

FEMALE CROSS BORDER TRADERS AND HIV/AIDS IN SOUTHERN AFRICA

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Acknowledgements

We would like to thank the women who took time out of their busy working days to share sometimes intimate and private aspects of their lives with us. The IOM and DFID are thanked for their financial support of SAMP's research. Jonathan Crush, Barbara Rijks and David Dorey provided valuable editorial assistance.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
FGD	Focus Group Discussion
HIV	Human Immuno-deficiency Virus
HSRC	Human Sciences Research Council
ICB	Informal Cross Border
ICBT	Informal Cross Border Trade
IOM	International Organisation for Migration
KAB	Knowledge, Attitudes and Behaviours
SADC	Southern African Development Community
SAMP	Southern African Migration Project
SMME	Small, Medium and Micro-Enterprises
STI	Sexually Transmitted Infection
VCT	Voluntary Testing and Counselling
ZAR	South African Rand

Executive Summary

Informal sector cross-border trade (ICBT) provides increasing numbers of poor people in Southern Africa with income-earning opportunities. ICBT is a significant part of overall trade flows in the region and tends to be dominated by women. Networks of ICBT form a complex web of interactions that link all the countries of Southern Africa

Although the research literature on ICBT is voluminous, this is the first study to examine the possible links between trading and vulnerability to HIV. The paper presents the results of a survey of 541 female traders. The survey was undertaken in five cities in five Southern African countries: Francistown, Blantyre, Maputo, Johannesburg and Harare. The largest cohort of respondents, just over a third, were Zimbabwean. Other countries with significant numbers of participants included Malawi (24%), Mozambique (22%) and Botswana (15%). A small number of nationals from other SADC countries and from further afield were also interviewed.

The paper starts with a demographic profile of the traders. This is followed by an examination of the types of business practices these women are engaged in and the impact this work has on household economies. The attitudes and experiences of traders are also assessed, with an analysis of the relationships traders have with their spouses and others. Having identified how traders structure their working and personal lives, the paper explores their use of health services and problems they face in accessing health services. The paper then moves on to issues more directly related to the vulnerability of female traders to HIV infection, focusing on the experiences and knowledge of traders about issues related to HIV and AIDS.

The demographic profile of the ICBT community revealed the following:

- The overwhelming majority of the women interviewed were between 25 and 45 years old. The youngest was an 18 year old from Zimbabwe and the oldest a 63

year old woman from Mozambique. Traders from different countries have a similar age profile.

- Formal education is important for women to be able to access opportunities in cross-border trade. Proper schooling provides a pivotal background for travel and entrepreneurship. Not surprisingly, a relatively high percentage of traders (around 44%) hold secondary diplomas. A number of Malawian (10%) and Zimbabwean (12%) traders even have tertiary qualifications. Mozambicans have the lowest level of education, only 21% having completed secondary school.
- Over half (54%) of the women have long-term stable relationships with husbands or partners who they live with when not travelling. Only 8% said they are temporarily living apart from their long-term partner. Only 13% of the sample was single. Botswana had the highest number of single women traders (20%) but married women predominate in all countries. Divorcees, widows and separated women also participate in greater numbers than single women in all countries.
- Few women (5%) have no dependents; 91% said they support others. The largest cohort (44%) support one or two adult dependents (including adult children) while 15% support three, and 13% four adults. Malawians and Mozambicans respondents make up the bulk of those supporting five or more adults. Over a quarter of the traders are financially responsible for two children, over a fifth for three children, over 15% for four children, and almost a quarter for 5 or more children.

The working lives of these women are extremely hard, and involve significant amounts of travel and long working days but the rewards are not insignificant. Incomes vary considerably but nearly 60% make over ZAR 1,000 a month profit. Nearly 30% make over R2,000 a month and 15% over R3,500 a month. Over half of the traders interviewed in Blantyre said their average monthly profits exceeded the monthly income of an entry level graduate in the civil service in Malawi. Mozambican traders reported the lowest incomes.

Women who engage in ICB trade are likely to have previous experience in the informal sector in their home countries. Cross-border trade often represents an

expansion or extension of existing business. Over a quarter (25.4%) of these traders are involved in other, non-trading related income-earning activities. These include running phone shops, bars, tuckshops/spaza shops, hair and beauty salons, selling charcoal, dressmaking and crocheting. A number of traders also farm, producing vegetables and raising chickens for sale.

Most ICB traders have been in the business for some time. Almost half (49%) of the women said they had been involved in ICBT for more than five years, 17% for 4-5 years and just over a quarter (26%) for 1-3 years. Only 8%, mostly from Zimbabwe, were in their first year of cross border trading.

Patterns of trader movement are varied and reflect long working hours and extended periods of time spent on the road. Forty-four percent of the ICB traders travel once a month for business, while almost 20% travel once a week or more. A third spend only 1-2 days in another country and almost three-quarters (73%) are away for a week or less. While away, they work long days, with almost 45% working nine or more hours a day.

Travel for most traders is long and arduous. Most use buses, trains and mini-bus taxis. The choice of transport mode is affected by cost, travel time and perceptions of safety. Many bus and train services run overnight, allowing traders to arrive at their destination in the morning. Public transport thus provides them "free," and relatively safe, accommodation en route. Only 2% of the respondents reported travelling with truck drivers.

The overwhelming majority of women (81%) travel with others when travelling to and from other countries to do business. Strong networks of friendship and cooperation clearly exist among female traders. Traders rely on each other for support, advice and information, forming strong social bonds.

When travelling for work, many women said they have no time to socialise. Asked how they spend their spare time when travelling, almost a third said "sleeping" while

a quarter said they do not have any free time. Others spent their free time packing their goods. Only 7% said they sometimes spend time with a male friend. Only nine women (two Mozambicans and seven Zimbabweans) said they usually stay with male partners when in another country. Only 12% of the traders said they have more than one partner. Women certainly do not appear to use their absences from home to engage in high-risk behaviour. They are simply too busy and too focused to even socialize, much less engage in sex. Traders are drawn from a cohort of women most of whom appear to be in stable long-term relationships. Only a small minority have additional partners, and they too appear to be regular relationships.

ICBT may put women in situations where officials solicit sexual favours to ease their way through borders or to access permits. However, less than 2% said they had offered sex with someone to facilitate their movement through a border and only 1% had traded sex for foreign exchange. These women were all Mozambican and Zimbabwean. Thirteen women said they had been forced to have sex by customs and immigration officials. Nine of these women were Malawian. Immigration officials were the perpetrators in seven cases, customs officials in four, and a soldier in one.

Travelling long distances and being in other countries does place female ICB traders in situations where they may be more susceptible to crime and gender-based violence. While ICBT puts women at greater risk of crime and gender-based violence. Women are very aware of the risks they face and take proactive steps to minimize these risks. They travel and stay in groups, use public transport and do not remain longer than they need to in another country.

Not surprisingly, the majority of traders (82%) did not think they had been exposed to HIV. At the same time, traders are not particularly well-informed about the disease. Malawians are the least informed. Levels of knowledge were uneven, with respondents from Mozambique and Malawi showing distinctly lower levels than their counterparts in other countries. Respondents from Botswana appeared to be the best informed. A significant proportion of the traders believed in myths and misperceptions around HIV transmission. For example, 30% believed HIV can be

spread by mosquitoes, through drinking or bathing water (24%) or through being cursed by someone (24%).

Levels of knowledge of treatment issues were uneven. A third had not heard of anti-retroviral therapy (ART) or could not explain what it was. More than half had not heard of Nevirapine. There are also various myths and misperceptions about the availability of cures for HIV and AIDS. One of the most dangerous and disturbing myths is that having sex with a virgin cures AIDS. The survey showed that in Malawi and Mozambique, this belief is widespread among female ICB traders. Over 23% of the respondents believe that a cure for AIDS has been found.

