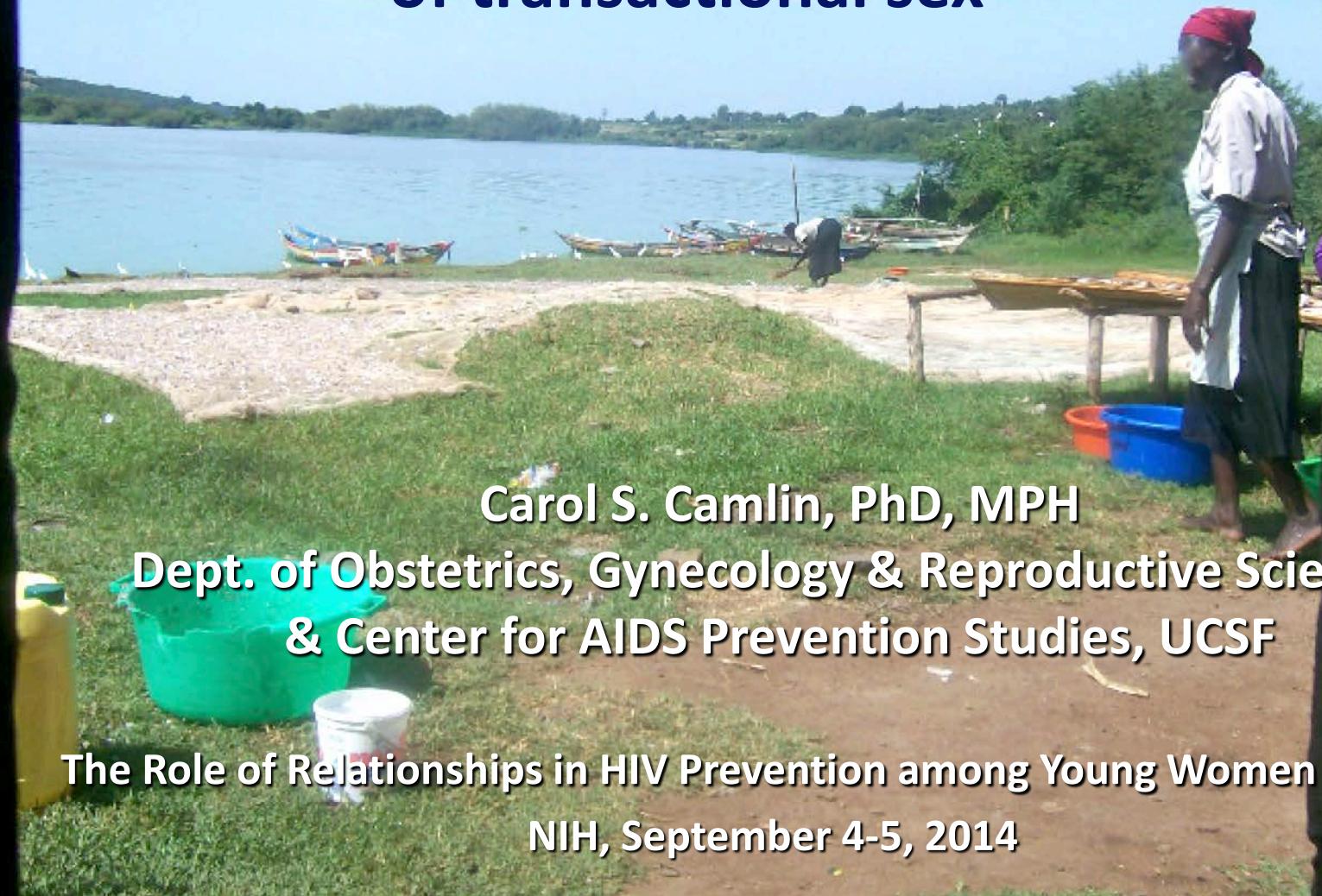


# Linking migration, mobility and HIV risk among young African women: the role of transactional sex



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The Role of Relationships in HIV Prevention among Young Women in Africa

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# Mobility: definitions and scope

- Migration: Change of residence (permanent or temporary) over defined border (int'l vs. internal)
- Mobility: diverse defns of localized movements
- Levels of mobility in sub-Saharan Africa (SSA)
  - Intra-SSA emigration rate (65%) = largest movement of people in the world (IOM 2005)
  - DSS data: 7-20% of local populations, often >30% of young adults, migrate annually (Camlin 2013, Collinson 2009)
  - Key driver of economic mobility (50-80% of rural households ‘send’ a migrant) (IOM 2005)
  - Sending a female migrant especially benefits poorest households (Zlotnick 2006, Collinson 2009, Kok 2006)

