

**WOMEN MIGRANTS AND HIV/AIDS: A CASE STUDY OF MATSAPHA
INDUSTRIAL SITE, SWAZILAND**

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CHAPTER 1- INTRODUCTION

Background and setting

In more than 20 years since the emergence of the HIV/AIDS epidemic, the disease has become endemic in many developing countries especially in Sub-Saharan Africa and the Caribbean fuelling a fear of the spread of HIV/AIDS across borders (Social Science Research Council, 2007).

According to UNESCO (2005), while several decades have passed since HIV was first identified; the pandemic's complexities persist in challenging communities, countries and response efforts. The challenges associated with HIV and AIDS have proven to be especially difficult because they differ from culture to culture. The ways in which the pandemic is regarded as well as the ways in which responses are conceived and implemented are intimately linked to factors such as traditional practices, gender issues and beliefs.

One of the striking features of HIV/AIDS is its impact on women. The number of women infected with HIV/AIDS globally is the greater than the number of men infected (Mweru, 2008). According to UNESCO (2006), during their lifetime, heterosexual women are at increased risk of exposure to HIV through gender and power relations relative to sexual decision making. ILO (2005) reported that AIDS thrives where economic, social and cultural rights are violated, and also where civil and political norms are ignored. On the economic side, poverty merits are highlighted as major factors. The illiteracy and marginalization of the poor make them more vulnerable to infection, and poverty puts pressure on women to survive and support their families by engaging in unsafe sex.

Swaziland has recorded one of the highest incidences of HIV/AIDS). The percentage of men and women who have tested and know their HIV status is still very low in Swaziland. Among those who have tested for HIV, 22% are females and 9% are males (NERCHA, 2008). In Swaziland the cultural dispositions place women and girls at greater risks of HIV infection due to social disempowerment and inability to make decisions about sexual preferences (UNDP, 2008).

HIV prevalence by gender reveals that more females younger than 40 years are infected than males of the same age. Among adult males of the age 40 and above, more males were infected than females (UNDP, 2008). In 2001, Swaziland along with 189 countries committed herself to achieve the Millennium Development Goals of halting and reversing the HIV/AIDS epidemic by 2015 (NERCHA, 2008).

Poverty has been feminized in Swaziland, which is the major contributing factor to the ineffectiveness of responses to minimize the spread of HIV. The death of household heads who are breadwinners of the families often means poverty for the remaining household members, especially women and children. In selected households breadwinners are too sick to be able to work in order to provide for their families. As a result of the disability or death of men with marketable skills, women with inadequate skills are forced to start working in order to support their families. The women enter into informal sector, as the family loses its social security cover (UNDP, 2008).

In other parts of Africa; women are the traditional caretakers of the sick. Girls are withdrawn from school to take care of their sick parents or other close relatives and the adult women nurse their spouses until they die. This leaves women with less time to tend their farms and get food for their families. When the spouses die, the widows are frequently stigmatized and their properties are often taken away by the relatives of the deceased husbands. This makes them poorer and destitute, a condition that might force them to migrate to other parts of the country to start a new life which is not easy. This situation is even worse if they are HIV positive, as they might spread the virus in these new areas where they are not known (UNDP, 2008).

Studies on the spread of HIV/AIDS were quick to point to geographical mobility as one of the factors perpetuating the spread of HIV (Hunt, 1989). Certain types of work situations are more susceptible to the risk of infection than others although the main issue is one of behaviour, not occupation. Work involving mobility, in particular the obligation to travel regularly and live away from spouses and partners (ILO, 2005).

Population Service International (PSI) is a United Nations Programme on HIV/AIDS. It is a cross boarder HIV/AIDS prevention programme funded by the United States Agency International Development (USAID). PSI implements national-level HIV/AIDS prevention programs in 35 African nations, including Swaziland. April 2003 marked the first involvement of PSI/Swaziland in the Corridors of Hope HIV/AIDS prevention program. Project activities in Swaziland are carried out in collaboration with the Family Life Association (FLAS), a group specializing in implementation of interpersonal education activities, and target a variety of groups from pedestrians and truckers crossing the country's main border posts, to the thousands of migrant workers who frequent Swaziland's main factory area, Matsapha (PSI,2009). This program initially was designed to proliferate and strengthen condom social marketing activities for the prevention of HIV/AIDS at key cross-border locations. In addition, PSI has developed information, education, and communication messages and materials to raise awareness about the risks of HIV and encourage the adoption of behaviors to prevent HIV infection among target groups.

Matsapha Town Board has worked jointly with the Alliance of Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL) Program since November 2005 to kick start the HIV and AIDS response in the industrial site, which has greatly affected many workers. The town is carrying out various activities aimed at addressing HIV and AIDS under Prevention, Impact Mitigation and Response Management. The purpose is to keep the town clean not only in terms of litter but even in terms of ensuring healthy residents that would be safe from HIV for the sustainability of the town.(Matsapha Town Board, 2009).

Problem statement.

Migration increases vulnerability to HIV/AIDS; the migrants are far away from their families and partners, living in poverty and are all too often exploited and may have

limited or no access to health services and appropriate medical information. Besides these vulnerabilities, migrants' lifestyles undergo change as they meet new people and modify their sexual practices (UNESCO, 2005). There is acknowledgement that mobile populations are more vulnerable to infection by HIV when compared to local populations and that they need priority attention, especially in Africa where the largest number of migrant workers in the world is found (ILO, 2005). Women are greatly affected by the HI virus, and migration to find employment adds to women's vulnerability. However the studies carried out on sexual behaviors patterns among migrants and migrant factory workers have been carried on men (Mweru, 2008). Unlike in Kenya, in Swaziland no study has been conducted on women migration and HIV/AIDS, thus a gap in the literature exists.

Lack of financial independence is one, among many factors, that makes migrant women workers to have a low capability to negotiate sexual practices. A study on women, migration and HIV/AIDS; conducted in Kenya (Mweru, 2008), also established that most women changed their sexual behaviors when they moved to a new area. Their new sexual behaviors made them vulnerable to HIV infection. Empowering women economically could help them work their way out of poverty, gain independence, refuse unwanted sexual advances and successfully negotiate condom use, to an eventual reduction in HIV transmission (Zandonela, 2008).

Purpose of the study

The purpose of the study is to determine the effects of migration on sexual behaviour patterns among women factory workers in relation to the spread of HIV/AIDS.

Specific objectives

1. Determine the factors influencing women migrant workers to change their sexual behaviour patterns.

2. Determine the factors persuading woman migrant workers to have unsafe sexual practices.
3. Ascertain measures that can be taken to empower women migrant workers to refuse unwanted sexual relationships.

Significance of the study.

The findings of this study will raise awareness to the Ministry of Health and Social Welfare on the impact of HIV/ AIDS on migrant women factory workers. Therefore the Ministry of Labour in collaboration with the Ministry of Health and Social Welfare will develop Workplace Policies regarding the health and welfare of women migrant factory workers. According to Fraenkel & Wallen (2006), research and evaluation in education is timely and important because policies of private and government agencies currently make approval of research grants contingent upon evidence of good planning and sound evaluation procedures.

Definitions of terms

Migration-Movement of people from one locality to another in search for employment.

Migrant woman factory worker- young married or unmarried woman who left her family or home to the industrial site to for employment.

Women empowerment-Involves acquiring knowledge and understanding of gender relations, developing a sense of self-worth and the right to control one's life, gaining the ability to exercise bargaining power and developing the ability to create fair social and economic order (Zandonela, 2008).

Acronyms

AIDS-Acquired Immuno Deficiency Syndrome

The study will be limited to the females working in the factories in Matsapha Industrial Site.

The study will be limited only to the textile factories situated in Matsapha therefore generalization cannot be made for all the other factories found in other areas around the country. Due to the sensitivity of the study, some respondents might decline from participating in the interviews with the fear of disclosing their private lifestyles. This might then limit the researcher from acquiring the genuine responses from those who will

be chosen to participate.

CHAPTER II – LITERATURE REVIEW

In this chapter the review of literature will be presented in the following pattern: HIV/AIDS in Swaziland, women and HIV/AIDS in Swaziland and women, migration and HIV/AIDS.

HIV/AIDS in Swaziland

The HIV/AIDS epidemic is now a global crisis, and constitutes one of the most formidable challenges to development and social progress. In the most affected countries, the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilizing societies. In sub-Saharan Africa, where the epidemic has already had a devastating impact, the crisis has created a state of emergency (ILO, 2001).

His Majesty King Mswati III declared HIV/AIDS epidemic as a disaster. Furthermore, in February 2003, opening the Parliament, the King cautioned that the Swazi nation might cease to exist unless people changed their attitudes and behaviour. This is particularly true with a small country like Swaziland with limited human resources based with regards to both quality and quantity (MOHSW, 2003). Swaziland has recorded one of the highest incidences of HIV/AIDS infection. The situation has put many children into new a situation of unprecedented vulnerability (UNICEF, 2001). Presently Swaziland is leading in the world in HIV infection (42.2%) and among medical care clients, this pandemic is the most devastating disease humanity has faced, and it will get worse before it gets better (UNAIDS, 2006).

The poor performance of Swaziland's economy is affecting the development of the

country. Swaziland's Human Development Index (HDI), Gender Development Index (GDI) and the annual Human Poverty Index (HPI) growth rate have all declined since the 1990s, while the HPI of the country is one of the highest in the world. This implies that the choices of most Swazis to human wellbeing are limited. Although many factors account for this declining socio-economic situation, it was noted that HIV and AIDS are major factors in making it difficult for the citizens to achieve a decent standard of living, have a long and healthy life, be educated and participate effectively in the national development endeavours (UNDP, 2008).

Women and HIV/AIDS in Swaziland

As of the end of 2004 women accounted for nearly 50% of all people living with HIV worldwide, and the way in which women's increased risk is a reflection of gender inequalities. In a recent study on women, migration and HIV/AIDS (Mweru, 2008), stated that the number of women infected with HIV/AIDS globally is greater than the number of men infected.

Gender norms play a significant role in determining access by men and women to economic resources. Women, often lack access to productive resources and therefore have weaker negotiating power (including during sex) and hence higher vulnerability to HIV (UNESCO, 2005). Many women experience sexual and economic subordination in their marriages or relationships, and are therefore unable to negotiate safe sex or refuse unsafe sex. According to a report from (ILO, 2001), women who raise the issue of condom use with the men on whom they are economically dependent risk violent conflict, loss of support, or even abandonment. Dependent women are reluctant to leave risky relationships as they fear dire economic consequences.

A recent study conducted about the HIV Epidemic among Women in Vietnam revealed that many women know about HIV/AIDS. They know that a healthy looking person can have HIV and that condom use could protect against transmission (Nguyen *et al*, 2008). A

study on Gender, Sexuality and Health revealed that in reality the communication about sexuality between male and female partners is limited. Women feel ashamed when they talk about sex and sexuality with their partners; it makes them seem “unfaithfull” or “amorous” (Ha, 2005).

As in other African countries, in Swaziland, more women than man are HIV positive. Women are in a disadvantaged situation than man in terms of vulnerability to HIV infection due to their biological and economic circumstances, as well as their heavy load in caring for and supporting babies, orphans and sick people. Furthermore, women are disempowered and incapacitated by cultural norms and practices that do not allow women to be proactive and equal partners in decision making regarding sex (UNDP, 2008).

In rural areas, AIDS had caused the collapse of coping systems that for centuries had helped women to feed their families during times of drought and famine. They are often deprived of rights to housing, property or inheritance or even adequate health services. That, in turn, leads to family break-ups, displacement and migration, and yet greater risk of HIV infection (UNAIDS, 2004).

A survey by the Vulnerable Assessment Committee (VAC) (2004), found that more females in rural areas of Swaziland were more chronically ill than males at all age groups except 0-4 years. As high as 15% and 25% of women in the age groups 35-39 and 45-49 respectively were reported chronically sick, mostly due to AIDS related diseases. The main reason for this is the low status of women in society, which makes them vulnerable to sexual exploitation and violence by men. The fact that women are biologically at greater risk of infection than men, gender discrimination hinders women “ability” to access information and testing related to HIV/AIDS or negotiate the use of protective methods, further increasing their vulnerability (UN-INSTRAW, 2008).

According to Zandonela (2008), intimate partner violence as well as poverty, is intricately linked to a higher risk of HIV throughout sub-Saharan Africa. Furthermore, empowering women economically could help them work their way out of poverty, gain independence,

refuse unwanted sexual advances and successfully negotiate condom use, to an eventual reduction in HIV transmission.

What is needed is real, positive change that would give more power and confidence to women and girls, and transform relations between women and men at all levels of society. Change that would strengthen legal protection of women's property and inheritance rights, and ensure that they had full access to prevention options; including microbicides and female condoms. Change that makes men assume their responsibility ; in ensuring an education for their daughters; abstaining from sexual behaviour that put others at risk; forging relations with girls and very young women; and understanding that when it comes to violence against women, there are no grounds for tolerance and no tolerable excuses(UNAIDS,2004)..

Women migration and HIV/AIDS

Research has shown that rural-to-urban migration increases vulnerability to HIV/AIDS (UN, 2006).

The link between HIV/AIDS and migration is receiving attention from academics and policy makers, but still remains acutely under researched. The research that does exist is also focused overwhelmingly on males (UN-INSTRAW, 2008).Furthermore, UN-INSTRAW stated that as more women join the migratory flows, their risk of exposure to HIV/AIDS increases, and the situation can only worsen. The issue urgently needs attention of researchers, policy experts and law makers.

Women migrants are more likely to be disadvantaged by the migration experience than their male counterparts, increasing their risk of HIV/AIDS even further. They suffer violence, over hostility, social exclusion and exploitation. Women most often work in the informal trading sector or domestic work, which subjects them to poor working conditions and low pay, sometimes forcing them to resort to sex for work to supplement their income(UN-INSTRAW,2008).

Women are increasing in numbers among Southern Africa's migrant population. Women encompass 37.4% of regular migrants from Southern African Development Community (SADC) to Southern Africa, and their numbers are increasing (UN-INSTRAW, 2008).

Migration increases vulnerability to HIV/AIDS, the migrants are far away from their families and partners, living in poverty and are all too often exploited and may have limited or no access to health services and appropriate medical information. Besides these vulnerabilities, migrants' lifestyles undergo change as they meet new people and modify their sexual practices (UNESCO, 2005).

Gender inequality combined with migration increases female migrants' involvement in risky sexual behavior, increasing their vulnerability to HIV. Furthermore, gender inequalities in education and job training restrict female migrants to low-status jobs merely paying a living wage with no job security. Living with the impact of these gender inequalities coupled with losses of family support mechanisms, many female migrants exchange sex for money or enter into sexual relationships in the hope of securing economic and emotional support (ILO, 2005).

Feelings of isolation, high cost of living, pressure to get married and granting sexual favours to employers increased the likelihood of women becoming infected (Mweru, 2008). There is acknowledgement that mobile populations are more vulnerable to infection by HIV when compared to local populations and that they need priority attention, especially in Africa where the largest number of migrant workers in the world is found (ILO, 2005). Substantial proportions of young female factory workers indulge in risky sexual behavior, substance abuse, early sexual experimentation, multiple partners, irregular use of condoms, low use of other contraceptives, unwanted pregnancies, frequent occurrence of unsafe abortions, and instances of rape or sexual harassment are common (FHI, 2008).

When sexually active adults stay away from their spouses or regular sexual partners for long periods; the likelihood of them acquiring new sexual partners increases. Separation from family and regular sexual partners for long periods creates the temptation to engage in casual sex, which increases the risk of HIV and spreading it to the persons, spouse or a steady partner upon returning home (Mweru,2008).

The relationship between HIV/AIDS epidemic and migration was also recognized by United Nations during a General Assembly Special Session on HIV/AIDS in June 2001.Paragraph 50 of the Declaration of Commitment stipulates that member states should: “By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services.” Paragraph 49 of the declaration also states that by 2005, all member states should strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive work place environment for people living with HIV/AIDS (ILO, 2005).

CHAPTER III –METHODOLOGY

This chapter presents the procedures employed in conducting the study. Included are subheadings, namely: a) Design of the study, b) Subject selection, c) Sampling, d) Instrument development, e) Validity, and f) Data analysis

Design of the study

This was a descriptive type of research to study the effects of migration on women migrant factory workers in relation to HIV/AIDS. A qualitative research design was used for this study. Creswell (1994) stated that people's words and actions represent the data of qualitative inquiry. This requires methods that allow the researcher to capture language and behaviour. An approach used in this study was Focus Groups Interviews; (FGI). According to Fraenkel & Wallen (2006), in FGIs, the interviewer asks a small group of people a series of questions. The participants are seated together in group and get to hear one another's responses to the questions. Often they offer additional comments beyond what they hear the other responses. The objective is to get what people really think about an issue or issues in a social context where the participants can hear the views of others and consider their views accordingly. Fraenkel & Wallen further stated that the purpose of interviewing people is to determine what is on their mind, how they think or how they feel about something. The number of participants ranges from 5-12 and can be assembled in one location (Martins *et al*, 1999).

Subject selection

The population of study consisted of women working in textile factories in the Matsapha Industrial Site. Matsapha is situated approximately 31km east of the capital town of Swaziland, Mbabane, and about 10 km from Manzini the second largest commercial city in Swaziland. Matsapha was selected as area of study for four reasons. First, Matsapha is

the leading industrial site in Swaziland and the large number of industries in the area has resulted in many people especially women migrating to the site in search of employment opportunities. Second, Matsapha is in the urban area and under the Manzini region, which recorded the highest HIV/AIDS prevalence rates in 2004 (UNDP, 2008).

Third, there were cases of abortion reported in that area and 71 fetuses were found in a water source at Eteni, an area in Matsapha (Swazi News, 2007). Fourth, Matsapha is the largest industrial site in the country with the highest number of factories that employ women in particular.

Sampling procedure

To determine which factories from which interviews would be conducted. Assistance from Matsapha Town Board was sought to identify factories which predominantly had women as their workforce. Twenty two textile factories were identified as those with large numbers of the women workforce.

Simple random sampling was conducted to select four factories from a list of twenty- two factories provided by the Town Board. Simple random sampling was used to select the factories so that each factory had an equal and independent chance of being selected as stated by Fraenkel & Wallen (2006). A total of forty eight women took part in the study, with twelve women in each of the four factories. With assistance from the human resource management of each factory, the twelve women were selected to participate in the focus group interviews.

The participants consisted of both married and unmarried migrant women who have worked in the factories for not less than six months. It was anticipated that this period is long enough for one to know about the kind of lifestyle as an employee in these factories.

Instrument development

An interview guide was developed and consisted of three open-ended questions which were based on the objectives of the study. The participants responded to the open ended questions. These questions were to: a) identify factors which caused women migrant workers to change their sexual behaviour patterns, b) determine factors persuading them to have unsafe sexual practices, and c) ascertain measures that can be taken to empower migrant women workers to refuse unwanted sexual relationships. The instrument also consisted of ten close-ended questions about the demographic profile of the participants.

Validity

The interview questions were developed and presented to some experts from NERCHA, and SWANEPA who were to assess the content and construct validity, and suitability of the interview guide. Experts from the Department of Agricultural Education and Extension (AEE) at the University of Swaziland were also used for face validity of the interview guide. Comments from these experts were considered and used to modify the interview guide.

Data collection

The data collection used the Focus Group Technique with randomly selected Focus Group Interview subjects from the sampled factories. Focus Group Interviews were conducted within the factories premises. An arrangement was made with the management of the factories for the convenient time to conduct the interviews. Data was collected using tape recorders and notes. Two female research assistants were engaged to assist during the focus group interviews. The researcher also female was the facilitator of the discussions. Using female interviewers was based on the premise that the study was dealing with private and sensitive issues about the women. Furthermore the women would also be more open to discuss these issues with females rather than male interviewers.

Data analysis and interpretation

According Rabiee (2006), the process of data analysis begins during the data collection, by skillfully facilitating the discussion and generating rich data from interview, complementing them with the observational notes and typing the recorded information. Data collected were grouped into categories or domains using a framework from two sources; International Council on Management of Population Programmes (ICMPP) (2006) and NERCHA (2006). Uniformly women are very anxious to talk about the subject of work, family life, peer activities and sexual behavior. They want and need accurate information, counseling, and guidance for situations they are encountering. The primary concerns of young working women revolve around the organization of their lives, their relationships with men, and their social health (ICMPP, 2006). For that reason, the two frameworks were found to be relevant for the purpose of data analysis and interpretation.

The Framework Adopted by International Council on Management of Population Programmes (ICMPP) adopted for data collection / analysis.

The ICMPP framework was used in Mauritius, on a research study on Young Women and AIDS-Related Risk Behaviour in the Export Processing Zone (EPZ) among three religious groups. The framework was used in this instance because it was relevant to the purpose study. Table 1 shows the framework of the four domains used, namely: a) Family, b) Work, and c) Peers

Domain 2: **Work** emerges as the most consistently visible and present domain, suggesting its central importance in terms of intervention. Exposure to men plays an important predictive role in the work domain. It results in a more liberal attitude towards pre-marital sex and more knowledge about HIV/AIDS and condoms (ICMPP, 2006). Data were collected and grouped into the following sub-domains: a) Work conditions, b) Getting a job, c) Daily and weekly schedule, d) Pay schedule, e) Work satisfaction, f) Impact of work, g) Female/male relationship at work, h) Attitude towards and relationship with the opposite sex.

Domain 3: Peers facilitate positive attitudes towards sex and sexual activities but play a less significant role in conveying knowledge of HIV/AIDS or condoms, suggesting that the capacity of peers to disseminate accurate knowledge about sexual risk should be increased (ICMPP, 2006). Data collected were grouped into the following sub-domains: (a) Peer structure (female/male friends, boyfriends, and fiancés) and (b) Social activities

The Framework of data collection described by National Response Committee on HIV/AIDS (NERCHA) adopted for data collection / analysis.

Data were also collected and grouped into for thematic areas as described by NERCHA (2006). The four thematic areas are: a) Prevention, (b) Care, support and treatment, (c) Impact mitigation, and (d) Management of national response.

Prevention aims at reducing the number of new HIV infections. This thematic area has some sub-thematic areas which are: (a) blood safety, (b) Behavior change communication, c) Prevention of mother to child transmission, (d) Prevention of HIV and AIDS at work place, (e) Condom logistics, (f) Promotion and management, (g) Prevention and management of sexually transmitted infections, and (h) HIV\AIDS testing and counseling (NERCHA, 2006).

Care, support and treatment aim at reducing morbidity due to HIV and AIDS. This includes: (a) Treatment using antiretroviral drugs, (b) Management of opportunistic infections including tuberculosis, (c) HIV counseling and testing, (d) Community Home-based Care, (e) Palliative care, and (f) Traditional and alternative care therapies (NERCHA, 2006).

Impact mitigation aims at mitigation the social and economic impact of the epidemic in Swaziland. Impact mitigation intervention areas include: (a) Legal, ethical and social rights provision and protection, (b) Social protection and livelihoods support, (c) Counseling and emotional care, (d) Food and nutrition security support, (e) Education support; and (f) Community-driven impact mitigation programmes (NERCHA,2006).

Management of the national response aims at creating an enabling environment for the effective management and co-ordination of the national response. This consists of sub-thematic areas in: (a) Institutional arrangement, (b) Planning and program development, (c) Resource mobilization, and financial management, (d) Advocacy and communication, (e) Community mobilization, and (f) Research as well as monitoring and evaluation (NERCHA, 2006).

Research Objective One: *Determine the factors influencing women migrant factory workers to change their sexual behavior patterns.*

The responses from each of the four focus groups were collected and categorized into the framework of domains adopted by (ICMPP), (2006) namely: (a) family, (b) work, and (c) peers (Table 2).

Table 2:

Factors influencing women migrant factory workers to change their behaviour patterns.

	Responses from participants by factory			
Domains/Themes	Factory 1	Factory 2	Factory 3	Factory 4
<ul style="list-style-type: none"> • Family • Work • Peers 				

Research Objective Two: *Determine the factors persuading women migrant factory workers to have unsafe sexual practices.*

Data to determine factors persuading the women to have unsafe sexual practices were grouped using NERCHA's thematic areas: (a) Knowledge about HIV/AIDS and its prevention, (b) Care, support and treatment.

Table 3:

Factors persuading women migrant factory workers to have unsafe sexual practices.

	Responses from participants by factory			
Thematic areas	Factory 1	Factory 2	Factory 3	Factory 4
<ul style="list-style-type: none"> Knowledge about HIV/AIDS and its prevention 				
<ul style="list-style-type: none"> Care, support and treatment 				

Research Question Three- *Suggest some measures that could be taken to empower migrant women workers to refuse unwanted sexual advances.*

Data collected were grouped into the domains of the ICMPP, (2006) framework. The three domains are : (a) Family, (b) Work and Peers. Data were presented in tabular form

Table 4:

Measures that could be taken to empower migrant women workers to refuse unwanted sexual relationships.

	Responses from participants by factory			
Domains/Themes	Factory 1	Factory 2	Factory 3	Factory 4
<ul style="list-style-type: none"> • Family • Work • Peers 				

CHAPTER IV-FINDINGS AND DISCUSSIONS

Findings

This chapter presents the findings of the study. The data from the respondents about women, migration and HIV/AIDS were collected guided by the following objectives of the study:

1. Determine the factors causing women migrant workers to change their sexual behaviour patterns.
2. Determine the factors persuading the ability for women migrant workers to have unsafe sexual practices.
3. Ascertain measures that could be taken to empower women migrant workers to refuse unwanted sexual relationship.

The study was a descriptive survey type of research. The population of study was women employed in purposively selected textile industries in Matsapha Industrial Site who were purposively selected for the study. Focus group interviews were used to collect data.

Data were collected and grouped into a framework of thematic areas /domains from two sources; ICMPP, (2006) and NERCHA, (2006). The framework adopted from ICMPP, constituted the following domains or themes: (1) Family, (2) Work, (3) Peers.

The framework from NERCHA constituted the following themes: (a) Prevention, (b) care, support and treatment, (c) Impact mitigation, and (d) Management of national response.

Data on the demographic profile of the respondents were also collected and displayed in a tabular form. Participants were also provided with cards and were required to provide information about their : (a) Age, (b) Marital status , (c) Level of education ,(d) Work experience ,(e) Residential state , and (f) Work position.

Research Objective One: *Determine the factors which influencing women migrant workers to change their sexual behaviour patterns.*

Interview question: *According to your observations, is there any change in sexual behaviour when a person moves from her home area to another, especially work places?*

This research question was addressed to the respondents to get responses about what they have observed or experienced about change of sexual behaviour as they move from their home areas to work in the factories. Three thematic areas by ICMPP (2006), were used to categorise the data namely, family, work, and peers. Data collected from the interviews were presented in Table 5.

Table 5:
Factors influenicing women migrant factory workers to change their sexual behaviour patterns.

Thematic areas(ICMPP)	Responses from participants by factory			
	Factory 1	Factory 2	Factory 3	Factory 4
Family	<ul style="list-style-type: none"> • Single parents • Widows with children • Bread winners at home • Husbands chronica lly ill, cannot do their sexual duties at home • Abusive and irresponsible husbands • To seek for greener pastures in town from poor families 	<ul style="list-style-type: none"> • Financial demands from poor families • To take care of own children and relatives • As single parents to take care of children • Polygamous families where husbands are irresponsible • To look for a better living in town ,no food at home 	<ul style="list-style-type: none"> • Need to provide a living for children and relatives • Irresponsible husbands • Need money for self, maintenance • Maintenance of family at home • To boost financial status of households where husbands earn very little money 	<ul style="list-style-type: none"> • To take care of own children and relatives • Abusive and irresponsible husbands • Running away from in-laws pressure due to barrenness • Widows to start new life after being expelled by in-laws

Table 5 continued:

Thematic areas(ICMPP)	Responses from participants by factory			
	Factory 1	Factory 2	Factory 3	Factory 4
Work	<ul style="list-style-type: none"> • <i>Paid very little money every fortnight (E360)</i> • <i>Relief from work stress</i> • <i>To get promotion from supervisors</i> • <i>To get extra money for rent and transport due to low wages</i> 	<ul style="list-style-type: none"> • <i>To get promotion from supervisors</i> • <i>Need money to buy food lunch at work</i> • <i>To get extra money for rent and transport due to low wages</i> • <i>Paid too little money for all the financial demands from home</i> 	<ul style="list-style-type: none"> • <i>Paid very little money every fortnight (E360)</i> • <i>To get promotion from supervisors</i> • <i>Relieving stress from abusive supervisors</i> • <i>Sell sex for money</i> 	<ul style="list-style-type: none"> • <i>To get extra money for rent and transport due to low wages</i> • <i>Paid too little money for all the financial demands from home</i>
Peers	<ul style="list-style-type: none"> • <i>Competition among work-mates for: dress code, hairstyle, lunch provisions etc</i> • <i>Want to have partners to give money</i> 	<ul style="list-style-type: none"> • <i>Competition among work-mates for: dress code, hairstyle, lunch provisions etc</i> • <i>Want to meet urban lifestyles</i> 	<ul style="list-style-type: none"> • <i>Competition among work-mates for: dress code, hairstyle, lunch provisions etc</i> • <i>Friends entice them</i> 	<ul style="list-style-type: none"> • <i>Competition among work-mates for: dress code, hairstyle, lunch provisions etc</i> • <i>Want to meet urban lifestyles</i>

Theme1: Family

Findings from all the four factories revealed that, most women change their sexual behaviour because of their poor socioeconomic background. They have a lot of pressure to take care of their family members at home. Some are single parents, others are widows and yet others are single ladies from orphaned families taking care of siblings. The wages received is used to buy food, pay for school fees, and buy clothes for the dependants as well as for themselves. Some participants from some of the factories pointed out that husbands are irresponsible and abusive (“*Sisuke sitokhipha stress.Hhhana! lamadvodza ayasihlupha bo!*”)One woman lamented.

Theme 2: Work

Responses from all the four factories revealed the need for money is the main cause of the main issue. A lot of the women have financial pressure. They earn too little money which cannot cater for all their needs and responsibilities, which include: Rental, buying food and sending some of the money back home. (*“Kute lesingakwenta ngoba vele lemali yincane nagaphandle kwabo labo ‘sugar daddy’ awudli lutfo!”*). Statements similar to this were heard from almost all the factories. They revealed that they sleep with the older men because they gave them money. They further revealed that they engaged into sex work in the evenings after work around Matsapha Shopping Complex famously known as “kaMahhala”. The women are quite aware of the risks of unsafe sexual behaviour but cannot help it because they need money. (*Ungentani nga E360 nge fortnight uma unjengami wondla batfwana labangu four, namake!”*) Another woman responded with pain filled voice. Those were some of the statements said by the women to show their dissatisfaction about their wages.

Findings also revealed that in some factories women sleep with their supervisors to get promoted or at times secure their casual jobs. It also came out that some women target relationships with policemen and soldiers because they will be secured with free permanent housing. The women participants also revealed that some are married to these groups of workers, since they reside in the vicinity of the factories.

Theme 3: Peers- pressure

Under this theme the respondents gave items related to peer- influence. There is a lot of competition at work, in terms of clothes, hairstyles, food (lunch provisions) etc. Workmates entice their friends to have multiple partners to be able to beat the competition with friends. Some revealed that friends tell them to change their rural looks to meet the urban lifestyle, which they cannot meet with their little wages other than engaging in sexual relationships.

Research Objective Two: *Determine the factors persuading women migrant factory workers to have unsafe sexual practices.*

Interview question: *What are the factors that persuade women workers to engage into unsafe sexual practices?*

The responses about the discussion of practicing safe sex among the women and their partners, were obtained and grouped into two thematic areas using NERCHA's framework, namely: (a) Knowledge about HIV/AIDS and its prevention, (b) care, support and treatment. The data were presented in Table 6.

Table 6:
Factors persuading women migrant factory workers to have unsafe sexual relationships

Thematic areas(NERCHA)	Responses from participants by factory			
	Factory 1	Factory 2	Factory 3	Factory 4
Knowledge about HIV/AIDS and its prevention	<ul style="list-style-type: none"> • Sometimes do use condoms but not always because they are afraid of their boyfriends or spouse • Abortions of unwanted pregnancies are common because children are not their intentions but its money • Quite aware of the risks of unsafe sex but need money 	<ul style="list-style-type: none"> • Condoms are not used because they are not paid well by their sex customers if they use it • Do not use condoms even if on ARV treatment because of fear to loose partners with financial support • Do try to negotiate safe sexual practices but men would refuse 	<ul style="list-style-type: none"> • Some fall pregnant and abort because of financial constraints. • Do not use condom if a man promises to marry her • Husbands will think that they are cheating if they negotiate for condom use • Being desperate for money makes them unable to refuse the unsafe sexual practices 	<ul style="list-style-type: none"> • To take care of own children and for relatives • Abusive and irresponsible husbands • Married women run away from in-laws pressure due to barrenness • Widows to star new life after being expelled by in-laws • Need someone to pay rent for them

Table 6 continued:

Thematic areas(NERCHA)	Responses from participants by factory			
	Factory 1	Factory 2	Factory 3	Factory 4
Knowledge about HIV/AIDS and its prevention	<i>It is unSwazi for women to talk about sexual issues with men</i>	<ul style="list-style-type: none"> • <i>Husbands would say condoms are used for prostitutes not wives</i> • <i>Difficult to tell them when diagnosed positive</i> 	<ul style="list-style-type: none"> • <i>Some promise to marry them</i> 	<ul style="list-style-type: none"> • <i>Being positive does not matter</i>
Care, support and treatment	<ul style="list-style-type: none"> • <i>voluntary counseling and testing offered by PSI and FLAS within factory premises</i> • <i>Not all of the women go for the VCT services</i> 	<ul style="list-style-type: none"> • <i>Counseling and testing services not offered</i> • <i>Have knowledge about HIV/AIDS from clinics, campaigns, media etc.</i> • <i>Some are infected and are on ART</i> 	<ul style="list-style-type: none"> • <i>Have voluntary counseling and testing services offered by PSI and FLAS within factory premises.</i> • <i>Sexually transmitted diseases treated within factory by FLAS</i> • <i>To get extra money for rent and transport due to low wages</i> • <i>Paid too little money for all the financial demands from home</i> 	

Theme 1: Knowledge about HIV/AIDS and its Prevention

Findings from all factories revealed that the women are aware of the HIV/AIDS pandemic. Responses also revealed that condoms are not used consistently because some men do not like using them. Some men even threaten terminating relationship if the women insist on condom use. Husbands would conclude that a woman is cheating on him if she negotiates condom use during sexual practices.

Theme 2: *Care, support, and treatment.*

Responses revealed that the participants have some programmes offered in their factories by PSI and FLAS. They offer voluntary counseling and testing (VCTs) services and treatment of sexually transmitted diseases (STDs) respectively. These services are offered in very few factories and arrangements are still under process to reach out to all the factories (PSI, 2009).

Research Objective Three: *Suggest some measures that could be taken to empower migrant women workers to refuse unwanted sexual relationships.*

Interview question: *Are there ways you can suggest which will empower women migrant factory workers to refuse sexual advances for the prevention of HIV infection?*

The responses on this research question were grouped into the following thematic areas used by (ICMPP, 2006). Data were presented in Table 7.

Table 7:
Measures that could be taken to empower women migrant factory workers to refuse unwanted sexual relationships.

	Responses from participants by factory			
Thematic areas(ICMPP)	Factory 1	Factory 2	Factory 3	Factory 4
Family	<ul style="list-style-type: none"> • Respect marital status and be faithful to one partner • Have self discipline and stop envying friends • Husbands should be responsible 	<ul style="list-style-type: none"> • Should start small business at home and do not come to factories • Respecting of oneself 's body as well as family 	<ul style="list-style-type: none"> • Partners should support their children • Government should establish laws to enforce men to take full financial responsibility of their families 	<ul style="list-style-type: none"> • Husbands should love and give them money to use for their own needs

Table 7 continued

Thematic areas(ICMPP)	Responses from participants by factory			
	Factory 1	Factory 2	Factory 3	Factory 4
Work	<ul style="list-style-type: none"> • <i>Need to have transport and housing allowances</i> • <i>Increase of wages</i> • <i>Each factory should provide free transport to work</i> 	<ul style="list-style-type: none"> • <i>Build hostels for all workers not very far from factories</i> • <i>Increase wages</i> • <i>Should have access to health services at the factories</i> 	<ul style="list-style-type: none"> • <i>Management should encourage NGOs come and educate them about safe sexual behaviour practices</i> • <i>Provide free transport to work</i> 	<ul style="list-style-type: none"> • <i>Management should encourage NGOs come and educate them about safe sexual behaviour practices</i> • <i>Wages should be increased</i> • <i>Free transport to work should be provided</i>
Peers	<ul style="list-style-type: none"> • <i>Management should allow women to have religious services during lunch hours</i> • <i>Form small financial credit cooperatives to save and borrow money</i> 	<ul style="list-style-type: none"> • <i>Allowed pastors to come and preach the word of God</i> • <i>train other workers to educate others about good behavioural and sexual practices</i> • <i>Form small financial credit and savings coops to save and borrow money</i> 	<ul style="list-style-type: none"> • <i>Should start small business e.g. money lenders</i> • <i>Form small financial credit cooperatives to save and borrow money</i> • <i>Educate peer educators for the factories through NGOs such as PSI</i> 	<ul style="list-style-type: none"> • <i>Form small financial credit cooperatives to save and borrow money</i> • <i>Be educated on their rights as women</i> • <i>Cooperative meetings will also be useful forums to discuss good sexual behavioural practices</i>

Theme1: Family

Participants from all four factories gave responses that suggested that men should stop being abusive and to take full economic and emotional support of their wives and children. Responses from some of the factories also revealed that women should also have self discipline and stop envying friends. They should develop budgets and stick to them.

Theme 2: Work

Many items from all four factories suggested that the government should talk to the directors of the factories about increasing their wages. The respondents also suggested that hostels should be constructed in the vicinity of the factories to reduce rental and transport costs. The management of the factories should provide free transport for workers to take them to and from their work places.

Theme 3: Peers

Participants from the four factories suggested the establishment of small savings and credit cooperatives in each factory to cater for their financial needs. Responses from other factories suggested that health organization like PSI and FLAS should visit the all factories on regular basis to workers to offer their services such as counseling and testing as well educating them about safe sexual behaviour.

The demographic data for the participants were collected and presented in Table 8.

Table 8:

Demographic profile of the women migrant workers (N= 40), (n= 8)

	Number of participants per focus group from each factory			
Demographic items	Factory A	Factory B	Factory C	Factory D
Age -range(Years)				
• 20-25	3	3	3	3
• 26-30	4	3	4	4
• 31-35	1	2	2	1

Table 8 continued

	Number of participants per focus group from each factory			
Demographic items	Factory A	Factory B	Factory C	Factory D
Level of Education				
• Primary	0	0	0	0
• Secondary	6	7	5	8
• High school	2	1	3	0
• Tertiary	0	0	0	0
Marital status				
• Single	3	2	5	4
• Married	5	4	2	4
• Widowed	0	2	1	0
Residential status				
• Staying alone	4	5	3	5
• Staying with female partner	1	1	3	0
• Staying with male partner	3	2	2	3

Age: The results revealed that the women worker's ages range from twenty to thirty five years. There were twenty seven women between the ages twenty one to thirty. This shows that a majority of the women workers were young.

Level of Education: The women's education level ranged from secondary school to high school drop outs. Specifically, twenty six migrant women workers were secondary drop-outs. None of them had attended primary school, college or a tertiary institution.

Marital status: A majority of the participants were single and married women. Fifteen of the women workers were married, fourteen of them were single and only three women were found to be widowed.

Residential Status: The results revealed that most of the women stay alone and some were staying with male partners. Specifically, seventeen women were staying alone and ten were staying with their male partners. From the results none of the respondents was staying at home. All of them were either renting a house or staying with a partner who was also employed around Matsapha. This was enough evidence to see that the women were migrant workers.

Discussion

This section presents the discussion of the findings of the study. The purpose of the study therefore is to determine the effects of migration on sexual behaviour patterns among women factory workers in relation to the spread of HIV/AIDS. The specific objectives of the study were to:

1. Determine the factors influencing women migrant workers to change their sexual behaviors patterns.
2. Determine the factors persuading women migrant workers to have unsafe sexual practices.
3. Suggest some measures that can be taken to empower migrant women workers to refuse unwanted sexual relationships.

Factors influencing women migrant workers to change their sexual behaviors patterns.

Theme 1. Family

The responsibilities of the young migrant women workers along with low wages, do contribute to their change of sexual behaviors study about Women, Migration and HIV/AIDS conducted on women migrant factory workers in Kenya (Mweru, 2008) revealed similar findings that low wages and the need to send money back home contribute to sexual behaviour patterns. The findings revealed that husbands are abusive and irresponsible. This shows that the inferior position of women, poverty and other economic circumstances force women to engage into risk of acquiring HIV. Therefore the Swazi Government must take progressive steps to ensure the economic empowerment of women. The respondents also revealed that resources that assist women to start income generating projects should be made accessible to the women hence reduce dependence on men for financial support.

Theme 2: *Work*

The findings that some of the women engage in sexual relationships because of the low wages and working conditions is pathetic. A study on Gender, Sexuality, Rights and HIV in Southern Africa (UN, 2006) reported similar that gender inequalities in education and job training restricting female migrants to low-status jobs with low living wages, and no job security, impacting negatively on sexual relationships. Living with the impact of these gender inequalities coupled with losses of family support mechanisms, many female migrant workers exchange sex for money or enter into sexual relationships in the hope of securing economic and emotional support. This low economic status does render women migrant workers exposed to HIV/AIDS. Therefore, improving working conditions and living standards for women migrant workers is an issue of critical importance in the country.

The migrant workers' having sex with their supervisors/or managers is alarming. It means that the young women's need for a job is more important than reducing their chances of contracting the HIV. In study of Population Mobility, Migration and HIV/AIDS among factory workers in New York similar findings revealed that the migrant women workers felt they had little power to refuse sex with their employers (ILO, 2005).

Theme 3: *Peers*

Pressure to please and/or match friends' lifestyles has made many of the women to change their sexual behaviours. This could mean that as the women felt they had some degree of freedom by being away from their families. UNESCO (2005), reported that migrant' lifestyles undergo change as they meet new people and modify their sexual practices. They need to match the urban lifestyles like their friends who wear stylish clothes, latest hairstyles and carry attractive lunch packs etc. This act seems to have a negative impact on the young women's lives.

Determine the factors persuading women migrant workers to have unsafe sexual practices.

Theme 1: *Knowledge about HIV/AIDS and its prevention*

The interview responses revealed that the women know a lot about HIV/AIDS and the risk of unsafe sex and yet they still engage in risky sexual relationships. A study, on A hidden HIV epidemic among women in Vietnam (Nguyen *et al*, 2008), revealed that many women have knowledge of HIV/AIDS and know that a healthy looking person can have HIV and that condom use could protect against transmission.

Theme 2: *Care, support and treatment*

It was quite shocking to note that the women continue to practice unsafe sex even after knowing their positive HIV status. Finding revealed that the women did contact sexually transmitted diseases and treatment of such diseases was offered in some factories. The participants mentioned that they feared termination of relationships with partners if they revealed their HIV status. This is an indication that to the need for money made the women to forget about their health. A lot is still to be done on economic empowerment for women migrant factory workers. These findings concurred with reports from (ILO, 2001) presented in Geneva, which stated that dependent women are reluctant to leave risky relationships as they fear dire economic consequences. The report further stated that many women experience sexual and economic subordination in their marriages or relationships, and are therefore unable to negotiate safe sex or refuse unsafe sex. It could also be that socio-cultural norms of Swaziland; communication about sexuality between male and female partners is limited in the Swaziland cultural context environment.