Of the total sample, 40% had never used a condom in their life. There were significant country differences: 62% of Mozambican women have never used a condom compared to only 8% of women from Botswana. Thirty eight percent of Zimbabwean traders and 43% of Malawians have never used a condom. These patterns of usage, or rather non-usage, are not unusual. Other studies in the region have shown that 60% of sexually active women had never used a condom. Overall, 37% said they had used a condom the last time they had sexual intercourse. However, this figure is again skewed by the Botswana traders, 86% of whom had used a condom last time. Condom use was much lower for Mozambican traders (14%) than for the other countries (Malawi, 30%; Zimbabwe, 37%).

Only a quarter of the 60% who had used condoms regularly use a condom with their husband or main partner. The use of condoms in a relationship, especially if it is initiated after sexual relations have begun, is often seen to imply that there is a lack of trust in the relationship, or that the person suggesting the use of condoms is unfaithful. Others mentioned partner resistance to using condoms. Only 21% of traders said they carry condoms with them when they travel. The majority said they did not need them as they only had one partner, while others said they travel for business only.

ICB traders are frequent users of health services. Most had received some medical attention in the previous year: 69% from doctors, 47% at family planning clinics and

10% at hospitals. Only 17% had visited a traditional healer in the previous year. Of these women, 42% had been for non-health related matters. Of the 58% who had been for health reasons, over half (56%) had been to allopathic health services as well. When asked about the biggest barrier in accessing health care, over a third (35%) indicated that their business is a constraint since it takes too much time or that they are too busy to see a doctor. Nearly a third (32%) cited cost constraints.

Only half have actually been tested for HIV; 80% of the traders from Botswana; 52% of Malawian traders, 41% of Zimbabweans and 39% of Mozambican traders. These rates are significantly higher than those found in other studies of migrants. ICB traders do not perceive that they are at high risk, yet they wish to know their status.

Trading does expose women to high-risk situations. However, it is clear from this research that most traders do not engage in high-risk behaviour when on the road and try to avoid situations which might leave them vulnerable to assault and rape. Traders are not generally poor women; they are highly entrepreneurial and do not need or wish to supplement their incomes by selling sex. Most women use public transport and travel in groups with other traders (usually women) for companionship and safety. Few women report taking lifts from truck drivers. The majority stay in hotels, hostels, guesthouses and lodges when on the road while others rent or share rooms in houses and flats. A smaller number stay with family and friends. A few stay with male partners giving pragmatic reasons such as safety, affordability, accommodation and financial assistance. Others sleep in places that could make them vulnerable to violence or theft, such as in markets and truck stations or on busses and trains. However, they usually sleep in groups to protect themselves.

The majority of ICB traders surveyed are married, or have regular partners or boyfriends. Travelling for business and being out of the house provides ICB traders and their spouses with opportunities to form other relationships. But only a small minority of the women reported doing so. FGD participants did say that the riskier behaviour was that of male partners who are more likely to engage in extra-marital relations when the traders are away on business.

If the traders and their partners would be practicing safe sex this would not necessarily present a risk factor for contracting or transmitting HIV. However that does not seem to be the case. Some women reported violence in their personal relationships, reducing their ability to negotiate safe sex. Over a third of those who had been physically assaulted had been assaulted by their partner, and 79 had sex with their partner when they did not want to because they were scared of what he might do if they refused. The majority of these women were Malawians and Zimbabweans.

With the exception of women from Botswana, ICB traders showed low levels of knowledge about HIV and AIDS related issues. Many traders are still ill-informed about safe sex and hold inaccurate beliefs about HIV transmission that may discourage them from using condoms, even if they are able to negotiate safe sex in their relationships. Some 40% of the women said they had never used a condom in their life.

The study showed that ICB traders are perhaps not as vulnerable to HIV as is commonly believed. They do not generally engage in high risk behaviour while on the road and the incidence of gender-based violence at borders or while travelling is apparently not that high. At the same time, ICB traders could be much better informed about HIV prevention and treatment. Despite their generally higher levels of education than most migrants, educational messages are clearly not universally getting through (with the notable exception of Botswana).

1. INTRODUCTION

Informal sector cross-border trade (ICBT) provides increasing numbers of poor people in Southern Africa with income-earning opportunities. ICBT is a significant part of overall trade flows in the region and tends to be dominated by women (Parsley, 1998; Peberdy, 2000a; Muzvidziwa, 2005). There are four main types of ICB traders (Peberdy and Crush, 1998). First, there are the two-way traders who take goods to sell in another country (e.g. handicrafts) and use the proceeds to buy goods there (e.g. consumer items) to bring back and sell in their home country. Second, some traders travel to another country simply to buy goods to sell at home at a profit. Third, there are traders (seemingly small in number) who travel to another country to sell without buying anything to take back home. Finally, there are the more itinerant traders who travel between more than two countries buying and selling as they go (Peberdy, 2000b, 2004;). Networks of ICBT form a complex web of interactions that link all the countries of Southern Africa. However, mirroring formal sector trade, the majority of the informal trade in the region is with South Africa.

The volume and value of ICBT varies significantly from trader to trader. Current research suggests that the value of goods carried out of South Africa by a single trader ranges from R500 to R15,000 per trip with an average value of R3,000-R5,000. (Peberdy 2000b, 2000c) Traders carry a diverse array of goods but, in the aggregate, ICB trade mirrors formal sector patterns of trade in consumer goods. Primary trade goods include fruit, vegetables, food products, clothing, shoes, electronic goods, household appliances, beauty products and other consumer goods (Peberdy 2000c).

ICB traders need passports to travel between most countries in the Southern African Development Community (SADC). Depending on their nationality and destination, they are sometimes also required to carry visas or permits. Most ICB traders are not eligible for business visas, or find them too costly, and travel on visitors visas (Peberdy 2000c). Zimbabweans travelling to South Africa have to pay R1,000 for a visa to travel to South Africa. However, Mozambican visitors to South Africa no longer need a visitors visa. Basotho traders going to South Africa only need border passes (Peberdy 2000c). In other words, there is no uniformity in the documentation required, and the legal cost of ICB trading. Most traders find it too risky to travel

clandestinely. They therefore tend to obtain valid documents and permits, since circumventing the visa process can threaten their operations (Peberdy 2000c). Although most traders travel with valid documentation, their permits do not generally allow them to sell goods in the country of destination. Buying goods to sell back home is generally allowed.

ICB traders encounter various levels of government bureaucracy during the course of their business. Obtaining immigration documents, paying import duties, or securing trading licences all bring them into daily contact with officialdom. Because of the costs involved, most traders try to avoid paying import duties on some or all of their goods (Peberdy 2000c). Many do not declare all the goods they are carrying. Others pay people to carry part of their goods across the border so that each load falls below the duty free allowance. At other times, custom officials solicit sexual favours or bribes (Peberdy 2000c). Border corruption is often seen as putting women at risk of bribery, extortion and sexual exploitation (Sechaba Consultants, 2002).

ICB traders live hectic lives and spend significant amounts of time away from home and family. Travelling to foreign countries places them at risk of theft and sexual assault. At the same time, being away from home may facilitate new relationships and cause tensions in existing ones. The demands of travel and informal business mean that they may struggle to access health care services as well as health education, prevention and treatment programmes at home and away. Traders may not seek assistance when they return home because time away from work means a loss of income.

Although the research literature on ICB trade is voluminous (Minde and Nakhumwa, 1997; Peberdy et al, 1999; Macamo 1998; Peberdy and Rogerson, 2000; Peberdy and Crush, 2001, Peberdy, 2004), this is the first study to examine the possible links between ICBT and vulnerability to HIV.