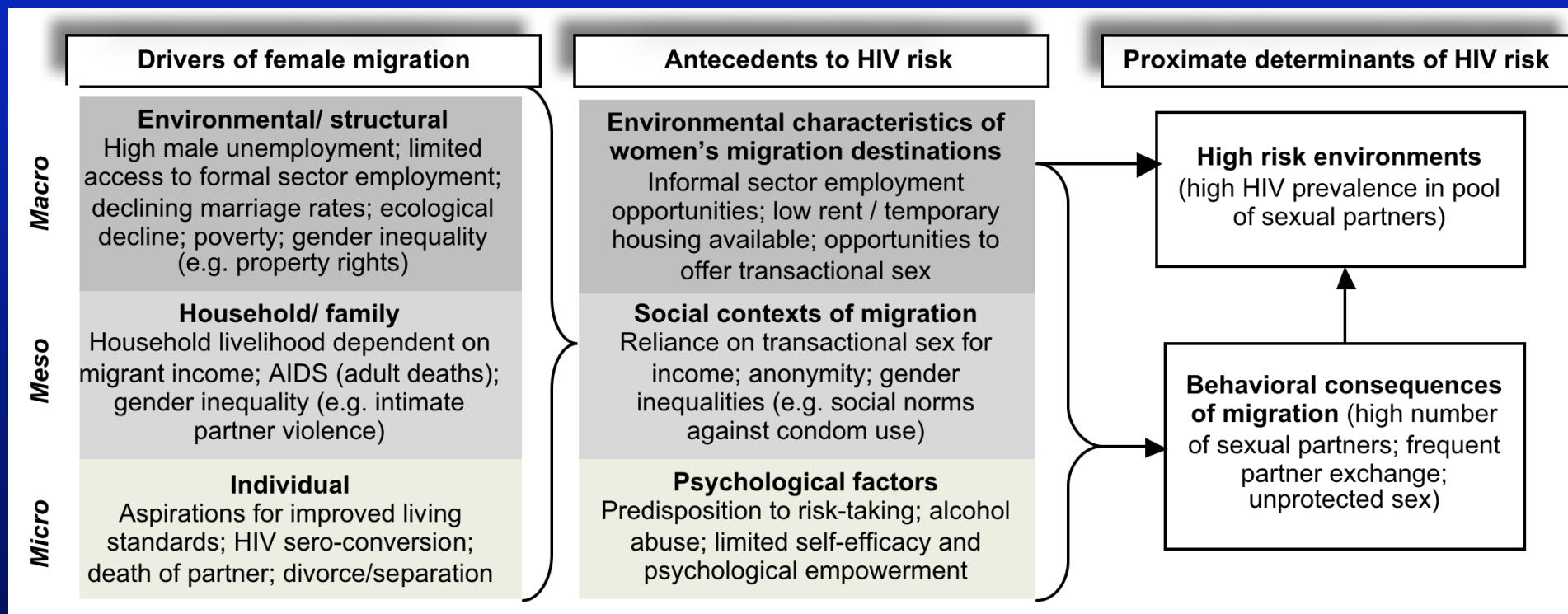
# Gender dimensions

- Forms of mobility in SSA are more complex than in other regions, especially among women
  - it's not just **rural → urban** flow but rural → rural or peri-urban, urban → rural, etc.
  - not just **circular** pattern, rather polygonal
  - not just **permanent** type, but temporary
- Most migration is internal migration &  $\geq$  half of internal migrants in SSA are female (it's not just truckers & miners)
  - internal migration rates peak in young women

# Implications for HIV prevention and treatment

- Links between mobility & HIV/AIDS well-known, but:
- Heterogeneity of mobility in SSA not reflected in HIV research
  - focus on male migrants, reliance on conventional measures, limited data to provide evidence of causal pathways
  - Result: significant knowledge gaps concerning how mobility affects HIV transmission dynamics, esp. women's mobility
  - Role of population mobility in HIV care cascade shortfalls in SSA is especially under-researched
  - to “know your epidemic” requires understanding mobility

# Framework: links between mobility & HIV risks in African women



Camlin, C.S., et al. (2014). "She mixes her business": HIV transmission and acquisition risks among migrant and highly mobile women in western Kenya. *Social Science & Medicine*. 2014 Feb; 102:146-56.

