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Bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, Johannesburg, South Africa.



By
Mpumelelo Ndlovu

**A thesis submitted in fulfilment of the requirements for the degree
of Master of Social Work**

University of Fort Hare

Faculty of Social Sciences and Humanities

Department of Social Work and Social Development

Supervisor: Dr. Ulene Schiler

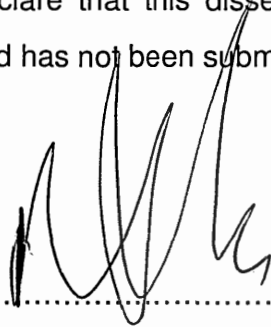
2015

DECLARATION OF OWN WORK

Bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow Johannesburg South Africa

I hereby declare that this dissertation is entirely my original work, except where indicated and has not been submitted for any other degree at any other University.

Signature.....

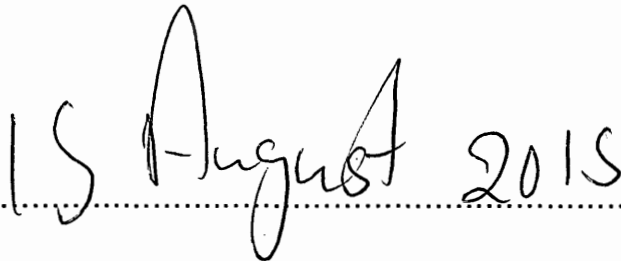


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Name of Student (*Printed*): Mpumelelo Ndlovu (200808344)

Date.....



DEDICATION

This study is dedicated to GOD in whose hand our future, my future lies. With all the obstacles encountered towards the completion of this Research Thesis, our God, the Almighty irradiated my path and gave me strength to overcome stumbling blocks faced along the way. Thank you my Lord. May your favour continue to shine in my academic life and in all my spheres of life.



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- Above all, will like to thank, I myself Mpumelelo Ndlovu for valuing the importance of education in unlocking doors of success, prioritising education over earthly activities and keeping my childhood dreams alive and met.



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IMFUNDO IVULA AMASANGO

KONKE ENGIKWENZAYO NGIKUPHIWA NGUNKULUNKULU

KONKE OKUHLE KUPHUMA ESANDLENI SAKHE

EBUNZIMENI EBUHLENI NGITHI INTANDO YAKHO

AYENZIWE SOMANDLA

NGIZIZWA NGILAMATHAMSANQA

May this study go a long way to empower and improve the lives of undocumented Zimbabwean migrants living with HIV in Hillbrow, in South Africa and beyond.



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ABSTRACT

Migration as a single variable is a stressful process. Living with HIV furthers ruins the bio-psychosocial functioning of undocumented migrants. Hillbrow was selected to be the research site because it has been identified as a heart of foreign undocumented migrants. The main aim of this research is to show the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV. The study used the bio-psychosocial model to theoretically explain the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. A qualitative research method was used to unravel the inner-most challenges facing research participants living with HIV. Research participants were drawn to semi-structured interviews through the utilisation of purposive and snowball sampling techniques. This study discovered that biological, psychological and social aspects of undocumented migrants living with HIV co-exist in complementarity. Deficiency in one or two of those aspects results in the total collapse of the bio-psychosocial functioning. On that premise the study recommends that strengthening and improving external factors that harm bio-psychosocial stature of undocumented Zimbabwean migrants living with HIV is key to achieve their effective functioning.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSV	Centre of Study of Violence and Reconciliation
CoRMSA	Consortium for Refugees and Migrants in South Africa
DHA	Department of Home Affairs
HIV	Human Immune Virus
HRW	Human Rights Watch
IOM	International Organisation for Migration
MGHS	Makokoba Global Health HIV Support Initiative
UN	United Nations


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Contents

DECLARATION OF OWN WORK	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT	vii
LIST OF ACRONYMS	viii
CHAPTER 1	1
INTRODUCTION TO THE STUDY	1
1. INTRODUCTION	1
1.1. THE RESEARCH PROBLEM	4
1.2. RESEARCH AIM	5
1.2.1. Research Objectives.....	5
1.2.2. Research Questions.....	5
1.3. SIGNIFICANCE OF THE STUDY	6
1.4. STUDY LIMITATION	7
1.5. ORGANISATION OF THE STUDY	7
1.6. SUMMARY	7
CHAPTER 2	9
LITERATURE STUDY ON MIGRATION, UNDOCUMENTED MIGRATION AND HIV	9
2. INTRODUCTION	9
2.1. POLICIES, DIRECTIVES AND FRAMEWORKS	9
2.1.1. The Global Agenda for Social Work and Development Commitment to Action.....	10
2.1.2. The United Nations Strategic Plan for HIV.....	10
2.1.3. The South African Strategic Plan for HIV, TB and Malaria 2012-2016.....	11
2.1.4. The South African Constitution.....	11
2.1.5. South African Immigration Act of 2014 as amended.....	13
2.1.6. South African Mental Health Act of 2002 as amended.....	13
2.2. SOCIAL WORK ROLE IN PUBLIC HEALTH CONCERNS AND RESPONSE TO HIV	14
2.2.1. Dignity and worth of person.....	15
2.2.2. Empowerment.....	15
2.2.3. Adherence to treatment regimes.....	16
2.2.4. Educator role.....	16
2.2.5. Family Centred Clinical Case Management.....	17
2.2.6. Advocacy.....	18

2.2.7. Harnessing of programmes and services	18
2.3. OVERVIEW OF MIGRATION AND HIV	19
2.3.1. The concept of migration.....	19
2.3.2. Undocumented migration	19
2.3.3. Migration and HIV	20
2.3.4. South African response to migration and HIV	21
2.4. EXPERIENCES AND CHALLENGES OF MIGRANTS LIVING WITH HIV	22
2.4.1. Health systems and challenges	22
2.4.2. Accessibility and availability of health care services to migrants	23
2.5. SUMMARY	26
CHAPTER 3	28
THEORETICAL FRAMEWORK: BIO-PSYCHOSOCIAL MODEL	28
3. INTRODUCTION	28
3.1. THE BIO-PSYCHOSOCIAL MODEL.....	28
3.1.1. Evolution of the bio-psychosocial model.....	28
3.1.2. The bio-psychosocial model relevance to the study.....	29
3.1.3. Biological aspect of the model.....	30
3.1.4. Psychological aspect of the model.....	32
3.1.5. Social aspect of the model	34
3.2. SUMMARY	36
CHAPTER 4	38
RESEARCH METHODOLOGY	38
4. INTRODUCTION	38
4.1. BRIEF OVERVIEW OF RESEARCH SITE	38
4.2. RESEARCH DESIGN.....	40
4.2.1. Research Methodology.....	40
4.2.2. Population description, sampling and sampling procedure	41
4.3. TYPE OF RESEARCH	42
4.4. DATA COLLECTION.....	42
4.4.1. Semi-Structured Interviews.....	42
4.5. SUMMARY OF RESEARCH EXECUTION.....	42
4.6. RESEARCH EXECUTION LIMITATIONS	44
4.7. DATA ANALYSIS	44
4.7.1. Planning for recording of data	44
4.7.2. Data collection and preliminary analysis	45

4.7.3. Organising the data.....	45
4.7.4. Reading and writing memos.....	45
4.7.5. Generating categories, themes and patterns.....	45
4.7.6. Coding the data.....	46
4.7.7. Testing emergent understandings.....	46
4.7.8. Searching for alternative explanations.....	46
4.7.9. Literature control.....	46
4.8. TRUSTWORTHINESS IN A QUALITATIVE STUDY.....	47
4.8.1. Credibility.....	47
4.8.2. Transferability/Applicability.....	48
4.8.3. Dependability.....	48
4.8.4. Conformability.....	48
4.9. ETHICAL CONSIDERATIONS.....	49
4.9.1. Ethical clearance.....	49
4.9.2. Confidentiality and anonymity.....	49
4.9.3. Avoidance of deception of participants.....	49
4.9.4. Informed consent.....	50
4.9.5. Harm to participants.....	50
4.9.6. Researcher's competence.....	51
4.10. SUMMARY.....	51
CHAPTER 5.....	52
FINDINGS AND PRESENTATIONS OF BIO-PSYCHOSOCIAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW JOHANNESBURG.....	52
5. INTRODUCTION.....	52
5.1. SEMI-STRUCTURED INTERVIEW PARTICIPANT'S PROFILE.....	53
5.2. THEME 1: BIOLOGICAL CHALLENGES LINKED TO UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV.....	57
5.2.1. Sub-theme 1.1: The biological reaction to antiretroviral regimen.....	58
5.2.2. Sub-theme 1.2. Undocumented migrant status and access to antiretroviral therapy.....	59
5.2.3. Sub-theme 1.3: Biological functioning and nature of employment.....	61
5.2.4. Sub-theme 1.4: Living conditions as a biological challenge.....	63
5.2.5. Sub-theme 1.5: Sexual issues and sexual reproductive choices.....	65
5.2.6. Sub-theme 1.6: Cultural beliefs a threat to biological functioning and adherence to ART.....	66

5.3. THEME 2: PSYCHOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANT STATUS AND LIVING WITH HIV	67
5.3.1. Sub-theme 2.1: Undocumented migrant status, living with HIV and psychological challenges	69
5.3.2. Sub-theme 2.1.1: Substance abuse	69
5.3.3. Sub-theme 2.1.2: Eating challenges	70
5.3.4. Sub-theme 2.1.3: Mood challenges	72
5.3.5. Sub-theme 2.1.4: Exacerbated/ reduced sexual practices	73
5.3.6. Sub-theme 2.1.5: Suicidal thoughts	74
5.4. Sub-theme 2.2: Under-utilisation of psychological care services	76
5.4. SOCIAL CHALLENGES LINKED TO MIGRATION, UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV	78
5.4.1. Sub-theme 3.1: Lack of family support and isolation	79
5.4.2. Sub-theme 3.2: Disclosure challenges	80
5.4.3. Sub-theme 3.3: Socio-economic markers	81
5.4.4. Sub-theme 3.4: Language Barriers	83
5.4.5. Sub-theme 3.5: Social hostility and its effect on psychological functioning of undocumented migrants living with HIV	84
5.5. SUMMARY	87
CHAPTER 6	89
CONCLUSIONS AND RECOMMENDATIONS TO ASSIST UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW JOHANNESBURG SOUTH AFRICA	89
6. INTRODUCTION	89
6.1. RESEARCH AIM	90
6.1.2. Research Objectives	90
6.1.2.1. To explore the biological factors that present challenges to undocumented Zimbabwean migrants living with HIV	90
6.1.2.2. To examine the psychological challenges that are linked to undocumented migrant status and living with HIV	91
6.1.2.3. To explore the social challenges that undocumented Zimbabwean migrants living with HIV in Hillbrow face	91
6.1.3. Research Questions	92
6.2. CONCLUDING REMARKS ON THE BIO-PSYCHOSOCIAL MODEL AND UNDOCUMENTED MIGRANTS LIVING WITH HIV	92
6.3. MIGRATION POLICIES, LEGISLATION AND FRAMEWORKS	95
6.4. BIOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW	96
6.4.1. Sub-theme 1.1: The biological reaction to antiretroviral regimen	97

6.4.2. Sub-theme 1.2: Undocumented migrant status and access to antiretroviral therapy	97
6.4.3. Sub-theme 1.3: Biological functioning and nature of employment.....	98
6.4.4. Sub-theme 1.4: Living conditions as a biological challenge.....	99
6.4.5. Sub-theme 1.5: Sexual issues and sexual reproductive choices	99
6.4.6. Sub-theme 1.6. Cultural beliefs as a threat to biological functioning and adherence to ART	100
6.5. PSYCHOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW	100
6.5.1. Sub-theme 2.1.1: Substance abuse challenges.....	101
6.5.2. Sub-theme 2.1.2: Eating challenges	101
6.5.3. Sub-theme 2.1.3: Mood challenges	102
6.5.4. Sub-theme 2.1.4: Exacerbated/reduced sexual practises.....	102
6.5.5. Sub-theme 2.1.5: Suicidal thoughts.....	103
6.5.6. Sub-theme 2.2: Underutilisation of psychological care services	103
6.6. SOCIAL CHALLENGES LINKED TO MIGRATION, UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV IN HILLBROW.....	104
6.6.1. Sub-theme 3.1: Lack of family support and isolation.....	104
6.6.2. Sub-theme 3.2: Disclosure challenges.....	105
6.6.3. Sub-theme 3.3: Socio-economic markers challenges.....	105
6.6.4. Sub-theme 3.4: Language barriers.....	106
6.6.5. Sub-theme 3.5: Social hostility and its effect on psychological functioning of undocumented migrants living with HIV.....	107
6.7. INVESTIGATING VULNERABLE POPULATIONS (undocumented Zimbabwean migrants living with HIV).....	107
6.8. AREAS OF FOR FUTURE RESEARCH.....	108
6.9. MAIN CONCLUSION.....	109
7. REFERENCES.....	111
Appendix 1.....	125
Appendix 2.....	130
Appendix 3.....	133

CHAPTER 1

INTRODUCTION TO THE STUDY

1. INTRODUCTION

According to UNAIDS (2012:10), there is an estimated 34 million people living with HIV globally and Sub-Saharan African region has the highest HIV incidence. High population mobility has been attributed to the rapid spread of the virus in the region. Vearey (2008:361), argues that Sub-Saharan Africa is the home of only 10% of the world's total population, but it has 70% of the people living with HIV globally. UNAIDS (in Vearey, 2008:361), estimates that 5.5 million people are living with HIV in South Africa alone. These alarming HIV statistics have been attributed to international migration which has been centred on South Africa. According to Karim and Baxter (2012:427-428), half of the 34 million people estimated to be living with HIV/AIDS worldwide are women and in Sub-Saharan Africa, 59% of infected adults are women. It is assumed that 70-90% of these infections are as a result of heterosexual intercourse.

The United Nations Strategic Plan for HIV advocates for the eradication of any social perceptions that promote stigma and discrimination, hinder access to HIV related programmes to populations that are at high risk to contract HIV, vulnerable groups and to women (UNAIDS, 2010:7). This strategic plan encourages governments across the globe to adhere to this plan to enable protection of individual and groups human rights that are related to HIV and health. The Strategic Plan also sees importance in promoting human rights to high risky populations and vulnerable groups as a way to reduce further transmission of the virus and help to sustain the lives of those already infected (UNAIDS, 2010:7).