The paper presents the results of a survey of 541 female ICB traders which examined how their work affects their vulnerability to HIV infection, their knowledge of issues related to HIV and AIDS and their access to health care services.

The paper starts by reviewing the demographic profile of the traders interviewed. This is followed by an examination of the types of business practices these women are engaged in and the impact this work has on household economies. The attitudes and experiences of traders are also assessed, with an analysis of the relationships traders have with their spouses and others. Having identified how traders structure their working and personal lives, the paper explores their use of health services and problems in accessing health services. The paper then moves on to issues more directly related to the vulnerability of female traders to HIV infection, focusing on the experiences and knowledge of traders about issues related to HIV and AIDS.

2. METHODOLOGY

The survey was conducted between May and July 2005 in the five Southern African cities of Francistown, Blantyre, Maputo, Johannesburg and Harare. Each research team conducted interviews with traders, interviewed key informants, and organized focus group discussions (FGD) amongst traders to explore issues in greater detail.

Structured interviews were undertaken with cross border traders in each country using a questionnaire with closed and open-ended questions. A total of 541 traders were interviewed (100 in Botswana; 118 in Malawi; 124 in Mozambique; 100 in South Africa and 99 in Zimbabwe). Researchers interviewed traders at places of business such as markets, plazas (malls), shops and street stalls, and places of transport such as bus and train stations and taxi ranks. All interviewees were actively involved in ICBT, although 398 were in their home country at the time of their interview.

FGD were held with traders in each country to get a sense what are the issues of their concern, to provide the opportunity to explore sensitive questions and to address

questions or issues that emerged during the survey stage of the research. At least three focus groups were conducted in each country.

This is easily the largest survey yet undertaken of ICB traders. But it has a number of limitations:

- There is no information available on the total population of ICB traders. It was therefore not possible to draft a representative sampling frame. For similar reasons, identifying different strata of ICB traders to employ cluster sampling methods was not possible.
- Traders were identified for interviews using snowball sampling. The survey sample is therefore not necessarily statistically representative. However, the common thread that run through the responses of traders in the different countries about their experiences of business, travelling, access to health care and knowledge of issues related to HIV and AIDS, suggest that the findings are broadly typical of the behaviour, opportunities and challenges faced by ICB traders.
- Although this is a large survey, more complex analysis by variables other than nationality would be problematic (i.e., analysis of the data by other variables such as age, level of education and so on). This is because in most cases the sub-populations are too small to draw definitive conclusions.
- Some comparisons have been made with recent South African behavioural surveys (HSRC 2005, DOH 2003). However, there is no recent representative Knowledge, Attitudes and Behaviours (KAB) survey of women in the region which would provide a suitable benchmark.
- Nationality rather than interview location has been chosen as the benchmark for analysis since it was decided that the findings would be more interesting and relevant.

3. FINDINGS

3.1 PROFILE OF ICB TRADERS

Nationality

The largest cohort of respondents, just over a third, come from Zimbabwe (Table 1). While Zimbabweans have been involved in cross-border trade for decades, (Muzvidziwa, 1998; Nethengwe 1999) the dominance of Zimbabweans in this sample is partly a result of the study design. Francistown is close to the border with Zimbabwe, and traders in Johannesburg were interviewed at Park Station (among other transport nodes), a departure point for buses and trains to Zimbabwe. Other countries with significant numbers of participants included Malawi (24%), Mozambique (22%) and Botswana (15%). A small number of nationals from other SADC countries and from further a field were also interviewed.

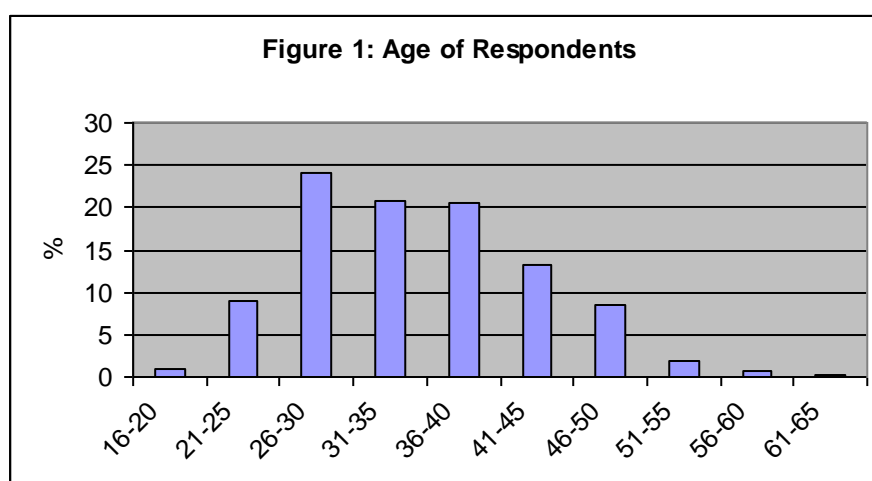
With the exception of South Africa, country surveys were dominated by nationals of the survey country for three main reasons. First, ICB traders selling in their own country are more visible and easier to interview. Second, the number of non-national traders in some countries (Mozambique, Malawi, Zimbabwe) is relatively small. Third, as noted above, South Africans have yet to enter the ICB trade in any significant numbers.

Nationality	Francistown	Blantyre	Maputo	Johannesburg	Harare	Total	Total (%)
Botswana	78			1		79	14.6
Zimbabwe	20	4	1	66	98	189	34.9
Malawi		113		13	1	127	23.4
Mozambique		1	117	2		120	22.2
South Africa			1	2		3	0.6
Swaziland			1	5		6	1.1
Cameroon				1		1	0.2
Kenya				3		3	0.6
Lesotho				5		5	0.9

Somalia	2					2	0.4
Uganda				1		1	0.2
Zambia				1		1	0.2
Unknown			4			4	0.7
	100	118	124	100	99	541	100

Age and Marital Status

The overwhelming majority of the women interviewed are between 25 and 45 years old (Figure 1). The youngest is an 18 year old from Zimbabwe and the oldest a 63 year old woman from Mozambique. Traders from different countries have a similar age profile.

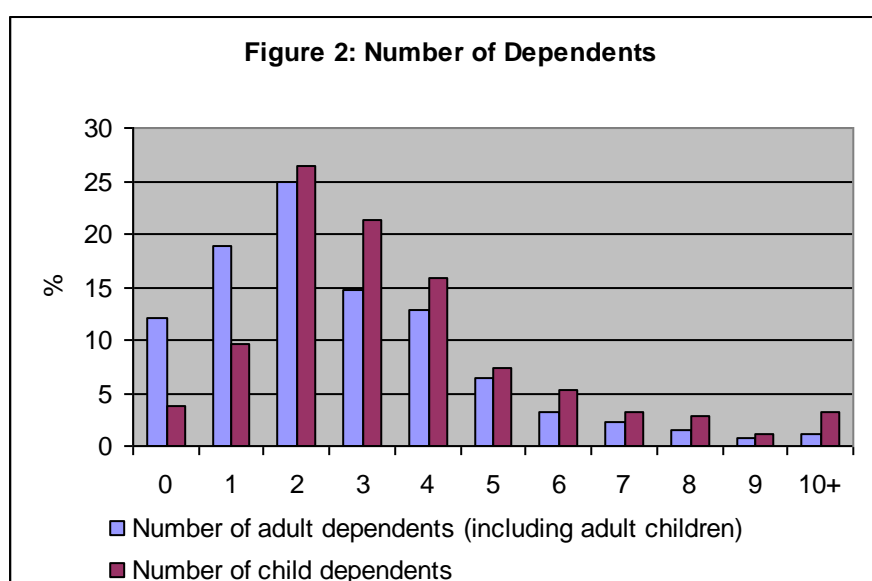


The majority of women are of an age when they are likely to be in a relationship and have children. Over half (54%) have long-term stable relationships with husbands or partners who they live with when not travelling. Only 8% said they are temporarily living apart from their long-term partner. Only 13% of the sample are single (Table 2). Some interesting inter-country differences emerged. Botswana has the highest number of single women traders (20%) but married women predominate in all countries. Divorcees, widows and separated women also participate in greater numbers than single women in all countries, but particularly Botswana (30%), Zimbabwe (27%) and Mozambique (26%).