Measures that could be taken to empower women migrant factory workers to refuse unwanted sexual advances.

Theme 1: *Family*

Findings suggested that women should have self discipline such as having one partner and not giving-in to friends who encourage multiple partner relationships. This is an indication that there is concern about educating for behaviour change. The women also stated that sticking to the budget by paying the rent, could reduce one's dependency on men.

Theme 2: *Work*

The reports stated that the women participants needed review of factory workers' wages. They suggested at least E600/forth night instead of the E360/ fourth night. The Government has a role to play in increasing the wages of factory workers. It was also noted that the women are not paid according to their production. Transport costs are high (fare is E8 per day). This seems too much for the women who earn E360/ forthright. Building hostels and providing free transport could reduce the women's vulnerability to risky sexual behaviours.

Theme 3: *Peers*

Establishing credit cooperatives among the workers was a factor raised to empower the women economically. These could assist the women to generate income to start better income generating projects and reduce their reliance on working in factories for income. They can also borrow money whenever a need arose. Findings also showed that training of peer educators to educate the co-workers about sexual health and behaviour change could also empower them. This is an indication that the women are willing to change their behaviour. It was also noted that organisations like PSI and FLAS providing health services and programmes for workers in the factories collaboration with AMICAAL and Matsapha Town Board in response to HIV/AIDS. There is hope that through such programmes the women will know the importance of good behaviour, to fight the spread of HIV/AIDS.

CHAPTER V- SUMMARY, CONCLUSION AND RECOMMENDATIONS

The purpose of the study was to determine the effects of migration on sexual behaviour patterns among women factory workers in relation to the spread of HIV/AIDS. The objectives of the study were: (i) Determine the factors influencing women migrant workers to change their sexual behaviors patterns. (ii) Determine the factors persuading women migrant workers to have unsafe sexual practices. (iii) Suggest some measures that can be taken to empower migrant women workers to refuse unwanted sexual relationships.

The target population comprised of women working in the textile factories in Matsapha industrial site. These women were selected from factories which were randomly sampled among the textile factories. Data collection was by focus group interview with 3 open – ended questions with reference to objectives of the study. Data were collected and grouped using frameworks of themes/ domains adopted from two sources, NERCHA (2006) and ICMPP, (2006).

Findings of the study revealed that the women change their sexual behaviour due to their low socio-economic backgrounds. They have a lot of pressure to take care of their family members at home. The respondents also stated that they earned little money and yet they had a lot of responsibilities which include, rent, buying food and sending some of the money back home.

In determining the factors persuading women to have unsafe sexual practices, findings also revealed that the women were aware of HIV/AIDS and the risks of contracting it through unprotected sex. Condoms are not used consistently because some men do not like using them. The reasons women are persuaded to have unsafe sexual practices were the fear of: i) being dumped by their partners who support them financially, since most of them do not appreciate condom use, ii) being divorced by their husbands, because Swazi men believe that women who insist condom use during sexual activities are unfaithful.

In suggesting some measures that can be taken to empower migrant women workers to refuse unwanted sexual relationships findings revealed that increasing wages for factory workers could help empower them to refuse unsafe sexual relationships. The findings also revealed that services to educate women about their rights and sexual behaviour were required. Encouraging the establishment of savings and credit cooperatives could help the women start some small income generating projects to boost them financially hence less reliance on financial support from men.

Conclusions

From the findings of the study, the researcher concluded that:

1. Women changed their sexual behaviour due to their low socio-economic backgrounds and the low income levels. Their financial status was even made worse by the fact that they also had to take care of their families at home. A study conducted on migrants workers about Population, Migration and HIV/AIDS by ILO (2005), also revealed that illiteracy and marginalization of the poor make them more vulnerable to infection and poverty puts pressure on women to survive and support their families by engaging in unsafe sex.

2. The women were persuaded to have unsafe sexual practices not because they did not know anything about HIV/AIDS and its prevention. The reason was that they did not have enough financial resources which made them vulnerable to the unsafe relationships. If the women would have a strong financial muscle they would better withstand risky sexual advances from men hence reduce HIV/AIDS spread. According to a study of Women Empowerment conducted by Zandonela (2008), also concluded that empowering women economically could help them work their way out of poverty, gain independence, refuse unwanted sexual advances and successfully negotiate condom use, to an eventual reduction in HIV transmission.

3. The suggestions of measures to empower the women in order to refuse unsafe relationships were an indication that the women were not quite happy about their sexual behaviours. The respondents suggested that the wages should be increased to a level where they will be self-sustainable and be independent. This is the important measure among others that can be taken to empower the women economically, which can play a major role in improving their sexual behaviour hence reducing spread of HIV/AIDS.

Recommendations for action

1. The study revealed that women migrant factory workers change their sexual behaviours because of low income coupled with the need to send the money to their families. The Government should implement tight regulations and notices that protect the economic rights of migrant workers. The government should also ensure that the wages factories' managements follow these regulations. Tough measures should be established against factories' managements which would violate such regulations.
2. The findings revealed that the women continue to have unsafe sex irregardless of the knowledge about HIV/AIDS and its prevention is frightening. There is a need to establish education and counseling centres for migrant women workers. These centres could offer classes on various topics including self-esteem, legal rights and protection, public safety, gender relations and HIV/AIDS awareness and other issues encountered by migrant women workers. These centres should be established in the vicinity of the factories and classes offered during the working hours for the workers. The women's report that some women had to offer sexual favours to some of the managers in the factories to get promoted is disturbing. There is therefore a need for the Swazi government to implement various regulations and notices that protect the rights of migrant workers

Recommendations for Further Study

Further study can be conducted on gender disparities and the spread of HIV/AIDS among migrant workers. This would determine the rate of spread of HIV/AIDS among the gender groups of migrants.

Reference:

- Aaker, D.A & Day G.S (1990) *Marketing Research* (4th Ed). John Willy & Sons. New York.
- Creswell, M. S. (1994). Retrieved, September 16, 2008, from <http://www.computing.dcu.ie/~hruskm>.
- Fraenkel, J.R., & Wallen, E.N. (2006) *How to Design and Evaluate Research in Education* (6th ed.). San Francisco State University: McGraw-Hill.
- Family Health International (FHI), (2008). *Sexual Risk Behaviour and Risk Perception Of Unwanted Pregnancies and Sexually Transmitted Diseases among Young Factory Workers In Nepal*. Retrieved September 16, 2008, from <http://www.fhi.org/en/HIVAIDS/pub/survreports/factoryworkers.htm>.
- Ha, V.S. (2005). The quiet of women and peaceful family. Attitude and behaviour of rural married women. *Gender, Sexuality and Sexual health*. N0:8, Hanoi World Publication. Retrieved November 15, 2008 from <http://www.biomedcentral.com/147-2458/8/37#B54>.
- Hunt, C.W. (1989). 'Migrant Labour and Sexually Transmitted Diseases: AIDS in Africa', *Journal of Health and Social Behaviour* 30: 353-73.
- International Council on Management of Population Programmes (ICMPP), (2006). Mauritius Family Planning Association. *Mauritius Reproductive health Education for Women Workers*. Retrieved February 20, 2009 from <http://www.Mauritius.htm>.
- International Labour Organization (ILO), (2005). *Population Mobility, Migration and HIV/AIDS: Issues and Challenges of ILO*. New York: ILO
- International Labour Organization (ILO), (2001). *An ILO code of practice on HIV/AIDS and the world of work*, Geneva: ILO
- Martins, J., Loubser, M. Van Wayk, J. (1999). *Marketing Research*. (1st Ed.) Unisa Press Pretoria.
- Matsapha Town Board. *About us*. February 24, 2009, from <http://www.matsapha.co.sz>
- MOWSH, (2003). National Report on HIV/AIDS Epidemic. Mbabane, Swaziland.
- Mweru, M. (2008) Women, migration and HIV/AIDS in Kenya. *Journal of International Social Work* Vol.51 (3)