The South African National Strategic Plan for HIV and TB (2012-2016), which is within the Republic's Constitution, has also introduced a strategy which is aligned to the United Nations Strategic plan of 2010. The South African National Strategic Plan too, advocates for the removal of any structural barriers to HIV care and impact, and seeks to promote the protection of human rights and social justice to all peoples living in South Africa. However, in this era of protective legal environments, foreign migrants in South Africa still face a range of difficulties in accessing health care and psychosocial services. These difficulties include among others, social exclusion, marginalisation, lack of housing, changes in family structure and that they are an invisible population (Vearey, 2008; Vearey & Nunez, 2011; CoRMSA, 2009).

According to UNAIDS (2013:11), 232 million people are migrants globally and 48% of these are female migrants. It is further estimated that approximately 30-40 million people of the 232 million global migrant population are undocumented. International institutions like the United Nations, International Organisation for Migration, and Human Rights Watch, as has the South African Constitution, have set legal processes to promote social justice and ensure that migrants human rights are observed.

Majodina and Peberdy (2000:22), posit that South African studies chronicle negative attitudes to non-nationals that have even resulted to violent physical attacks like the 2008 xenophobic attacks on migrants. However, in this era where migrants living in South Africa are being subjected to human rights violations, little specific social work research has explored or investigated the experiences and challenges facing undocumented migrants living with HIV in Hillbrow and in South Africa at large. Little social work research in the field of migration might be triggered by the sensitivity of a combination of undocumented migrant status and living with HIV. However, the social work profession has a role to play in this regard because empowering and advocacy

for and on behalf of vulnerable groups is at the centre of the profession (Zastrow, 2004:111).

This study is grounded in the bio-psycho-social model. The bio-psycho-social model proved relevant in theoretically guiding the study and also shaped the departure point for data analysis and formed the platform for conclusions and recommendations. According to Dogar (2007:11), the bio-psycho-social model is relevant in HIV research because of its attention also to cultural and health perceptions of people living with HIV.

This study reviewed related literature from a South African, regional and international perspective. This position grounds and put into perspective other migration and HIV challenges that have been raised by previous researchers. This is a qualitative study aimed to understand the innermost bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. Purposive and snowball sampling techniques were used to draw research participants to semi-structured interviews.

Advocating for respect of human rights for undocumented migrants living with HIV is central to this study. This study will offer recommendations to address bio-psycho-social strategies when handling undocumented migrants living with HIV concerns. This study narrowed down its focus to undocumented migrants living with HIV because they make the bulk of the total population in Hillbrow (Venables, 2011:78; Moyo, 2010:110). Focussing only on undocumented Zimbabwean migrants enabled to show their exact bio-psycho-social challenges which are emanating from a combination of undocumented migrant status and living with HIV in the mist of diverse cultures, different social attitudes and perceptions of on HIV.

1.1. THE RESEARCH PROBLEM

There are few studies that have been conducted to explore bio-psychosocial challenges facing undocumented migrants living with HIV. Most studies that have been done have tended to generalise all types of migrants as one group (refugees, asylum seekers, documented and undocumented migrants) (Vearey, 2008; IOM, 2008; Vearey & Nunez, 2011). Little is known about the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV, yet their concerns are not limited to them only but even to documented migrants and South African nationals because they share city total space (Vearey 2008). Studies done by Moyo (2010), and Vearey (2010), tried to explore challenges facing undocumented migrants in the city of Johannesburg in the context of migration and HIV but the afore-mentioned studies only focussed on migrants' challenges in accessing public health services in the context of migration and HIV. The researcher in this study does not only checks health challenges but holistically investigates bio-psychosocial challenges facing this group of migrants living with HIV.

There is scarce literature on psychological challenges emanating from combined undocumented migrant and living with HIV in South Africa. A study done by Vearey and Nunez (2011), tried to explore psychological challenges facing undocumented migrants in the city of Johannesburg and obstacles they encounter when seeking psychological help. However, this study did not show how psychological challenges impact on the biological and social functioning of undocumented Zimbabwean migrants living HIV. The afore-mentioned study did not also show the interdependency of the biological, psychological and social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. It is against this back drop that this study adopts a holistic approach and depict bio-psychosocial challenges facing

undocumented Zimbabwean migrants living with HIV in Hillbrow. Building from the identified gap in knowledge pertaining bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV, the following research aim is formulated.

1.2. RESEARCH AIM

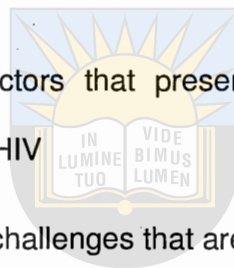
The aim of this study was to show the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

1.2.1. Research Objectives

- 1) To explore the biological factors that present challenges to undocumented Zimbabwean migrants living with HIV
- 2) To examine the psychological challenges that are linked to undocumented migrant status and living with HIV
- 3) To explore the social challenges that undocumented Zimbabwean migrants living with HIV in Hillbrow face
- 4) To offer conclusions and recommendations to assist social workers to offer improved psychosocial services to undocumented migrants living with HIV in Hillbrow

1.2.2. Research Questions

- 1) What are the biological factors that present challenges to undocumented Zimbabwean migrants living with HIV in Hillbrow?
- 2) What are psychological challenges that are facing undocumented Zimbabwean migrants living with HIV in Hillbrow?
- 3) What the social challenges that undocumented Zimbabwean migrants living HIV in Hillbrow face?



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1.3. SIGNIFICANCE OF THE STUDY

The study will help other social workers to address bio-psychosocial challenges facing undocumented migrants living with HIV from a more informed point of view. The results of the study could be used to supplement present literature on bio-psychosocial challenges facing undocumented migrants living with HIV. The study will generate a Masters Degree Thesis and at least two publishable articles in accredited journals. The study will also help to assist the lives of undocumented migrants living with HIV.

This study brings into perspective that the biological, psychological and social aspects of undocumented Zimbabwean migrants living with HIV are intertwined. Mal-function of one of the named three components conceives total mal-functioning of the bio-psychosocial being.

This study used a phenomenological research design, in the view of Rubin and Babbie (2011:341), the phenomenological research design enabled to show the bio-psychosocial challenges facing the study's sample living with HIV in Hillbrow.

This study demarcates that proper functioning of human beings is linked to different systems in the society and their bio-medical institutions. On this premise this study could influence social service providers in Hillbrow or elsewhere to work jointly in assisting undocumented migrants living with HIV. A holistic approach to bio-psychosocial challenges requires an integrated service from different social service stakeholders (Zastrow, 2004:67; Dogar 2007:11; Spies 2007:66, 88).

The study also advocates for review of policies that serve as an impediment towards an efficient service delivery to undocumented migrants living with HIV in Hillbrow and elsewhere.

1.4. STUDY LIMITATION

The fact that the study only focusses on the Zimbabwean undocumented migrants, the information generated from this research perhaps is not applicable to other undocumented migrants from other countries living with HIV in Hillbrow.

1.5. ORGANISATION OF THE STUDY

This **first chapter** generally introduces the study and the background information about the dissertation. The chapter outlines the aim and objectives of the study. The **second chapter** offers a literature study on migration, undocumented migration and living with HIV, the role of social work in public health issues and examines local, regional and international policies, legislations and frameworks governing issues to do with migration. **Chapter three** discusses the theoretical framework (bio-psycho-social model) and its relevance. **Chapter four** discusses the research instruments that were used to collect data from undocumented Zimbabwean migrants living with HIV in Hillbrow and depict the obstacles that were faced during the data collection process. **Chapter five** discusses and presents the findings on bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. Building from chapter five, **chapter six** offers conclusions and recommendations to assist undocumented Zimbabwean migrants living with HIV in Hillbrow.

1.6. SUMMARY

This chapter offered the introduction to the study. Local, regional and globally migration tendencies and statistics were brought forward. The issues tentatively touched included policies, legislations and frameworks surrounding migration. The problem statement of the study was shown. The research aim and objectives were shown. The theoretical framework of the study was briefly outlined. The chapter also passively stated the research methods that were used to gather information from the

research participants. In this chapter the significance and limitations of the study were also discussed. The chapter also chronicled the general outline of the study from chapter one to chapter six which is the concluding chapter of this study. The following chapter reviews related literature to this study.



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CHAPTER 2

LITERATURE STUDY ON MIGRATION, UNDOCUMENTED MIGRATION AND HIV

2. INTRODUCTION

This chapter seek to offer a review of literature related to undocumented migration, migration and living with HIV. This chapter shows a brief picture of policies and directives on HIV, global and South African response to migration and HIV, the role of social work in public health concerns and in working with vulnerable groups. Literature was reviewed from a South African, regional global, perspective. Such a stance helped to show deeper understanding of issues related to migration and HIV. In reviewing related literature the researcher constantly showed the gap in existing literature and the need to conduct this current study. Literature was drawn from migration studies, sociology and public health because there is scanty social work research on migration and HIV. Equally important is the notion that related literature was reviewed taking into account the study's aim and objectives. The section to review policies, directives and frameworks is offered below.

2.1. POLICIES, DIRECTIVES AND FRAMEWORKS

This part of the study offers a quick outline of International and South African policies, directives and frameworks governing issues related to HIV and vulnerable groups. These policies, directives and frameworks includes the Global Agenda for Social Work and Development Commitment to Action, United Nations Strategic Plan for HIV, South African Strategic Plan for HIV, TB and Malaria 2012-2016, South African Constitution, South African Immigration Act and South African Mental Health Care Act.

2.1.1. The Global Agenda for Social Work and Development Commitment to Action

According to the Global Agenda for Social Work and Development Commitment to Action (2012:3, 7), this directive is pioneered by three Social Work International bodies' namely social work practice, social work education, and social development. The Global Agenda aims to globally promote social justice, social welfare and social development of all people across the globe. Critically important is the view that the Global Agenda values the promotion of documented and undocumented migrants' right to access social services (Global Agenda for Social Work and Development Commitment to Action, 2012:7). The researcher argues that this Global Agenda is a holistic directive which is an important tool in the advent of HIV/AIDS because it advocates for easy accessibility of social services to migrants. According to this perspective one can argue that social workers in Hillbrow and South Africa at large should embrace the Global Agenda too as an advocacy strategy to eliminate structural barriers that hinder undocumented Zimbabwean migrants living with HIV access to social services, critically important being the right access the antiretroviral drug.

2.1.2. The United Nations Strategic Plan for HIV

The United Nations Strategic Plan for HIV advocates the eradication of any social and legal environments that facilitate stigma and discrimination, hinder access to HIV related programmes to populations that are at high risk of HIV contraction, vulnerable groups and to women (UNAIDS, 2010:7). This strategic plan encourages governments across the globe to adhere to this step to enable protection of individual and groups human rights that are related to HIV and health. The Strategic Plan also sees as critical, the promotion of human rights to high risky populations and vulnerable groups as it might reduce further transmission of the virus and help to sustain the lives of those already infected (UNAIDS, 2010:7). The researcher notes that the United

Nations Strategic Plan also accommodates undocumented Zimbabwean migrants living with HIV because they are part of vulnerable groups. Adherence to the strategic plan will enable that undocumented Zimbabwean migrants living with HIV human rights be met and address social challenges like stigma and discrimination directed to this group.

2.1.3. The South African Strategic Plan for HIV, TB and Malaria 2012-2016

The South African National Strategic Plan for HIV and TB (2012-2016), which is within the Republic's Constitution, has also introduced a strategy which is aligned to the United Nations Strategic plan of 2010. The South African National Strategic Plan too, advocates for the removal of any structural barriers to HIV care and impact, and seeks to promote the protection of human rights and social justice to all peoples living in South Africa. It is asserted that the South African Strategic Plan on HIV is closely aligned to the United Nations Strategic. Its core attention is directed to the eradication of structural barriers directed at vulnerable groups and to achieve universal access of the antiretroviral drug to all people living in South Africa. It is in this premise that it can be argued that there is need to educate health care service providers on the plan to enable undocumented Zimbabwean migrants living with HIV in Hillbrow to easily attain medication because the plan values the principle of inclusion in halting the epidemic.

2.1.4. The South African Constitution

This section of the study offers chapters, sections and sub-sections of the South African Constitution which the researcher argues that to a significant degree affords undocumented Zimbabwean migrants living with HIV rights to life, social security, access to health and human dignity. The researcher asserts that it is important to include this section of the South African constitution as it is an equally important tool in promoting human rights to undocumented Zimbabwean migrants living with HIV in Hillbrow. The following chapters and sub-sections of the South African Constitution

which the researcher argues that afford undocumented migrants the right to access health care services and protection of their rights.

Chapter (1) Republic of South Africa.-The Republic of South Africa is one, sovereign, democratic state founded on the following values:

(a) Human dignity, the achievement of equality and the advancement of human rights and freedoms.

Chapter 2

Section 9 (2) Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons or categories of persons, disadvantaged by unfair discrimination may be taken.

(3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

Section 12

(2) Everyone has the right to bodily and psychological integrity, which includes the right-

(a) To make decisions concerning reproduction;

(b) To security in and control their body;

27 (1) Everyone has the right to have access to-

(a) Health care services, including reproductive health care;

On the basis of the information provided above the researcher argues that there is need to enforce the provisions of the South African Constitution to ensure that the rights and protection of undocumented migrants is achieved.

2.1.5. South African Immigration Act of 2014 as amended

The South African Immigration of 2014 as amended is silent on issues to do with health and health rights of undocumented personnel in the Republic it only regulates specifically issues to do with immigration procedures.

2.1.6. South African Mental Health Act of 2002 as amended

The South African Mental Health Act was included in this section of the study because research objective two seek to explore psychological challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow which are part of mental health issues. It is argued that there is need to explore the Mental Health Act to lay a foundation for argument in chapter five and six when the said theme would presented, discussed and recommendations suggested respectively. It is further, argued that the South African Mental Health Act of 2002 affords undocumented migrants the right to utilize mental health services. This argument is cemented by the following chapters and sections in the Act.

The South African Mental Health Care of 2002 as amended recognize health as a state of physical, mental and social well-being and that mental health services should be provided as part of primary, secondary and tertiary services.

Chapter 2.

(a) (i) To make the best possible mental health care, treatment and rehabilitation services available to the population equitably, efficiently and in the best interest of mental health care users within the limits of available resources.

(iii) Integrates the provision of mental health care services into the general health services environment

The following section discusses the social work role in public health concerns and response to HIV.