Table 2: Marital Status of ICB Traders by nationality (%)

Marital Status	Botswana	Malawi	Mozambique	Zimbabwe	Total
Single (Never married)	20.3	9.4	11.7	10.6	13.0
Married and living together	22.8	57.5	31.7	49.7	43.0
Married but living apart	1.3	3.1	1.7	5.8	3.5
Partner and living together	25.3	0.8	23.3	3.2	10.5
Partner but living apart	-	7.1	5.8	3.7	4.2
Divorced/separated	12.7	7.9	15.8	11.6	12.0
Widowed	17.7	14.2	10.0	15.3	14.0
<i>N</i> = 515					

Few respondents (5%) have no dependents; 91% said they support others. The largest cohort (44%) support one or two adult dependents (including adult children) while 15% support three, and 13% four adults (Figure 2). Malawians and Mozambicans respondents make up the bulk of those supporting five or more adults. Over a quarter of the traders are financially responsible for two children, over a fifth for three children, over 15% for four children, and almost a quarter for 5 or more children (Figure 2). Malawian and Mozambican traders are likely to have the most child dependents.



Education

Formal education is important for women to be able to access opportunities in cross-border trade (Peberdy, 2000a). Proper schooling provides a pivotal background in areas such as accounting and foreign language skills (in particular English) that facilitate travel and entrepreneurship. Not surprisingly, a relatively high percentage of traders (around 44%) hold secondary diplomas (Table 3). A number of Malawian (10%) and Zimbabwean (12%) traders even have tertiary qualifications. Mozambicans have the lowest level of education, only 21% having completed secondary school.

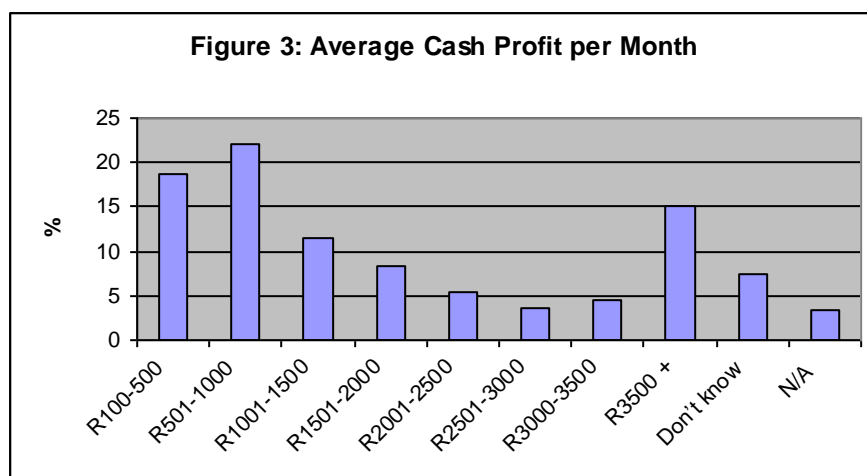
	Botswana	Malawi	Mozambique	Zimbabwe	Other SADC	Other African	Total
No formal education	5.1	-	5.8	2.6	13.3	28.6	3.7
Primary	48.1	48.0	72.5	22.2	20.0	-	42.6
Secondary	45.6	34.6	20.8	63.0	66.7	42.9	44.1
Tertiary	1.3	10.2	-	8.5	-	28.6	6.0
Post-graduate	-	-	-	3.2	-	-	1.1
<i>N=537</i>							

3.2 ICBT INCOME

As the working lives of these women are extremely hard, and involve significant amounts of travel and long working days, the obvious question is: what are the rewards of being an ICB trader? Interviewees and FGD participants noted that the rewards are many and that the trade represents a significant source of income (Figure 3). Incomes vary considerably but nearly 60% say that they make over ZAR 1,000 a month profit.¹ Nearly 30% make over R2,000 a month and 15% over R3,500 a month. Over half of the traders interviewed in Blantyre said their average monthly profits exceed the monthly income of an entry level graduate in the civil service in Malawi. Mozambican traders reported the lowest incomes in the survey.

¹ Even though the study took place in different locations with different currencies for purposes of comparison and easy reading all income is presented in ZAR

Women who engage in ICB trade are likely to have previous experience in the informal sector in their home countries (Peberdy and Crush, 1998). Cross-border trade often represents an expansion or extension of existing business. Over a quarter (25.4%) of these traders are involved in other income-earning activities, including running phone shops, bars, tuckshops/spaza shops, hair and beauty salons and selling charcoal. Others are engaged in activities like dressmaking and crocheting in their home countries, i.e., making goods to sell abroad and at home. A number of traders also farm, producing vegetables and raising chickens for sale. Two of the traders are employed full-time in the formal sector, one as an accountant, the other as a government employee.



Because of exchange rates and exchange rate fluctuations these are approximations

A very high number of ICB traders (70%) said they are the main income earners in their household.

3.3. PATTERNS OF MOBILITY

Most ICB traders have been in the business for some time (Peberdy and Crush, 1998). ICBT offers stable income-generating opportunities for women traders. Almost half (49%) of the women said they had been involved in ICBT for more than five years,

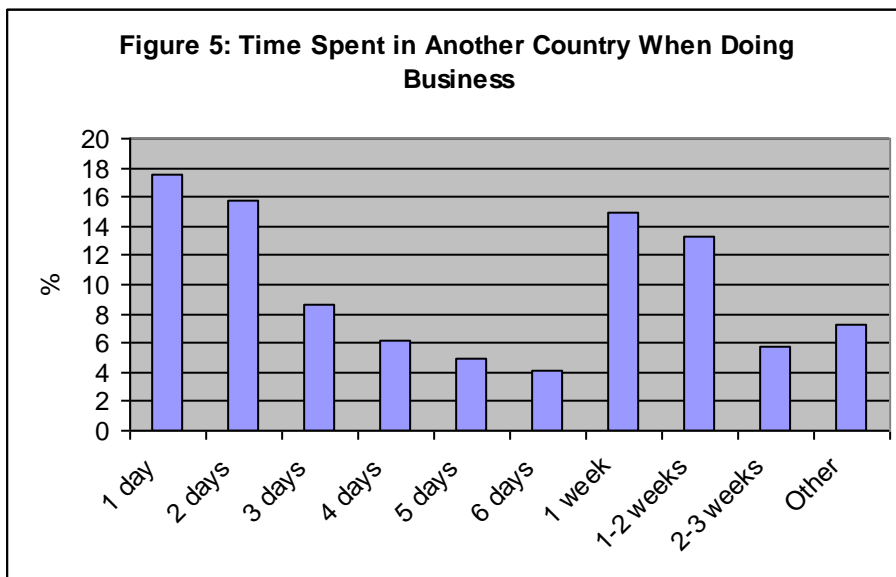
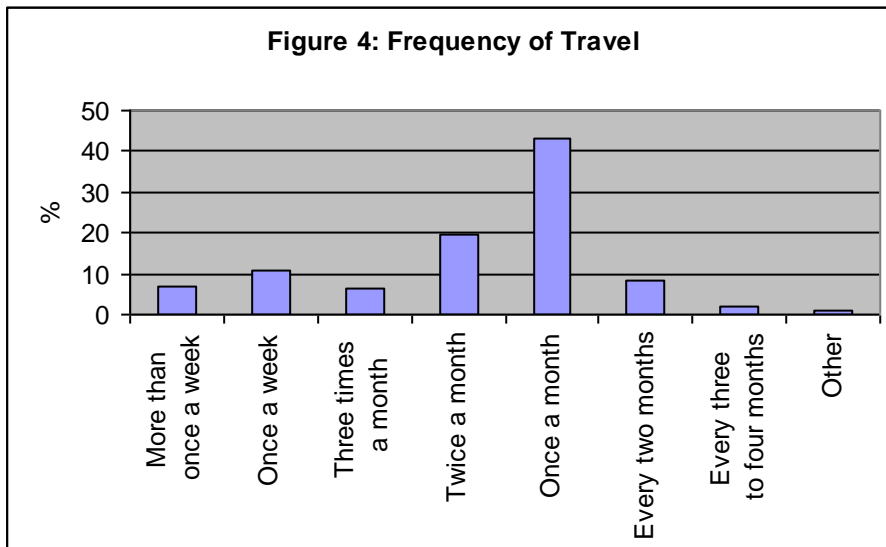
17% for 4-5 years and over a quarter (26%) for 1-3 years. Only 8%, mostly from Zimbabwe, were in their first year of cross border trading.