# Our research on links between mobility & HIV risk among women in Kenya

Studies (Camlin, PI): “Identifying Opportunities for HIV Prevention Among Female Migrants in Kenya” (NIMH-funded), and

- *Patterns of Migration, Mobility & HIV Risk Among Women in Western Kenya*
- *Improving engagement & retention in HIV care & treatment among highly mobile women*
- *Strategies to obtain systematic samples & measure HIV prevalence in migrant women in Kenya*
- *How does mobility impact women’s health and empowerment? An exploration of mobility processes, empowerment & engagement in HIV care among HIV+ women in Kenya*

Main Aims:

- Characterize forms & patterns of migration & mobility among women in western Kenya
- Describe spatial & social features of key destinations
- Describe behaviors and factors in social contexts that facilitate risks for female migrants & partners at origin & destination
- Test strategies to sample populations of highly mobile women for surveys of mobility & HIV prevalence

# Mixed research methods

- Key informant interviews (n=~30 local stakeholders) to identify potential typologies of female migration & key migration destinations in and around Kisumu, Nyanza Province, Kenya
- Participant observation and field notes in key migration & mobility destinations (multiple months, across studies)
  - N=~12 lakeshore beach villages (small, medium, large)
  - Market areas and commercial sex work venues
- In-depth semi-structured interviews with migrant & highly mobile individuals selected from destination settings (theoretical sampling)
  - N= ~80 women & ~20 men, across studies
- Female market trader HIV prevalence survey, Kisumu
  - N= 306 sampled with GIS mapping of stall locations

# Setting

*HIV epidemic in eastern Africa concentrated along shores of Lake Victoria*

29% HIV+  
(34% women,  
24% men, 2009)<sup>1</sup>

## Kisumu HIV prevalence

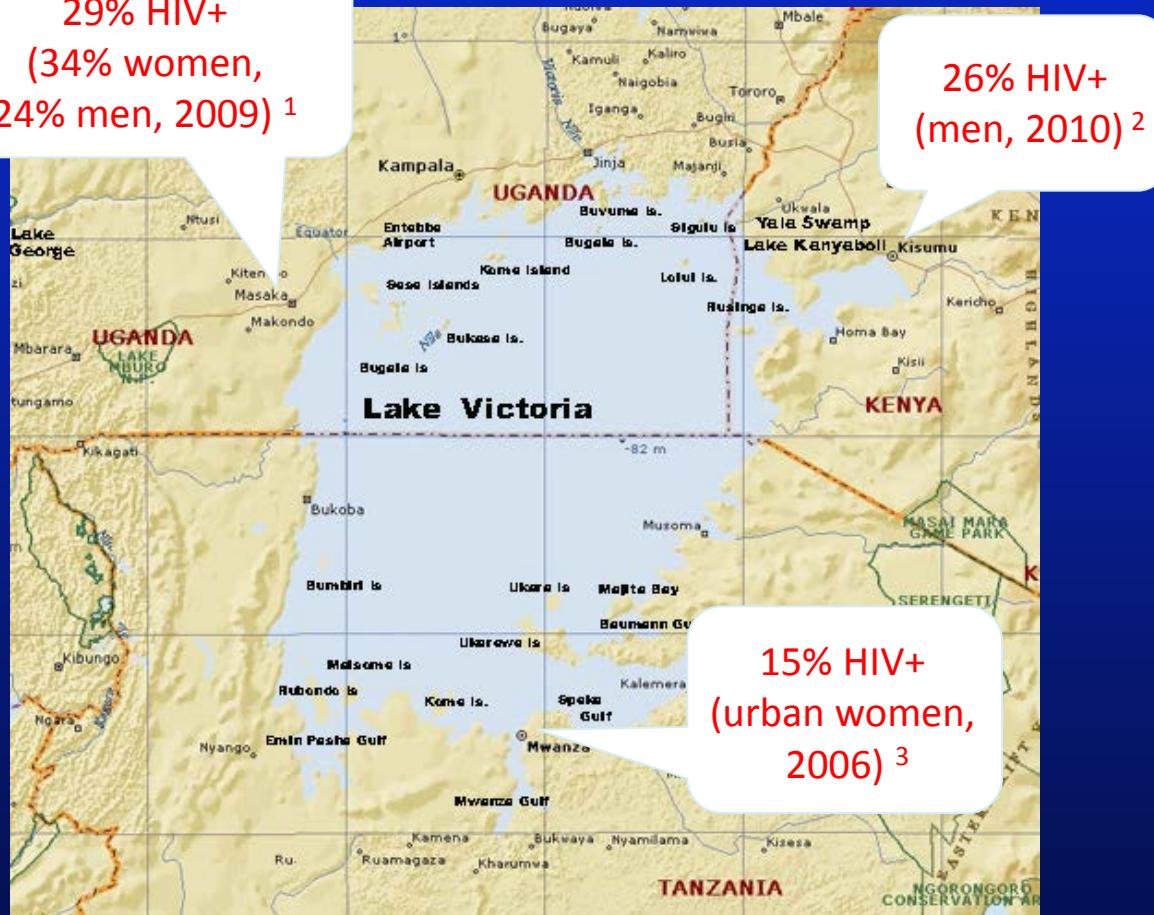
- 25% in women
- 16% in men

## High poverty

- 53% to 69% living on < \$1 per day

## Gaps in care cascade

- 52% of HIV+ Kenyans have undiagnosed infection (in 2012)