2.2. SOCIAL WORK ROLE IN PUBLIC HEALTH CONCERNS AND RESPONSE TO HIV

According to Zastrow (2004:40), social workers help people with capacity to solve problems, coping mechanisms to difficult situations, link people to resources, promote interactions between individuals and their environment, influence organisations to be more responsive to people's needs and influence social policy. Zastrow (2004:43), further points out that social work in health care practice should possess skills and knowledge on how to counsel people with different health conditions. In the eyes of Spies (2007:63), social work in health care practice should assume a holistic approach so as to be in a well-equipped position to address social functioning and quality of life of individuals, groups and society at large. Further, Spies (2007:63), notes that social workers should pay attention to physical, mental, emotional, socials, economic and spiritual variables of different people in the society for the betterment of individuals and effective service delivery.

Social Work in public health is concerned with the facilitation of healthy life-styles and reduction of physical and mental illness. Social workers work jointly with other helping professions in focusing in social, psychological and environmental issues that promote health problems (Zastrow, 2004:43). Following section depicts social worker roles in working with HIV positive people.

2.2.1. Dignity and worth of person

In the view of Poindexter (2010:33), the Social Work profession values the dignity and worth of people as primary and departure point for effective psychosocial intervention. It is noted that HIV compromise physical and wellbeing of people living with it and even their ability to self-determination. According to Poindexter (2010:33), it is mandatory for social workers to scout such vulnerable groups in the society so as to try and alleviate their situation. The Global Agenda for Social Work and Development Commitment for Action (2010:3), adds that International Conventions on culture, sex, political rights, and undocumented migrants should advocate for elimination of and structural barriers that reduce human dignity and worth. Nicholas, Rautenbach and Maistry (2010:236) contend that people are different and unique regardless of age, race, sexual orientation and nationality in all times should be treated with respect and dignity. In line with this view the researcher sees right to dignity and worth as a vehicle to achieve effective societal functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow. The researcher further, argues that the burden of having to cope with uncertain migrant status and living with HIV as stripping migrants human dignity and worth.

2.2.2. Empowerment

It is the duty of social workers to assist people living with HIV so that they will be at a position not to view themselves as objects but as normal human beings. Participatory engagement is necessary so as to achieve self-empowerment and to make people living with HIV to possess essential skills needed to influence institutions that have impact in their lives (Gehlert & Browne, 2012; Poindexter, 2010:34). Poindexter (2010:34), points that it is the duty of the social work profession and other helping professions to continuously examine power structures and conditions that reduce people living with HIV empowerment. Efforts directed at empowering people living with

HIV should involve them, service development, planning, provision, monitoring, and evaluation (Gehlert & Browne, 2012; Poindexter, 2010:34; Nicholas, *et al.*, 2010:236). Thus, in the same line of argument, there is importance in involving undocumented Zimbabwean migrants living with HIV in a plan of action that is aimed at helping them as vital so as to adequately answer the problems they are facing.

2.2.3. Adherence to treatment regimes

According to Gehlert and Browne (2012:533), promoting patient adherence to medical treatment is one of the most important role of social workers on the health care team. It is of significance that social workers should motivate HIV patients to adhere to treatment as it slows HIV progression and avoids complications. Moreover, adherence to treatment also reduce amount of viral load and prevent drug resistant HIV variants. It is argued that adherence to treatment to some patients still remains a mountainous task, which in this perspective, it is the duty of the social worker to devise means to motivate total adherence to HIV treatment (Gehlert & Browne, 2012:533; McCoyd, 2010; Zastrow, 2004). Therefore, in this respect the researcher is of the view that social workers should be constantly involved in activities that promote antiretroviral treatment adherence to undocumented Zimbabwean migrants living with HIV in Hillbrow or elsewhere.

2.2.4. Educator role

Gehlert and Browne (2012:542), and Zastrow (2004), assert that social workers assume a significant role in giving information on HIV and its psychological issues. However, even though, it is argued that more has been done in psychological assessment of the disease, little attention has been made in training social workers so that they will be able to provide people living with HIV with more significant information. It can be argued that more research on HIV related issues will help filling this existing

gap, making it easy for social workers working with HIV positive clients and migrants to adequately answer and respond to their pressing situation.

DuBois and Miley (2010:324), highlight that it is the duty of the social work profession to identify on daily practise the psychological needs of people affected and infected with HIV and provide them with information and education about HIV. The scholars further purports that social workers should assist people living with HIV to form support groups to reduce social exclusion and widen their social systems, strengthening their emotional capacity and make them to assume more charge about their lives. Social work practitioners should also refer people living with HIV to relevant community resources and financial supporting institutions. Putting the argument raised by DuBois and Miley (2010:324), it can be deduced that giving information to undocumented Zimbabwean migrants living with HIV in Hillbrow will be of paramount importance as this particular group of migrants might fear to brush elbows with relevant authorities because of undocumented migrant status. The social work profession adopts a neutral stance and is portrayed as the best and relevant to give information necessary to vulnerable groups (Zastrow, 2004:66).

2.2.5. Family Centred Clinical Case Management

A study conducted by McCoyd (2010:57, 58), reveals that the Family Centred Clinical Case Management is an intervention programme designed for HIV infected and affected people. A careful consideration about cultural, ethnic and socio-economic differences is essential in this intervention method. Bilingual social workers should be in the driving seat of the programme that are aimed at improving lives of people living with chronic illness. McCoyd (2010:57, 58), further posit that this method of intervention is aimed at caring for HIV patients, taking into account all stressors, status

quo of transmission, on-going risks of secondary transmission and disease continuation.

McCoyd (2010:57, 58), contends that Family Centred Clinical Case Management can also be directed to people who are poverty stricken, affected by violence, social exclusion and substance abuse which all have manifestations and implications on HIV and migration. In this frame of reference, HIV positive people belong to the broader social context, family and the community being central.

2.2.6. Advocacy

DuBois and Miley (2010:324), manifest that issues in line with HIV makes the social worker to devise some advocacy strategies to ensure that people living with HIV lead healthy and quality lives. For example the social worker might advocate for the elimination of the bureaucracies in the health care, medical insurance, income maintenance, social security and other societal based resources. Social workers can approach these systems directly in-order to make the voices of the people living with HIV heard.

2.2.7. Harnessing of programmes and services

The effects of HIV need a comprehensive collaboration of health related services, education and prevention, primary care, hospital care, home health care, case management, foster care of juveniles with HIV, HIV employee assistance programs, hospice programs, correctional services and aging services (DuBois & Miley, 2010:324). According to Dubois and Miley (2010:324), perspective careful harnessing of HIV programs and services might help improve the lives of undocumented Zimbabwean migrants living with HIV. The researcher further adds that harnessing of HIV programs and services would enable service provision to meet the needs of

undocumented Zimbabwean migrants living with HIV in Hillbrow or in South Africa in general.

2.3. OVERVIEW OF MIGRATION AND HIV

This section seeks to offer an overview of the migration process, the relationship between migration and HIV, South African response to HIV and migration and challenges presented by the migration process.

2.3.1. The concept of migration

Migration is defined as the process of moving, either across an international border or within a state. It encompasses any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people and economic migrants (IOM, 2010:3).

2.3.2. Undocumented migration

Undocumented or illegal migration refers to migration without legal status, it is noted that illegal or undocumented migrants are serious increasing within SADC region (Olivier, 2009 in Vearey, 2008:365). IOM (2005 in Vearey, 2008:364, 365), argues that illegal migration usually comprises of those migrants who work within the informal economy. Human Rights Watch (2009), states there is overwhelming failure in the protection of labour migrants, leaving them undocumented. Pécoud and Guchteneire (2007:181) contend that undocumented migrant status is fuelled by strict immigration regulations that do not accommodate semi-skilled and skilled workers. Commercial agriculture, construction and secondary industry are the leading sectors that employ undocumented migrants. On account of shear migration structures among SADC member states more focus is directed on deporting undocumented migrants with South Africa being said that have deported more than a million undocumented migrants from 1990.

2.3.3. Migration and HIV

Vearey (2008:364), posit that migration and HIV connections are complex and it has become apparent that migrants are more likely to get HIV infection during the migration process. It is ironic to note the view that the association between HIV and migration are not straight forward, therefore, it is of significance to pay particular attention to this ambiguous nature of the process so as to make adequate planning responses to HIV and migration (Vearey *et al*: 2011:77). The United Nations Human Rights Commission (2006:32), points that the nature and conditions of the migration process further put migrants at a heightened position of acquiring HIV. It is clear that the high level of mobility, legal status, language and cultural differences, lack to access to information, lack of access to health care services, social exclusion and gender related factors have made migrants to be vulnerable to contraction of the virus during the migration process. According to Vearey (2008:361), links between migration and HIV are complex, broad in actual context and scope as the process does not only involve migrants but also their partners left at home and even the host population (Vearey, 2008:364).

According to UNAIDS (2002:1), links between HIV and migration are so close because of the conditions and nature of the migration process. Men who work away from home are at high risk of HIV contraction because they live in men only camps, their female counter parts often trade in for sex for survival. The link between HIV and migration was acknowledged by the United Nations General Special Session on HIV/AIDS in June 2001. It was made mandatory that member states should promote HIV prevention programmes for migrants and mobile workers, inclusive of the provision of information on health and social services.

2.3.4. South African response to migration and HIV

Vearey (2008:369), affirms that the South African Immigration Act is rigid making it difficult for skilled and semi-skilled labour migrants to legalise their stay in the country and in some cases this group of migrants end up settling for asylum documents as a yard stick to legalise their stay in the country. Many acts have been passed to accord cross border migrants with basic human rights, like the Refugee Act and Immigration Act, however, it is noted that implementation remains a vexing problem (Bailey, 2004 and Landau, 2006). Vearey (2008:366), depicts that with continuous arrival of refugees and asylum seekers, there is high need that local government in South Africa respond with a comprehensive and holistic plan to address urban health in-equalities and livelihood in the context of HIV.

CoRMSA (2009:32), assert that from 1998 South Africa started enforcing legal mechanisms to protect the rights of migrants, refugees and asylum seekers. The legal framework encompasses international treaty procedures concurrently with the South African constitution. However, even though in the era of multiple legal instruments less has been done to accord and apply the law affording migrant's attainment of administrative justice. CoRMSA (2009: 32, 33), also argues that it is a cursing point to note that law enforcing agents and immigration officers have been in the fore-front violating legal rights of migrants. It is also worth to mention the view that there is essence of 'ironic legal impunity' vested upon those who violate rights of non-South African nationals. From another view angle Landau and Singh (2008:187) summarise that,

"The consequences of ineffective and inappropriate responses to migration include economic losses, threats to security and health, low degrees of social capital, and less liveable cities. Rather than ensuring that all city residents participate in planning

processes and have access to markets, accommodation and critical social services, discriminatory practices are creating an underclass comprised of non-citizens from throughout the continent and domestic migrants who may be similarly excluded”

(Landau & Singh, 2008 in Vearey, 2010).

This assertion further re-inforce the notion of the need to dig deeper the exact bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow so that bio-psychosocial interventions will be responsive and appropriate to the respective group of migrants. The following section is a review of challenges facing migrants living with HIV.



2.4. EXPERIENCES AND CHALLENGES OF MIGRANTS LIVING WITH HIV

This part of the study seeks to depict the challenges facing migrants living with HIV. Very few studies have been conducted on bio-psychosocial challenges facing undocumented living with HIV, therefore, some literature will be drawn from a broad perspective paving room for challenges facing the whole of migrant population living with HIV to be explored. Such a stance will help to throw light to some silent bio-psychosocial challenges that might be facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

2.4.1. Health systems and challenges

IOM (2008:9), states that the health care systems in the SADC region are comprised of traditional medical systems, public and private systems. Of critical importance is that existing literature points that public health care systems in the region are under-resourced. South Africa has a public health care system that accord free primary health care, however, many obstacles have proved a stumbling block in accessing care for non-South African nationals. These, obstacles do not only present problems to migrants alone but also to the host population (Vearey 2008:369; IOM, 2008:9). This

realisation tempts to argue that these obstacles have more harm and impact to undocumented Zimbabwean migrants living with HIV in Hillbrow, on the basis that they are a more vulnerable group.

2.4.2. Accessibility and availability of health care services to migrants

According to Schneider *et al.*, (2006 in Moyo, 2010), access to health care services implies individual's free will in choosing and utilisation of health care service. This definition does not only mean the capacity by an individual to make a decision to go to a health institution but also constitutes the availability of the health service to the user. Schneider *et al* (2006), depict that the utilisation of health care services by the user can be best understood in commercial terms of demand and supply. Access can be further split into four categories to clearly chronicle the relationship between the health care system and clients (Schneider *et al.*, 2006 and Penchansky & Thomas 1981 in Moyo, 2010).

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1. Availability: refers to adequacy of health services in regard to client's health care demands
2. Accessibility: physical proximity of the health care service to clients
3. Affordability: financial capacity by the health care user to afford the service
4. Acceptability: refers to cultural attitude towards utilisation the of health care service

These four variables depict a complete chain that explains the relationship between health care service and user. Therefore, absence of either of the variables will likely to affect the access of health care service to undocumented Zimbabwean migrants living with HIV in Hillbrow.

According to IOM (2010:9), foreign migrants are often referred to as disease carriers and often blamed for stretching health systems of receiving countries. It is however, argued that denying migrants access to health care services in the advent of HIV is dangerous because it reduces the chances of timely appropriately intervention. According to Worth (2006), Amon and Todrys (2008), in IOM, (2010:9), are of the view that denying migrants to access health care facilities is risky because they share total city space with the host population, therefore, there is danger that such a move might perpetuate further transmission of the virus.

According to Foley (2005:1037), in the United States migrants documented or undocumented living with HIV face three main challenges when seeking medical care, which are namely, access issues, language barriers and stereotype of being an African. Lack of health insurance is another critical challenge migrants living in the United States encounter. Language difficulties is another matter of concern when seeking medication, migrants always struggle to get translators for medical appointments, thereby having to rely on children, friends and relatives to translate. Inability to speak English has often led to mistreatment by medical personnel. Foley (2005:1037), adds that structural issues also presents challenges to migrants living with HIV as migrants in Philadelphia are occasionally requested to produce proof of residence and health insurance (Foley, 2005:1037).