- NERCHA, (2006). HIV/AIDS Strategic Plan, Mbabane Swaziland.
- NERCHA, (2008) A National news letter. *National Emergence Response on HIV/AIDS*, Vol.1 issue 1.
- Nguyen, T. A., Ooesterhoff, P., Hardon, A., Tran, H. N., Continho, R. A., (2008). A *Hidden Epidemic among Women in Vietnam*. BioMed Central Ltd Public Health, Publication No.8. Retrieved February, 2008, from <http://www.biomedcentral.com/1471-2485/8/37#b54>.
- PSI Corridors of Hope, (2009). March 9, 2009, from <http://www.psi.org/>
- Rabiee, F., (2006). *Developing Qualitative Research Methods Skills*. Retrieved October, 7, 2008, from <http://www.qualitative.rwb/.com>.
- Social Science Research Council, (2007). *Culture and HIV/AIDS*. Retrieved January, 20, 2008, from <http://www.unesco.org/culture/aids>.
- Tsabedze, T. (2007, 22 September). Foetus found in a small dam. *The Swazi News*, p3.
- UNAIDS, (2006). *The Social Aspects of HIV/AIDS*, Geneva, UNAIDS.
- UNAIDS, (2004). *Women Real Heroes, of fight against HIV/AIDS*, Says Secretary General as International Women's Day observed at headquarters. Press Release OBV/407, WOM (1441).
- UN Educational, Scientific and Cultural organization (UNESCO) (2005). *Women Migrants and HIV/AIDS: An Anthropological Approach, Proceedings of a Round Table. Paris* (20 November 2004).
- UNICEF, Annual Report (2001). United Nation International Children European Fund.
- United Nations Development Programme. (2008) *Human Development Report 2008 HIV/AIDS and Culture*. UNDP, Mbabane Swaziland.
- United Nations International Research and Training Institute for the Advancement of Women (UN-INSTRAW), (2008). *HIV/AIDS, women and migration in Southern Africa*. A Relief Web Document. September, 17, 2008, from <http://www.reliefweb.int/rw/rwb.nsf/db900SIDEGUA-7h3SMJ?OpenDocument>
- UN, Secretary General's Task Force on HIV/AIDS in Southern Africa, 2006. *Gender, Sexuality, Rights and HIV*.

Zandonela C, (2008). *Can women empowerment programmes give women the skills and power to reduce their risk of HIV/AIDS*. Publication on International Aids Vaccine Research (IAVI), May-June 2008) Vol.12, No.3.

APPENDICES

APPENDIX A

List of experts who validated the instrument

List of experts who validated the instrument

- A. Dr M. Mkhabela who works as a lecture at the University of Swaziland
- B. Miss Busi Dlamini who works as an officer for NERCHA.
- C. Miss Samkelisiwe Mamba who works as managing officer for PSI Matsapha.

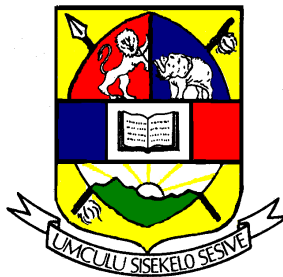
APPENDIX B

Letter of validation

University of Swaziland Faculty of Agriculture

Department of Agricultural Education and Extension

Tel : (268) 528-3021/2/3
Fax : (268) 528-3021/528-3441
Telegram: UNISWA



*Luyengo Campus
P.O. Luyengo
Swaziland
Southern Africa.*

November 10, 2008

TO WHOM IT MAY CONCERN

Request to validate the survey instrument

We are conducting a study on women, migration and HIV/AIDS. In view of your work experience in this area, you have been selected to participate in the study and help in ensuring that the questions are relevant to the objectives and the instrument is clear and easy to understand. The major objectives of the study are to:

- 1). determine the factors that influence women migrant workers to change their sexual behaviour patterns and,
- 2). identify factors persuading women migrant workers to have unsafe sexual practices.

We would like to thank you in advance for your cooperation in this regard.

Yours Faithfully,

Nonophile Fakudze

(Researcher)

Prof C.B.S. Mndebele

(Project Supervisor)

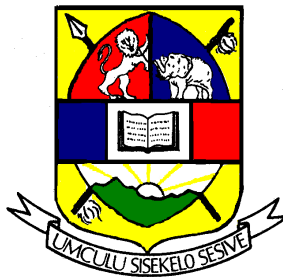
APPENDIX C

Cover letter

University of Swaziland Faculty of Agriculture

Department of Agricultural Education and Extension

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Fax : (268) 528-3021/528-3441
Telegram: UNISWA



*Luyengo Campus
P.O. Luyengo
Swaziland
Southern Africa.*

November 10, 2008

TO WHOM IT MAY CONCERN

Women migrants and HIV/AIDS

We are conducting a study on women migrant workers' sexual behaviour patterns and their ability to negotiate sexual advances. Your company has been selected to participate in the study in view of the relevance.

In that light, we would be most grateful if you could afford us an opportunity to be participants in a focus group discussion where you share with us all your experiences. The focus group discussion requires a minimum of (5) to (7) persons to constitute a group. In due course, soonest we will send the dates and venue.

Once again we would like to thank you in advance for your participation.

Yours Faithfully,

Nonophile Fakudze

(Researcher)

Prof C.B.S. Mndebele

(Project Supervisor)

APPENDIX C

Interview guide

INTERVIEW GUIDE

INTERVIEW QUESTIONS

1. According to your observation is there a change in sexual behaviour when person moves from her home area to another especially work places?
(*Kulenikubonile ,ngabe ikhona yini ingucuko ekutiphatseni kwemuntfu uma esuka ekhaya kubo aya emsebentini.?*)

2. With your partners, do you ever talk to them about practicing safe sex?
(*Kuyenteka yini kutsi ukhulume naloyo lotsandzana naye mayelana nekusebentisa tindlela letiphephile tekuya ecansini.*)

3. Are there ways you can suggest which will help empower migrant women workers to refuse sexual advances for the prevention of HIV infection.
(*Tikhona yini tindlela leningatiphawula letingasita bomake bakhone kutimela bangasetjentiswa malula ecansini kuze kunciphe ligciwane le HIV?*)

DERMOGRAPHIC INFORMATION

- a. How old are you?
- b. What is your marital status?
- c. What is your level of education?
- d. For how long have you been working in the factory?
- e. Are you renting a house?
- f. Are you sharing it with anyone i). Yes ii). No
- g. If yes who are you sharing it with? i).Male ii). Female
- h. What is your position at work?
- i. Do you go to any church near your residential area?
- j. If yes, what is its name?