<sup>1</sup> Asiki et al. *Sex Transm Infect* (2011)

<sup>2</sup> Kwena et al. *Intl J STD AIDS* (2010)

<sup>3</sup> Kumogola et al. *BMC Public Health* (2010)

# Results: Diverse migration flows

## ■ Rural → Urban predominates

- e.g. to Kisumu from farming villages

## ■ But also: Urban → Rural

- e.g. from Kisumu to beaches along Lake Victoria

## ■ Rural → Rural

- e.g. from farming villages to beaches

## ■ and Urban → Urban

- e.g. from Nairobi (or regional towns) to Kisumu

## ■ Multiple migrations common

# Results: Complex patterns of mobility

Main residence urban  
(e.g. Kisumu)

Frequent trips to/ from markets in nearby regional towns or rural villages to sell goods

Longer-distance trips (e.g. to/from Nairobi, Uganda, Tanzania) to buy stock

Frequent trips to/from beaches to buy and sell fish

Main residence rural  
(e.g. beach)

Frequent trips to/ from markets in Kisumu or nearby regional towns or rural villages to sell fish or agricultural products

Dual residence

Weekly circular movement between 2 permanent households,  
e.g. beach and Kisumu or village or town

Highly mobile:  
Rarely at main residence

e.g. CSWs who send money 'home' but circulate among cities / regional towns & sleep in brothels / hotels

# Results

Aspects of women's migration experiences that may facilitate HIV acquisition risk at origin:

*Before migration:*

- Widowhood
- Separation or divorce
- Gender-based violence

Exposure to HIV from spouse or 'inheritor'

LOSS of property,  
housing, land,  
livelihood

Social isolation & vulnerability

# Results

Aspects of women's migration experiences  
that may facilitate HIV acquisition &  
transmission risks at destination:

- **Transactional sex among female informal sector traders**  
“she mixes her business”
- **At beaches, participation in sex-for-fish economy - “jaboya system”**

# Transactional sex & commercial sex work among traders:



*Source: internet (no copyrights)*

# The sex-for-fish economy at Lake Victoria



# Conclusion

Highly mobile women in western Kenya

- At high risk of transmitting HIV
  - Circumstances that drive migration, e.g. widowhood, also increase HIV risk at origin
- At high risk of HIV acquisition
  - Migration contexts facilitate multiple main partners, transactional sex, CSW

Female migration: potentially major social antecedent to sustained high HIV prevalence in region

# Impact of women's mobility on engagement in HIV care & tx

- Highly mobile women in ART programs were aware of its benefits and went to great lengths to maintain appts and tx regimens
  - But travel schedules often incompatible with health system schedules for dispensing of drugs and clinic transfer policies
- Young rural-urban migrants who are “house helps” faced steep barriers to care engagement because they live with employers, fear disclosure, and days off are Sundays, when clinics are closed:
  - *“Going to the hospital is not easy. You have to sneak out of the house.”*
- Women moved or traveled for care to avoid disclosure and stigma in home communities, to be cared for, or to access higher quality HIV care
  - but tended to “present anew” because of a fear of “punishment”
- These moves often problematic:
  - many women found they could not afford transport costs to clinics distant from home, or arrangements made for others to deliver drugs were unreliable
  - many again transferred or enrolled anew

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# Research gaps

- improved measures and study designs needed to better reveal the heterogeneous dimensions, contexts, and dynamic nature of mobility
  - to better understand impacts of mobility on HIV transmission dynamics and the care cascade
  - Too narrow a focus on psychosocial factors among women may fall short of addressing contexts in which HIV risk behaviors are reinforced and perpetuated
- mobility = a fact of life for large segments of the population of SSA, and drives shortfalls across the HIV care continuum
  - research on mobility and care delivery needed to strengthen a wide range of tx and prevention efforts
  - structural interventions needed, not aimed to stem women's mobility, but to retain its empowering aspects

# Upcoming work

- Pending: “Understanding mobility and risk in SEARCH communities” (1R01MH104132-01A1)
  - A mixed methods study to understand how mobility affects HIV transmission dynamics and the care cascade, in order to optimize HIV prevention and cascade outcomes
  - To be carried out in context of a large “tx as prevention” trial in 32 communities of 10,000 persons each in Uganda and Kenya
  - We will collect detailed, longitudinal data on mobility:
    - Characteristics of migrants (e.g. livelihoods)
    - Forms (flow and type, e.g. rural-urban, temporary)
    - Temporicity (frequency by duration)
    - Drivers (e.g. household shocks)
    - Geographies (e.g. routes, transit hubs)
  - along with sexual behavior and biomarker data