Thomas, Aggleton and Anderson (2009: 525, 529), argues the process of accessing public health care services in the United Kingdom by migrants remains controversial issue and is masked with great confusion. This, confusion has triggered a situation whereby migrants delay HIV testing and ART adherence. This confusion is further galvanised with financial difficulties and fear of deportation. Thomas *et al.*, (2009: 529), further contend that such a move does not impact upon the individual but has adverse

implications for the transmission of the virus and related opportunistic infections. According to the reviewed literature migrants face challenges in accessing public health care facilities, but little research has been directed specifically towards the investigation of their bio-psychosocial challenges and on how challenges in accessing medication affect their bio-psychosocial functioning.

According to IOM (2010:6), there is a negative wave prevailing within South Africa that cross border migration has fuelled the spread of HIV in the country, thus, migrants are positioned as a burden to the health care system, making it very difficult for migrants to adhere to ART. In addition CoRMSA (2009:89), argues that even though the Constitution of South Africa stipulates that access to health services should be universal to everyone in the country, implementing this legal framework has proved difficult. CoRMSA (2009:89), purports that migrants still encounter negative interactions and bad treatment by public health care providers and migrants rights in so far as access to health especially to ART remain ambiguous.

CoRMSA (2009:38), further posits that even though the HIV/AIDS and STI Strategic Plan was set up for 2007-2011, migrants still face challenges in seeking medication in the public sector, in the eyes of CoRMSA (2009:38), public health care institutions still determine their own policies ruling out national set health care policy, making the situation so worrying in the advent of HIV and overwhelming migration to South Africa. The issue of language difficult also pose a challenge when foreign migrants seek medication. Moyo (2010:72), is of the opinion that the interaction between health care service providers and undocumented migrants is mired with fear and disbelief making it difficult for migrants to easily access medication. Moreover, undocumented fear to be in contact with public health care facilities in South Africa because they fear being arrested, detention and deportation through the health system. However, from another

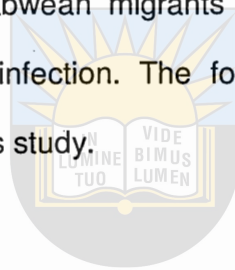
perspective it can be argued that the South African health care inequalities are rooted to the apartheid era where both the public and private health care sectors where health care services were racially segregated. It appears that these health care inequalities have since overlapped to the post-apartheid regime (Coovadia, Jewkes, Barron, Sanders & McIntyr, 2009:825).

Makina (2010:44), states that negative attitudes by health care providers in South Africa are further fuelled by lack of enough health care staff and the view that South African people should be given priority in regard of seeking of medication. It is therefore, in this line of thinking that frontline health care providers often make decisions whether cross border migrants should be given access to health care based on the seriousness of the health problem. In the light of the above stated challenges to attainment of health care services, little is known of undocumented Zimbabwean migrants' living with HIV bio-psychosocial challenges with regard to accessing health care services. There is scanty knowledge on how health care challenges impact on the biological functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow, this research aims to cover the stated gap.

2.5. SUMMARY

This chapter offered policies, directives and frameworks on HIV, the role of the social work in public health concerns was also put forward. The chapter also highlighted the South African response to HIV and migration, the relationship between HIV and migration and the relationship between migration and HIV. It appears that there is little research that has been conducted by the social work profession to explore migration and HIV in South Africa within the parameters of social work profession. Existing literature pointed that sub-Saharan Africa migration is centred on South Africa because of the Republic's political and economic strength. Migration is one of the

factors that are contributing to South Africa's high population statistics of people living with HIV. Little research has been done to explore challenges and experiences facing migrants living with HIV. On the basis of the above one can argue that there is need for more research in the field of migration and HIV in South Africa within the scope of the social work profession so that the results obtained would be used to devise appropriate social service interventions strategies. According to the reviewed literature it can be assumed that appropriate intervention strategies will enable the sustainability of lives of undocumented Zimbabwean migrants living with HIV and halt further transmission of the virus or re-infection. The following chapter focuses on the theoretical framework used for this study.



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CHAPTER 3

THEORETICAL FRAMEWORK: BIO-PSYCHOSOCIAL MODEL

3. INTRODUCTION

This study is grounded by the Bio-psycho-social Model. This chapter seeks to illustrate the relevance of the bio-psycho-social model in the exploration of bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. The relevance of the model would be elaborated and its comprehensiveness to the study be shown. The chapter will also offer a discussion between the model and literature related to biological, psychological and social aspects of undocumented migrants living with HIV, in-order to ground the model with practical realities on the ground. More, important is the view that the theoretical framework will anchor the data analysis which would be dealt with in chapter five. Some of the conclusions and recommendations of this study will too be drawn from the theoretical framework.

3.1. THE BIO-PSYCHOSOCIAL MODEL

The following section offers brief evolution of the bio-psycho-social model.

3.1.1. Evolution of the bio-psycho-social model

The model was developed in 1977 by Dr. George Engel. He argued that the model was a comprehensive and holistic approach in understanding disease, behaviour, social, psychological and biological factors associated with health. Dogar (2007:17), contend that Engel developed the model as shift from the biomedical approach which only focused on biological and medical aspects of disease, health and course of treatment.

3.1.2. The bio-psycho-social model relevance to the study

Spies (2007:159), chronicles that the bio-psycho-social model in social work presents a significantly balanced account of a person and environment interaction. The model claims that people both affect and reflect upon their environment. The model further view a person as having dual psychological and physical components that combines to interact with the wider social context. Backing up this stance Cowles (2003:12), further argues that bio-psycho-social perspective is a holistic approach to social problems as it borrows some aspects from the systems approach and medical model in a comprehensive bid to answer the relationship amongst the interdependency of physical, psychological, social environmental systems and health systems.

The bio-psycho-social model is an appropriate model when researching the HIV pandemic because of its attention on the promotion and maintenance of health by focussing on the socio-environmental and behavioural changes of patients. The model also values the importance of social, cultural and economic conditions to health (Spies, 2007:6). The model is of relevance to this study because of its focus on the biological and psychosocial aspects of people living with chronic conditions like HIV. Moreover, the model gives chance to investigate psychological being as it might be of importance in understanding the course of the disease and care methods (Janowski, 2009). In the view of the above the model is relevant in this study as it allows the exploration of challenges faced by undocumented Zimbabwean migrants living with HIV, socio-environment issues linked to health and having to cope with living with HIV in a foreign land.

In the view of Janowski (2009:14), the model is of particular importance to HIV studies because it seeks to bring to light psychological state, feelings, sense of responsibility, fears, stressors, knowledge and understanding of HIV, seeking of medication and

personality of people living with HIV. Janowski (2009:14, 15), further posit that the model encompasses every situation in line with understanding of chronic condition like HIV. On the basis of the information stated above the researcher is of the opinion that the bio-psychosocial model helped to interpret bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow from a more detailed point of view. Dogar (2007:11), contends that the bio-psychosocial model does not only allow the understanding of biological or is a template for the medicine discipline. The model offers a far more widened scope which includes warmth, empathy, trust, genuineness and mutual understanding between a practitioner and client. The aforementioned realisation clarifies the relevance of the model to the social work profession. According to Lakhan (2006:2, 6), the bio-psychosocial model enhances treatment of chronic disease and promotes the elimination of suppressed prevention strategies. The following sub-section discusses the biological aspect of the bio-psychosocial model.

3.1.3. Biological aspect of the model

Dogar (2007:10), mentions that the biological aspects of the model dwells more on the examination of anatomical, molecular and structural substrate of the disease. The main issue of illustration is the physical impact of the disease. Symptoms and progression of disease is of importance. Cowles (2003:73), argues that biological aspects include genetics and individual behaviour that has impact on biological functions. According to Carrio, Suchman and Epstein (2004:578), the biological part of the model enables the interpretation of disease, illness and suffering and more important being how these three aspects are affected by different positions of organization or societal structures. Carrio, Suchman and Epstein (2004:578), further

assert that the biological aspect of the model affords room to investigate the accuracy of diagnosis, health interventions results and humane care.

According to Dogar (2007; 10, 11), psychosocial factors have an impact on the course of the biological being of people living with chronic diseases. Psychological and social factors work jointly with biological processes in the development and progression of physical ailments that have adverse impact on seeking medication and adherence to treatment regimen. The model lays foundation for social and health researchers to take into account psychosocial and biological factors that have effect to health of patients living with chronic illness. The biological part of the model also takes into account behavioural and emotional tendencies that impact on health. Dogar (2007:13), further argues that the bio-psychosocial model is an integrated tool that makes it easy to understand disease and human behaviour. In this respect researcher is of the opinion that the model helped to show how health care challenges including the accessing of antiretroviral drug impact on the biological processes of undocumented Zimbabwean migrants living with HIV in Hillbrow.

According to Freedman (2003:147), physical health is closely associated to the biological functioning of human beings. Migrants living with HIV globally depict that living with HIV often propel tiredness, weakness, side effects of medication and uncertainty over their health. According to Freedman (2003:147), undocumented migrants living with HIV worry most about their unpredictable residence status making it impossible to make adequate plans about their health status. This position tempts one to posit that, ailing health condition and undocumented migrant status might have negative have impact on the bio-psychological functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow. The following section examines the psychological aspect of the model.

3.1.4. Psychological aspect of the model

Dogar (2007:27), states that psychological aspects of the model include personality, feelings and availability of stress coping mechanisms. Carrio, *et al.*, (2004:110), point that neglect, fear and rage of people living with a chronic disease promotes the birth of negative mental disorders. Cowles (2003:21), add that psychological issues also encompass trauma, depression and other negative mental disorders associated with living with a chronic disease. According to Cowles (2003:21), line of thinking it is argued that undocumented migrant status and living HIV pose a threat to the psychological functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow on the basis that living with chronic condition cultivates different psychological challenges.

According to Green and Smith (2004: 12, 14), stress and depression appears to be a common feature to Black African migrants living with HIV in the UK. It is even worse to those with uncertain immigration status. The scholars further contend Black African migrants hide or do not open their HIV status making it difficult for them to be referred to mental health specialists. The two scholars further argue that women in general who are diagnosed and found to be HIV positive experience are more likely to experience much mental health problems. They often exhibit depression, suicidal thoughts, anxiety disorders and post-traumatic stress disorder. Green and Smith (2004:15), further states that abnormal psychological reactions like mood disorder, organic brain syndromes, personality disorder and psychosexual disorders are other key psychological variables of people living with HIV. According to Dogar (2007:13), the bio-psychosocial model brings to line psychological variables into perspective making the model appropriate in the investigation of psychological challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

In the view of Vearey (2008:304), and IOM (2010:77), undocumented migrant status and living with HIV, access to health care challenges, lack of family and social support, linguistically and culturally oriented services, language barriers, cultural differentiation, discrimination and socio-economic markers have severe negative impact to psychological well-being to undocumented migrants living in South Africa. In accordance to the information stated above it can be argued that these aspects might have a heightened impact to undocumented Zimbabwean migrants living with HIV in Hillbrow psychological functioning.

According to Soskolne and Shtarshall (2002:1299), the migration process as an independent variable is a stressful activity, daily challenges of having to cope with depleted social capital, cross cultural interactions in a new environment is stressful. Therefore, a combination of the migration process and living with HIV has double impact on the psychological being of migrants. It is also of importance to take into account that psychological moderating resources like coping mechanisms and social support may be reduced in a new socio-economic environment, thereby, further harming migrant's mental well-being. In this respect the researcher is of the view that there is likelihood that undocumented Zimbabwean migrants living with HIV in Hillbrow encounter severe psychological challenges on account of undocumented migrant status and living with HIV in a foreign environment. It is from this view that it can be argued that there is need to explore how social and biological challenges facing undocumented Zimbabwean migrants living with HIV effect on their psychological being.

According to IOM (2010:22), there many factors that are responsible for migrant's health inclusive of their sexual behaviour and health seeking choices. Health is not only a physical condition but also includes mental health, which if not managed

properly introduces excessive trauma, torture and depression leading to malfunctioning of respective group. On the basis of the afore-mentioned information the researcher assert that the relationship amongst the biomedical, psychological and social (bio-psychosocial) clearly shows that deficiency of each aspect has negative impact of the total well-being of a person. These three interdependent aspects work together to make a complete individual who is able to effectively bio-psychosocially function.

3.1.5. Social aspect of the model

The social aspect of the model largely dwells to check the availability of family support network, social world, family relations, socio-economic factors, culture and social support. The social construction of the model enables the understanding of social course of chronic illness. The social construction of the model occupies far wider perspective as it examines social processes, mediates health, socio-political and cultural variables (Hatala, 2012: 11, 12). The above literature firmly justifies that this model is of key importance to this study as it does offer detailed understanding of the bio-psycho it also deepens the understanding of the social context of perceptions or experiences of people living with a chronic disease like HIV.

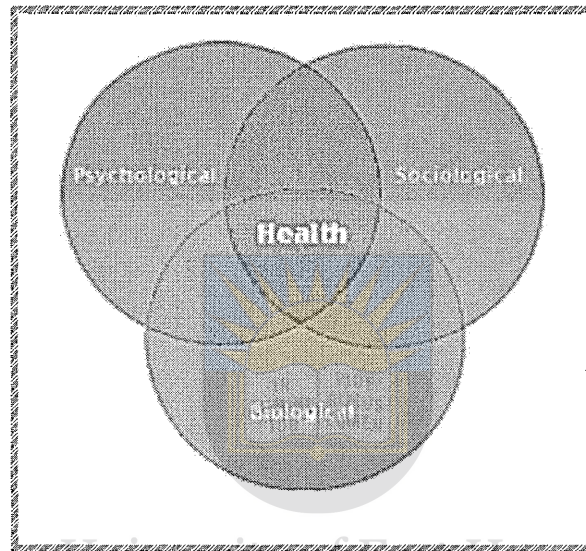
Stigma and discrimination are a social construct which undermines effective social functioning of undocumented Zimbabwean migrants living with HIV. According to Logie and Gadalla (2009:742), HIV related stigma has continued to triumph globally over the past 25 years or so and serve as a barrier in coping living with it. In line with the afore-mentioned view one may posit that the bio-psychosocial model gives adequate room to check how socially constructed stigma and discrimination impact on the social functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow.

It can be asserted that socially constructed isolation, fear and secrecy have particular effect on the social functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow. Studies conducted by Doyal (2009:28), and Foley (2005:1040), in London and Philadelphia respectively both demonstrate that migrants living with HIV constantly experience feelings of social exclusion. Foley (2007:1040), states that migrants that are known to be living with HIV are often subjected to rejection, socially isolated and their lives subsequently become a total mess. Thus, most migrants end up hiding their HIV status on account of fear of condemnation. Social ties with family and friends is of significance in African culture, thus, the scholar views the situation of losing social networks as more terrifying than contracting the virus itself. Further, it appears that lack of adequate information is the main drive behind social exclusion mentality. Foley (2005:1036), argues that some African migrant women fear to disclose their status because such a step would emotional harm those who are close to them. On the contrary Foreman and Hawthorne (2006:1062), depict that disclosure of HIV status is a benevolent vehicle to achieve good physical and mental health and also help reduce anxiety, depression and high risk sexual behaviour, improve social support and promote social support.

According to Munyewende, Laetitia, Rispel and Matthew (2005:66), migrants living in South Africa constantly face a threat of being deported to their home countries, thus, migrants fear to be in contact with public services. Therefore, the researcher is of the view that living with internal fear has particular social connotations to undocumented Zimbabwean migrants living with HIV in Hillbrow. Equally important is the view that little research has significantly narrowed its focal point to examine how socially constructed fear and secrecy affect the social aspect of undocumented Zimbabwean migrants living with HIV in Hillbrow. Below figure summarises the bio-psychosocial

model three components in relation to undocumented migrant status and living with HIV in Hillbrow.

Table 3.1. Bio-psychosocial model three components



Adapted from Lakhan (2006)

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The above diagram according to Lakhan (2006), shows the interdependency of biological, psychological and social aspects of people living with chronic illness. In the view of Lakhan (2006), the researcher argues that this diagram would help cementing the argument that bio-psychosocial aspects of people living with HIV are intertwined.

3.2. SUMMARY

This chapter offered review of the theoretical framework literature (bio-psychosocial model) and existing case studies linked to bio-psychosocial functioning of people living with HIV. According to the reviewed literature the bio-psychosocial model is a holistic tool when investigating issues surrounding a chronic disease like HIV. Equally important is the notion that deficiency in the model result in mal-functioning of the individual living with a chronic condition. The model values humanistic approach in intervention process. The model has been dominant in helping professions because it

focuses on the biological, psychological and social aspects of individual which are three components that make a human being to function properly. On account of the model's comprehensive and holistic nature the researcher is of the view that model would enable to interpret bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow from a more theoretically grounded point of view. The following part of this study is chapter four discusses the research methodology of this research project.



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CHAPTER 4

RESEARCH METHODOLOGY

4. INTRODUCTION

This chapter discusses the research methodology of this research project. The study used qualitative research approach to gather data that answers the research aim and objectives. Semi-structured interviews were used to explore the challenges faced by undocumented Zimbabwean migrants living with HIV in Hillbrow, Johannesburg, South Africa. This chapter will also offer a summary of the research process, study limitations, ethical considerations that were taken into account during the entire research process and how ethical dilemmas were overcome and the method that would be adopted to analyse data. To begin with the chapter will show a brief picture of the research site.

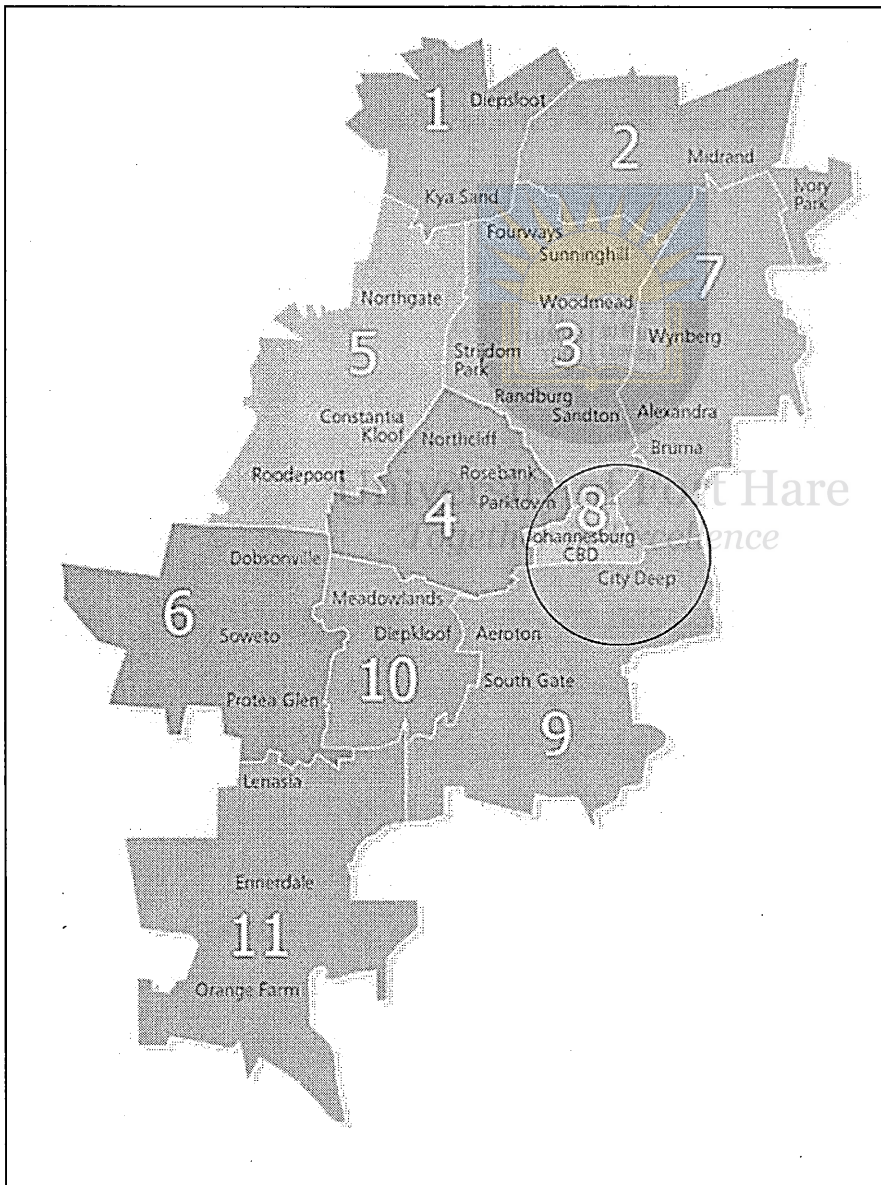


4.1. BRIEF OVERVIEW OF RESEARCH SITE

Hillbrow is inclusive of Johannesburg inner city. The place was set up late in the 19th century and was predominantly a white residential area (Makina, 2008 in Moyo, 2010:33). According to Venables (2011:133), Hillbrow is well known for its tall dilapidated buildings which began in the 1950s, Hillbrow started to deteriorate in the 1980s and 1990s. Today the area is dominated by black population and is well known for exorbitant crime levels, violence, sex work and drugs. Venables (2011:134), further state that Hillbrow's population is estimated at 100 000 inhabitants in approximately one square kilometre. Many foreign migrants flock to Hillbrow because it is located within Johannesburg central business district and it has a good transport network that connects Hillbrow and many suburbs in Johannesburg. Makina (2008 in Moyo, 2010:33), argues that Nationals from Nigeria, Congo, Zambia, Mozambique, and Zimbabwe migrated to South Africa because of push and pull factors. Zimbabwean

migrants form the bulk of the migrant population living in Hillbrow following their country's economic meltdown. The below picture shows the map of Johannesburg Central Business District where Hillbrow is also located.

Table 4.1. Map of Johannesburg CBD where Hillbrow is situated



Source Nations Online 2010

4.2. RESEARCH DESIGN

Research design is the 'conceptual structure within which research would be conducted'. It is inclusive of all decisions made in planning and conducting research, including decisions about sampling, data collection and analysis. Research design serves as the point of departure for the investigation and underpins the whole research process (Wisker, 2008:373, 374; Rubin & Babbie:341). The researcher used this conceptual structure as the strategy to articulate the aim and objectives of the study. This study follows a phenomenological design as it seeks to understand how participants view and interpret their everyday lives. It further allows a clearer understanding of personal and social environments (Denscombe, 2003:97). Hence, akin to this analogy a phenomenological design serves as a platform to explore how undocumented Zimbabwean migrants living with HIV in Hillbrow view and interpret their everyday bio-psycho-social challenges.

4.2.1. Research Methodology

Research methodology refers to the systematic methodological and accurate execution of the design (Descombe, 2003:94). This study adopted a qualitative approach in the exploration and interpretation of the bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. According to McMillan and Schumacher (2006:212), qualitative research has its roots in a "naturalistic phenomenological philosophy", which argues that multiple realities exist. These realities are a social construct as a result of the meaning given to an event either by an individual or by a combined definition. Therefore, based on the aforementioned definition, a qualitative approach was relevant to this study as it enabled to be in a position to explore the bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow leading to the identification of multiple realities that are galvanised by their condition (HIV). In line with Creswell (2003:180),

the researcher adopted a qualitative study as it best suited for understanding a phenomenon from the point of view of research participants. Through this stance the researcher was in a position to attain authentic and deeper understanding of the biopsychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

4.2.2. Population description, sampling and sampling procedure

Bless and Smith (2000 in De Vos, 2011:197), defines population ‘...as the set of elements that the research focuses upon and from which obtained results should be generalised’. The researcher used purposive and snowball sampling techniques. Purposive sampling was relevant in the sense that it allowed to purposively select elements that have the most characteristic, representative or typical attributes of the population (De Vos et al, 2011). Makokoba HIV/AIDS Global Support Initiative (MHGS) an organisation which offers psychosocial support services to people living with HIV in Johannesburg purposively selected eight research participants on behalf of the researcher. The eight research participants further linked the researcher to seventeen more undocumented Zimbabwean migrants living with HIV in Hillbrow to be interviewed (snowball sampling technique). All in all twenty five research participants were interviewed, the researcher considered the sample complete because the data gathered was becoming repetitive. Below is the selection criteria that was used to select research participants for semi-structured interviews:

- Undocumented Zimbabwean migrants above 18 years of age living with HIV in Hillbrow.
- Females and males

4.3. TYPE OF RESEARCH

In the view of Fouche (2002c:108), this is an applied research; the results that would be obtained are aimed at solving practical bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

4.4. DATA COLLECTION

This section of the study shows the research instrument (semi-structured interviews) that was used to tap information from undocumented Zimbabwean migrants living with HIV in Hillbrow.

4.4.1. Semi-Structured Interviews

The study used semi-structured interviews to tap information from the research participants. Twenty five undocumented Zimbabwean migrants living with HIV in Hillbrow were drawn to semi-structured interviews to attain in-depth data on their bio-psychosocial challenges. A semi-structured interview is a method of collecting data whereby the researcher asks research participant semi-structured questions face to face with a research participant and through this manner the researcher is able to also observe non-verbal communication (Tashakori & Teddle, 2003:305). Tashakori and Teddle (2003:305), further state that semi-structured interviews are best suited for sensitive topics, hence the researcher chose this method for data collection as the topic under scrutiny is also a sensitive one.

4.5. SUMMARY OF RESEARCH EXECUTION

The permission to conduct this research was granted by the University of Fort Hare Ethical Committee. Practical field work began in the month of December 2014, the researcher approached the facility manager of Makokoba HIV/AIDS Global Support Initiative (MHGS). MHGS is non-profit organisation situated in Johannesburg Central Business District. The aim of the organisation is to bio-psychosocially assist and

support people living with HIV in South Africa and beyond. This organisation was formed by Zimbabwean migrants living with HIV in Johannesburg. The organisation has monthly HIV support group and operate even on social networks (Whatsapp and facebook) to support, empower, educate and assist its members.

The researcher explained the nature and purpose of this research project. The organisation consented to purposively select undocumented Zimbabwean migrants living with HIV in Hillbrow to be part of this research. The organisation also gave researcher permission to use one of their offices to conduct my interviews. Eight research participants were selected in this manner. The eight research participants further linked the researcher to seventeen more research participants. Seventeen of the research interviews were conducted in comfort of the participant's home because they were a bit sceptical of the purpose of the research. All in all twenty-five semi-structured interviews were conducted with undocumented Zimbabwean migrants living with HIV in Hillbrow.

Fifteen females and ten males were interviewed. Ten more females were identified to be part of the research but because of lack of convenient interview venue they were excluded from the research process.

The interviews were conducted in Ndebele, Shona and English languages on the basis of the preference of the research participants. The interviews lasted between forty-five minutes to an hour.

A qualified social worker who is registered with the South African Council of Social Service Council was on standby in all the interviews so that the research participants who proved vulnerable during the research process obtained immediate counselling.

In all the interviews conducted no research participant showed any essence of research harm.

4.6. RESEARCH EXECUTION LIMITATIONS

It was a struggle to locate some of the research participants who preferred to be interviewed in their homes. The researcher had a difficult time on that account and in also that Hillbrow is made up of storey buildings locating the research participants was even more difficult. The situation was even heightened by the notion that there were some undocumented Zimbabwean migrants whom the researcher then visited for the purpose of the research only to find out that they did not have a proper place appropriate for an interview. These migrants who were excluded from taking part in the research because of the afore-mentioned reason could perhaps have provided handful of information that could have added more results and richness of the study.

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4.7. DATA ANALYSIS

Once all the fieldwork was completed, the raw data needed to be analysed and interpreted (Babbie & Mouton, 2009:102). Babbie and Mouton (2009:102), further state that data analysis involves breaking up the data into manageable themes, patterns, trends and relationships. This study integrates eight steps of qualitative data analysis suggested by Creswell (2002:141), and Marshall and Rossman (1999), in Vos *et al.*, (2011:287). The eight steps would be highlighted and elaborated below.

4.7.1. Planning for recording of data

According to Creswell (2002:103), states this is the first step of qualitative data analysis and entails the researcher to record all information during the interview process. In this study an audio tape recorder was used so that all the information collected through the utilisation of semi-structured interview is holistically collected. Where-ever necessary the researcher took hand written notes from the interview

process because the interviewees had declined to have the interview session recorded.

4.7.2. Data collection and preliminary analysis

Preliminary data analysis takes place during data collection phase. The second step on this account is analysing data away from the research site. The main premise being the view that data collected and data analysed are inseparable, hence understanding of meaning, perceptions and concepts should commence right during data collection phase (Marshall & Rossman, 1999 in Vos, *et al.*, 2011:289). In this study too the data analysis began in the initial phases of data collection. After each and every interview session the researcher scrutinised the data, tried to gain deeper insight of meaning, perceptions and concepts from the gathered information.