The majority of traders have their primary home in a major urban centre in their home country. Most ICB traders also go to urban areas in the countries that they do business in. Over half (58%) said they go to cities and large towns, and a fifth (20%) to small towns. Only 12% said they do business in rural areas, and 8% in border towns.

South Africa is the primary destination for all traders, but other destinations within the SADC region include Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe. Three traders said they sometimes fly to China, Dubai and Thailand to buy goods to sell in their home countries.

Frequency of travel and duration of stay

Patterns of trader movement are varied and reflect long working hours and extended periods of time spent on the road. Forty-four percent of the ICB traders travel once a month for business, while almost 20% travel once a week or more (Figure 4). The length of time traders spend in another country is influenced by the nature of their business, the costs of spending time away from home (personal and financial), the kind of permit they hold and the distance to their destination. A third of the respondents spend only 1-2 days in another country and almost three-quarters (73%) are away for a week or less (Figure 5). While away, they work long days, with almost 45% working nine or more hours a day and over one third between 7 and 8 hours.



Traders interviewed in Maputo (2 hours from the border of Swaziland and South Africa) are most likely to travel frequently, with 22% travelling more than once a week and 32% once a week. Mozambicans were also most likely to make short visits with 24% staying only a day in another country and 26% staying only two days. Zimbabwean traders interviewed in Francistown (close to the Zimbabwean border) also make short visits to Botswana. Over half stay only a day and another 15% for two days. Overall, traders interviewed in Botswana and Mozambique comprised 85% of the women who stay in another country for only a day. Many of these women

travel overnight, shop all day and return on overnight transport. Probably because of the distances involved, traders interviewed in Malawi and Zimbabwe are more likely to travel less frequently and for longer periods.

Means of transport

Travel for most traders is long and arduous. Most use buses, trains and mini-bus taxis (Table 4). The choice of transport mode is affected by cost, travel time and perceptions of safety. Many bus and train services run overnight, allowing traders to arrive at their destination in the morning. Public transport thus provides them “free” and relatively safe accommodation en route.

Only 2% of the respondents reported travelling with truck drivers. Participants in FGDs said that although the option is always available, travelling with truck drivers carries risks and can be costly. Truck drivers sometimes ask for cash payments or for sexual favours, and can be unreliable. Nearly a quarter of the traders interviewed in Maputo said they hire transport, including trucks with a driver, to carry their goods. However, they do not ride with the drivers themselves.

Table 4: Means of Transport by research site (%)						
	Botswana	Malawi	Mozambique	South Africa	Zimbabwe	Total
Minibus taxi	33.0	5.5	47.5	21.4	5.5	21.8
Bus	33.8	87.9	7.8	62.6	58.3	51.4
Train	11.0		18.7	10.7	12.9	10.4
Own car	16.5	2.2		1.5	1.2	3.8
Family car/ others cars	4.7		0.6	2.2	0.6	1.4
Hire car/lorry		1.1	23.5		1.2	5.7
Get lift with truck driver			0.6		8.6	2.0
Other			1.2		9.8	2.4
Aeroplane		3.3		1.5	0.6	1.2
	<i>N=127</i>	<i>N=182</i>	<i>N=166</i>	<i>N=131</i>	<i>N=163</i>	<i>N=769</i>
<i>Note: Multiple responses allowed</i>						

Social networks and accommodation

The overwhelming majority of women (81%) reported that they travel with others when travelling to and from other countries to do business. Only 19% said they usually travel alone. Half of the women said they are most likely to travel with other female traders when going on business (Table 5). Another 12% usually travel with friends. Strong networks of friendship and cooperation clearly exist among female traders. Traders rely on each other for support, advice and information, forming strong social bonds. Almost half (45%) said they do not have any friends or family that they can rely on in the countries they travel to for business. Nearly half (45%) said their friends are other traders. A quarter named home girls or relatives and only 5% said their partners or a male friend.

Spare time and socializing

When travelling for work, many women (nearly 60%) said they have no time to socialise and are actually less likely to go to bars or shebeens than at home (where they don't visit shebeens that often either). Asked how they spend their spare time when travelling, almost a third said "sleeping" while a quarter said they do not have any free time. Others spent their free time packing their goods. Only 7% said they sometimes spend time with a male friend.

Table 5: Fellow Travellers of traders (%)	
Family members	16.5
Women friends	11.9
Other traders (women)	51.0
Other traders (men)	2.1
Other traders (women and men)	5.8
Partner/spouse	2.1
Truck drivers	4.0
Varies	0.6
Usually travel alone	3.3
Other	2.5
<i>N=478</i>	

When in another country, around a third of the women (35%) said they are most likely to stay at a hostel, hotel, guest house or lodge. Malawian ICB traders are most likely to choose this option with three quarters staying in commercial accommodation. The second most common option is to rent a room in a house or flat, sometimes with other traders (15%). Only 10% stay with family or friends. The remainder sleep at bus and train stations and at markets. FGD participants said this was because they can gather in groups for personal safety and to protect their goods.

A mere nine women (two Mozambicans and seven Zimbabweans) said they usually stay with male partners when in another country. Somewhat more (55) said they had done so in the past. The reasons given for staying with a male friend or partner varied. While 18% said companionship and 21% love, others cited affordability and cost (23%), safety (20%) and convenience (8%).

3.4 RELATIONSHIPS AND RISK

Since ICB traders spend a significant part of their lives travelling and in other countries, the survey sought to discover how this might influence their personal relationships. As noted above, only a small minority of ICB traders are single women. Travel patterns obviously affect how often, and for how long, those in regular relationships see their partners. Most stay with their partners when at home.

In all, 66 women (12%) said they have more than one partner. Of these, 43% said that the other partner lives in their home country and 57% that he lives in the country where they do business. The proportion of ICB traders with more than one partner is higher than women interviewed in other country surveys. For example, in a survey done in South Africa in 2005, only 1.8% of women aged 25-49 had more than one sexual partnership in the 12 months prior to interview (HSRC, 2005). However, this is substantially lower than the 21% of women aged 20-24 in the same survey who said they had concurrent sexual relationships with more than one person (HSRC, 2005). So although the number of women with second partners in countries of destination is small (around 7%), travelling does allow opportunity for secondary relationships for a

few. A third of these women gave material reasons (financial support, somewhere to stay) and another third gave emotional reasons for their second relationship.

