

MIGRATION AND LIVELIHOODS IN THE ERA OF AIDS: A WEST AFRICAN FOCUS WITH EMPHASIS ON GHANA

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The spread of any infectious disease can be accelerated in a situation of large-scale migration, especially in the face of inadequate facilities to contain the disease. This observation has already been made in Eastern, Central and Southern Africa. The spread of tuberculosis from South Africa to the towns and villages of the neighbouring countries in the fifties and sixties by mine workers who migrated to the South African mines is well documented (Packard 1989). More recently, from the late 70's to the early 80's, this pattern of disease spread has occurred again in Eastern and Central Africa with AIDS, fuelled by what Baldo and Cabral (1990) have termed Low Intensity Wars (LIW). Free movement of people, including prostitutes, to where business is profitable, has also been blamed as partly responsible for the high AIDS incidence in the ex-British colonies such as Uganda, Zambia and Tanzania (Konotey-Ahulu 1989). Despite this historical evidence, very little has been done by way of the study of the relationship between migration and AIDS in West Africa until recently (see Painter 1992).

Migration and AIDS in West Africa

The development of AIDS as a social problem in West Africa occurred several years later than in Eastern and Central Africa, around the mid-eighties. At present the governments in the sub-region have recognized it as a health threat. However, massive mobility of people, which is a common feature in the sub-region, has been observed to have historical pre-eminence over Eastern and Central Africa (Parkin, 1975). Two principal patterns of population movement have been established over the years. The first is the North-South movement within coastal countries of Cote d'Ivoire, Ghana, Togo, Benin and Nigeria, and the second is the movement over longer distance between the hinterland Sahelian countries in the north (Mali, Burkina Faso, Niger and Chad) and the coastal countries to the south.

The main feature of the migratory movements in West Africa is that they were male dominated. The migrants were more likely to be young unmarried males and if married, they were more likely to leave their wives behind. Women's participation in the movement is increasingly becoming important in recent times but as yet their movement seems to be towards a few places in the sub-region (Anarfi 1990). Another feature is its periodic, seasonal nature. This massive, region-wide mobility is strongly linked to the effects of seasonality on the ability of rural dwellers in West Africa to earn the real income that their families need to survive and get ahead (Painter 1992: 3). A situation of seasonally limited opportunities and a scarcity, over a period of 7 to 8 months, related to the rainfall pattern of the Sahelian countries, prevails. Seasonal migration has therefore become a form of strategy to survive harsh conditions imposed by nature.

According to Painter (1992) each year, from September through December, hundreds of thousands of men leave their homes in the Sahelian countries in the north and travel to countries along the coast. These men may remain in the coastal countries from four to eight months looking for money, before they return home. It is estimated that from 6 to 16 per cent of the total population of Niger, for example, may be affected each year by seasonal migration. Other studies have observed that men from the Sahelian countries participate in these yearly migrations from 10 to 15 years during their individual lifetimes (Painter 1992). Participating in the migration process has become more or less a way of life for rural households in Sahelian West Africa.

The Migration Process

Human mobility in the West African sub-region could be very tedious. From Trans-Saharan Trade times through the colonial era to the present, it has been done mainly by land. Painter has observed that the vast majority of migrants from Niger and Mali travel to Cote d'Ivoire in buses and small trucks (Painter 1992: 4). The distance covered by the migrants could also be very considerable. For example, the round trip from Niamey, Niger to Abidjan, Cote d'Ivoire, is about 3,500 kilometres. Journeys over such distances take days and cross several international boundaries. Despite the Economic Community of West African States (ECOWAS) treaty of free movement of citizens in the sub-region, travellers experience a lot of harassment from law enforcement agents along the routes and the borders (Anarfi 1990). Crossing over boundaries at unmanned posts, especially for those who carry goods, is often a preferred option and that too is not without its dangers. There is the danger of falling into the hands of occasional border patrols or being blackmailed by scouts who take unsuspecting travellers across for a fee (Anarfi 1982). The element of physical fatigue is, therefore, an important ingredient in migration in West Africa.

A good part of the people who move in the West African sub-region end up in urban concentrations. In most cities of the sub-region, therefore, there is a large concentration of young men in their active years. As stated earlier they are usually unmarried, or if they are married they are unaccompanied by their wives. If the migrant is an autonomous female she is usually young, unattached and lacks basic skills to compete for jobs in the new destination. The situation is thus created for migrants to be involved in activities which expose them to multiple social contacts and possibilities of sexual encounters in a social context where sexual access is open and extremely fluid.

Cote d'Ivoire has for decades been the most important destination for migrants in West Africa. Over the years it has enjoyed a stable political climate and its economy has performed better than that of most of the countries in the sub-region. Cote d'Ivoire, has therefore, offered a number of opportunities to populations in the neighbouring countries. Large numbers of male migrants from the Sahelian countries are attracted to the country annually. Census estimates made between 1989 and 1991 put the number of Malians in Cote d'Ivoire at somewhere over 1 million. Burkina Faso alone has about 3 million of its nationals living in Cote d'Ivoire (Painter 1992: 4). The country's capital, Abidjan, receives a large share of the migrants creating a large male surplus in the city. The serious sex imbalance has created the condition for large-scale commercial sex with international dimensions.

Migration and AIDS-related Risk

The advent of AIDS in West Africa and in Cote d'Ivoire in particular, has made migration as a survival strategy for both men and women in the sub-region an increasingly risky enterprise. AIDS is now established in almost every country in the sub-region. Cote d'Ivoire is now ranked first in West Africa in the number of recorded AIDS cases. In Abidjan, the capital city, AIDS is the leading cause of death among males aged 20-35 and the second most important cause of death among women in the same age bracket (De Cock, et. al. 1991). About 12 per cent of blood donors and an estimated 50-90 per cent of commercial sex workers were already reckoned to be seropositive a decade ago (Painter 1992: 7). Given that African population movements are mainly circulatory, a link between the pool of HIV/AIDS in Abidjan in particular and Cote d'Ivoire in general, and the spread of the disease in the neighbouring countries may be easily established.

Although current available data do not permit drawing neat cause-effect relationships between migration to the coastal countries in general and to Cote d'Ivoire in particular, and AIDS among migrants, the evidence available leads to an interesting observation. Ever since records have been

kept on AIDS in Ghana the numbers have been dominated by females, the majority of whom have a history of travelling to other countries especially Cote d'Ivoire. An interesting relationship is that the Ghana-Cote d'Ivoire migration stream is predominantly female (Anarfi 1990). In Niger, for example, 70 per cent of all AIDS cases registered at the central hospital in Niamey have a history of migrating to the coast, particularly to Cote d'Ivoire. Again two of the major emigration areas in Niger, Tahoua and Niamey, together accounted for 90 per cent of all known AIDS cases in Niger in 1991 (Painter 1992:8). A similar situation could be observed in other emigrating countries in West Africa. There is now some evidence about what migrants do at their destinations, which put them at risk of contracting HIV infection.

What Happens at Destinations—the Evidence

In order to meet the sexual needs of the male migration stream from the Sahelian areas to Abidjan, a smaller but predominantly female migration stream has developed from Ghana to Abidjan (Anarfi 1992; 1993). These are mostly women who are compelled by their disadvantaged position *vis-à-vis* males and years of economic hardship to look for greener pastures away from home. With distance between them and their home country they enter into the only easy entry job available for them, knowing full well that they do not risk lifelong social obloquy as a result of their enterprise. Our studies reveal that in both internal and international migrations, most migrants have sexual relations with members of the opposite sex in their destinations. There is a substantial number of encounters with casual partners particularly in international migration (Anarfi 1993). Concerning the number of sexual partners, people are more likely to have two or more in international than in internal migration. Similarly, commercial sexual activity was more outstanding in international than in internal migration. An earlier study observed a kind of sexual relationship between Ghanaian men and their female counterparts in commercial sex in a kind of consensual union (Anarfi 1990). The risks related to prostitution, therefore, are not limited to females only.

The overwhelming presence of Ghanaian women in the commercial sex business in Abidjan has been corroborated by other studies (Painter 1992). Women from other countries like Mali, Niger, Cote d'Ivoire, Togo, Burkina Faso, Guinea and Senegal are also mentioned in the studies. With these countries, however, it is their men whose involvement with prostitutes is more important in terms of numbers. In Painter's study of Malians, 74 per cent had had sexual contacts with women at their destinations. He gives evidence of their involvement with prostitutes particularly Ghanaian women (Painter 1992: 36). Another study in Casamance, Senegal, also demonstrates that among married men who participate in seasonal migration, the majority had extramarital relations while they were away (Inel and Pison 1992: 261-3).

In earlier years the life of returned Ghanaian female migrants demonstrated the idea of the end justifying the means, as they came home with a lot of wealth. The situation has changed now with the onset of AIDS and many Ghanaians are either active transmitters of HIV in the communities into which they move, or passive acquirers of it by their exposure to the virus through the sex trade. As target workers, the migrants maintain a continuous link with their places of origin through visits. Ghanaian migrants often visit home during festive occasions such as Christmas and local festivals, most of which are given over to revelry, in an atmosphere of laxity and permissiveness. Sexual activity is certainly part of the mix and given their apparent wealth and ostentatious life style, return migrants are active participants. The case of the relocation of HIV/AIDS through migration and its diffusion through social activities can be established in such situations.

What we are observing in sub-Saharan Africa and elsewhere perhaps confirms Gagnon's assertion that historically sexual practices have formed part of man's quest for exotic customs

and practices foreign to their own culture's standards through travel to new lands (Gagnon 1997). Since colonial times such encounters have led to fatal spread of diseases. Today the process of globalisation which has intensified human mobility, has brought changes in social and sexual life in every part of the surface of the globe (Herdt 1997). The effects are far-reaching and potentially devastating in scope, including the spread of sexually transmitted diseases including HIV/AIDS.

Itinerant Women Traders

The link between human mobility and the spread of HIV/AIDS is not limited to international migration only. The threat is equally important in internal migration too. Movements for purposes of trading easily come into mind here. Itinerant trading has a long history dating into pre-colonial times. Early writers emphasised the vigour of trading activities both across the desert and within the Sudan (Leo Africanus 1896; Ibn Batuta 1929; Mungo Park 1816). Almost all the writers highlighted the peaceful nature of these movements. They involved the movement of products from one ecological region for exchange with others from another. Thus long before colonisation, migratory movements in West Africa were strongly determined by the distribution of economic opportunities and itinerant trading has been an important feature of the phenomenon.

Commercial migration continued to gain momentum in the colonial era as it was given a tacit approval by the colonial administrations. At this stage, however, it became more voluntary and was dominated by unskilled migrant labour mainly of young men. Most of the migrants in Ghana during the period, including many from Niger, Mali and Nigeria, were self-employed traders rather than wage labourers (Rouch 1956). The 1948 census shows that among male traders tribes from outside Ghana provided the greatest proportion of occupied persons in that sector. The situation was different with females, however. The same census figures show that of all the 18,672 employed women in Accra, 89 per cent were traders. Writing in 1853, Cruikshank states that,

The commercial spirit is very strong in the African. The whole population are traders to a certain extent. It is the delight of African women to sit in the market places under the trees exposing their wares for sale, or to hawk them through the streets from door to door, and from village to village" (Cruikshank 1853: 28)

The above shows that women have played a leading role in trading in the country in general and have contributed to the distribution of items from place to place from time immemorial.

While the international dimension of itinerant trading has gone down considerably in the post-independence times due to restrictive policies by governments in West Africa, trade-related internal movement are still important. A substantial number of females has been known to be part of this movement since the 1960's (UNECA 1994). It has been estimated that in Ghana, about half the rural-urban migrants in the 1960 census were women. Itinerant women traders are important segments of these movements as they move goods from one end of the country to the other. No one knows the exact number of people involved in itinerant trading in Ghana. But with an estimated 20 per cent of Ghanaians without regular employment while at the same time formal employment opportunities have been declining steadily since 1985 (UNDP 1997), the number is expected to go up drastically under the country's liberal economic policy.

Human Mobility and Disease

The association between movement of people and spread of disease has been long observed. Through population movements of many different kinds people may be subjected to a variety of health hazards (Prothero 1977), as well as engaging in social and risk behaviours likely to enhance the spread of AIDS (Anarfi 1993). Moving across different ecological conditions may expose movers to diseases transmitted by strange insect vectors. Movement also brings different

groups of people into contact with one another and may thus enhance the possibilities of disease transmission. Sheer fatigue, which may result from travel especially if it is over a long distance or if it is repeated often, could lower a person's resistance and so increase their susceptibility to infection. Added to this is the psychological stress which can result from having to adjust to new environments (Prothero 1977). People involved in trade-related movements in contemporary times appear more susceptible to the hazardous situations described above because their movements are more temporary, repeated more often and have to make do with makeshift arrangements for their persons and the large amount of money they often carry. Female itinerant traders are more vulnerable because they are weaker physically and they are the objects of a strong and overpowering sexual desire in males.

Our studies observed that the itinerant woman trader could be relatively young, likely to be between 25 and 44 years with very low education or basic employable skills. Most said they were married and almost all of them had children (Anarfi et al.1997). They played a major role in the upbringing and maintenance of their children in line with the society's expectation that women should develop careers of their own in order to support themselves and their children (Peil 1979: 485).

Itinerant trading is a time-tested means of distributing both imported and locally produced goods in the country. The majority of the people studied travel to the markets weekly, each trip lasting an average of three days. It must be added that those who go to farm gates to buy direct from the farmers spend a much longer time. Also those who go to the markets to sell actually hurry from one market to the other which makes the overall travel routine of some of them very intensive. Traders make their own transport arrangements which could be unpredictable. To forestall the danger of not getting transport at the right time, especially where the goods involved are perishable, some traders strike permanent acquaintance with the drivers. Such arrangements enhance the opportunity for the traders to develop a close relationship with the driver. A closer relationship also allows a trader to defer payment for the goods carted until they are disposed of. This kind of arrangement is very important because of the generally high cost of transport in Ghana emanating from a cycle of increase in the price of fuel.