4.7.3. Organising the data

The researcher at this stage manages data into files, indexes or computer files. Data is also transcribed in this stage, poking insights into dominant categories or themes from the information collected during the data collection phase (Marshall & Rossman, 1999 in As De Vos, 2011:290). At this stage the researcher transcribed the data collected and began to establish themes and sub-themes that were constantly emerging from the collected data.

4.7.4. Reading and writing memos

At this stage the researcher in this study overly checked the transcribed information, read it and familiarised himself with data collected. The researcher further took into account important ideas and concepts that were emerging. The researcher implemented this strategy according to Creswell (2002:103).

4.7.5. Generating categories, themes and patterns

Marshall and Rossman (1999:154), state that this the most crucial, difficult and challenging part of qualitative data analysis. At this stage the researcher scouted for

recurring patterns, categories and themes emerging from the data collected. Three main themes were in this regard established; the biological challenges linked to undocumented migrant status and living with HIV in Hillbrow, psychological challenges facing undocumented Zimbabwean migrant status and living with HIV in Hillbrow and social challenges linked to migration, undocumented migrant status and living with HIV in Hillbrow. These themes would be elaborated in the following chapter.

4.7.6. Coding the data

According to Bogdan and Biklen (2007:66), the analysis of qualitative data requires the process of coding. Coding is done by examining the detail found in the field notes, together with the information gathered during the interview. Coding is the method used to divide data into parts by means of a system of categorizing main themes. The researcher further split the above stated main themes into sub-themes and shall be outlined clearly in the following chapter.

4.7.7. Testing emergent understandings

Here the researcher put analysed data into perspective in line with the study's aim and objectives and incorporates knowledge generated into the larger body of knowledge of the subject being investigated. This was done through verifying the findings of this study with existing literature.

4.7.8. Searching for alternative explanations

This is the last stage of qualitative data analysis. At this stage the researcher will show explanations on selected central themes and offer a scholarly debate in line with biopsychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

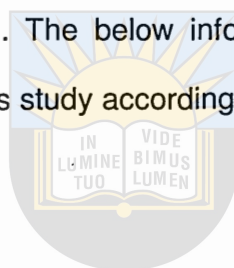
4.7.9. Literature control

Literature controls manifest gaps, similarities or contrasting views from existing literature and results of investigated phenomenon. It enables the researcher to attain

in-depth knowledge on the subject being investigated when compared and contrasted with existing literature (Creswell, 2002:93). In this study too the findings of this study were checked against existing literature.

4.8. TRUSTWORTHINESS IN A QUALITATIVE STUDY

Trustworthiness in a qualitative study seek to show the extent at which results of a particular study are credible, transferable, dependable and conformable (Vos, 2011). Trustworthiness further implies methodological accuracy and soundness (Bryman, 2011; Bogdan and Biklen, 2007). The below information outlines four steps that demonstrate trustworthiness of this study according to Vos *et al.*, (2011), and Bryman (2011).



4.8.1. Credibility

Credibility refers to the extent at which results of a study are factual, answers the research aim and objectives and depict the social reality of research participants (Vos *et al.*, 2011; Bryman 2011:208). In accordance to the operational definition of research credibility by Vos *et al.*, (2011), and Bryman (2011:209), the researcher in this study audio recorded and to took notes during the investigation to ensure that all the facts or information from the research participants were captured. Further, the researcher's interview schedule was submitted to the University of Fort Hare Ethical Committee to be checked if it was answering the research aim and objectives. The researcher used semi-structured interviews to tap information from research participants. According to Vos *et al.*, (2011), semi-structured interviews are best suited to understand the inner most experiences of research participants, therefore according to this view the researcher in this study was in a position to grasp in full the bio-psychosocial challenges facing undocumented Zimbabweans living with HIV in Hillbrow. These steps taken by the researcher enabled that the results of this study are credible.

4.8.2. Transferability/Applicability

Transferability or applicability in a qualitative study demonstrates the manner at which results of a particular study can be generalised to other populations and settings (Vos *et al.*, 2011). According to this afore-mentioned perspective in this study the researcher used the bio-psychosocial model that has been applauded in HIV studies for its relevance in the mentioned field. Results of this study was verified with existing related literature from South Africa, regional and international perspective. This step enables the results of this study to be transferrable to a significant extent is to different populations and settings as its findings has some similarities with other studies that have been conducted before.

On the other hand the researcher acknowledges the fact results of the study cannot be totally generalised to other populations but can be applied or used as a departure point to address concerns of other undocumented migrants living with HIV.

4.8.3. Dependability

Dependability implies that results of a study are reliable and accurate (Vos *et al.*, 2011; Bryman, 2011:121). To ensure dependability in this study the researcher used a phenomenological research design to fully grasp how undocumented Zimbabwean migrants living with HIV in Hillbrow interpret their everyday bio-psychosocial challenges. Further, the researcher used semi-structured interviews to collect data from research participants, this step ensured that information gathered was in exact accordance of research participants. In this respect the researcher maintained reliability and accuracy of the study which are two determinants to measure dependability in a research study (Vos *et al.*, 2011; Bryman, 2011:121).

4.8.4. Conformability

According to Vos *et al.*, (2011), conformability depicts the extent at which findings of a study are objective. In this study to ensure research objectivity the researcher

verified the findings of this study with existing literature and was grounded by the biopsychosocial model. The four aspects outlined above assisted the researcher to maintain research trustworthiness. The following information shows ethical measures were taken into account during investigation process.

4.9. ETHICAL CONSIDERATIONS

This section of the study discusses the ethical considerations that were followed during the investigation.

4.9.1. Ethical clearance

To begin with in line with ethical measures for protecting research participants, research clearance was obtained from the University of Fort Hare Ethical Committee. The researcher's ethical clearance reference number was SCH041SND01. The approval from the respective organisations that handle migrant issues in Hillbrow was requested and approved. They were responsible for the identification of research the initial eight research participants. This stance ensured that ethical obligations were met by both the researcher and organisations also involved in the research process.

4.9.2. Confidentiality and anonymity

The level of privacy was ensured by making the identity of the participants anonymous. Confidentiality entails that the participant's data is used in such a way that only the researcher knows the source. Anonymity refers to the identity of participant being kept secret. It further entails that identity of participants should be kept unknown regardless of any circumstance (Bryman, 2011:123). In this study too participant's identity was kept a secret and the participant's data was used in such a manner that only the researcher knows the source, so as to ensure confidentiality and anonymity.

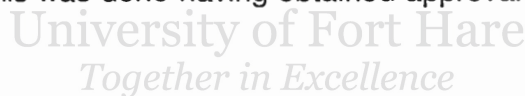
4.9.3. Avoidance of deception of participants

Deception of participants involves withholding certain information or offering incorrect information in order to ensure participation of subjects when they would have

otherwise refused (Wisker, 2008:313). In this study too the researcher explained all the necessary information to avoid participant deception.

4.9.4. Informed consent

In this research participants were given true and adequate information to help them to decide whether, they want to participate or not. This was done in a clear manner and in a language that the participants understood. Participants were by voluntary means part of the research study without any form of coercion. Informed consent was ensured in accordance to Bryman (2011:121), and Vos *et al.*, (2011:59). Informed consent letters were signed by each and every participant to confirm that they did consent to participate and were willing to be involved and also permitted that the information gathered is used for the research process. Furthermore, nine of the total interviews were audio recorded, this was done having obtained approval and permission of the research participants.



4.9.5. Harm to participants

According to Descombe (2003:97), the importance of protecting participants against any potential harm is of particular significance in any research investigation. The researcher identified participants that were likely to be vulnerable to potential research impact before the commencement of the investigation. Vos *et al.*, (2011), states that it is the researcher's ethical obligation to protect participants from any form of physical or emotional discomfort. Participants were told in advance of the potential impact of the research investigation such a move enabled participants to withdraw from the research process if they see it as having potential to harm them. The researcher also liaised with a social worker working in one of the organisations that offer migrants psychosocial support to be on stand-by, so that even with all these mechanisms put in place to protect the participants from harm, those who proved vulnerable during investigation, got immediate counselling.

4.9.6. Researcher's competence

The researcher was competent and well equipped to undertake this sensitive investigation. To cement this view in 2011 the researcher undertook a research project on the challenges facing young single parents of Ntselamanzi village in Alice town and was able to articulate such a sensitive study as well. In addition the researcher is a practising social worker and registered with the South African Council for Social Service Professions.

4.10. SUMMARY

A qualitative study proved relevant to this research investigation because it enabled to fully grasp the innermost bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. A brief description of the research site was offered. This research is grounded by the phenomenological research design which focuses on the way research participants' view of their every-day life experiences. Semi-structured interviews were used to collect data from research participants. The data collection phase was ethical guided to ensure that confidentiality was maintained, avoid participant harm and deception and informed consent. Research ethical clearance certificate was sort from the University of Fort Hare Ethical Committee. Eight steps that would be followed to analyse data was herald. Summary of the whole research process was brought to light. This chapter also showed limitations that were encountered during the research execution phase. The following chapter presents the research findings on bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, South Africa.

CHAPTER 5

FINDINGS AND PRESENTATIONS OF BIO-PSYCHOSOCIAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW JOHANNESBURG

5. INTRODUCTION

The previous chapters outlined the introduction to this study, theoretical framework, reviewed related literature, research instruments that were used to gather data on bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, ethical dilemmas, summary of the research execution and the manner in which data would be analysed. This specific chapter will present the findings of the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. Data is analysed to answer the aim and objectives of the study. The findings of this study are going to be also contrasted with existing literature and the clear cut gap covered by this study would be shown. A juxtaposition of the bio-psychosocial model in relation to empirical findings and literature control is illustrated. Three broader themes emerged from empirical findings which are namely:

1. The biological challenges linked to undocumented migrant status and living with HIV in Hillbrow
2. Psychological challenges facing undocumented Zimbabwean migrant status and living with HIV in Hillbrow
3. Social challenges linked to migration, undocumented migrant status and living with HIV in Hillbrow.

These core themes are further split to sub-themes and scrutinised in relation to the overall findings and existing literature. Of significance is the view that these core themes directly answer the research aim and objectives. It is noted that the information

from the above three broad themes is overlapping an indication that in order for undocumented Zimbabwean migrants living with HIV to function effectively, their biological, psychological and social positions should be at a state of equilibrium.

Below the researcher offer profiles of the research participants because it is noted that issues to do with their age, gender, occupation, marital status, level of education and sexual reproductive choices are closely linked to the broader three themes that the researcher put forward above. It can be affirmed that leaving research participants profiles would be hollow and emptying issues that would be unpacked as this chapter progress. Also critical important is the view that participants consented that the researcher display their profiles as long as they are used in such a manner that only the researcher and participants know the source.

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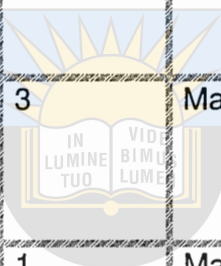
5.1. SEMI-STRUCTURED INTERVIEW PARTICIPANT'S PROFILE

The research participants are named (XY) in a chronological order to preserve their anonymity and confidentiality which is a critical element of any research process. The following figure outlines the biographical details of research participants.

Table 5.1. Biographical details of research participants

Name of Participant	Age	Gender	Number of Children	Marital Status	Level of Education	Occupation
XY01	34	F.	2	Single	Secondary School	Domestic Worker
XY02	29	F.	1	Never Married	Secondary school	Domestic Worker
XY03	25	F.	2	Single	Secondary School	Sex Worker
XY04	29	F.	3	Married	High School	Hair Dresser
XY05	33	F.	3	Never Married	No formal education history	Sex Worker
XY06	22	F.	None	Never Married	High School	Waitress
XY07	25	F.	2	Never Married	No formal education history	Sex Worker

XY08	31	F.	None	Single	High School	Sex Worker
XY09	29	F.	2	Married	Secondary School	Not Employed
XY10	27	F.	None	Married	No formal education history	Domestic Worker
XY11	28	M.	3	Married	Secondary School	Hair Salon Owner
XY12	32	M.	1	Married	High School	General Dealer
XY13	32	M.	3	Never Married	Secondary School	Vendor
XY14	28	M.	1	Single	No formal Education History	Domestic Worker
XY15	29	M.	0	Never Married	University	Waiter
XY16	31	M.	1	Single	Secondary School	Hairdresser



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XY17	33	M.	0	Single	College	Nursery Teacher
XY18	31	M.	1	Single	College	Till Operator
XY19	25	M.	1	Single	Secondary School	Constructio n Worker
XY20	26	M	0	Single	No Formal Education History	Vendor
XY21	33	F.	2	Married	College	Self- Employed
XY22	22	F.	0	Single	College	Student
XY23	25	F.	0	Single	College	Student
XY24	29	F.	2	Married	Secondary School	Not Employed
XY25	33	F.	0	Single	High School	Sex Worker

According to the above table the age range of undocumented Zimbabwean migrants living with HIV in Hillbrow ranges between 20-34 years. The bulk of undocumented migrants are employed in the informal sector and some are not employed at all. Most research participants have between 0-3 children, more explanation would be offered

on this aspect when the sexual reproductive choices of undocumented Zimbabwean migrants living with HIV are discussed. Twelve undocumented migrants in the table are single, six undocumented migrants have never been married and seven are married. Most of the undocumented Zimbabwean migrants living with HIV who participated in this research did not go beyond High School. The following part of the study discusses the biological challenges linked to undocumented migrant status and living with HIV

5.2. THEME 1: BIOLOGICAL CHALLENGES LINKED TO UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV

Biological aspects of people living with chronic disease or from a generic perspective include anatomical, molecular and progression of disease. The biological part also enables room to check methods of diagnosis and ones' respective behaviour that effect on biological stability. Psychosocial factors have an effect on the effective functioning of the biological status of people living with chronic illness like HIV (Cowles, 2003:13; Carrio, Suchman and Epstein, 2004: 578; Dogar, 2007: 12, 13). The following figure shows the theme and sub-themes formulated on the biological challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

Table 5.2.

BIOLOGICAL CHALLENGES LINKED TO UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV	
THEME 1	SUB-THEME
Biological challenges linked to undocumented migrant status and living with HIV.	1.1. The biological reaction to antiretroviral regimen
	1.2. Undocumented migrant status and access to antiretroviral therapy
	1.3. Biological functioning and nature of employment
	1.4. Living conditions as a biological challenge
	1.5. Sexual issues and sexual reproductive choices
	1.6. Cultural beliefs as a threat to biological functioning and adherence to ART

5.2.1. Sub-theme 1.1: The biological reaction to antiretroviral regimen

According to the information gathered from undocumented Zimbabwean migrants living with HIV, the antiretroviral treatment pose many effects to their biological functioning and it is also worth mentioning that the biological reaction to antiretroviral regimen cripples the migrants' prowess to adhere to their medication. Most research participants verbalised the side effects of the antiretroviral therapy. The below information vindicates this line of argument.

