

Stakeholders' perspectives on human trafficking, health and HIV in South Africa

Background

Irregular migration has become a global problem as most countries of the world are either countries of origin, transit or destination for irregular migrants (de Haas, 2008; Pastore, Monzini, & Sciortino, 2006; Reyneri, 1998) while it is proving resilient to all remedial actions (Goodey, 2008; Jandl, 2007). UN Entity for Gender Equality and the Empowerment of Women (2011) affirmed that migration, especially irregular migration is a major factor undermining the efforts at controlling the spread of some diseases like malaria, HIV/AIDS and other STIs among others.

Although both voluntary and involuntary irregular migration can negatively impact on health including HIV/AIDS, the case of involuntary irregular migrants, especially trafficked victims could be particularly acute because they are usually subjected to slavery-like conditions. While they are often subjected to abuses that could predispose them to HIV infections, they also often lack the power to negotiate their access to health facilities for treatment and care. The United Nations Office on Drugs and Crime (UNODC) (2011) therefore expressed concern that “HIV/AIDS has received little attention in efforts to address trafficking in persons, and specific HIV/ AIDS prevention and care services hardly exist for these people. General responses addressing HIV/AIDS have little impact on trafficked persons due to the clandestine nature of human trafficking, and because people who have been trafficked are not usually reached by services. More focused action, specifically addressing people vulnerable to human trafficking, needs to be urgently developed and implemented”.

It is noteworthy that despite advocacy by some stakeholders for South African government proactive measures to combat human trafficking (IOM, 2006), its existence as a serious problem in the country was continually denied until a recent enactment of Prevention and

Combating Human Trafficking Act 2013. This paper seeks to contribute to informed policy debate by documenting and exploring stakeholders' perspectives on the possible linkages between irregular migration, human trafficking and health, particularly HIV/AIDS, in South Africa

Methods

The study was carried out in three purposively selected locations: Cape Town in the Western Cape Province, Johannesburg in Guateng and Musina in Limpopo. Cape Town and Johannesburg are two of the major destination for migrants including irregular migrants while Musina is one of the major cross border towns for irregular migrants in South Africa. Many organisations working on human trafficking and/or HIV/AIDS are also located in these selected towns. Purposive and sequential referral ("snowballing") techniques were employed to select the organisations included in this study. Senior officers at the level of Program officers, Assistant Directors or Directors who have served for at least 2 years in the respective organisations were selected for key informant interviews. The data collected were transcribed and the transcripts were edited for accuracy before importing it to Atlas.ti 7 software. The coding process was guided by inductive approach while Grounded theory approach was used to analyze the data. Hence, the data were coded for new categories until the level of saturation was reached. Analysis and presentation include illustrative quotations as well as aggregated and disaggregated thematic and network mapping of human trafficking and HIV/AIDS and other related problems.

Results

This study re-affirmed that the existence of human trafficking as a problem was contested among different stakeholders in South Africa prior to the promulgation of Prevention and Combating human trafficking Act 2013. Some government agencies including the Parliament

do not see human trafficking as a problem in South Africa due to lack of research-based evidence on the magnitude of the problem resulting in lack of reliable data. Contrary to this opinion however, many NGOs/international agencies and some other government agencies continue to argue that human trafficking is a serious problem that needs to be addressed urgently in the country. These organisations noted that many cases of human trafficking were wrongly classified thereby blurring the differences between it and other related problems. They noted that the dynamics of human trafficking are complex, and include collusion by law enforcement officers and physicians.

Respondents expressed that many rescued victims of human trafficking in South Africa have been found to suffer some health problems as consequences of the experiences they went through. These include depression, emotional shock and post-traumatic stress disorder leading to psychiatric problem. Some of the rescued victims have also been found to have suffered unwanted pregnancies and unsafe abortion. Apart from committing crime against the victims, the stakeholders reported that they (trafficked victims) were also being used to perpetrate crime while their access to justice was denied. The respondents also reported a possible connection between human trafficking and HIV/AIDS, as the majority of the victims rescued were found to suffer from various sexually transmitted diseases (STDs). Most (about 70%) had tested HIV positive while some had also been found to be infected with tuberculosis. Despite this, the majority of the respondents maintain that irregular migrants including trafficked victims are difficult to reach for HIV/AIDS prevention and care, because because many irregular migrants still feel reluctant to access health services for fear that they may be asked for documents and may be arrested and deported. There is also a problem of language barrier for some migrants to access health facilities. In addition to this, trafficked victims' lives are highly regimented by their captors and they are kept in solitary places, difficult to reach by independent health practitioners. Even after rescue, trafficked victims

continue to have difficulties to access adequate health services due to limited resources available and inadequate awareness among health workers. Despite these initiatives, this study revealed that the provisions which had been in existence prior to the enactment of the new law have not been effective to address the health needs of irregular migrants including trafficked victims. The new law is however not addressing the inadequacies of the provisions but simply relying on them despite their ineffectiveness to date.

Empirical epidemiological and social research is essential to document and analyze this issue. Without this it will be difficult to establish the extent of the links between the human trafficking and HIV/AIDS and other health and human rights challenges