The conditions at the market places add to the general insecurity and hence the vulnerability of the itinerant women traders. Accommodation is a serious problem for the itinerant traders since it is not the usual practice for ordinary Ghanaians to lodge in hotels. It has been the practice of migrants to seek and stay with relations or people from the same area (Caldwell 1969; Nabila 1974; Anarfi 1993). Given the highly fluid nature of trade-related movements in contemporary times, such interpersonal arrangements are not always possible. Studies have also observed that local men who may enter into such relationships do so with the view to exploiting the women traders' vulnerability (Anarfi et al 1997). Those who are forced to sleep in trucks and in the open also face the danger of being assaulted or losing their working capital through attacks by criminals. The need for security for themselves and for the large sums of money they carry, compels most of the itinerant women traders to strike acquaintance with local men, which often develops into a love relationship. The evidence suggests that through circumstances beyond their control, some itinerant women traders are compelled to get involved in sexual activities while out on business. Public opinion about the sexual behaviour of itinerant women traders in Ghana now is very disapproving indeed. The women's state of vulnerability, occasioned by the extremely difficult conditions in which they work, is exploited by men with whom they come into contact.

Discussion and Conclusion

Like their male counterparts, females are increasingly also taking part in migratory movements as a way of enhancing their livelihoods. Unlike their male counterparts, however,

they tend to be funnelled into few easy entry jobs because of their disadvantaged position. Commercial sex has become one of the easy entry jobs especially in Cote d'Ivoire where a large influx of male migrants from neighbouring countries has led to a large excess of male over females. It must be explained that Ghanaian women in commercial sex are more visible in Abidjan than in any city in Ghana. Within Ghana, women who practise commercial sex always do so far away from their home areas. Entry into commercial sex "is not the result of female weakness, but rather is evidence of a breakdown in normal sexual morality brought about by economic pressure, social isolation and the anonymity afforded by urban conditions" (Acquah, 1972). Quite simply, women turn to commercial sex as one of a limited range of options they have of making a living away from their home areas (Bujra, 1977; Pittin, 1984). It is always away from home because the local society abhors the practice and does not accord the prostitute much respect. The Ghanaian women are therefore hiding behind the anonymity provided by distant Abidjan to practice what they know is not very acceptable in their home areas.

Migration and the consequent entry into commercial sex have serious implications for the spread of HIV/AIDS. The migration itself brings the women into contact with other nationals. The circulatory nature of the migration implies that the sphere of influence regarding the spread of diseases spans over both the destination and origin areas. The commercial sex in which many of the migrants indulge involves multiple sex partners, an important factor determining the speed with which the AIDS virus establishes itself.

In view of the kind of relationship existing between the Ghanaian male and female migrants the AIDS risk may not be limited to the latter alone. The women have gone into some form of union with the men which they call marriage. The women refer to their male partners as "husbands". Perhaps this is an attempt to dignify a relationship that has no parallel in the Ghanaian traditional system. Again the names "husband" and "wife" put a moral obligation on the "wife" to remain faithful and for other men to keep away from the "married" woman. Among the Ghanaians every effort is made to prevent the arrangement from being violated.

One disturbing fact is that several of the commercial sex workers have developed chronic aphrodisia which appears to be more intense when they are off duty. This explains the special place which the Ghanaian male migrants occupy in the life of their counterparts. It also means that returning migrants, both males and females, must be seen as possible health risks and targeted for education and counselling. The ultimate objective of a migrant-specific intervention programme must be to get them to voluntarily subject themselves to testing and subsequent free treatment if found positive. One way is to increase their awareness of the dangers of the disease and the need to have safe sex through the use of the condom.

For effective HIV prevention, self-advocacy is essential. This requires a careful look at the general environment within which the Ghanaian migrant women, including the itinerant traders, operate. Some of the important aspects include the factors which keep pushing more women into Abidjan and the negative messages that the society keeps directing at them. On the part of itinerant women it is important to look at how they access financial and other resources for their business. The general handling of money and basic bookkeeping is also essential. AIDS education and behaviour change for the migrant women should, therefore, be linked to self-respect and empowerment. Job upgrading, childcare and approaches that will provide women with the skills and opportunities to alter their peculiar circumstances must be put in place. Fortunately, a related study has observed that many of the women return home with substantial amounts of money. Experienced feminist scholars and activists could be brought together to offer assistance to returned migrants by way of advising on how to invest their income.

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