Research participant (XY15),

"...ever since I started using antiretroviral drugs I constantly develop sore feet and feel so dizzy during the day"

Research participant (XY17), stated that,

“... I have developed a big stomach...I started having this problem shortly after starting using antiretroviral therapy...”

Research participant (XY01) added that,

“...I have developed sore feet because of using antiretroviral treatment”

According to Max and Sherer (2000:203), other common antiretroviral therapy side effects are hypertension, vomiting, hepatitis, diarrhoea and nausea. Max and Sherer (2000:203), also postulate that side antiretroviral side effects are scourge threat to adherence to medication which is a health challenge to people living with HIV. This scholarly evidence concurs with biological reaction to ART facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

5.2.2. Sub-theme 1.2. Undocumented migrant status and access to antiretroviral therapy

According to Vearey (2008:368), despite Department of Health recommendations that access to the antiretroviral treatment should be made accessible to everyone living in South Africa, undocumented migrants living South Africa still face challenges in seeking the lucrative drug. Vearey (2008:368), further contend that some public health service providers are still operating on individual perceptions in that they still require foreigners to produce identity booklets as a step towards attaining the antiretroviral drug. This tendency amongst public health care service providers has negative effect to undocumented Zimbabwean migrants' biological status. Research participants stipulated that this tendency by public health service providers delay treatment or even jeopardise their consistency in adhering to the treatment regimen. This position was supported by most of the research participants. The below extracts supports this view.

Research participant (XY12) revealed that,

"In some public clinics the production of identity booklet is still a pre-requisite in order for one to receive treatment. I also believe that this tendency is closely aligned to individual public health service provider perceptions of foreigners. I collect my medication at the Hillbrow Community Health Care Centre, at some point I have been subjected to severe challenges in seeking my medication because of different staff perceptions. This position is a threat to my health because it affects my antiretroviral treatment adherence..."

Research participant (XY07) verbalised that,

"...I seek my medication in private clinics where I just pay for my medication. I experienced negative attitude from public health care service providers, so for the best interest of my health I realised I should seek medication in private practice where there are no issues to do with documentation or any sort of hustle in attaining medication..."

Research participant (XY08) argued that,

"...the antiretroviral drug is accessible in Hillbrow Community Health Care Centre but there are many challenges one is likely to face with public health service providers. I still remember one nurse once said to me, 'What are you people doing here in South Africa living best clinics in Zimbabwe to come and seek medication in our country?'...to me that was very sarcastic and mocking or even degrading as a human being..."

The stated information is further supported by existing literature on challenges facing foreign migrants when seeking medication in public hospitals. Migrants in the city of Johannesburg face a challenge when seeking medication in public hospitals. They experience structural challenges emanating from undocumented migrant status, language barriers and negative public health attitude (Moyo, 2010:97; CoRMSA,

2009:22). CoRMSA (2009;22), further argue that structural barriers to public health care services is a further violation of the South African National Strategic Plan on HIV 2007-2011 and 2012-2016.

In the eyes of Vearey, Richter, Nunez and Moyo (2011:18), foreign migrants should be assimilated in HIV programmes, on the basis of universal access to HIV antiretroviral treatment, prevention and availability of care methods. These scholars further argue that undocumented migrants share city total space with South African nationals so they directly or indirectly share all health issues with the host population.

South African literature on challenges facing migrants corresponds with this study's research participants' view of health care challenges they are exposed to. On the basis of existing literature the researcher synthesise that most studies in the field of HIV does not show how structural barriers to attain the antiretroviral drug impact on the biological functioning of migrants and are also silent on how the biological deficiency impact on the psychological functioning of migrants (Moyo, 2010; Vearey, 2008; IOM, 2010; Vearey, Richter, Nunez and Moyo (2011). Thus, this study clearly vindicates in a clear cut manner that structural barriers to antiretroviral treatment have an adverse effect on undocumented Zimbabwean migrants living with HIV biological stature and also impacts negatively to ART regimen adherence. The afore-mentioned view is further cemented by Carrio *et al.*, (2004:578), who argue that the biological part of the bio-psychosocial model gives widened room for the examination of disease and suffering and how these three aspects are external influenced by different positions or structures in the community.

5.2.3. Sub-theme 1.3: Biological functioning and nature of employment

Most research participants in this study are doing informal jobs. In the context of undocumented Zimbabwean migrants living with HIV it appears that these informal

jobs that they are doing for livelihood are a challenge to their biological functioning. Undocumented Zimbabwean migrants living with HIV in Hillbrow stated that it is difficult to reveal their status to their employers out of fear to lose their jobs, such a position put their adherence to antiretroviral drug at jeopardy because in some instances they skip their medication so that their employers would not discover that they are HIV positive. Lack of adherence to antiretroviral therapy propels negative effect to their biological functioning.

Research participants working as sex workers stated that for them to articulate their job properly they should be under influence of alcohol. They verbalised that their doctors always warn that too much alcohol intake have an adverse effect on their biological functioning. The following information shows the above stated information in the exact words of research participants.

Research participant (XY25) stated that,

“...the nature of my job (sex work) affects my antiretroviral adherence. It is very difficult for me to conduct this job on sober senses, so most of the time I will be drinking and on that drunken stupor I easily forget to use my tablets. My work further pose a threat to re-infection”

Research participant (XY14) stated that,

“...I work as a child care giver, it is difficult to disclose my status to my employers because they might fear that there is a chance that I can infect their child. Once upon a time I revealed my HIV status to my employer and that led to my expulsion from work. This stereotype and labelling affects my antiretroviral adherence and has an impact on my biological functioning”

Socially oriented stigma pose a potential threat to loss of employment by people living with HIV. Labelling and stereotype has a potential threat to antiretroviral adherence by people living with HIV and care methods which is very detrimental to their biological being (Campbell, Nair, Maimane & Nicholson, 2007:18, 19). According to research participants views it appears that calibre of employment has potential threat to adherence which has adverse effect to their biological being, this position is further supported by existing literature as noted by Campbell *et al.*, (2007:18, 19).

According to IOM (2010:8), income inequalities propel migrants to sell sex for a livelihood, lack of knowledge and being a foreign migrant may hamper their choices to proper health care practice which makes them more prone to be re-infected which might increase the viral load in their immune system. In the view of Seeley and Allison (2005:690), migrants are at a greatest risk of infection and re-infection. Undocumented migrants are normally employed in the informal sector where they work irregular working hours that might affect their medication times.

5.2.4. Sub-theme 1.4: Living conditions as a biological challenge

According to undocumented Zimbabwean migrants living conditions in Hillbrow have a negative impact to their biological functioning. Hillbrow is made of storey buildings, which are split into apartments. It is more probable that more than fifteen individuals can share an apartment of one bedroom, one kitchen, one large sitting room and one combined bathroom and toilet. A single bedroom or sitting room can be shared by three families being divided by curtains by respective families or groups. Undocumented Zimbabwean migrants living with HIV narrated that living in large numbers in single apartment presents a health hazard to them and easily expose them to opportunistic infections and which they are vulnerable to because of living with HIV. Living in numbers also presents a challenge to antiretroviral regimen adherence

because of disclosure issues. Sixteen research participants raised this concern. Below information states this stated information in the direct words of undocumented Zimbabwean migrants living with HIV in Hillbrow.

Research participants (XY09) stated that,

"...sharing an apartment in numbers is a health concern...at some point I contracted a fungal infection because of sharing a single tub and toilet seat in numbers..."

Research participant (XY11) verbalised that,

"I share a bed with three of my friends in order to cut rent costs...this position makes it difficult for me to adhere to my medication because they do not know my HIV status. I take my tablets when they are not available. I hide my medication so that they will not see it. Sometimes when they are available it becomes difficult for me to fetch my medication and easily jeopardise my antiretroviral drug adherence..."

Research participant (XY22) stated that,

"...diseases easily spread in Hillbrow because of living conditions and am at a heightened position to catch opportunistic infections because am also living with HIV..."

According to Brabant and Raynault (2012:324), living conditions of undocumented migrants tend to be more hazardous than that of the host population. Migrants tend to live in overcrowded places. Spies (2007), postulates that living conditions have effect on ART adherence and it would be difficult to use medication at times. This position shows that living environment poses a threat to biological being of undocumented Zimbabwean migrants living with HIV in Hillbrow. According to Dogar (2007:11), George Angel developed the bio-psychosocial model to shift focus only on bio-medical

aspects of disease but to accommodate social environments that have an effect to health processes. According to Dogar's perspective living conditions in Hillbrow have a negative impact to the biological functioning of undocumented Zimbabwean migrants living with HIV. It is in this accordance the researcher further argues that living conditions in Hillbrow are closely associated with biological functioning of undocumented Zimbabwean migrants living with HIV. Both empirical findings and related literature suggest living conditions have an impact on one's health. In this study in many ways the researcher argues that inferior living conditions have heightened negative impact on the biological being of undocumented Zimbabwean migrants living with HIV in Hillbrow.

5.2.5. Sub-theme 1.5: Sexual issues and sexual reproductive choices

Research participants verbalised that sexual contradictions and sexual reproductive dilemmas they face on account on living with HIV and being undocumented. According to the narrations of undocumented Zimbabwean migrants living with HIV in Hillbrow, a combination of living with HIV and undocumented migrant status blur in many ways their sexual choices and the capacity to fully shape their reproductive choices. Most important being the view that sexual reproductive choices have an effect on their biological functioning. Fifteen research participants of the study's sample mentioned that they encounter sexual dilemmas which they attributed to undocumented migrant status and living with HIV. The below information supports this sub-theme.

Research participant (XY16) stated that,

"...if you living with HIV and decide to make a child first go medical check-up with your partner to determine viral load...then as you know that there is one or two days in a month that implantation take place in a woman. Guard those two days which are the last from your period and you chance without protection"

Research participant (XY02) verbalised that,

“...am considering to make a second child but my fear is re-infection...last time when I did unprotected sex I was continuously attacked by opportunistic infections and my viral load arose”

In the view of the study's sample living with HIV pose procreation dilemmas as it subjects them to re-infection which is very detrimental to their biological being. Webber (2007:721, 723, 728), assert that migrants lack of knowledge on sexual reproductive choices which put their biological being at risk that can create further pose complications with regard to their health. In accordance to undocumented Zimbabwean migrants sex is a biological calling but presents many health complications especially to people living with HIV and even more complicated to vulnerable groups like migrants who are constantly living in the margin because of their migrant status. Akin to this argument this study brings into perspective sexual issues that are a threat to biological functioning which most scholars have tended to turn a blind eye.

5.2.6. Sub-theme 1.6: Cultural beliefs a threat to biological functioning and adherence to ART

In the advent of antiretroviral therapy undocumented Zimbabwean migrants living with HIV in Hillbrow are still glued to cultural myths pertaining HIV. Most research participants verbalised that they believe that there is a cure for HIV from their cultural beliefs or religious practises. According to the narrations of undocumented Zimbabwean migrants living with HIV in Hillbrow, cultural beliefs are a threat to their biological functioning and also hinders smooth adherence to antiretroviral therapy. This view was supported by most of the research participants, the following information are two extracts from the research participants which support this sub-theme.

Research participant (XY11) narrated that,

“...at some point I stopped taking my medication because I had been prayed for at church so I had thought I was cured...I almost lost my life because the human immune viral load increased...”

Research participant (XY05) stated that,

“...when I started being attacked by opportunistic infections regularly I consulted a traditional healer instead of going to clinic to be tested for HIV so that I assume antiretroviral therapy. Cultural beliefs are very dangerous because they can lead you to delay assuming antiretroviral treatment leading to complete destruction of your immune system or can divert you from adhering to the antiretroviral treatment”

Evidence above postulates that cultural beliefs are a challenge that is closely associated with biological functioning of undocumented migrants and can lead to delay in assuming therapy thereby promoting the multiplication of the virus. Similarly according to Soskolnea and Shtarkshall (2002:1299, 1300), cultural beliefs contribute to high HIV incidence amongst migrant populations. Cultural beliefs further steer migrants living with HIV to be re-infected. Mixed cultural interactions in the new society confuse the migrants and make them more prone to delay specialised treatment which is very critical to their health. This current study exposed that cultural beliefs are closely linked to biological being because culture tendencies can disturb adherence to medication hammering one's health.

5.3. THEME 2: PSYCHOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANT STATUS AND LIVING WITH HIV

The World Health Organization (WHO) defines mental health as a state of physical, mental and social effective functioning (Dogar, 2007:11). Mental health is also a state

at which an individual make use of one capabilities, cope with daily stressors and achieve significant positive contribution to the society (WHO, 2014:8). This section of the study presents psychological (mental health) imbalances cultivated by a combination of undocumented migrant status and living with HIV. The researcher acknowledges the view that psychological issues are more aligned to the psychology discipline, but the theoretical framework adopted in this study (bio-psychosocial model) which is within the scope of social work offers room to explore psychological positions of people living with chronic conditions, (Dogar, 2007:11, 12; Cowles, 2003:73). In addition, social workers would be in a position to refer undocumented migrants living with HIV who are appear to be having psychological challenges to accurate institutions to seek specialised psychological help on the basis of the results of this study. Figure 5.3 presents the main theme and sub-themes formulated on psychological challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

Table 5.3.

PSYCHOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV	
THEME 2	SUB-THEME
Psychological challenges facing undocumented Zimbabwean migrants living with HIV	2.1. Undocumented migrant status, living with HIV and psychological challenges 2.1.1. Substance abuse 2.1.2. Eating challenges 2.1.3. Mood challenges 2.1.4. Exacerbated/reduced sexual practises 2.1.5. Suicidal thoughts 2.2. Under-utilisation of psychological care services

5.3.1. Sub-theme 2.1: Undocumented migrant status, living with HIV and psychological challenges

There are five categories formulated under this sub-theme. The researcher will first discuss substance abuse emanating from undocumented migrant status and living with HIV and proceed with the discussions and presentations of other categories formulated under this sub-theme as stipulated on the above table.

