisor is Dr Joanna Vearey, who can be contacted by e-mail at jo.vearey@wits.ac.za or by phone at +27 (0)11 717 4041. I, the researcher can be contacted by e-mail at eve.shinana@gmail.com or by phone at +27 73 064 2920/ +264 81 733 3666.

This study aims to use the lived experiences of young (18-24) domestic migrant women in Katutura informal settlements to explore the linkages between urban livelihood and the risk of HIV infection. The study therefore helps to understand the livelihood strategies of young migrant women that increase the risks of HIV infection.

- My participation in this study is entirely voluntary
- I can withdraw any time from this study
- My confidentiality is will be ensured, I will remain anonymous in the final research report and only the researcher will have access to the information I provide
- The duration of this interview is approximately an hour
- If I feel uncomfortable in any way during this interview session, I have the right to decline to answer any question or to end this interview.

I consent to being interviewed by Eveline Mwadina Shinana for this study. I understand that this research is being conducted as a requirement for her Masters of Arts in Forced Migration Studies from the University of the Witwatersrand in Johannesburg, South Africa. I have read and understand this form and the study has been explained to me. I have been offered an opportunity to ask questions, which have been answered to my satisfaction. I have been given a copy of this consent form.

**To be completed by the researcher**

Print Full Name_____

Signature_____ Date_____

**Focus Group Discussion Verbal Consent Form**

***Title of research***

"Urban livelihood and the risk of HIV infection: Lived experience of young migrant women in Katutura informal settlements in Windhoek, Namibia"

***To be read through with the participant:***

- I understand that my participation is entirely voluntary
- I can withdraw from the focus group anytime
- I understand that confidentiality and anonymity will be protected outside the focus group but not inside it because of the collective nature of the discussion
- I will respect the confidentiality of what is discussed in group discussions
- No information or views that I provide in the focus group will be attributed to me in public reports or other documents I agree to be part of a group interview for this research project
- I agree to my responses being used for this research
- I give consent to be audio taped during the interviews

I Eveline Mwadina Shinana, herewith confirm the participant has been fully informed about the nature and the conduct of the above study and has given verbal consent to participate in the study.

Printed Name_____

Signature_____ Date_____

# APPENDIX C

**Information Sheet**

**Information about the research**

***Title of Research***

"Urban livelihood and the risk of HIV infection: Lived experience of young migrant women in Katutura informal settlements in Windhoek, Namibia"

***Introduction***

My name is Eveline Mwadina Shinana and I am a student at the University of the Witwatersrand in Johannesburg, South Africa. I am conducting this study as a requirement for my Masters of Arts (MA) in Forced Migration Studies. My supervisor is Dr Joanna Vearey, who can be contacted by e-mail at jo.vearey@wits.ac.za or by phone at +27 (0)11 717 4041. I, the researcher can be contacted by e-mail at eve.shinana@gmail.com or by phone at +27 73 064 2920/ +264 81 733 3666.

***Research Aims and objectives***

The study aims to explore the lived experiences of young (18-24) domestic migrants in Katutura informal settlements in Windhoek, Namibia to investigate the linkage between urban livelihood and risk of HIV infection.

I therefore would like to invite you to take part in this study, as this will help understand the experiences of young domestic migrant women who move to the cities to earn a livelihood and how some of their livelihood strategies can increase their risks of HIV infection.

***When and where will the study take place?***

The study will take place in your home or any other place that suits you and at a time during the day that is convenient to you.

***How long is the interview?***

The interview will last for approximately an hour

***What are you expected to do?***

If you read and understand the information provided to you on this information sheet, you will then be asked to sign a verbal consent form which indicates that you have agreed to participate in the study. If you are not comfortable signing the form, you can also agree informally before the interview begins. If you decide to participate in the study you are still free to withdraw at any stage without providing a reason.

***How will your confidentiality be maintained?***

Everything that we discuss in this interview will be treated confidential. However, confidentiality and anonymity can not be guaranteed during focus group interviews as you will be expected to share your personal experiences with other participants who will also take part in the study. Symbols will be used to represent your name and location or any other information that may lead to your identification. A report on the findings of the study will be compiled after the collection of the data however; your name and any other personal detail will not appear in the write up of the research. The report will be provided when requested.

***What are the benefits?***

You may not receive any direct benefit from participating in this study. However, this study will help us understand the linkage between urban livelihood and the risk of HIV infection among young migrant women in Katutura informal settlements and this may inform policies aiming to improve the living standards of the people living in the City's informal settlements.

***What are the costs (monetary)?***

There are no direct costs associated with this research report.

***Do you have any questions?***

***Would you like to go ahead with being part of this research project?***

# APPENDIX D

## Ethics Clearance certificate

Research Office

**HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)**
R14/49 Shinana

| | |
|---|---|
| **CLEARANCE CERTIFICATE** | **PROTOCOL NUMBER H13/08/14** |
| **PROJECT TITLE** | Urban livelihood and the risk of HIV infection: Lived experience of young migrant women in Katutura informal settlements in Windhoek, Namibia |
| **INVESTIGATOR(S)** | Ms EM Shinana |
| **SCHOOL/DEPARTMENT** | African Centre for Migration & Society |
| **DATE CONSIDERED** | 16/08/2013 |
| **DECISION OF THE COMMITTEE** | Approved Unconditionally |
| **EXPIRY DATE** | 12/09/2015 |

**DATE** 13/09/2013 **CHAIRPERSON** (Professor T Milani)

cc: Supervisor : Dr J Vearey

**DECLARATION OF INVESTIGATOR(S)**

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10003, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

**Signature** **Date** 16/09/2013

**PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES**