

VAN HALL LARENSTEIN UNIVERSITY OF APPLIED SCIENCES.



Susceptibility to HIV among migrant labours: A case of migrant house girls in Kinondoni district at Dar-es- salaam, Tanzania

A research Project submitted to the Van Hall Larenstein University of Applied Sciences in Partial Fulfilment of the Requirements for the Masters Degree in Management of Development with Specialization in Rural Development and HIV/AIDS

**By
Linda Mwaga
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**Wageningen
The Netherlands**

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Fax: 31 26 3615287

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Acronym

HIV:	Human immunodeficiency virus.
AIDS:	Acquired Immune Deficiency Syndromes
KIWOHEDE	Kiota Women Health and Development Organisation
TAMWA	Tanzania Media Women Association
TAWLA	Women Lawyers in Tanzania
CHODAWU	Conservation Hotels Domestic Social Services and Consultancy Workers Union
TAYOTA	Tanzania Youth Team for Campaign against AIDS
UNICEF	United Nations Children's Fund
1Euro=1800Tanzanian shillings	

Abstract

The study findings have important policy and programmatic implications. To improve on loan repayment, the study argues

This study aims to providing possible recommendations to the organisation (Tanzania Youth Team for Campaign against AIDS), on the best approaches to assist house girls from being infected by HIV; by providing clearly understanding of factors contributing to their susceptibility to HIV infection. The major research question focused on determining factors contributes to susceptibility to HIV among migrant house girls working in Kinondoni Dar-es-Salaam.

Original the research idea came from various literatures on migrant's domestic workers which I read; and feel that there opportunity to take this further by studying the same group but from different location. This firmly links the problem to previous researches and provides justification for conducting the study by revealing useful variety of concepts that appropriate considered in terms of understanding factors contributing to HIV among house girls. The study was successful conducted under case study of 60 sample units of house girls and their employer; then data gathered form important stakeholders: labour government department, association, non-governmental organisations and labour union through observation and one to one interview data were collected from respondents

The investigation starts by understanding knowledge on the HIV/AIDS perception and in general examines risk behaviour to facilitate HIV and identifies risk environment to the infection. Interpretive epistemology employed as suitable philosophical framework to understanding objectively (social phenomena) behaviour, concepts, actions, beliefs of selected sample unit as they have given meaning to respondents.

Findings emerged are on house girls' pre-migration characteristics and general information, such as age and education status, their knowledge, views, and experiences about HIV/AIDS as identified by respondents themselves. Factors contribute to infection are identified as risk behaviour and risk Environment. The intention was to capture overall understanding on the increasing of HIV infection looking at social-economic categories of households' income. Having examine the factors contribute to susceptibility, the study concludes that even though house girls are well knowledgeable on HIV/AIDS, some of them are being susceptible because of their adolescence age. Many of house girls are become susceptible after being surrounded and so exposed to risk environments. Their risk behaviour does not seen as ones wrong of doing but rather it fuelled by risk environment they are in.

The greater need for TAYOTA is to lobby and advocate to other important stakeholders which work close with house girls, or stakeholders which in one way or the other can bring change.

CHAPTER ONE: INTRODUCTION

This chapter is made up by background information of study, Problem statement and justification, objective and research questions.

1.1 Background

Worldwide migration has been acknowledged as factor for susceptibility to HIV infection. But as it pointed out by UNAIDS (2001) a migrant in and of itself is not a risk factor, its situations encountered and the behaviours possibly engaged in certain activities and conditions that are present throughout the process of migration substantially increase susceptibility to HIV/AIDS.

Migration is not a recent phenomenon. Several scientific studies and abundant documentations have been published referring to internal and external people's movement out and inside the countries. According to UNAIDS (2001) the term Mobile People refers to people who move from one place to another, either temporarily, seasonally or permanently, for a host of voluntary and/or involuntary reasons. UNAIDS (2001)

Migrant Worker is a sub-category of mobile people and can be defined as a person who migrated and is engaged in a remunerated activity. Migrant workers can be classified as "external" - moving from country to country or "internal", moving from their home to another site or location within the same country UNAIDS (2001).

The decision to migrate is triggered when there is either by push and / or pull factors, lack of opportunities at home and the perceived potential of a fresh start elsewhere. For example employment opportunities in urban area can be a pull factor to attract migrant workers, or economic crisis of certain area can push people to move. Push or pull factors do not make people susceptible to infection but rather the situations, conditions, circumstances and processes which they face in new places.

In Tanzania migrant workers move for the same reasons of push or/and pull factors, from rural areas to cities. Large numbers of women and young girls move to take up work as domestic employees. Often their rights are not respected, nor are they protected by local laws or customs. They may also be sexually exploited by their employers (UNAIDS 2001).

According to (Camfed 2008) it has been noted that in Tanzania most girls in rural areas cannot afford to go to school past age 13, and since there are no economic opportunities for them in their villages, they flee to big cities to earn money, in search of what they think will be a better standard of living. Despite of good intention of these girls to look for employment and better life in cities, they found highly increasing in number of HIV infections. As they are working in high risk environment where the prevalence rate for HIV is usually higher and which trigger house girls for getting infection of HIV. For example: urban residents have considerably higher

infection levels than rural residents (10.9 percent vs. 5.3 percent) (Tanzania HIV/AIDS Indicator Survey 2003-04). In Dar es Salaam prevalence rate is 9.3%, which is much higher than the country average of 5.7% (Tanzania HIV and Malaria Indicator Survey 2007-08)

1.2 Problem Statement and Justification

Much of empirical studies on migrant workers like mine workers, domestic worker, truck drivers, and other migrant groups have been conducted especial in many contexts of developing countries. Studies on the issues of like; human rights, HIV/AIDS in relation to migration have been explored in larger extent. However little has been known on factors contribute to the HIV infection among domestic migrant workers in Kinondoni district, Dar es Salaam. Therefore lack of this knowledge by the organisation Tanzania Youth Team for Campaign against AIDS about the factors that contribute to higher increase number of HIV infections among house girls in Kinondoni Dar es Salaam and their susceptibility to HIV infections; calls for the need for further research study in order to determine effective HIV prevention programmes to reduce increase number of infection rates.

1.3 Objective

To providing possible recommendations to the organisation (Tanzania Youth Team for Campaign against AIDS) on the best approaches to assist house girls from being infected by HIV; by providing clearly understanding of factors contributing to their susceptibility to HIV infection, through interviewing. The organisation will be in good position of assisting migrant house girls by lobbying and advocacy campaign to identified important stakeholders who have decision making to bring changes.

1.4 Research Question

What factors contribute to susceptibility to HIV among migrant house girls working in Kinondoni Dar-es-Salaam.?

1.4.1 Sub research questions

How do risky environment (situations, circumstances and processes) such as: Gender inequality, culture, norms and beliefs, urbanization, health service and education, social control and sexual violence influence susceptibility to HIV among house girls in Kinondoni Dar-es-Salaam?

What type of risk sexual behaviour determinants make possible for susceptibility to HIV among house girls in Kinondoni Dar-es-Salaam?

1.4.2 Hypotheses

Migrant house girls who live in less risk environment and demonstrate in less risk behaviour are low susceptible to the HIV infections. Those who live in higher risk environment and demonstrate in higher risk behaviour are at higher susceptible to the HIV infections. And that had everything to do with the hypothesis that house girls who work in good labour condition and

high salaries were less susceptible compare with those working in unfavourable working conditions and low salaries.

This thesis is made up by five chapters. Chapter one gives introduction of the study including identified problem and purpose of study. Chapter two gives important concepts and related literatures to the subject matter. Chapter three concerns with Methodology, how the study was conducted. Chapter four presents the Findings and discussion. The last chapter end by giving conclusion and recommendations for actions

CHAPTER TWO: LITERATURE REVIEW

The purpose of this chapter is reviewing several studies related to subject matter on susceptibility to HIV among women migrant labours. It gives major concepts on an overview of susceptibility to HIV. Migration and HIV susceptibility explained in next sub session. Finally the chapter explores factors for susceptibility to HIV among women migrant workers in developing countries.

2.1 Overview of HIV Susceptibility

Susceptibility to HIV/AIDS appears in many literature portrays the significance of being infected from the transmitted HIV/AIDS disease by being in risk environment or by obtain risk behaviour

According to Barnett and Whiteside (2006 pp90) the idea of susceptibility reveals aspects of situations, circumstances, organisations, and processes as they contribute to the increased or decreased 'riskiness' of an environment within which disease may be transmitted.

To them (pp89) susceptibility refers to any set of factors determining the rate at which the epidemic is propagated. Barnett and Whiteside put much of emphases on risk environments as independent factor for susceptibility to HIV, which can change and so decrease or increase of susceptibility.

Barnett and Whiteside believes people who inhabit a risk environment make decisions that are rational for them in their circumstances unless may be compelled to take risks that are against long term interests because they have little hope for long term The definition only point at susceptibility as set of factors of risk in this case risk environment and sometimes risk decision or action done by people

Loevinsohn and Gillespie (2003 pp7) define susceptibility as relates to the chance of an individual becoming infected by HIV. They looked at major two components: (1)the chance of being exposed to the virus, which in turn relates to the risk environment and specific situations of risk that the person confronts and the riskiness of her/his behaviours (both of which may be related); and (2) the chance of being infected with the virus once exposed.

Holden (2004 pp6) susceptibility refer to the likelihood of HIV infection. Susceptibility to HIV infection is also determined by much wider influences, such as culture, livelihood strategies, and the balance of power between men and women.

The last two definitions explain on the base of likelihood or chances of being infected with virus when exposed to risk environment. Loevinsohn and Gillespie go further by comment that susceptibility also can be defined as chances of being exposed to environment or risk behaviour practice.

2.2 Migration and HIV Susceptibility

Picked up from UNAIDS, reflects on migration looking to all types of migrants movements of people from one destination to another. According to them, Migration is usually defined as the

movement of people from one place to another temporarily, seasonally or permanently, for a host of voluntary or involuntary reasons. Migrant is usually restricted to those who move for voluntary reasons (internally or internationally).(UNAIDS, 2001a: 1).

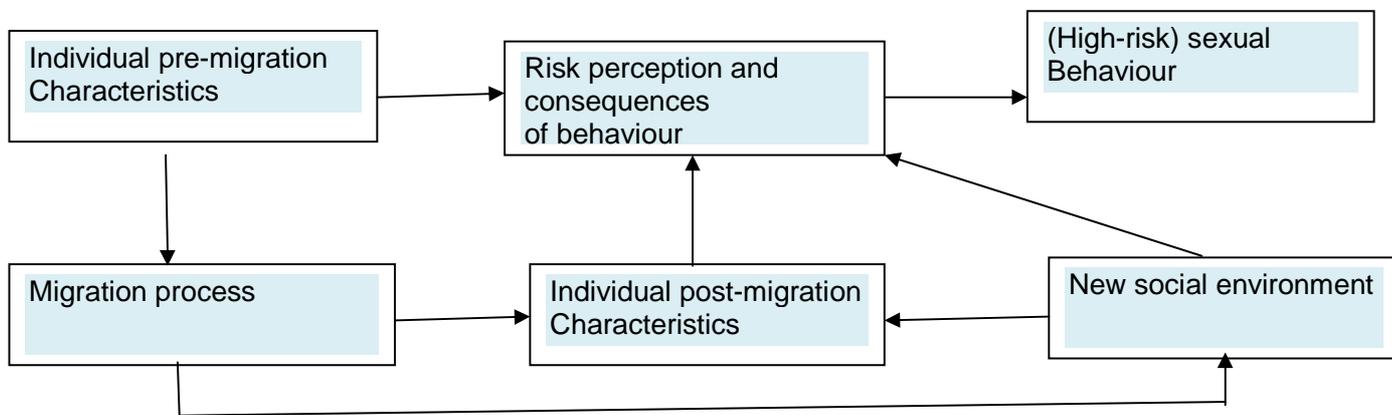
Migration all around the world, from country to another, or within the country such as from rural to urban; by any person, a man or a woman can play a significant role in transmitting HIV infectious disease. It gives the clear relation from situations and conditions in which create risk to HIV as migrants move from one destination to another. Different authors comment and argue on this relation between migration and susceptibility to HIV.

Decosas *et al.*, (1995: 826) observe that, Migration has been a catalyst in the rapid spread of HIV. The spread of infectious diseases that are transmitted from person to person will follow the movement of people Migrant workers have been identified as a population at risk for acquiring and transmitting HIV in many countries (Hope, 2000; Lurie *et al.*, 2003; Li *et al.*, 2004).

Migration has been seen to fuel susceptibility in two ways, first with created risk environments and risk behaviour which mostly emerged from these risk environments. As it is pointed out by Caldwell *et al.*, (1997: 51).Migration thus not only facilitates the rapid spread of the virus along so-called *corridors of migration*, but also causes behaviours and situations, which facilitate transmission from one person to another

Migrants' risk to HIV infection is largely determined by their sexual behaviour. Individual acquire rational thinking which make influences on decisions and actions taken including how to conduct his sexual life. Brockerhoff *et al.*, (1999) pointed that, high-risk sexual behaviour among migrants is usually attributed to changes as a result of migration. There are three factors related to migrants' sexual behaviour: pre-migration individual characteristics, changes in individual characteristics due to migration, and exposure to a new physical and social environment.

On his model Brockerhoff *et al.*, try to show how migration can influence sexual behaviour looking at new social environment in which migrants meet in another destination. Base on their model, Brockerhoff *et al* explain on individual characteristics which a migrant already acquire before moving to another destination. Those characteristics like education status taken along with a person during migration, which in turn has impacted from new environments and influence risk behaviour



The influence of migration on sexual behaviour

Source: Brockerhoff *et al.*, 1999: 836.

2.3 Factors for susceptibility to HIV among women migrant workers in developing countries.

2.3.1 Female biological facts

Sexual biological difference between women men, places women to be more at the risk to HIV especial when practice unsafe sex. For several reasons female migrants are believed to be more susceptible than their male counterparts. First, women have greater biological susceptibility to HIV during sexual intercourse. Turmen, (2003) acknowledge that the risk of HIV infection through unprotected vaginal sex with an infected person is estimated to be 2 to 4 times higher for women than for men

Biological young girls are highly susceptible to HIV infections because of her immature cervix and thinner mucous membranes as stated by Rao Gupta (2000 cited in Loevinsohn and Gillespie pp) 'women are biologically, socioeconomically, and culturally more at risk of HIV infection than men'.

2.3.2 Gender inequality and power relations

Apart from female biological fact, in most of developing countries, existence of inequality in power and socioeconomic status places migrants' young girls and women at greater risk of HIV infection. Inequalities in power relation continue to put women under male domination for example women do not have power to encourage safe sex.

Campbell, 1997; Bujra, 2000a (cited in Barnett and Whiteside 2006 pp 87) argue that among other factors contribute to HIV infections...oppressive gender inequality and cultural norms which favour masculinity on sexual power relation In either case, there is a tendency for the development and reproduction of exaggerated forms of masculinity, associated with expectations of frequent sexual partner change.

Tang et al (2001) concluded that, in many developing countries women are dependent on men socially, economically, and/or emotionally, thus impairing their ability to persuade their sexual partners to use condoms.

Women lack power to sexual negotiation with men. This situation continue to be present even they are out of their original society. First because they have been shaped by society traits and second society cannot expect otherwise of doing or acting from them. They became powerless to stand and argue on the favour of their safety.

Muller(2005 pp32) agree that young girls lack power to negotiate who, how and whom to have sex, sexual aeration with male partner as in many African societies, which demand 'innocence' from women about sexual matters, leading to a culture of silence which makes it 'inappropriate' for women or girls to discuss sexual issues. These norms also lead to women being less well informed about sexually Transmitted Infections(STIs) in general and HIV/AIDS in particular, and thus less able to prevent HIV infection'

2.3.3 Gender role and Expectations.

Gender role places women in greater risk to the infection. Apart from reproductive and community role, women and so as women migrant worker in any developing countries expected to perform also domestic role. Since then women are the ones who looking for food to feed their families. Agricultural and now migration has been carried out to accomplish this expectation. However women migrants have been affected by this domestic role expectation, the situation became worse when there is food shortage to their families. Most of these migrants have to sent remittance to their family back home, the need is to fulfil at least theirs and their family basic necessities; like food. Might forced them to risky sexual practices so as to earn extra for their requirements.

Quisumbing et al, (1998 cited in Muller 2005 pp 49) said, it has been argued that food insecurity places women in particular in situation of risk. Within the gender division of labour in many African communities, it is a woman's task to provide adequate amounts of food for the family

Existence of transactional (survival) sex practices take place mostly due to poverty and food insecurity situation they left at their villages; as migrants workers, they struggle to send home remittance to help situation back home. In so doing one's ability to act on what one knows is often hindered. In condition of survival sex it is difficult for women to insist on safe sex, since they are vulnerable with no decision on the use of condoms during sexual intercourse, they engage on unsafe sexual practice.

2.3.4 Lack of HIV/AIDS openness discussion

Cultural openness on the issue of sexual and HIV/AIDS issues does not seem to take lead in helping women and young girls to prevent from risk sexual behaviour.

(Collins and Rau 2000; Gupta et al. 2003) said Women's relative powerlessness increases their risk of exposure. Women are less likely to negotiate condom use with husbands or other partners, and the culture of silence regarding sex restricts adolescent girls' access to information about sex and heightens the risk of sexual coercion.

Open up discussion also hindered when women migrant worker involve in sexual relation with older male sexual partner. To them older partners may appear as their father or grandfather who they use to listen and do what they have been told. As Holden (2004) argues, however, not only is the girl in a weak position in the relationship because she is a girl: the difference in age between her and her partner makes it even more difficult for her to influence sexual decision making, such as whether to use a condom or other form of contraception. Another problem for her is that older partners are also more likely to be infected with HIV than men of her own age, because they have been sexually active for longer.

The involvement of most women in sexual relations with older men, who had higher levels of HIV prevalence, was found to have exposed them to greater risks of HIV infection (Johnson, et al., 2002; Mac Phail, et al., 2002).

Holden Sue, (2004pp8) Said In general, where girls and women have less control over their lives than men and boys do, and are disadvantaged in terms of education, income, and opportunities, they are less likely to be able to protect themselves from HIV infection.

2.3.5 Work setting and Sexual violence

The social context of the work setting regarded as factor for their susceptibility. Apart from long working hours, they badly face violence and sexual harassment mostly from their employers. The women migrant workers also encounter risk to infections depending on the type of job and its.

Most male migrants work in labour-intensive industries, while most female migrants work in entertainment or service industries (Feng et al., 2002).

It was revealed by Mgalla & Pool, (1997) several studies have established that, high risk sexual behaviours are related to the working environment. In Tanzania, women working in bars were considered to be at high risk of HIV infection by local health authorities

Holden (2004 pp.7) pointed out When migrating to find work, young women may typically find themselves in employment which increases their susceptibility to HIV infection, such as working as house maids or bar girls.' In (Barnett and Whiteside 2006 pp88)'life lived in risk environment affects who you are, who you become, how you earn your living and what you (and others) do with your body.

Many of these migrants are sexually exploited by their employers in their working environment; they face sexual violence where there is no protection for them.

UNAIDS (2001) stated 'large numbers of women move to take up work as domestic employees. Often there are not respected by local laws or customs. They may be sexually exploited by their employers.

Violence may increase women's risk of infections through forced or coercive intercourse, and being in violent relationship limits a woman's abilities to negotiate protective behaviour. (Human Right Watch, 2003a; Maman et al., 2002; Van der Straten, 1998 as cited in Muller pp34) Moreover they are often excluded from health care, education, and other services. Campbell (2001 pp 284) argue that, a new social environment can result in a lack of social support, which has been linked to risk-taking behaviour.

2.3.6 Dislocation of families and lack of social control

When move away from their homes, migrant workers are also getting away from their binding norms which define sexual relations. Meeting with new norms and new people who their own way of doing and who define differently on sexual relations. Being a new comer with no one to recognise is likely to influence on risk behaviour

It has been further explained that the movement of people itself is not inherently risky, but when single people move or families are split up—often as a consequence of poverty—the likelihood of their engaging in risky sexual practices tends to increase. (Decosas and Adrien 1997; Barnett and Whiteside 1999; Whiteside et al. 2003; Hope 2001).

Mobile disrupts traditional social constraints on control of sexual behaviour, and freed people from their social norms. Movement tends to leave the original cultural of a person and adaptation of new culture. As cultural differ from one place to another and so its influence on a migrant life, including sexual behaviours, Lack of original social constraints, dislocations with their families and exclusions in a new environment make migrants susceptible to HIV

Nankoe (2002) revealed that, the movement of people from familiar origins to foreign destinations is believed by many to facilitate the spread of HIV/AIDS. People usually migrate alone, and many feel alienated and anonymous. Away from social and cultural control and protection systems, it is easier to engage in risky behaviour, and migrants are also vulnerable to exploitation.

To stress this point UNAIDS, (2001a: 1) argue that, these include separation from spouses, families and familiar social and cultural norms, language barriers, sub standard living conditions, and exploitative working conditions, including sexual violence. The resulting isolation and stress may lead migrant workers to engage in behaviours, e.g. unsafe casual or commercial sex, which increase HIV risk. This risk is exacerbated by inadequate access to HIV services and fear of being stigmatized for seeking HIV-related information or support

(Barnett and parkhurst, 2005 cited in Barnet Pp92) explain that each society has regulation about where, when and with whom sex is possible and also about what constitutes 'sex' and sexual intercourse' in other words, people are likely to find sexual partners from groups outside their 'usual' networks than would be the case in 'normal' times and with greater frequency.

Some young girls with their sexual partner at their villages travel without their partners which in turn increase their risk for extramarital sex. Being away from regular sexual partners, living in the context of different social norms where there is feeling of anonymous lacking adequate recreational facilities all contribute to higher risk situations

(Decosas *et al.*, 1997; Evian, 1993; Girdler-Brown, 1998): High-risk behaviour such as sex with multiple partners is not solely the result of migration. It is also the result of alienation, of loneliness, of being separated from family and regular partners

2.4 Definition of concepts

Based on this research sexual risk behaviour practiced by migrant house girls was defined as;

- Rate of partner change.
- Concurrent partners /having multiple sexual partners (three or more sex partners) at a time.
- Frequent change of sexual partner at least three times in a month.
- Having sexual relation with the elder men which may be encountered by these migrant house girls.
- Paid sex.
- No use of condom during sexual intercourse.

Injection-drug use defined as ever having used a needle to inject any illegal drug into one's body.

Sexual experience is defined as ever having had sexual intercourse

Current sexual active defined as having sexual intercourse as the moment data are collected.

Safe sex means taking precautions by using condom during sex that can keep one from getting a sexually transmitted disease (STD) and HIV infections, or from giving an STD or HIV/AIDS to your partner

Risky environment these are situations, circumstances and processes for example: working conditions like benefit and salaries and urban life style.

- Sexual violence /sexual harassment as kind of risk environment is defined as about power, control and manipulation on the part of employer, other household members or an outsider who can be a friend, neighbour or partner, impacted on physical or psychological mind. It can happen to or be inflicted by house girls and may include one or more of the following, but is not limited to: any unwanted touching or act of a sexual nature committed through physical force, being forced to watch or participate in unwanted sexual activity, any unwanted verbal comments of a sexual nature and rape (forced penetration of the vagina or anus)
- Harassments: A wide spectrum of offensive behaviour intended to disturb or upset house girls. Any form of unwanted and unwelcome behaviour which may range from mildly unpleasant remarks to physical violence.
- Culture in this context as one of risk environment defined as: the shared knowledge and schemes created by a set of people for perceiving, interpreting, expressing, and responding to the social realities around them. . Lederach, J.P. (1995).
- Value and beliefs:they consist of consciously held reasons or justifications for people behaving as they do Rollinson(2008 cited in sathe 1985) and are moral or ethical codes that guide behaviour by putting assumption into practice. E.g. parents or guardians are not supposed to discuss sexual and HIV/IDS matter with their children. Young girl rose without knowledge sexual health and HIV/AIDS issues

- Gender inequality and cultural norms described from this context as one which favour masculinity on sexual power relation and do not allow women to discuss sex with their partners. Sexual power relation representing two domains of power, decision-making dominance and relationship control, and is used to assess the impact of power on unprotected sexual occasions for women with male partners
- Non existence of social control and social order on sexual behaviour practice once migrant house girls are freed from their social norms and being away from regular sexual partners, living in the context of different social norms in cities where there is feeling of anonymous.
- Urbanization environment accustom migrant house girls in city living of another sexual pattern relations and free access of porn movies which arouse their sexual emotions even higher.

This research study employs definition by Loevinsohn and Gillespie (2003), who define susceptibility as relates to the chance of an individual becoming infected by HIV. According to them, susceptibility can clear explained by understand two components: (1) the chance of being exposed to the virus, which in turn relates to the risk environment and specific situations of risk that the person confronts and the riskiness of her/his behaviours (both of which may be related); and (2) the chance of being infected with the virus once exposed.

- The house girls for this matter are susceptible when they are found in risk environment e.g. sexual harassment, offensive behaviour, poor working conditions.
- House girls' behaviour and practices e.g. having multiple sexual partners (extramarital relation) at a time, no use of condom, having sexual relation with the elder men.

CHAPTER TREE: METHODOLOGY

This chapter starts with brief justification of study area, followed by discussion of the research design, sample selection and the criteria and rational used in selecting them for the study form part of this chapter. The chapter also describes data collection process and Data analysis process. The strengths and limitations of the study are given here to illustrate any possible drawbacks and effectiveness the researcher encountered and their implication for the results elaborated in chapter four. It ends by discussing ethical issues encountered in data collection.

3.1 Study area Justification

The study divided sample population looking at social-economic categories of households' income. Kinondoni has unique mixture features of some economical development in some areas and poor areas referring (according to this study) to low class residential areas and high class residential areas. This was considered in order to give picture of house girls working environments which were of much influence to their susceptibility to HIV infections. Selected ward were Tandale, Msasani, Manzese, Mikocheni, Magomeni, Ubungo, Kimara, Sinza, Kawe, Mbezi according to their level of development which in return reflect household earning income. In way further of having different viewpoints, perceptions and experiences in relation to factors contribute to HIV infections.

3.2 Research Design

The research had a qualitative approach and based on desk study and field work data collection. It was not a quantitative research which is about counting and controlling of variables involving statistical techniques. But rather it was attempting to make sense of, or interpret; factors contribute to HIV infections in terms of the meanings respondents bring to them. As (Creswell, 2007 pp40) pointed out that "This detail can only be established by talking directly with people, going to their homes or places of work and allowing them to tell the stories imaginative by what we expect to find or what we have read from the literature".

Desk study was including literature such as books, articles in Journals, internet searching, national statistic. During desk study reviewing on information and findings written by different authors gave knowledge with profound insights on labour migration in relation with HIV/AIDS which used in background information of proposed thesis. Proper quotations from literature were taken as references and back up evidence to support in writing chapter on literature review. Literature also was used to justify problem of lack of knowledge about factors that contribute to higher increase number of HIV infections among migrant workers. Later Literature was used to verify findings of field work.

During field work, data were collected from Ministry of labour, Employment and youth development, TAMWA, CHODAWU and KIHOWEDE. Through semi structure interview questions data were collected and few publications were taken for further referral. For example from Ministry of Labour, Employment and Youth Development was also asked to provide information on risk environment to HIV infections surround house girls in their working place and rules and regulations in place which protect house girls.

From CHODAWU which is their labour union was asked to identify factors contributed to risk environment to HIV infection among their clients –house girls, problems house girls face and

their plans to reduce HIV infections for further recommendations. Written semi structured interview questions were handed to them to fill blanks because there were no given time for one to one interview as offices had other issues to take care of.

The Empirical data also was collected by using one Case study approach. The study was identified and analysed factors that contribute to susceptibility to HIV among migrant house girls using Kinondoni District as case study. As primary data from field, it was constituted by a checklist interview questions which mainly were on unstructured and open questions, together with observation these were the main methods to generate data and required to prove the relevance of the information provided by the respondents and their informants.

Case study approach gave room for in-depth data collection whereby selective small sample size of 60 sample unit was critical provide clear picture of factors contributed to HIV infection among house girls through observation and one to one interview with respondents and their informants.

Case study was carried in Kinondoni district at Dar-es-salaam city; where most of its residents are found at higher and lower income earner and most of them are employed in public sector, such as lecturers and civil servants. The intention was to capture overall understanding from low class residential areas and high class residential areas on the increasing of HIV infection; by asked the migrant house girls' point of view who were primary affected group and from their employers who were key informants.

From Kinondoni total of 60 sample unit including 30 respondents (house girls) and 30 informants who were their employers was selected from the same house. This was to get the view of both the house girls and their employers. One –to-one interview and observation were used to collect data.

Before, started data collection, I went to Kinondoni district government and made self introduction explain my intention of doing research in their district, from where they gave to me an introduction letter which I took to ward local leaders. Local ward leaders made physical introduction to leaders of streets. Then street leaders took me to houses which they identified as where house girls could be found. That arrangement was the only formal arrangement which permit someone to acquire information from residents, because without local leaders who known and trusted by people it can be difficult and impossible to be trusted, listened and given collaboration by targeted group. With local street leaders after introduction we asked for permission from the owner of the house to interview him/herself as key informant and their house girls.

The anticipated unwelcome from head of houses to interview their house girls in some five cases happened, as they were worried that we might want to report them to the authority if only they paid their house girls low salaries compare to the new labour wage regulation, and therefore denied that they did not have house girls. At the moment we could not force to interview but rather we left and looked for other house with the same characteristics (depend on selection of sample: good working environment, unfavourable working environment and household status.). Total of five houses refused to interview their house girls, for simple saying *I don't have a house girl or I only have one of my relative helping me out in house work.* Therefore we had to interview 40 houses, in order to get reliable information, and fill gaps of those who reject to be interviewed. During interview three respondents with young age did not cooperate in giving answers because they could not understand questions.

Data related to risk behaviour and risk environment was collected so as to answer our research questions on factors contributed to HIV infection among house girls. It was drawn as check listed questions in which respondents together with their informants were interviewed.

The house girls as respondents were asked to provide the data concerned the factors contributing to HIV infection among them as main character in which the subject matter is built on them. Again from informants who were their employers from the same houses they were working in. Because apart from staying with these house girls in the same houses and know their behaviour they were in good position of giving their views on house girls risk behaviour and help to identify risk environment to HIV infection

3.3 Sampling Selection

Selection of respondents house girls were based on working in good/favourable labour condition and high salaries (Meaning such as: high salary, on time salary, medical support, clothing and bonus). Also it looked at working in unfavourable/bad working condition and low salaries (Meaning low salaries, delayed salaries, reduced salaries, no medical support, and no bonus).

The operational definition of high salary was the range of Tsh100,000(€56) to 60,000 =33€ per month and low salary was the range of 5,000=3€ to Ts.50, 000=28€ per month. The discussions and interviews were focus on factors contribute to HIV susceptibility and possible measures for prevention.

Selection of respondents also looked at household status, where house girls work. Household status was in terms of education –low/high education; wealth-e.g. housing and economic wellbeing, income; social status around-prestige and respect e.t.c. Also selected respondents were those house girls who stay with their employers (boarding employment), this means things like food and shelter were given as compulsory needs to them by their employers.

3.4 Data Collection process

Before started the main process of data collection I conducted pre-test checklist interview questions to explore understanding of respondents and their informant on answering questions correctly. This helped to identify some weakness in checklist interview questions and it enabled to refine those interview questions.

During pre-testing of interview questions it came to me the strong need to have research assistant the thing which I anticipated before, and prepared someone in advance in case it turned to be true. During interview I had three jobs to do, first was interviewing, recording which I did by myself and writing in which my assistant took the lead on it. Few occasions informants and respondents' referral were involved in identification of households especial in Oyster bay street where many residents are not associated much to one another to know other's affairs. Sometimes we failed to meet their employers the thing which forced use to leave request letters so as we could able to interview them in late evenings or during weekends

Primary data collection also took us to interview 4 respondents who were house girls and now are sexual workers at one of the area called 'Uwanja wa fisi' in Manzese Kinondoni. This was to get the essence of how being house girls could bring them to that situation. However to get to interview them was a bit of trick, which forced us to ask for assistance their own leader in that area to whom they regard her as their own mother.

In second data collection I had to write letters addressing to general secretaries of ministry, organisations and supervisory of Mwananchi media. Those letters was specific written by me to mention specific what my research was all about and personal ask for assistance. Together with university introduction letter I attached also semi structured interview questions

It was not came to my proposal before that some organisations may also deal direct with my target group of research because nothing much have been written concern them. For example of CHODAWU which is labour union organize house girls per ce. Therefore it was through referral from other organisations I went, which mentioned other stakeholders they work with and which can be more of useful to my study.

3.4.1 Epistemology in Data collection

By employing Interpretive epistemology, I was in position of complete understanding (social phenomena) behaviour, concepts, actions, beliefs of selected sample unit on their own terms and from their own point-of-view .The focus was on how the sample unit in life give meaning to the infection to HIV in the whole issue of finding factors influence HIV infections.

Together with Interpretive epistemology the same case study employed Feminist epistemology aims to understand the nature of gender inequality among house girls and examines their social roles and lived experience which understood within the terms of male domination. Assumption is

3.5 Data analysis process

The data collected was summarized and paraphrased while preserving the original details and original meaning as accurately as possible. Data was summarized in tables where open ended responses were summarized; similarities as well as differences in response were noted.

PESTEC tool was used to identify political, economical, social, technological, environmental and cultural factors which contributing to susceptibility to HIV.

Some respondents especial those sexual workers who at the beginning were house girls influence this research to look much into analysis of risk environment to the infections of HIV as push factors for risk behaviour in lager extent.

Stakeholder's analysis was used to analyze linkages and contributions of various stakeholders that are involved. The results were compared with review of literature and new research findings were discussed and reported as academic findings for master student.

3.6 Strengths and Limitation of methodology

The period of research was very short. In some cases the process of data collection researcher had to follow some few workers informants in their home after working hours to interview them and use weekends to avoid more wastage of time.

Again in all streets which were visited, local leaders either by saying or by indication, demand at least 10 euro for taking us around, this is not official conduct because as matter of fact its among their jobs, but well we had to give them after took us around. That payment was apart from organisation budget and I had to ask for fund from other source especial my family.

House girls who are currently sexual workers at 'Uwanja wa fisi' Manzese street, after indentified by their so called their mother, before interviewed them, they also asked for payments between 2-6 euro which mainly was the only way to get them; because for them giving their information became business to earn money since many organisations and news writers interview them.

On the strengths, the field work was very interesting and helped the researcher to understand several things which was not considered and expected during planning of the study. It has broadened the insight of the researcher about HIV/AIDS in the home country, so as in future with researcher will have every chance to implement the knowledge and skill acquired.

HIV/AIDS could be easily referred direct as UKIMWI (in Swahili) meaning HIV/AIDS, without use interchangeable words to soft the meaning. In area studied people are well aware with what is HIV/AIDS (UKIMWI). This means we could easily interview respondents and get information from selected sources, using direct word refers to one and the same meaning to everyone which achieve the expected results.

3.7 Ethical Issues

In any research study ethical issues are important to be observed especial when the subject matter is so sensitive such as HIV/AIDS and gender related issues. During the study the following ethical consideration were careful observed.

3.7.1 Informed Consent

Before data collection in the field all people who contributed to the research made aware of nature of research and what did I need from them, during introduction either through introduction letters which I wrote to organisations and ministry or physical introduction to informants and respondents. It made clear to them that the result of findings based on their responses will be for academic writing and publication only.

Respondents and their informants were first asked if they want their names to appear to the writings, at least all agreed to give their only first names. And where necessary some of

questions were escaped in some occasions when discovered that respondents or informants were not willing to give information as issues of HIV/AIDS and sexual matters concerned

3.7.2 Interview Ethics

During interview process we asked respondents or informants to find a place quite and with sufficient privacy to talk, house girls for example were not interviewed in front of their employers and so did employers. Also we made sure we introduce ourselves with our first names and asked them if they can do the same and if we can write their names down and later to be used in publication.

In some questions it required my own self disclosure to make respondents feel at ease. For example; I had to admit that even myself I have sexual partner for them to be open and look at it as normal thing, the strategy which came successful. Again some questions required further elaboration either by looking at respondents or informants facial explanation, or when they asked for more elaborations.

Also I had to ask and let them understand that I need to record what we were talking for revising what we talked when I extract their responses. The same thing for taking pictures with them, that I might need those pictures during my defence of thesis.

3.7.3 Ethical justification of research

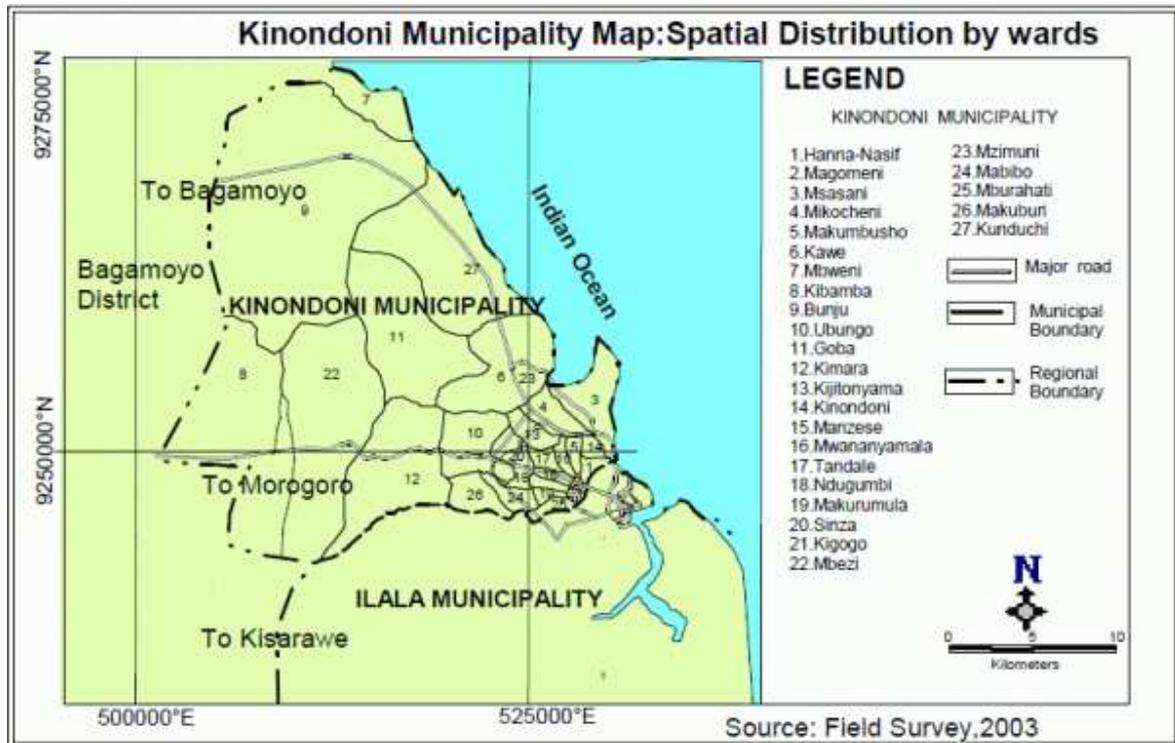
When meet respondents and informants the explanation of the purpose of doing such research were that apart from the fact that HIV/AIDS is still a dangerous disease which still need more investigation in order to eradicate it, but also the reason of conducting such research was because the targeted group was almost forgotten by many researchers specific from that region of Dar es salaam and Kinondoni district in particular. Because the group might experience difficulties differently or have different views compare to others, at the end the expectation is to motivate others to try to improve situation.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS.

This chapter presents the findings and discussions of the research study. The chapter starts with background information of area studied, house girls' pre-migration characteristics and general information, Knowledge, views, and experiences about HIV/AIDS, Risk behaviour and Risk Environment. The findings of the study are presented and follow the discussions. Discussions are based on information and findings from: individual respondents, informants, document review and stakeholder analysis and make integration of their views. The presentations are in form of descriptions, and statistical tables.

4.1 Description of the study area

The research was conducted in Kinondoni district Dar-es-salaam region Tanzania. Kinondoni is the northernmost of three districts in Dar es Salaam, the others being Temeke (to the far Southeast) and Ilala (downtown Dar es Salaam). To the east is the Indian Ocean, to the north and west the Pwani Region. Tanzanian National census (2002) showed that the population of Kinondoni was 1,083,913. Kinondoni as Municipal has four (4) divisions namely: Magomeni, Kinondoni, Kibamba and Kawe. These divisions are then divided into twenty seven (27) wards, which in turn are sub divided into villages for rural areas and sub wards commonly known as Mtaa (singular) or Mitaa (plural) in the urban areas. There are 113 Mitaa and 14 villages. The villages are further sub divided into 14 hamlets (Vitongoji). The Municipality also has 3 electoral constituencies namely: Ubungo, Kawe, and Kinondoni. The research was carried out in selected ward namely Tandale, Msasani, Manzese, Mikocheni, Magomeni, Ubungo, Kimara, Sinza, Kawe, Mbezi



According to 2003 Census Kinondoni District, it is estimated 95% of all population are employed in the private sector while the rest 5% are employed in the public sector. The majority of the residents are involved in petty business, fisheries, livestock keeping and agriculture including horticulture in the peri-urban areas.

Box 1. A case of Ester

Ester was just 31 when we conducted this interview. As we sat at the corner outside one bar around the area looking at near brothel houses at doorway; a woman or sometimes a very young girl in diminutive clothes was sitting, waiting for a customer.

I came from Makete she started by saying after asked her where she came from. Looking thin and hopeless, she continued; I was living with my father and step-mother (my own mother passed away) , before I was taken by one of our family friend to go to Dar es Salaam at age of 13. He promised to find a domestic work for me. He brought me to one family at buguruni where I started working for 2 years. My salary was Tsh6000 per month, which was too small (unknown exchange rate to euro of that time). I used to buy my personal requirements by myself including clothes and shoes.

One day a neighbour convinced me to run away and go to work to her relative who promised to pay better. We went to Tabata , the owner of the house who was the single mother with one daughter promised me a salary of 9000.

There I did all houses works, but later she forced me into another job, selling sex! I was forced to do it! I had no choice! I could not find a person who brought me because i did not know where he stays; even the family of buguruni couldn't have any news about me. I couldn't go back either because I couldn't trace the area. In fact I didn't know even how to return back to Makete. I was helpless. My employer couldn't tell her own daughter to follow her at nights but for me she did! She complained that she cannot feed me while I can do something. Most of times her men followed her at home. One day one of her man forced himself over me and rape me while she was not at home. I told her after coming back but she beat me saying I took her man.

One day I talked with a gardener of neighbour house to whom I took as friend, on bad treatment I received from my employer and empty promise of given salary. He promised to take me to his home at ubungo and stay with him. I left from Tabata at age of 26 years old. I stayed with this man while not knowing that he had a wife who travelled at that moment. When she returned I was chased away called a thief. I was roaming around near ubungo terminal bus stop where I met a lady (who later died from HIV/AIDS) she took me at here Manzese and started this business, selling sex.

The drugs are cheap, the girls are even cheaper in Fisi! Even with the price of a beer.

Ester present many young girls from the rural areas who are taken to the cities for domestic work, are used and abused by their employers and end up on the street. This story is a clear illustration of risk environment which house girls may enter into sexual risk behaviour as Ester.

In this case, trafficking, sexual exploitation, low payments, sexual harassment done by one of those to her and lack of support has forced her to enter into a risky sexual behaviour that could make her Susceptible to HIV.

4.2 House girls' pre-migration characteristics and general information.

The respondents' age in this case study ranged between ages of 13-32 years who were coming from villages to work in Dar es Salaam.

4.2.1 Age classification of house girls.

Table: 4.1. Age classification of house girls

Age group	n	%
Between 13-16	8	27
Between 17-20	13	43
Between 21-24	5	17
Between 25-28	2	7
Between 29-32	2	7
Total	30	100

Source: Own fieldwork

Table: 4.1.1 shows that 27% of the respondents are found in the adolescence age which is more sexual active, because of increase dramatically in hormone levels.

Martin (2007) 'In early adolescence, genital excitement and sexual interest often occur independently, of liking, intimacy, or wish for emotional closeness...early adolescent girls are usually intensely interested in romantic relationships, real and fantasised'. On other side Audrey E. et al (2004) argue that 'Young women may be especially prone to HIV infection in comparison to older woman due to larger areas of cervical ectopy and trauma to the immature genital tract during sex. Additionally, behavioural factors, including early age of coital debut, contribute to young women's heightened susceptibility to HIV'.

Data collected from KIWOHEDE (a nongovernmental organisation which deals with advocate and lobby for children's rights targeting children in domestic work, trafficked, in commercial sex, orphans and those living with HIV/AIDS at age of 9-18 years.), shows that, girls even start to work as house girls at age of 9 years.

Because of their small age, girls in this group of adolescence are not mature enough in body and mind. Their reactions and decisions are more strongly out of control when it comes to sexual drive. This witnessed by a lot of unexpected pregnancies. Meaning this 27% of house girls who are found in this adolescence age are in the risk of having unsafe sex with men because of immaturity and irrational decisions based on sexual drive forces, they tend to be sexually adventurous and may not consistently use condoms. Gender-power imbalances, exists in many African societies, make many women to have limited control over condom use.

Saying that it does not mean others age groups are not at risk. They are also including in active sexual age group but with stabilised sexual hormone changes. These other age groups are also

considered by researcher to obtain rational and mature decisions compare to adolescence age group of who may not recognise and control sexual drive forces unless circumstances push them to do so but with conscious mind. Barnett and Whiteside (2006) cements that life lived in a risk environment affects who you are, who you become, how you earn your living and what (and others)do with your body. But none of this is about ‘culture’ driving decisions against the grain of what is rational. People who inhabit a risk environment make decisions that are rational for them in their circumstances. However, it is the case that in a risk environment, people may be compelled to take risks that are against their long-term interests because they have little hope for the long term.

4.2.2 Knowledge, views, and experiences about HIV/AIDS

The researcher investigated on house girls’ knowledge, views and experiences about HIV in order to know its sources, reliability, availability and its sustainability in relation with risk to HIV.

(a) Education Levels and Knowledge on HIV/AIDS of House girls:

Education plays a great role in reducing HIV/AIDS impacts and its spread. As it increases understanding, rational decision and actions; and change the attitude and behaviour of people. This is one of major reason of researcher’s investigation on respondents’ education.

Looking at their education status, 24 were completed primary school with no addition education. Two respondents were never in school before. Two respondents were left school while they were in standard six, while one respondent left school in standard two and the other standard four. Many respondents were taken to work as house girls after completed only primary school. This is still a tendency of some agents to wait for primary school lever to finish schooling before going to villages to recruit them.

Table: 4.2 Knowledge on HIV/AIDS house girls’ responses.

Levels of education	Knowledge on HIV/AIDS responses	
	Yes(n)	No(n)
Complete primary school	24	
Primary standard six lever	2	
Primary standard four lever		1
Primary standard two		1
illiterate		2
Total	26	4

Source: Own fieldwork

From data presented above in table: 4.2.1, 24 respondents (80%) of respondents attended primary school education without further education. Only 2 respondents (7%) of all respondents were illiterate. This may have an implication on their level of understanding and general knowledge on HIV/AIDS.

During interview the question of where the first time they heard on disease 80% of those who were at school, pointed out that they got that education from school. Primary education in Tanzania includes in its curriculum HIV/AIDS as compulsory subject which taught when a

student reaches standard six. Thus the respondents who completed primary school had a low risk of HIV infection and assumed to practise safer sex than for this matter. Because they were better equipped to make decisions affecting their sexual behaviour, however may have low earning potential which will put them into HIV risk of infection (as we shall come to see in next sessions). The last three respondents in the above table are seems to be at risk of infection because of lack of education from school. But the following session acknowledge other sources of knowledge and experience which give awareness on HIV/AIDS as well.

(b) Other Sources of Knowledge

As they were asked on media utilisation as source for HIV/AIDS knowledge, all interviewed respondents agreed on having knowledge through mass media utilisation before and after coming to the city. As explained by Mary of Manzese that she came to know about HIV/AIDS from radio and watching television. This entails that house girls were in low risk to HIV infection because of the knowledge they acquire already through media

Two respondents came to know the disease when it killed their relatives, friends and neighbours in their villages before coming to Dar es Salaam. Ester of Sinza, said from where she come from (Dodoma) *'Many died from disease and people talk about HIV/AIDS'*

Table: 4.3 Responses on Other Sources of Knowledge

<i>Other sources</i>	<i>n=30</i>	<i>%</i>
<i>From Media utilisation</i>	30	100
<i>Learn from someone's death on HIV/AIDS</i>	2	7
<i>From own family at their villages.</i>	10	33
<i>From neighbours and outside their employers' households.</i>	27	90
<i>From their employers</i>	11	37

Source: Own fieldwork

N.B: More than one answer was given by one respondent.

Traditional in many of Tanzanian tribes immediately after girl has real reached puberty, parents, aunts or grandparents supposed to teach her moral value. For example: how she should stay and behave as mature person. Here also in some extent sexual matters are discussed, how to wear their clothes in seemly fashion, to stay away from and respect other opposite sex until she marries.

During interview all respondents said that they were taught on sexual matters, the emphasis was to abstain until marriage. But only 10 respondents during this period were taught on the HIV/AIDS disease as Hadija of sinza said: *'my grandmother told me at the age of 13 when*

'nilipovinja ungo' meaning when she entered puberty; about sexual relationship and give advice on HIV/AIDS'.

Therefore 20 out of 30 were not taught during their adolescence period issues of HIV/AIDS. This shows that still many of families today are not open to discuss with their children on the issues of HIV/AIDS, This can be either some parents, aunts, grandparents, sisters and all others did not have knowledge on HIV/AIDS or they were just not ready to give such education. Therefore such girls migrated to cities without any knowledge on HIV/AIDS which contribute to susceptibility to the HIV infections; Even though they were told to abstain, respect other opposite sex as ritual practices demand, but still the fact of lack of knowledge on why it's important to do so in regard to the most dangerous disease put them in risk of infection.

From above findings it seems that in one way or the other all respondents experienced and gained knowledge on HIV/AIDS which put them in low susceptibility to HIV; either from one of their member of family, neighbours or from school, their employers or media. This proved as when they were asked on how HIV/AIDS is transmitted, prevented and cured. 100% were able to give their views on transmission, cure and prevention of HIV/AIDS. When explained her views Sara a house girl in Magomeni Dar es Salaam, said that: *'transmission of virus done by doing unsafe sex and needle sharing, and that it prevention can be abstinence.'*

4.3 Socio demographic characteristics of employers

It was imperative for the researcher to investigate the occupational status of employers in order to find out whether there is a correlation with the poor repayment and default on house girls' salaries. Single, married, widowed, and separated constituted the sample as indicated in the table below were investigated so as to understand internal household behavioural risk to the house girls. Educational level of employers will enlighten our understanding on general treatment to their house girls.

Table: 4.1.2 Educational level of male and female employers

Educational level	Male	Female	Total
Illiterate	-	3	3
Primary	-	9	9
Secondary	1	5	6
College/University	5	7	12
Total	6	24	30

Source: Own fieldwork

Table: 4.5 Family status of male and female employers

Family status	Sex		Total
	Male	Female	
Single	-	-	
Married	4	22	26
Separated	2	2	4
Widowed	-	-	
Total	6	24	30

Source: Own fieldwork

Table: 4.6 Occupational status of male and female employer

Occupational status	Sex		Total
	Male	Female	
Unemployed	-	5	5
Petty business	-	8	8
Diplomats	3	-	3
Potential businessmen	2	1	3
Entitled officers(civil servants)	1	10	11
Total	6	24	30

Source: Own fieldwork

Only 3 out of the all total of employers are illiterate. This implies lack of knowledge on house girls' rights, and also they likely not to educate their house girls on HIV/AIDS disease. But in general all employers except of those 3 who were illiterate, the rest has formal education, which in turn they could be used to educate house girls on the HIV/AIDS disease. When were asked on whether they get HIV/AIDS education from their employers ,37% of house girls said their employers gave them such education, as explained by Aisha of Mikocheni *'when it comes to Ukimwi' meaning HIV/AIDS mama will call all of us in the living room, including her children to listen and to talk about it'*

Family status has implication to the coming discussion on male house hold members seduction, researcher believe that for the employers who were female to be married, apart from her husbands, may have sons and other male relatives as many of extended families. House girls are likely to be seduced in the houses where employers are married and stay with their husbands or wives rather than women employer who stay alone. In above table it shows 2 men employers separated from their spouses, which means house girls inside the house may likely to act as house wives, which may contribute to their HIV infection.

Occupation status for this matter entails the whole meaning of income status by employers.5 employers are house wives with no job at hand, only depend from their husbands, as pointed out one of employer at *'manzese i don't have job, but my husband has one that is all enough for us'*. From her explanation it seem the source of income of her husband was much of reliable. However still, this cannot take away the feeling of either delayed, reduced or low salaries to the house girls concerned which in turn might push them to the risk behaviour (as we shall see in next few section).

Among men employers interviewed 3 were diplomats at Masaki who paid their house girl salaries of Tsh100,000(€56), Tsh175,000(€97) and Tsh100,000(€56). When they were asked on medical support, they insisted to have medical insurance coverage to their house girls, which allowed them to be treated in their selected hospitals. For that case house girls were likely to be in low risk to HIV infection because most of their important need and wants were covered with high and good salary they receive

From table it shows also 4.1.2 women employers were petty business traders,(as we shall see in the next sections) also that almost all of these kinds of employers take their house girls to work in their petty trade during house girls' free hours. The practice which may influence their susceptible to HIV from new surroundings they work in.

4.4 Risk behaviour: (House girls' beliefs, practices & attitude).

The researcher sought to understand, what is risk sexual behaviour for susceptibility to HIV among house girls. During interview it was discovered that all respondents denied the use of drugs and alcohol. It was when they were asked whether they use alcohol or drugs. They were also denied the Rate of partner change and frequent change of sexual partner, (as we shall see in sub section 4.3.2) 13 respondents had left their sexual partner at their villages, while 17 had no sexual partner when they were there. Again the other different question on whether currently they have sexual partners was asked, whereby 27 respondents said they did not have sexual partners at that moment, only 3 said they had sexual partners. This two questions help to confirm their denial of frequent and rate of change of sexual partners. This means they might not at risk behaviour determined by the use of alcohol, drugs like in sharing needles or frequent and rate of sexual partners.

The following below were identified as risk behaviour of house girls:

4.4.1 Age involvement in sexual relations

The researcher investigated on age involvement in both: respondents' age choice to start sexual relationships and age selection of sexual partner to engage with. This is to give view

on risk or non risk to HIV infection in relation with age choice. 17 out of 30 respondents (56%) said they wanted sexual relation with their age mate. 13 respondents (43%) mentioned that age did not count when it came to sexual relation.

Having sexual relation with the elder men:

Among 43% there might be also other house girls who involve with elderly men, who possible had already have many sexual partners before and to whom they likely not insist and be consistent on the use of condoms, or to go for HIV testing. Older men, who are at higher risk of being HIV positive, and who are also more likely to have moved in past, for shorter or longer periods, are able to dictate the terms under which they have sex with young women (Loevinsohn and Gillespie 2003 cited in Malawi 2001b) The issue of gender inequality comes in and influenced much with the age different between them, that a young girl is expected to listen and do as she has been asked with her male sexual partner. This kind of engagement to house girls portrays risk to HIV infection. Also there might be elder house girls who wanted sexual relations with younger men which might put them in less risk to HIV infection.

From the above findings it seems to the 43% of house girls said age did not count when having sexual relations many of these respondents were from low class residential areas, who are now from these findings 14 respondents agreed on house girl might have elder man as his sexual partner. Therefore this implies that, risk behaviour of having elder male as their sexual partner could probably increase high risk of infection among house girls.

During interview the question of whether elder men may have sexual relation with house girl was asked to capture understanding from high and low class residential areas (depend on selected wards, refer chapter 3, study area justification).

One of very common says of costal people is 'mwanamke mafiga matatu, moja hallinjiki chungu' meaning a woman need three stands to stead her pot when cooking. And elder men in this case are the one who can support women, and not just one man but at least three. This has been a known by the many of Dar es Salaam costal people including house girls. Most of times researcher use this common says, to ask on whether house girls can have relationship from elder men for the favour of being supported from their needs.

14 respondents out of 15 from low class residential areas agreed that house girls might have sexual relation with elder men. And from high class residential areas, 3 respondents out of 15 agreed that house girls might have sexual relation with elder men

When answering Flora of Manzese said, *it has been like fashion in Dar to have sexual relationship with house girls, even girls of secondary school if you want to see,*

Table 4.7 Elder male sexual partner responses

Elder male sexual partner (n)=30	Areas		Total
	low class residential areas	high class residential areas	
Yes(n)	14	3	17
No(n)	1	12	13
Total	15	15	30

Source: Own fieldwork

When answering the question of what is proper age to start sexual relationship 7 respondents mentioned above their current age at that moment like 20, 18, 24 years old e.tc. This implies by saying they were too young to have such a relationship now. The majority mentioned their current age, which means they could be probably already started sexual relations, and answering in favour of their age is seems to justify what they already might done. As Sakina of Manzese aged 16, standard seven levers and who was pregnant by the time we interviewed her, she said *a girl can have sexual partner soon after finish standard seven*. And while answering what age should person start sexual relationship she said, *at age of 16-20'*

4.4.2 Lack of awareness and no use of condom

This sub section looks at respondent's awareness and understandings about condoms. The intention is to find out on how much and long can house girl prevent the HIV infections by the use of condoms which considered as of one of preventive measures.

The below table shows the 13 out of 30 respondents had sexual partners before coming to the city when were asked on whether had sexual partner at you home village. 27 out of 30 respondents said at that moment they did not have sexual relations when they were asked on whether they current having sexual relation

Respondents 29 out of 30 did not admit the use of condom before except Mariam of Masaki who admitted to use condom before coming to the city. This was when they were asked if they had ever use condom before.

Initial from the findings all respondents were able to describe male condoms. Even when we asked of the place nearby to buy condoms, all pointed at shops where they are sold; and 2 respondents mentioned the price of 10 cent € sold.

Looking at its importance of using condom as identified by them, 25 respondents admit its importance in preventing HIV virus, STD's transmission and preventing unwanted pregnancies. The remaining 5 respondents said they do not know the importance of it. This can be either for fearing in front of researcher, how will they perceived like to know condom and sex! The reason

of saying this is as mentioned above all house girls got knowledge on HIV/AIDS through media and other sources which make obviously for them to know importance of using condoms

Table: 4.8 Having sexual relation and use condom

	Having sexual partner before reaching in the city	Currently having sexual partner	Use condom
Yes (n)	13	3	1
No (n)	17	27	29
Total	30	30	30

Source: Own fieldwork

More than one answer was given by one respondent

No use of condom during sexual intercourse. As seen on the table above 29 denied the use of condom and only one person from Masaki one of identified high class residential area, admitted the use of condom. Failure to use condoms during sexual intercourse may cause risk of HIV infections to them. As they answered that they did never use condoms before does not mean they did not have sexual partners (e.g. look at 13 respondents who said had sexual partner before coming to the city). Looking at 27 respondents who said currently they did not have sexual partner, they might not have sexual partner as they said but they might be among 13 respondents who had sexual partner before or 17 who had not sexual partner before. Let not forget these three questions were asked differently to the same respondents. This is only to show that majority of respondents are likely to be susceptible to HIV infection

In order to come with clear picture of why sexual partners were not using condoms, all respondents said because they trusted each other. But this cannot be the reason for them not to use condoms, only to trust without even test for HIV/AIDS it cannot put them in safer place.

Respondents also were asked question on who supposed to suggest on the use of condoms between man and woman. 28 respondents suggested women should do that and 2 respondents suggested both man and woman. Explained the reason why Fatuma of Masaki said: *'a woman supposed to suggest on the use of condom because she is the one who will get the pregnant.* Another question was who among sexual partner supposed to bring a condom; all respondents said its men who must decide and bring condom during sexual intercourse, therefore if a man cannot bring condom even though a woman already suggest on its use it cannot be used in actual sense, this suggests unprotected sexual behaviour among house girls.

This proved as they were asked on who have a power to negotiate how to have sex. 29 respondents answered that its men who have power in negotiating and 1 respondent said it's a woman. When make addition on risk behaviour KIWOHEDE organisation which deal with advocate and lobby for children's rights targeting children in domestic work; mentioned that house girls tend to do sex without condoms with their male employers to them, they cannot raise their voice to suggest at least for HIV prevention. House girls seem to subject under male

domination with no room of choice which portrays gender inequality. Thus still house girls seem to lack strong stand in decision making to fight the spread of HIV infections.

4.5 Risk Environment

Risk environment was much portrayed in this study compare to what observed to be direct risk behaviour. As explained below all of the factors on risk environment influence risk behaviour to the infection of HIV among house girls.

4.5.1 Urban life style

Urban life style including the way women dress, making their hairstyle e.t.c the access of technology like mobile phones, television, newspapers had greater influence on those house girls who were just coming from villages. For example when we visited in the area of Mikocheni all four respondents we interviewed had cell phones which bought to them by their employers. The idea itself was not bad as long all employers in that area accepted filling these cell phones with credits, so as employer and so employee can contact and inform each other on what happen or should happen at home. And it is employer responsibility to fill in with credits to maintain supervision even when she/he is not around. But the concern is on the fact that not always they will do that. Looking at house girls salaries (as we shall see later) do not allow them to do that either. Therefore house girls might possibly find other sources of income to add credits in their cell phones including selling sex, in order to inform their employers may be something crucial and important to do at the moment. On the other hand cell phones put people together, and there were no clear control or supervision of people to whom house girls contact with, when their employers are away from the houses. As cell phones concerned house girls could be probably start and practice sexual behaviour as long they contact men outside or inside the house. Hence it is likely to put house girl in risk to HIV infection,

KIWOHEDE When answering the question of whether urban life style has of greater influence on house girls in relation with sexual relationship they said: house girls in cities they met with a lot of things which were not found in their villages before e.g. outfits, entertainments, and television. In trying to imitate and assimilate as city girl like wearing kind clothes which may bring attraction to men to seduce them. And in order to appear and live as their peer group, they might end engaged in sexual relationships because the cost is too high to bear with their only already depended salary. Now days imitation especial from televisions have much negative impact on people, and house girls in particular. For example Sudden mushrooming of television programmes like porn movies programmes and other mass media have also contributed negatively to social discipline and sexual practice behaviour by imitating and practise from those programmes. By saying they used to watch television programmes on free hours (as we shall see in other section) it likely to come across porn movie for example, or any other television programmes which facilitate risk of sexual behaviour).

4.5.2 House girls' salary and Risk environment

Every person has different reasons for working. The reasons for working are as individual as the person. But, we all work because we obtain income that we need from work. The income obtained from work impacts on morale, employee motivation.

Interview conducted was able to identify two kinds of salaries given to house girls. Mainly high salaries were paid to those who worked in high class residential areas and low salaries were paid to those who worked in low class residential areas.

New wages order (2007) by Ministry of Labour Employment and Youth Development announced fixed minimum salaries for house girls who stay with their employers to be as follows: domestic services employees employed by:

- Diplomats and potential businessmen 63,000.(35€)
- Employees employed by entitled officers for domestic service provision 56,000(31€)
- Employees employed by small earner as petty business trader 21,000(12€)
- Employees employed by others 45,000(25€)

Based on explanation of respondents and informants from both classes residential areas had amount of salaries of: Tsh20,000 (€11) were 10 respondents, Tsh10,000 (€6) was 1 respondent, for Tsh80,000(€44) were 5 respondents, for Tsh30,000(€16) 3 respondents and Tsh175,000(€97) 1 respondent and of Tsh40,000(€22) was 1 respondent, Tsh60,000(€33) were 5 respondents, Tsh100,000(€56) were 4 respondents

Table: 4.5.2 Amount of salaries of house girls

Amount of salaries (€)	n	%
6	1	3
11	10	33
16	3	10
22	1	
33	5	17
44	5	17
56	4	13
97	1	3
Total	30	100

Source: Own fieldwork

The presented findings were both from high and low income residential areas. One house girl from Masaki was paid the amount of 97 euro which is more than minimum wage. Majority 33% of respondents were paid even below the minimum fixed wage. One respondent also was paid 6€ regardless of how much she did for the family. This suggests that those who paid at higher salary may likely be in less risk of being infected because of being able to fulfil all requirements including of the dependence ones (as we shall see later on the needs and want house girls Strive to Achieve).

The wages difference may appear to influence risk behaviour, in order to have clear picture of the relation between the two, the answers on the question on the use of condoms as answered above in subsection on non awareness and no condom use, is still maintained.

The question of whether house girls can have more than one sexual partner was asked to the respondents while looking at class residential areas with relation to their salaries(as we saw in sub section above). 13 respondents out of 15 in low class residential area with low paid salaries said a house girl could have more than one partner. As acknowledge by Emmy of ubungo *My sister look at what is given for us, is nothing, the salary is nothing, we just find way to live, is just normal for house girl to have two three especial those 'wazee' elder men.*

All 15 respondents in high class residential areas proved otherwise, by denied that house girl could not have more than one partner, just one partner.

From two tables below show two risk behaviour which are likely to occur to the house girl regarding to their residential areas. According to the finding house girls who work in low class residential areas like of Tandale and other areas, were given low salaries, which might force them to have extra income by having more than one partner. Use of condom may not seem pleased by men who are ready to give out his money and miss natural satisfaction during sexual intercourse. Men who are in the city used to say they cannot eat sweet while is in its cover. As house girls in low salaries is likely to left with no option except without use of condom

Table 4.10 Salaries with relation with use of condom

Salaries	Use of condom		Total
	Yes(n)	No(n)	
low	-	15	15
High	1	14	15
Total	1	29	30

Source: Own fieldwork

Table 4.11 Salaries with relation with multiple partner

Salaries	More than one sexual partner		Total(n)
	Yes(n)	No(n)	
low	13	2	15
High	-	15	15
Total	13	17	30

Source: Own fieldwork

On other hand ability to afford their need and wants may prevent them from other risk source of income like sex selling. While failure to satisfy their needs for their personal developments and their dependents ones, may put them in the risk of being manipulated by men. In some situations they are likely to practise survival sex may be easily tempted to exchange sex for money and this puts them and their spouses at risk for HIV. Affordability their needs and wants could depend on their salary payment as we shall see below

N.B. High class residential areas or low class residential areas include income and education status of residences concerned.

(a)Payments

Salary payment has much of implication on house girls' behaviour and actions. As we shall see later salary payments are there to accomplish different requirements of these house girls. All employers from high class residential area agreed to pay their house girls on time except those from low class residential areas.

Table: 4.12 House girls' payment per every month

Payments	N	%
On time salary	18	60
Delayed salary	9	30
Reduced salary for medical treatment	3	10
Total	30	100

Source: Own fieldwork

The above table shows that 9 respondents' claims that they were not paid their salaries on time. E.g. 3 respondents among those 9 respondents, claimed that they were given their salaries depending on their employers' job salaries. 10% of respondents complained that apart from being low their salaries had been reduced from any reason, it could be either taken from medical expenses or they break glasses.

According to KIWOHEDE house girls are not given their salaries on time as they agreed with their employers or are not being paid, because of either employer's poor income, unrecognised right of these house girls, disrespect because they are young and cannot defend themselves, lack of written contract between house girl and her employer or lack of strong organisation to fight for house girls right. TAMWA and CHODAWU claimed that it depends with employer, other house girls are paid on time while others it takes even two months without being paid, some are underpaid, and other work without payments at all.

Labour office from ministry of labour pointed out that because of their low education in analysing things house girls are not claiming for their rights like of having underpaid salaries and feel weak in front of their employers.

All this entail that except of those who are paid on time, others their requirements will hardly met.

4.5.3 Benefits and Support

Usual employees at any place of work apart from being paid their salary also expected to receive other fringe benefits, support or bonus as their rights and kind of motivation to them to acquire job satisfaction.

From field findings, both employers and house girls were asked on benefits and support provided by employers and received by house girls. The same question was also asked organisations deals domestic workers.

(a)Medical support:

According to respondents together with their employers 27 respondents were given medical support free of charge by their employers, except 3 respondents who said their salaries have been taken for medical coverage. When researcher asked their employers to confirm, they denied except one who did not see the problem about it.

KIWOHEDE when asked the same questions they said; employers do not give their house girls medical support because, they feel is not one of their responsibilities, they refuse to see house girls as one of their family and so they escape expenses. TAMWA claimed house girls are not given medical support because employers feel that the salaries they pay them are enough for their health service. When CHODAWU responded to the question on medical support they said most of employers are not give their house girls medical support or if they do then, they take from house girls' salaries.

The above responses imply different views from organisations and respondents on either medical treatment are given to house girl by their employers or are not given. If at all we might forced to say, may be the respondents who were target group lied and did not say the truth, we afraid to do so because the environment in which research was conducted ensured privacy during interview. Therefore from respondents' point of view they likely to be at less susceptible to HIV infection as long their employers take care of medical expenses.

Medical expenses cover also treatment on disease like STD's and HI/AIDS, however from interview non of either respondents or their informants admit to go to health centers for STD's and HIV/AIDS treatments, only for the other diseases like malaria. According to KIWOHEDE many complaints received by them on house girls being infected by STD's. Availability of medical support prevents them from looking for other financial assistance which might bring HIV infection. Hence 90% of house girls show that medical support cannot regarded as factor for susceptibility. On the other hand we cannot ignore the responses given by these organisation and remaining 3 respondents. It may be true in one way or the other depending on area and time organisation's investigation were taken to come up with such results. Again few house girls were under risk of HIV infection for not assisted in medical expenses

(b)Bonus and Fringe Benefits

During interview all house girls said, were given clothes, shoes and some cell phones' credits from their employers, the answer which approved by their employers. According to (New wages order 2007) of the Ministry of labour the basic necessities like clothes and food are compulsory to be given by employers; if house girls stay with them. TAMWA when answered the questions on what were other benefit apart from salary did employer give house girl, they pointed out that some very few employers sent to school their house girls.

That implies that those few were able to utilise knowledge from school for daily rational decisions based on safe behaviour. It is from education they get development and avoid depending and be subjected to male domination. Giving necessities like clothes help them to reduce cost on their side. Meaning even the small amount they got they may try to serve to fulfil their goals. But also it helps in preventing risk behaviour in struggling to accomplish their needs.

But for saying that it will not be concluded that are all the requirements especial a girl needs, they have been provided by their employers. For example for those who pretty their hair meaning they need money for that, or they will need to buy under wear, body oil e.tc, the point we try to make here is that all in all especial for those with small salaries, who also need to spend on other requirements as girls their salaries are not enough to cover all their expenses

4.5.4 Needs and Wants House girls strive to Achieve

As many others, house girls are also struggling to achieve, their requirements ultimately good life and independency. They work and earn either much or small for their family back at villages and for themselves.

During interview the same question on what were plans for their salaries was asked to both house girls and their employers. 21 respondents said their salaries at the end of day they gave to their parents for shamba work, relatives or paying their younger ones school fees. 9 respondents mention that their salaries were for their own development ,as Agness of Mikocheni said: *'my goal is to get training in tailoring so can depend on my own'*. One employer of Magomeni said *she has to keep money for her house girl and sent them direct to her parents in the village because they need for taking one of her young brother to school.*

Normal external needs which must be fulfilled by house girls have strong demand, in such a way that when became unfulfilled, those who demand continue to push house girls harder and become the burden which must be satisfied. The situation is worse for those with low salaries compare to those of higher salaries. In struggling to satisfy needs of their beloved ones, they enter into risk environment to HIV infection. Even for those who were not depended by anyone, such as Agness above; still they will try to serve their money to reach their goals while remaining with some 'want' to attain. Whatever the reasons were the truth remain that their salaries are for doing something big and that's why they worked.

As long as majority of these house girls are paid low, and at the same time they are not sure when to receive their salaries (as we saw above on subsection on payment) the risk to HIV infection also is likely to be high.

As they struggled to achieve their goals the deep they immersed in sexual risk behaviour of selling or exchange sex with money, gift or any favour to face the difficulties and other responsibilities. KIWOHEDE agreed that a house girl can sell or exchange sex with money, gift or any favour because of low salaries and that house girls have many male sexual partners so as to add their income. Agness of Mikocheni said *'a woman should have one sexual partner but according to difficulties in life a person tends to have multiple relations'*. She was answered a question on how many sexual partners should a woman suppose to have, a question which all respondents favour one sexual partner.

Initial as they answered if house girl can sell or exchange sex with money, gift or any favour and what make her to do that. 100% of all respondents believed that a house girl can sell or exchange sex with money, gift or any favour because of hardship of life which mostly contributed by small income they earn.

Being in this situation men use to take advantage and manipulate them for the promise of fulfil their requirements. Or by seduce men outside or inside the house.

The following question on whether someone's husband, sons or any male relative in house can seduce house girl cement the above discussion.

(a) Manipulation to the sexual need

Men can take advantage of unstable and low payment of salaries and other extra benefits house girls' lack. It had been pointed out that men living in the same houses with house girls tend to seduce them, not only who are found in house but also those who are outside like neighbour around. The question was asked only for men inside the house because they easily witnessed what happened to house girls.

When she was answered the question on whether Men house members (e.g. husbands or sons) can seduce house girl. An informant Fatuma of Magomeni said *'it depends on what a house girl do to your husband for example, if you let your house girl prepare a bed and iron my husband's cloth it give chance for my husband to seduce her, pregnant her and even to reach a point of taken out of main house and rent a other house for her'*.

Table: 4.13 House girls' responses on men house member seduction

Responses	N	%
Men house members (e.g. husbands or sons) can seduce house girl.	28	93
Men house members (e.g. husbands or sons) cannot seduce house girl	2	7
Total	30	100

Source: Own fieldwork.

The above table shows that 93% of house girls believed that, men in the house can seduce them when they were asked the same question as of their employers. The situation which supported by TAMWA, association which tends to improve women and children's social, political and economical status through media advocacy; TAMWA agreed to receive complaints from house wives who complains on house girl being pregnant by their husbands.

having multiple sexual partners. Having sex with elder man

4.5.5 Gender Inequality

Gender inequality in heterosexual relationships is increasingly being cited as an important determinant of the higher rate of HIV infection among women. Women choices are limited because of socio-cultural expectations which persist and women are not empowered enough to take control of their lives.

Respondents during the interview were asked on if they could voluntary select male sexual partner. They all said that they don't have voluntary selection for their sexual partner instead men were the ones who select. Juliana of Manzese said: *'I cannot say to a man that I love you except for a man to say so'*. From respondents' point of view, it seems men are the ones expected to start sexual relationship, whenever they want to do so and not women. In other words women are there waiting to be chosen and normal women do not refuse such offer. If

only women, and for this matter house girls can be cultural and social allowed to select men they likely to be in safer position against risk to HIV infection, by being sure for example; a person selected does not have multiple sexual partners. Cultural norms, beliefs and practices subordinate house girls, like of this multiple sexual partners for men is tolerated and even encouraged.

Again house girls are the ones who chosen by men and so they may not be in position to proposal for HIV testing or negotiate safe sex with men who choose them, and it is worse when those men are more powerful financial or well educated at least more than them
KIWOHEDE added by saying house girls cannot voluntary choose sexual partners because they want to add their income or other favours.

4.5.6 Practices and free hours

Free hours for most of house girls used that time to take break from work and look at themselves. These were also hours to exchange ideas with other, to watch news, attending personal issues or to do something a bit different from their normal work routine.

When we asked on what they did at their free hours after work, all respondents answered that they used that time for either resting, watching television, reading newspapers or make stories with their neighbour friends. During weekends in few occasions those who are Christian went to church and visited their relatives for few who have them in Dar es Salaam. As explained by Mary of Manzeze that: *'at the end of weeks I use to go to church with my employer and sometimes am going alone to visit my relatives at Mbagala'*.

By socialising a person can learn from whom or what she/he associates with, sometimes can lead to bad practices if not observed. For example when they meet their friends its where they can be influenced to involve in sexual relationships for their extra needs. Or as they walking to the market or church men can seduce them. Media like television have sexual programmes which might change house girls' behaviours in one way or the other as long they spent their free hours to watch them.

Two respondents mentioned that they also responsible for selling employer's petty business after finish their normal work in the house (at their own free hours).

CHODAWU added, house girls were taken to work against their agreement and their own will. For example they were taken to work on prostitution, as vendor for selling bottle water or food as 'mama lishe'.

From that findings apart from house girls to meet with other people outside, they likely to be in high risk of infection; first the environment they are working can be of sexual violence from their customers. Second the bad influences from customers and other people they meet outside might contribute to risk sexual behaviour

4.5.7 Sexual harassments

Within working environment, intimidating, bullying or coercion of a sexual nature hinder enrichments the life of those who working.

Initial during interview with house girl, none of them agreed to experience unwanted touching committed through physical force or manipulation in their working environment. When also asked on experience of unwanted act of a sexual nature committed through physical force or manipulation in their working environment only 4 respondents agreed to experience that. 2

respondents out of these 4 were sexual harassed by their male employers while the remaining two were harassed male relatives of houses. According to them they did run and say no, of course these could not witness by their employers. Their employers said, they had never heard or witness any of unwanted sex touching to their employees. This suggests some employers are not aware of what happen to their house girls

According to their investigation TAMWA and KIWOHEDE said all that kind of harassment happened and experienced by house girls. TAMWA comment that some of house girls report cases only when things turn worse and others feel shy to report and keep quiet until when they get pregnant or when their employer chase them away.

CHODAWU agreed on sexual harassment done to house girls and that they use to report to the local authority and sometimes to open case on their behalf or taking them away from such working environment and give them training courses like vocational training courses.

Picked from labour office, house girls experience sexual harassment and ministry use to file cases according to criminal law and work regulations in sexual harassment.

According to UNICEF, girls who are domestic workers experience sexual harassment from their own employers, as quoted below

UNICEF (2006)Girls who live away from their families working as domestic workers or even working on the street are particularly vulnerable to abuse and exploitation. One 18-year-old girl working as a nanny in Ethiopia recalls being raped by her employer: "His wife was out for a traditional funeral...He got me, and threw me on the bed. When my stomach got bigger and bigger, they kicked me out, and I ended up on the street."

The stated findings reveals much on sexual harassment done to house girls, Even though from interview conducted only 4 respondents admitted sexual harassment while they were in working environments, we believe sexual harassment is not something to be proud with and come confidently forward and say yes I have been sexual harassed! Sexual harassments like rape in Tanzanian society regarded as something to be ashamed of, a woman who is raped seems to be nobody with no dignity any more. Therefore might be the case to those house girls .even though they may experience such harassment they cannot come forward and talk about it. Also as mentioned from other organisations above, for example CHODAWU which is domestic worker labour union confirms that at times they had filed cases on sexual harassed for house girls, this proves of what might happen to house girls lives. As sexual harassments seem to be in higher extent and are likely to put house girls in risk of getting HIV-

We also consider the genuine possibility of 26 respondents and their employers' information on inexperienced unwanted touching or sexual act, if this is the case then, house girls are at lower risk to HIV infection.

4.5.8 Other forms of Violence

KIWOHEDE when narrated the way employers in low class residential areas treat their house girls, mentioned that many of employers are using these house girls to add their income; by put them in their petty business and prostitution work. Without addition amount to their salary, or take precautions on what may happen to their house girls' wellbeing.

For high class employers things are not of much different because still house girls have been segregated during meal and told to use kitchen to eat, putted in poor sleeping places, and sometimes being forced to do sex with their male employers or any male member of the house. House girls can be beaten by their employers, insulted, segregated, denied food, sleeping on the floor, overworked and taking into difficult and hard jobs; raped, for some body parts to be

burned on fire, called thieves, taking out from their jobs without being paid. All these are examples of offensive behaviour intended to disturb or upset. At the end make house girls frustrated, feelings of inadequacy, lack of strength and confidence, feelings of no self-respect, feel no affection and esteem to nobody, the situation which facilitate to risk behaviour. For example the use of drugs may result from frustrations because of some offensive behaviour. Or feeling of no self-respect and feelings of inadequate resulted from offensive behaviour may cause to sexual risk behaviour since a house girl is likely not to value herself anymore.

On its experience KIWOHEDE said: house girls denied right to be listened, not treated in time, raped, denied cloth and proper place to sleep, denied proper food while given small amount. Denied a chance to continue with education school or vocational training, loose of self esteem as no freedom of expression, to lost personal and home contacts with their parents, guardians and their original areas where they come from, Denied their salaries or given deducted amount compared to agreed salary.

Most of presented findings express the psychological touches which house girls come across, as much they are demolish psychological mind as deep they immersed in risk behaviour. Not be listened for example might bring a house girl with bad decisions because she did not given freedom to express her feelings on offensive acts, or decisions.

CHAPTER FIVE : CONCLUSION AND RECOMMENDATION

This chapter presents the summary of major findings which derived from the study. The recommendations are made on the basis of research findings. The objective of the study is to providing possible recommendations to the organisation (Tanzania Youth Team for Campaign against AIDS) on the best approaches to assist house girls from being infected by HIV; by providing clearly understanding of factors contributing to their susceptibility to HIV infection. Basing on the findings, the following conclusions are made followed by recommendation:

5.1 Conclusion

Knowledge on sexual and HIV/AIDS matters in one way or the other has been equipped to house girls. table 4.2 1 and 4.22 identify several ways in which house girls got knowledge on sexual and HIV/AIDS matters, including from their family, media, hearing from neighbours, from their employers and school. Apart from other sources 80% of them get knowledge from school (refer table 4.2.1) as compulsory subject. Traditional many tribes in Tanzania teach young girls at their puberty period, on sexual issues, but not always include knowledge on HIV/AIDS. House girls witnessed to understand the knowledge in transmission, prevention and cure of HIV/AIDS as when asked by research.

From the findings house girls have been taken to the Dar es Salaam starting at adolescence age of 13 or even below to the age of 9 before their adolescence. Age of adolescence regarded as age of high pick of sexual drive forces, made them full of sexual excitements and adventurous with lack of conscious rational decision. Unlike other age group, even though they are also sexual active but their decision are more rational, clear conscious and clear recognise the sexual drive force and may have control over it; unless some forced by risk environment. Immaturity and irrational decisions based on sexual drive forces might cause risk behaviour e.g. of having unsafe sex with men and not consistently use condoms.

Except 7 respondents from all age groups, they might be already started sexual intercourse with men because they when answering the question on what is proper age to start sexual relationship, they insisted with the favour of their own age. If that so then even house girls in adolescence age could be much affected and much in the risk of being affected.

The study has highlighted belief that 43% of house girls believe that age does not count, that believe may lead to inter generational sexual practices. 56% said they only look at their age mate. But how could they look for their own mate while in the another response; they all said they don't have voluntary selection for their sexual partner instead men were the ones who select; this shows gender inequality on the base of decisions making and its influence. By saying so 14 respondents out of 15 from low class residential areas agreed that house girls might have sexual relation with elder men. Sexual different age group most of the time matters especial when it come to the decision making process on the favour of men even more elder men, and the fact that the elder men could probably have many sexual partners before. House girl from low class residential area prove to be affected much with this risk.

No use of condom during sexual intercourse admitted by Respondents 29 out of 30, on the other hand respondents said women should suggest the use of condom but men should bring. Un balance power relation because of gender inequality can be the reason why house girls tend to do sex without condoms. However majority 50% of respondents living in low class residential area were not use condom, The reason that their income may be low so may force them to engage in unsafe sexual relation men who paid for sex service may want it without condom. Sometime house girls can be seduced with their male employers or any male member in the house, it likely not to use condom when it comes to sexual intercourse because those men already have power, first of being boss and depend on him for almost everything.

No condom use is seem to be practiced even before. (See table 4.4.2) 13 respondents were having sexual relations before coming to the city because.

Paid sex likely to be portrayed under the risk environment of low payment reduced and delay salaries in low class residential areas than that of high class residential areas. House girls' requirements will hardly meet. Support and fringe benefit determine also the paid sex, data from organisations show that support and benefit are not given to house girls, if that is the case they likely be in risk situation. But contradictory responses from organisation data on support and benefit, respondents agree to have support like medical treatment for free. If it is on favour of house girls then the risk may be low.

Girls in their own ways have several needs. Giving those benefits and bonus, necessities like clothes help them to reduce cost on their side, and prevent them from other risk source of income like sex selling. Meaning even the small amount they got they may try to serve to fulfil their goals. But also it helps in preventing risk behaviour in struggling to accomplish their needs. But it does mean all their requirements were provided. Girls are found to have the need and wants as their requirements. As long as majority of these house girls are paid low, and at the same time they are not sure when to receive their salaries (see subsection on payment) they likely to practice sexual risk behaviour.

Low salary can put them in the risk of being manipulated, seduced by men, especial men who are in the house may take advantage of house girls' low salaries. Majority of house girls of 93% believe men could seduce their own house girls at home see table 4.4.2 (c).

As from the findings majority 56% of house girls viewed their mind on wanting their age mates as their sexual partner, but the needs and wants house girls strive to achieve might put them on line of choosing their age mates as their sexual partners. Men with well economical develop compare to house girls might always seem to be choice for these house girls to satisfy their need of either to assist family back to their villages by giving remittance or for their own future plans. The trigger to enter into relationship with these men become much stronger because their salaries paid to them are not enough.

Sexual harassment has been involving also house girls. To be sexual harassed was and is still something to be ashamed with in Tanzania, Many organisations working with house girls identify this as bad conduct done normal to house girls. House girls right have been only observed in relation with education level of their employers .see table 4.1.2, e.g. 3 employers are illiterate, which means it can not mean anything when it comes to rights of house girls. Many who marry and may be have sons can sexual harass or seduce house girls. The worse part is when house girls work with male employer alone is likely to be a house wife.

House girls rights has been violated by their employers many were taken to stat extra job without their consent and without their agreements, some were taken as sexual worker, or selling their petty business without additional salaries. Offensive behaviour like beaten segregated and denied food , may resulted to psychological feelings such as frustration, lack of confidence, loose of self esteem and inadequate which tends not to value house girls any more in return house girls are likely to involve in risk behaviour for the hope of getting relief, or for not see herself as important person and nobody. Their employers may not bother to listen to them.

Right for training development is right of any employee from his employer, But for the house girls things are much different because they have been denied a chance to continue with education school or vocational training as express by KIWOHEDE. Not being to school means continuous to be dependant and so financial dependant. This in turn may put house girls into sexual risk behaviour.

Urban life style has been one of the factor influence susceptibility of HIV to house girls. Urban style including way of dress, hair care, food, interaction has the greater impact to these house girls who were just came from their villages. House girl mindset is fuelled by discovery, expression, diversity, and connectivity to urban environment has negatively changed their behaviour. Television programmes has been major factor for behaviour change of house girls as they try to imitate other kind of life including sexual life. This has been the case when house girls mention to spend most of their free time to watch television programmes. Cell phones also came in as factor for their susceptibility as they can contact with men , as one employer said *cell phone can be good, at a time when i used to call her to check up on my family, but believe me a man can enter and be with your house girl in your house while you already lock all the doors.*

5.2 Recommendations

Several situation encountered by migrant house girls forced them to engage in risk behaviours to HIV infection. From the findings most of factors contribute to susceptibility to HIV are determined by risk environment.

In view of assisting migrant house girls Tanzania Youth Team for Campaign against AIDS (TAYOTA) have to strategize to lobby and making advocacy campaign to stakeholders for bringing change. Working together with other stakeholder is the only way TAYOTA can do to higher level.

Special attention needed TAYOTA to continue to identify house girls who their rights have been violated; by being abused or sexually harassed or being into any kind of offensive behaviour, like as being beaten, denied food, overworked, raped or insulted. TAYOTA has to collaborate with other organisations like CHODAWU, Women Lawyers in Tanzania (TAWLA), KIWOHEDE and ministry of Labour Employment and Youth Development, which are capable to assist house girls to file cases to the police, then get them legal assistance in the court or to take cases to local governments authority.

Education on house girls right should be looked by organisation, through awareness creation in community TAYOTA can provide such education, e.g right of freedom of expression and be listened and sexual harassments

To identify house girls who are working under age, through working with Ministry of Labour Employment and Youth Development. Ministry of labour has major duty to prevent those employees under 18 years from employment under risk environment. (under its project -to eliminate worst form of child labour' project (bound under International Programme on the Elimination of Child Labour (IPEC) programme of the ILO), therefore networking with the ministry to identify those who put children under age of 18 into work while. Ministry also supposed to make follow up to see whether conditions of labour laws are reinforced. Intention is to fight child domestic workers;

It recommended that TAYOTA finds way to lobby local governments and village councils to pass new by-laws, with penalties for parents who send their children to work instead of school. The penalty might be a chicken or a goat, for example. But it is not about punishing people. The poor are in great need of alternative income-generating activities.

Some organisation have been supported and funded by international organisation, e.g. CHODAWU which has sponsorship from ILO. TAYOTA has to lobby other such stakeholders, so as to agree on taking out some girls who are found into difficult working conditions, and introduce programmes to support these house girls through income generative activities, supporting savings and credit schemes with funds and conduct vocation training courses. E.g. the formation of micro-businesses such as trading cloth, tailoring, making batik or baking for local restaurants, training in entrepreneurship skills and financial management.

TAYOTA need to advocate the ministry of labour, on formation of law in place to educate employers and society in general to respect domestic house worker. This will make clear that house girls have the same right as they have other people. Such education will also include,

educate on new labour laws like new wages order 2007, worker compensation act and social security regulatory authority act, 2008. Lastly from such education emphasise should be on domestic work supposed to be done by elder girls than those younger ones who can be easily harassed.

It is also recommended that TOYOTA liaise with Ministry of education for special curriculum to be developed and sustain in primary school education. For example courses include tailoring, batik tie-dye, carpentry, welding, electrical installation, elementary mechanics and driving, ceremonial decoration, cookery for housekeeping, professional cleaning, candle-making and handicrafts. The programmes also include HIV-Aids awareness, gender aspects and entrepreneurial skills. The purpose is to equip and to empower a young girl who still at school to start depend on her own by having self employed job even if she will not going to the secondary education, and instead of thinking of going to the cities to look job as house girls.

TAYOTA in collaboration with other departments, media like radio and televisions and organisations like Angaza and Amref international to give HIV counselling and testing, psychological counselling, education on reproductive health and HIV/AIDS to house girls. Give awareness programmes to society and children through media about house girl rights, education on social and sexual relationship in working environment has to be provided to employees and their employers, HIV/AIDS with relation to domestic worker, Educate on child labour effect to all society, parents and children, to create local committees which will eliminate child labour in domestic labour

To give education to house girl to report any physical to the police and help to refer them for the legal assistance from women lawyers association, emphasise on joining labour unions so as to protect their right, to help house girl to speak out and not feel ashamed or are afraid when they sexual harassed. Lack of safe spaces and opportunities to share their experiences makes girls even more vulnerable to suffering acts of violence and the harmful traumas.

Programs should target men involved in transactional sex to persuade them to use condoms.

Communication campaigns should be mounted that acknowledge the existence of transactional sexual relationships and speak bluntly about the risks involved. Programs should be designed to build up self esteem and empower young women and young men to make healthy life decisions. Role playing and hands-on exercises may be effective tools for improving young women's negotiating skills. Similarly, messages and programs should be crafted to help young men protect themselves and their current and future partners when they enter into transactional sexual relationships.

TAYOTA suppose to encourage house girls to come forward and speak out on violence against them. By working with police, ministry of labour to put law in place to protect house girls who decide to say to speak against their employers. Police will make sure the rights of house girls are protected and no employers will disturb them once they file case.

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Appendix

Appendix I

Check list Interview questions on: Factors contributing to HIV infection among house girls.

Supervisor Name..... **Date** ____ / ____ / ____ / **NFile**

Respondent. Profile

Name of respondent.....

Age.....

Education level.....

Religion.....

Residence.....

Marital status.....

Monthly salary.....

Lifestyle behaviour.....

Mass media utilization.....

Alcohol and drug use.....

Knowledge, views, and experiences about HIV/AIDS

What have you heard about HIV/AIDS?

Where at the first place you heard on HIV/AIDS and other chronic disease?

Who gave you information on HIV/AIDS and other chronic disease the first time?

Currently who keep inform you on HIV/AIDS issues?

What do you know about HIV/AIDS transmission?

What do you have know about prevention?

What do you have know about its cure?

Can anyone discuss openly on sexual matters?

Have ever discuss with your sexual partner about HIV/AIDS in the past 12 months?

Have ever discuss sexual and HIV/AIDS issues with your parents?

At what age do your parents suppose to talk on sexual matters?

How do your parents discuss sexual and HIV/AIDS issues?

**Awareness, use, sources, and opinions about
Condoms**

What is the importance of using condom?

Who do you believe should suggest the use of condom during sexual intercourse?

Where is nearest place to get condoms?

Have you ever use condoms before?

Who among two sexual partners bring condom to be used?

Supplementary questions:

What do you like from your employer behaviour?

What you do not like from your employer behaviour?

How do household member treatments make you feel?

Risk sexual behaviour :(individual beliefs &altitude)

How do you use your working free hours?

How much sexual life style of urban (for many girls to have sexual boyfriend) influence in your life?

How many sexual partners do you believe a person should have?

Can house girls have more than one sexual partner?

How many times should a person change sexual partners?

Have ever having illegal drug use injection?

How many sexual partner you had before coming to the city?

Can someone sell or exchange sex with money, gift or any favour?

What make a person sell or exchange sex with money, gift or any favour?

Can someone's husband in the house seduce a person?

Does age matter in sexual relation?

Can elder men have sexual relation with house girl?

What is proper age to start sexual relationship?

Have ever having sexual relation after reaching in the city?

Were you left your sexual partner at you home village?

Socioeconomic factors

Can you voluntary select male partner?

Who have a power to negotiate who, how and whom to have sex?

Do sexual partners have equal chances in discussing and deciding on how and what they want their relation to be?

How does your employer treat you?

Does your employer support on your necessities like medical treatment?

Does your employer pay your salary on time?

Does your employer give you some other benefit apart from your salary?

Sexual violence

How do you get to know your local government leader at your area?

Have ever experience unwanted touching or act of a sexual nature committed through physical force or manipulation in your working environment?

What is your reaction on unwanted touching or act of a sexual nature committed through physical force or manipulation in your working environment?

How much have you come across offensive behaviour intended to disturb or upset you from household members?

Whom do you prefer to stay back home with while other have to go for their activities?

Appendix II