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

Carol S. Camlin, PhD, MPH
Dept. of Obstetrics, Gynecology & Reproductive Sciences
& Center for AIDS Prevention Studies, UCSF

The Role of Relationships in HIV Prevention among Young Women in Africa
NIH, September 4-5, 2014
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)
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 & ≥ 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

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
HIV epidemic in eastern Africa concentrated along shores of Lake Victoria

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)

Setting

29% HIV+ (34% women, 24% men, 2009) 1

26% HIV+ (men, 2010) 2

15% HIV+ (urban women, 2006) 3

1 Asiki et al. Sex Transm Infect (2011)
3 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: Complex patterns of mobility
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:

Covert → Overt

Source: internet (no copyrights)
The sex-for-fish economy at Lake Victoria

Photos: C. Camlin
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
Acknowledgments

• Participants in the research
• Research team members: L. Achiro, S. Ambunya, M. Okumbo, P. Olugo, C. Makokha, D. Ang’awa (KEMRI)
• Funders
  • NIMH: Research Scientist Development Award (1K01MH093205-01)
  • NIAID: UCSF-Gladstone Institute of Virology & Immunology Center for AIDS Research (CFAR) (P30 AI27763) & UC Berkeley Fogarty Int’l AIDS Training Program (AITRP), NIMH: UCSF-CAPS (2 P30 MH-062246-11)
  • University of California Global Health Institute (Junior Faculty Fellowship)
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