ICBT may put women in situations where officials solicit sexual favours to ease their way through borders or to access permits. However, less than 2% (8 women) said they had offered sex with someone to facilitate their movement through a border and only 1% (5 women) that they had traded sex for foreign exchange. These women were all Mozambican and Zimbabwean. Thirteen women said they had been forced to have sex by customs and immigration officials. Nine of these women were Malawian. Six were raped by officials in their home country and the rest in another country. Interviewees said immigration officials were the perpetrators in seven cases, customs officials in four, and a soldier in one.

While this study did not confirm the common stereotype of widespread sex for passage, it is certainly not absent. Travelling long distances and being in other countries does place female ICB traders in situations where they may be more susceptible to crime and violence. Some 13% of the women said they have been threatened or attacked with a weapon. The vast majority of attacks with weapons were committed by strangers, thieves or hijackers, suggesting that traders are visible targets because they travel with large quantities of goods or money.

Almost 20% (102) of the women said they had been physically assaulted. Forty one percent of those who had been assaulted said it had happened many times in the previous year and on many occasions the assault took place in another country (primarily South Africa). A third of those who had been assaulted had experienced violence from their husband, partner, boyfriend or ex-husband. Twelve women said they had been assaulted by an official from their home government (7) or from another country (5). Eight percent of the traders (or 41 women) said they had been raped in the past. The majority of these rapes (60%) occurred in their home country, but eight of the fourteen Zimbabwean women who had been raped said the rape had taken place in the country where they do business. Over half of the rapes had occurred in the previous year.

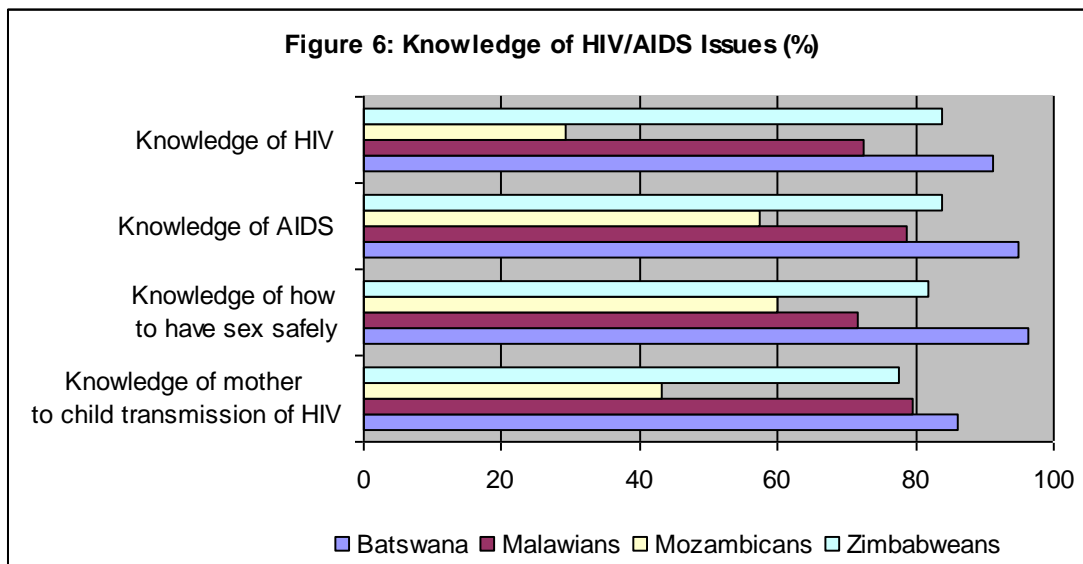
While ICBT puts women at greater risk of crime and gender-based violence than if they had stayed at home, they certainly do not appear to use their absences from home to engage in high-risk behaviour. Women are simply too busy and too focused, even to socialize, much less engage in sex, safe or unsafe. Traders are drawn from a cohort of women most of whom appear to be in stable long-term relationships. Only a small minority have additional partners, and they too appear to be regular relationships. The study also did not find widespread evidence of sex being exchanged for favours with officials at the borders, another common assumption. Women are certainly cognizant of the risks they face from crime, assault and gender-based violence, but take proactive steps to minimize the risks. They travel and stay in groups, use public transport and do not remain longer than they need to in another country.

Not surprisingly, the majority of traders (82%) did not think they had been exposed to HIV. Malawian (21%) and Zimbabwean (20%) ICB traders were most likely to think they may have been exposed. However, perceptions of risk are also related to knowledge of the disease. Knowing someone living with HIV or AIDS could increase awareness and perhaps prompt a person to take action to protect herself. Almost 70% of the ICB traders said they know someone who they thought had died of AIDS (Table 6). Almost a third said someone in their family is HIV positive or has AIDS, and over a third said they had physically cared for and/or financially supported someone with AIDS. Malawians and Zimbabweans seem to have been most exposed to the impact of the disease, probably because it has been around for longer and is more entrenched in these countries.

Table 6: Personal Experience of HIV/AIDS by nationality (%)					
	Botswana	Malawi	Mozambique	Zimbabwe	Total
Knew someone who they think has died of AIDS	50.6	78.0	46.7	82.0	68.3
Had someone in family who has AIDS or is HIV+	8.9	33.9	18.3	51.9	32.7
Has physically or financially cared for/supported someone with AIDS	13.9	42.5	22.5	45.7	35.1

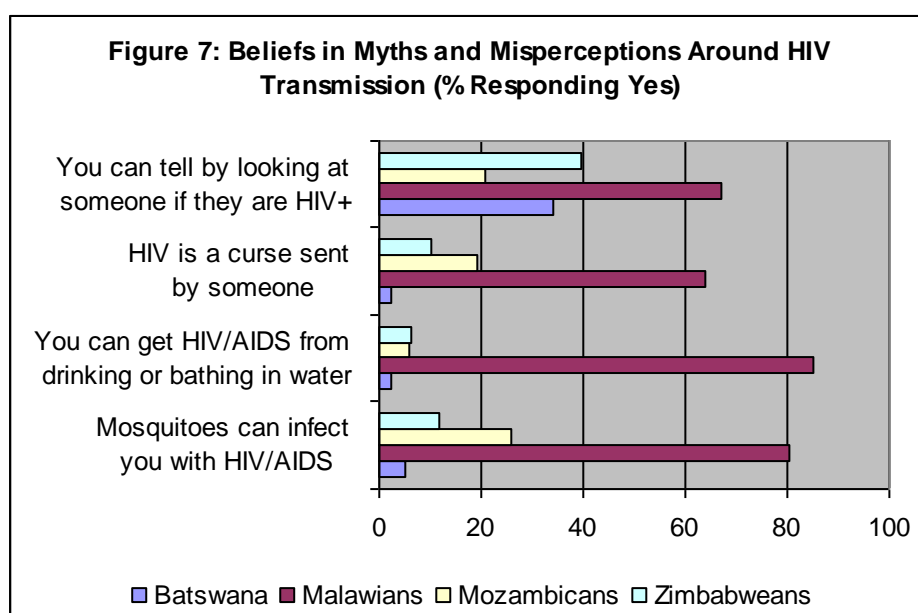
3.5 KNOWLEDGE OF HIV AND AIDS

While trading per se does not appear to greatly increase vulnerability, this does not mean that women who trade are not vulnerable to HIV infection and other STIs. The survey showed, for example, that ICB traders are not particularly well-informed about the disease. Malawians are the least informed of the four groups of different nationalities. Figure 6 shows responses to questions directly related to the virus and its transmission. Levels of knowledge were uneven, with respondents from Mozambique and Malawi showing distinctly lower levels than their counterparts in other countries. Respondents from Botswana appeared to be the best informed.

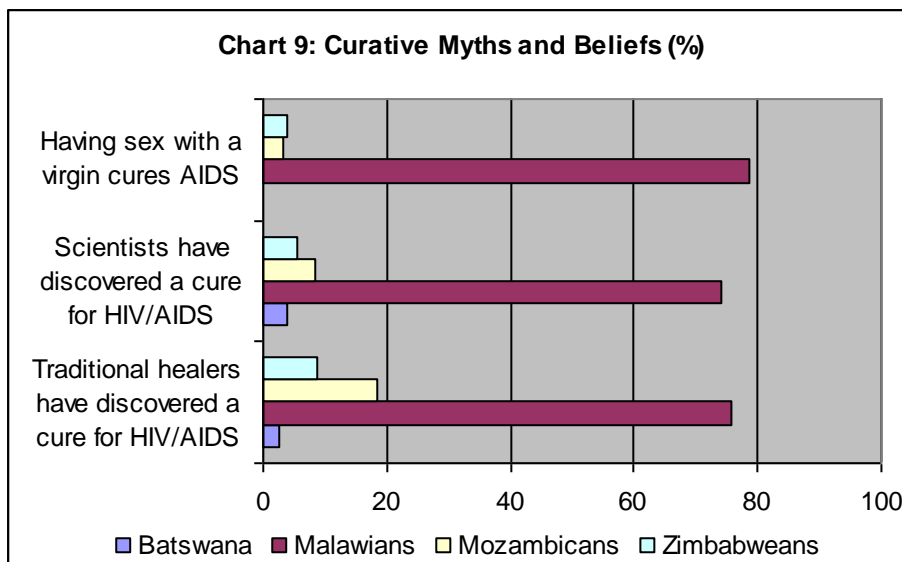
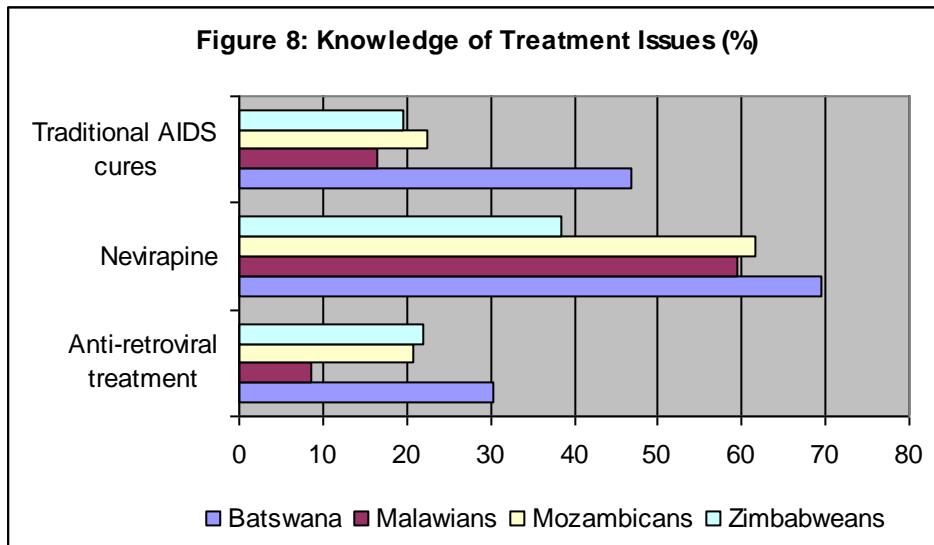


The ICB traders exhibited lower levels of knowledge than people interviewed in the South African HSRC survey. The HSRC survey found that only 9% of the female age cohort of 15-24 and 12.6% of those aged 25-49 were unsure about HIV and AIDS. It also found that only 6.1% of males and females aged 15-24 and 4.3% of those aged 25-49 did not know that HIV could be transmitted through unprotected sex (HSRC, 2005). Only 18% of interviewees aged 15-24 and 13.8% aged 25-49 did not know that it was possible for a mother to transmit HIV to her unborn child.

The traders showed uneven levels of knowledge about modes of transmission (Figure 7). A significant proportion of the traders believed in myths and misperceptions about the transmission of HIV. For example, 30% believed HIV can be spread by mosquitoes, through drinking or bathing (24%) or through being cursed by someone (24%). Malawians, followed by Mozambicans, were again the least informed. Over 40% of traders thought that it was possible to tell the HIV status of someone by looking at them.



Levels of knowledge of treatment issues were uneven. A third had heard of anti-retroviral therapy (ART) and could explain what it was (Figure 8). More than half had not heard of Nevirapine, a drug often used to prevent mother-to-child transmission of HIV. Interestingly, Malawian ICB traders were most knowledgeable about ART. Batswana were also knowledgeable, perhaps because ART is freely available at government clinics in Botswana.

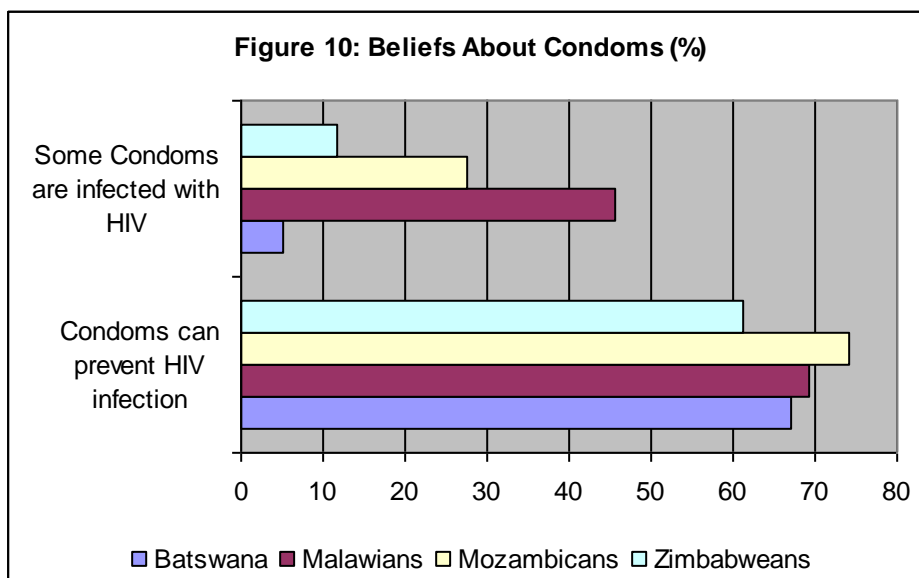


There are also various myths and misperceptions about the availability of cures for HIV and AIDS (Figure 9). One of the most dangerous and disturbing myths is that having sex with a virgin cures AIDS. The survey showed that in Malawi and Mozambique this belief is either widespread or not directly understood among female ICB traders. For example, what the chart above does not demonstrate is the fact that 41% of Mozambicans responded that they were not sure if having sex with a virgin cures AIDS or not. Overall greater than 23% of the respondents believe that a cure

for AIDS has been found, although this percentage reflects the incredibly high affirmative response rate in Malawi where 74% believe a cure has been found (Chart 9). Across the four countries a further 19% were unsure of whether a cure had been found or not. Malawians share a similar misplaced faith in the ability of traditional healers with over three-quarters believing traditional healers have found a cure.

Sexual Behaviour

Although 67% of the women said that condoms can prevent HIV infection, 24% said they do not provide protection from HIV and 8% did not know (Figure 10). Zimbabweans were least likely to believe in the efficacy of condoms. Again, on the issue of condoms, this group of women show distinctly lower levels of knowledge than others studies in the region. For example, the HSRC survey found that only 11% of the age cohorts of 15-24 and 25-49 years were unsure or disagreed that condoms can prevent HIV infection (HSRC, 2005). Over a fifth of respondents believed that some condoms are infected with HIV. This included 46% of Malawians and 28% of Mozambican traders.



Of the total sample, 40% had never used a condom in their life. There were significant country differences: 62% of Mozambican women have never used a

condom compared to only 8% of women from Botswana. Thirty eight percent of Zimbabwean traders and 43% of Malawians have never used a condom. These patterns of usage, or rather non-usage, are not unusual. Other studies in the region have shown that 60% of sexually active women had never used a condom (Peberdy and Dinat, 2005; Department of Health, 2003). Although many women had not used condoms, three quarters knew where they could get them for free.

Overall, 37% said they had used a condom the last time they had sexual intercourse. However, this figure is again skewed by the Botswana traders, 86% of whom had used a condom last time. Condom use was much lower for Mozambican traders (14%) than for the other countries (Malawi, 30%; Zimbabwe, 37%).

Only a quarter of the 60% who had used condoms regularly use a condom with their husband or main partner. Again, there were significant country differences: 52% of Botswana traders said they regularly used condoms with their spouses as compared to 7% of Malawians, 22% of Mozambicans and 42% of Zimbabweans.

The use of condoms in a relationship, especially if it is initiated after sexual relations have begun, is often seen to imply that there is a lack of trust in the relationship, or that the person suggesting the use of condoms is unfaithful. Others mentioned partner resistance to using condoms. Only 21% of traders said they carry condoms with them when they travel. The majority said they did not need them as they only had one partner, while others said they travel for business only. Some felt they could get condoms if they needed to.

4. ACCESS TO HEALTH SERVICES

ICB Traders appear to be frequent users of health services. Most had received some medical attention in the previous year: 69% from doctors, 47% at family planning clinics and 10% at hospitals. Only 13% had visited a traditional healer in the previous year. Of these women, 42% had been for non-health related matters. Of the 58% who had been for health reasons, over half (56%) had been to allopathic health

services as well. The vast majority of the women access health services in their home country (see Table 7).

Table 7: Location and use of Health Service in Previous Year (%)			
Type of health service	Home country	Country of business	Other
Visited doctor (N=312)	88.1	9.6	2.2
Admitted to hospital (N=60)	75.0	10.0	9.0
Visited traditional healer (N=77)	74.0	14.3	11.7
Total N=449			

When asked what is the biggest barrier in accessing health care, over a third (35%) indicated that their business is a constraint since it takes too much time or that they are too busy to see a doctor. Nearly a third (32%) cited cost constraints.

In terms of HIV testing, some 82% of the women said they knew where to get an HIV test for free, and 76% said they would want to be tested if such tests were free and confidential. Mozambicans were least likely to know where to get a free HIV test (60%) and the Batswana women were best informed (99%).

Despite widespread knowledge of where to get tested, only half have actually done so: 80% of the traders from Botswana; 52 % of Malawian traders, 41% of Zimbabweans and 39% of Mozambican traders. These rates are significantly higher than those found in other studies of migrants (Crush et al 2007, Peberdy et al 2007) and are also higher than the HSRC survey in South Africa where only 31% of male and female respondents had been tested (HSRC, 2005). High rates of testing in Botswana may reflect their national health policy which asks health practitioners to encourage people to test when attending for other health issues. ICB traders do not perceive that they are at high risk, yet they seem willing to know their status. This might suggest a lack of trust in their partners. Of those who had not been tested, only 3% said it was because they trust their partner while 12% said it was because they had not been exposed. Nearly 40%, however, said it is because they are afraid of the results.

Table 8: Reasons For Not Being Tested

Reason	%
Afraid/Don't want to know	38.8
Don't think of it/not interested	20.7
Not necessary/No partner/Not been exposed	11.6
Always busy/Don't have time	7.0
Trust myself	5.8
Trust partner	2.9
Not sure/No reason	3.7
Don't know where testing is offered	2.9
Too expensive	1.7
Not sick	0.8
No materials whenever I go for testing	0.8
Husband doesn't like it	1.2
Believes Knows status	0.4
Time hasn't come/ Will test when getting married	0.4
Other	1.2
N=242	

5. CONCLUSION

This survey aimed to identify the vulnerability of female informal sector cross-border traders to HIV infection, their knowledge and experiences of HIV and AIDS and their access to health care. The women who took part in the survey are all active participants in the ICB trade. They live highly mobile lives in a region with the highest HIV prevalence rates in the world, and where mobility has been identified as a factor shaping the spread of the epidemic in the region as well as affecting vulnerability to infection (IOM and SAMP, 2005).

Trading does expose women to high-risk situations. However, it is clear from this research that most traders do not engage in high-risk behaviour when on the road and try to avoid situations which might leave them vulnerable to assault and rape. Traders are not generally poor women; they are highly entrepreneurial and do not need or wish to supplement their incomes by selling sex. Most women use public transport and travel in groups with other traders (usually women) for companionship and

safety. Few women report taking lifts from truck drivers. The majority stay in hotels, hostels, guesthouses and lodges when on the road while others rent or share rooms in houses and flats. A smaller number stay with family and friends. A few stay with male partners giving pragmatic reasons such as safety, affordability, accommodation and financial assistance. Others sleep in places that could make them vulnerable to violence or theft, such as in markets and truck stations or on busses and trains. However, they usually sleep in groups to protect themselves.

The majority of ICB traders surveyed are married, or have regular partners or boyfriends. Travelling for business and being out of the house provides ICB traders and their spouses with opportunities to form other relationships. But only a small minority of the women reported doing so. FGD participants did say that the riskier behaviour was that of male partners who are more likely to engage in extra-marital relations when the traders are away on business. Some traders know about their partners' other sexual relationships.

If the traders and their partners would be practicing safe sex this would not necessarily present a risk factor for contracting or transmitting HIV. However that does not seem to be the case. Some women reported violence in their personal relationships, reducing their ability to negotiate safe sex. Over a third of those who had been physically assaulted had been assaulted by their partner, and 79 had sex with their partner when they did not want to because they were scared of what he might do if they refused. The majority of these women were Malawians and Zimbabweans.

With the exception of women from Botswana, ICB traders showed low levels of knowledge about HIV and AIDS related issues. Almost a third were unable to explain HIV and mother to child transmission. Almost a quarter could not describe how to have sex safely. A significant proportion of women expressed belief in many HIV-related myths, or admitted that they were unsure if the myths were true. When it came to knowledge and beliefs around condoms and condom use, over a fifth could not describe how to have sex safely and almost a quarter said that condoms could not prevent HIV infection, while a further 8% did not know if they could or not.

Many traders are still ill-informed about safe sex and hold inaccurate beliefs about HIV transmission that may discourage them from using condoms, even if they are able to negotiate safe sex in their relationships. Some 40% of the women said they had never used a condom in their life. Condom use is inconsistent, with condoms being used with some partners and not with others.

Questions related to treatment issues revealed a similar lack of knowledge and misinformation. Less than two-thirds knew about ART and less than a third had heard about Nevirapine. Almost a quarter thought scientists have discovered a cure for HIV. Over a fifth thought sex with a virgin cures AIDS. Most of these women were Malawian.

When it came to knowledge about HIV related transmission issues and myths, Botswana women were the best informed, and the most likely to be using condoms, even in long-term relationships and marriages. Malawian and Mozambican women were the least informed and the most likely to believe in myths around HIV transmission and condoms, and were the least likely to use condoms. Almost half of the women surveyed had been tested to see if they were HIV positive. The most common reason cited for not getting tested was a fear of the result. People may be less scared to know their status if they are better informed about treatment options, and aware that the knowledge can help prolong their life rather than shorten it.

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