5.3.2. Sub-theme 2.1.1: Substance abuse

Information gathered from undocumented Zimbabwean migrants tended to show that there is quite a handful of migrants who depend on increased alcohol consumption and inflated smoking tendencies. On the basis of the information supplied by research participants the researcher formulated this sub-theme because it tended to impress that challenges facing undocumented Zimbabwean migrants living with HIV had acute psychological impact that subsequently propels them to heavily depend on alcohol and smoking as a way of trying to ease the depression and stress.

To cement the view above research participant (XY14) stated that,

"...To reduce the amount of stress and depression am going through I heavily depend on alcohol. At least for that moment all my worries are wiped away. I have however, noted that I can no longer go for a day without drinking beer..."

Research participant (XY09) consented with the above mentioned realisation when she depicted that,

"...The daily stressors of being undocumented and living with HIV are so consuming and mentally torturing. These challenges have made me to develop serious alcohol dependency and am now a chain smoker. When am drunk all my worries fade away..."

According to Hovey and Magana (2001:88), migrants tend to develop severe alcohol drinking habits as a means to coping with stressors, anxiety and depression that are associated with being a migrant. Alderete (2002:103), is of the opinion that social exclusion amongst migrants in the United States elevates migrants' alcohol consumption. Akin to this view Lindert *et al.*, (2008:45), contend that post migration stage introduce migrants to vast challenges for example undocumented migrant status, acculturation and new socio-capital means compelling them to be absorbed to mental challenges like excessive smoking and drinking.

Little research has been done to explore the issue of migration and substance abuse in the South African context, however, Bandeira and Higson (2010:82), argues that migration challenges in South Africa are likely to cultivate adverse mental health connotations amongst migrants.

Literature across the globe seems to show that migration as a single entity has mental health issues aligned to the migrants' psychological being. It is further noted that little research has tended to explore a combination of undocumented migrant status and living with HIV. This, current study goes a step further and unravel even psychological disorders like dependency on substance as a culmination of a combined vexing problems of undocumented migrant status and living with HIV.

5.3.3. Sub-theme 2.1.2: Eating challenges

This study also discovered that undocumented Zimbabwean migrants living with HIV in Hillbrow are also experiencing eating challenges emanating from undocumented migrant status and living with HIV. It was revealed that some undocumented Zimbabwean migrants have since changed their eating habits; some have since had their eating tendencies overly increased or lessened. According to the research participants these eating challenges are attributed to psychological challenges they

are facing in Hillbrow. Eating challenges were raised by most of the research participants. The below information gives a detailed account in support of this sub-theme.

Research participant (XY11) elaborated that,

“...Ever since I came to Hillbrow and I discovered that am HIV positive my eating habits have since increased dismally...I eat very much these days than before, I feel relieved when I concentrate only on food...”

Research participant (XY18) had this to say on this aspect,

‘...Being undocumented and living with HIV is very worrisome I have since lost appetite my eating habits have even drastically lessened...’

According to Cachelin and Striegel-Moore (2006:45), contend that abnormal eating disorders are closely associated with socio-economic status, race and ethnicity. This argument posit a grain of truth and might be relevant and explain the nature and extent at which undocumented Zimbabwean migrants living with HIV in Hillbrow might have been caught up in this psychological challenge emanating from a weaker socio-economic stature that is prevailing in their lives in Hillbrow. It is further asserted that vast research in the field of HIV and migration have tended to overlook the impact of undocumented migrant status and living with HIV (Moyo, 2010; Vearey 2008; Makina, 2008; Landau, 2008; Kalichman, 2007). It is against this back drop that this study unravels gaps that were untapped by previous researches. This study even sees eating challenge as a psychological challenge which should be brought to light so that other social workers will assist or refer undocumented Zimbabwean migrants living with HIV in Hillbrow to specialized institutions to attain expert help in a clear cut and informed manner.

5.3.4. Sub-theme 2.1.3: Mood challenges

A significant number of research participants verbalized that they experience different types of mood disorders. They vindicated that undocumented migrant status and living with HIV in Hillbrow translates to unusual mood disorders which are uncomfortable and affects even their biological and social functioning.

Research participant (XY13) stated that,

“Ever since I came here and tested HIV and the fact that am also undocumented I constantly experience a sense of unease, angry and just not willing to talk to anyone. I highly attribute my mood behavior to undocumented migrant stature and living with HIV”

Research participant (XY07) stated that,

“Am very moody these days...living with HIV and being and an undocumented migrant is totally uncomfortable”

The above evidence clearly suggest that a combination of undocumented migrant and living with HIV in Hillbrow easily converts to unusual mood disorders. Most research participants verbalised a state of unusual mood behaviour, which they argued is a birth of undocumented migrant status and living with HIV. According to Sue *et al.*, (2010:304), mood challenge is a state of confusion in emotions and discomfort which can translate to one's inability to psychosocial function appropriate. Sue *et al.*, (2010:190), further argues that mood discomfort is not an illness itself but might harm or reduce the capacity of the immune system to function properly. Similarly or even worse to mention is the view that mood challenges pose a serious threat to undocumented Zimbabwean migrants living with HIV in Hillbrow. Largely because of their undocumented migrant stature and living with HIV in coercive environment. It is

of principal importance to highlight that this study brings new dimensional knowledge in the field of migration and HIV from a social work perspective to enable social work practitioners to address plight of undocumented Zimbabwean migrants living with HIV rich and bettered knowledge.

5.3.5. Sub-theme 2.1.4: Exacerbated/ reduced sexual practices

Most research participants depicted that they now experience unusual sexual practices because of the coercive combination of undocumented migrant status and living with HIV. According to the research participants narrations it became apparent that these sexual dilemmas are deep rooted to psychological deficiencies. The narrations of undocumented migrants living with HIV in Hillbrow in line with sexual practises were similar and most research participants stated that undocumented migrant status and living with HIV has compromised their sexual practises. The below information are extracts from research participants in line with the above mentioned view.

Research participant (XY07) added that,

“...I work as a sex worker, the moment I discovered that I was HIV positive in 2009 I assumed this industry there is nothing to lose after all...those clients who pay a risky allowance I let them to have unprotected sex with me it's not my business whether they get infected or not it's their choice...Why should I die alone I rather spread the virus and die with many others...generally my desire for sex increased ever since I found out that am HIV positive...”

Research participant (XY19) elaborated,

“...Ever since I tested HIV positive I have since lost sexual appetite in sex or women at all...”

Existing literature also purports that some behaviours by undocumented migrants are a direct outcome of the migration process and its challenges. According to IOM (2010: 20, 24), some sexual behaviours exhibited by migrants are born out of discrimination, depression, torture and suffering which in turn translates into psychological challenges.

Having shown evidence from both research participants and grounded it with existing literature it can be asserted that exacerbated or reduced sexual practises are born out of a combination of undocumented migrant status and living with HIV, largely arguing from the point of departure of existing literature and obtained information. In the view of Dogar (2007:14, 15), challenges facing people living with chronic conditions if suppressed and not brought to light promotes the birth of negative psychological challenges. This scholarly realisation puts forward the argument that sexual challenges facing undocumented Zimbabwean migrants living with HIV are likely to be emanating from the hostility of the social environment which affects their psychological functioning. The afore-mentioned view is supported by Brabant and Raynault (2012:334), when they argue that migration trajectories have severe effects even upon sexual and mental health.

5.3.6. Sub-theme 2.1.5: Suicidal thoughts

This study discovered that undocumented Zimbabwean migrants living with HIV are more prone to have suicidal thoughts or to commit suicide because of the psychological deficiencies brewed by undocumented migrant status and living with HIV in Hillbrow. A handful of undocumented Zimbabwean migrants living with HIV in Hillbrow who participated in this research stated that they constantly experience suicidal thoughts which they argued are a result of the burden of undocumented

migrant status and living with HIV. The below information from research participants clearly elaborates this issue.

Research participant (XY13) chronicled that,

"...I feel as if I have lost the right to life, my life is upside-down, I sometimes feel that I should just end my life and go where I would find happiness. When I see my children at this tender age I sob a lot because I do not know what will happen to me tomorrow...."

Research participant (XY22) elaborated that,

"I have since accepted living with HIV, there are more harmful diseases than HIV. But I sometimes feel so bitter and suicidal over the fact that am in a difficult position to make children or even get married. I see HIV as a curse, it's possible to live with it but I feel as if am arrested because there many things that I could be doing about my life but living with HIV has since limited my choices. I sometimes fail to have descent sleep and even cry all night because I envy my friends who are HIV negative and are happily married they are seeing their children grow. The issue of undocumented migrant status even exacerbates the issue because I struggle to get a formal job and am constantly worrying over the fact that I can be deported. Everything is just so against me some call us foreign people makwerekwere¹, some accuse us of being vehicles of HIV. I wish if I could pass on because life is tormenting me from all angles of my life..."

In a study conducted by Hovey and Magana (2001:17), it was brought to light that migrants in Michigan and Ohio were likely to have suicidal thoughts or attempts because of absence of family support and coercive social environment. According to

¹ Makwerekwere is a colloquial term used to refer to foreign migrants

Vearey and Nunez (2011:15), undocumented migrants are likely to experience adverse mental health challenges largely because of their undocumented status, lack of research in this field and scarcity of mental health care facilities in Johannesburg.

It is in this accordance with the research participants' views that one can cement that undocumented migrant status and living with HIV cultivates suicidal thoughts. It is also of critical importance to further mention that scholars like Vearey and Nunez (2011:15), admit that there is scarce research on psychological health and migration in South Africa at large. This study on bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow adds new knowledge on psychological health and migration.

5.4. Sub-theme 2.2: Under-utilisation of psychological care services

Most of the research participants revealed that they face vast of psychological challenges. On account of limited knowledge on where to seek help they subsequently carry the burden of acute stress, depression and other psychotic disorders on their own. These bottled psychological challenges are excessive and at large affect their psychological functioning. Lack of knowledge and accompanied by the fact that they are always left on the margin. The researcher contends that under-utilisation of psychological care services is a challenge to undocumented Zimbabwean migrants living with HIV in Hillbrow because their psychological deficiencies are never treated further harming their psychological being. This assertion is supported by the below evidence from the research participants.

Research participant (XY01) stated that,

"...I often feel that I should seek professional help to ease all the stress that am going through. Being undocumented and living with HIV is excessive to me but I do not have knowledge who to approach to link me to that kind of service"

Another research participant (XY21) stated that,

"...I feel so sad and angry at myself my friend has always told me that she can take me to social workers in Johannesburg Central Business District but I constantly see contact with health care service providers as a challenge itself because of the negative attitude I have experienced when I collect my antiretroviral treatment. So to say that I should go and seek professional help is a non-starter because they might worsen my situation..."

Research participant (XY04) elaborated,

"...In order to get specialised mental health care one needs stable income so in as much as I want to be assisted it is difficult for me to finance that service. To begin with I do not even have medical health insurance because of poor salary..."

The above stated information firmly grounds the view that undocumented Zimbabwean migrants living with HIV in Hillbrow in many ways are left out of the margin of utilising psychological health care facilities in Hillbrow or elsewhere in Johannesburg. The researcher argues that lack of documentation coupled by the fact that they are living with HIV has essence of internalisation that they have assumed that everything is against them. Research participant (XY04) depicted that she cannot assume mental health care facilities because of an unstable income. However, that view might be misguided by lack of knowledge on the subject because there are social workers working in Hillbrow Community Health Care Centre whose services are for free. It can further be deduced that the perceived negative attitude by health care service providers in Hillbrow has internalised automatic essence of fear and lack of trust amongst Zimbabwean migrants living with HIV in Hillbrow.

Perez and Fortuna (2009:10), conducted a study on the utilisation of mental health care facilities by undocumented Mexican migrants living in the United States and concluded that depleted social capital, lack of documentation and their vulnerability makes them to rarely seek mental health services. This study by Perez and Fortuna (2009:10), tallies with the results of this current study, however the critical notion in this study is that undocumented Zimbabwean migrants are living with HIV which is also a critical factor to their bio-psychosocial functioning. Next section of this study discusses and presents findings on social challenges linked to migration, undocumented migrant status and living with HIV.

5.4. SOCIAL CHALLENGES LINKED TO MIGRATION, UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV

This section of the study presents and discusses the findings on social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. The following figure illustrates the main theme and sub-themes formulated on this regard.

Table 5.4.

SOCIAL CHALLENGES LINKED TO MIGRATION, UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV	
THEME	SUB-THEME
Social challenges linked to migration, undocumented migrant status and living with HIV	3.1. Lack of family support and isolation
	3.2. Disclosure challenges
	3.3. Socio-economic markers
	3.4. Language barriers
	3.5. Social hostility and its effect on psychological functioning of undocumented migrants living with HIV

5.4.1. Sub-theme 3.1: Lack of family support and isolation

Undocumented Zimbabwean migrants living with HIV in Hillbrow narrated that lack of family support and social exclusion further worsen their woes. According to undocumented Zimbabwean migrants' family support is very important to any individual living with chronic illness like HIV.

Research participant (XY04) stated that,

"...the fact that am living in South Africa am alienated from my family. I do not have the necessary social support to foster a sense of belonging. One needs family support when living with HIV just to be comforted when stressed or a bit depressed..."

Research participant (XY18) stated that,

"...living with HIV and being undocumented is coercive. Lack of family support or social ties further cripples my situation. Here in Hillbrow no one cares for another, people are just concerned with working for their families back home. Basically here it's each man for himself; I completely do not have any form of social support to strengthen me..."

Research participant (XY21) added that,

"Some of my daily stressors emanate from a weaker social support system"

The above evidence justifies the notion that lack of family support or social support presents a social dilemma to undocumented Zimbabwean migrants living with HIV in Hillbrow. According to IOM (2010:20); Vearey and Nunez (2011:17), migrants lack family support because they left their families back home. Undocumented migrants living in South Africa are constantly on the margin because of lack of legal migrant status. According to Brabant and Raynault (2012:326), prolonged separation with

family and lack of family support coupled with individual troubles of being an undocumented migrant conceives a social outcome that is torturing and oppressive for an individual to bear with.

According to existing literature as highlighted above undocumented migrant status alone brews social challenges. This study took a step further and unravelled the influence of lack of family support and living with HIV and re-discovered that a combination of undocumented migrant status and living with HIV further ruins social functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow. This is a key note which most studies have tended to turn a blind eye.

5.4.2. Sub-theme 3.2: Disclosure challenges

Undocumented Zimbabwean migrants living with HIV in Hillbrow are still caught up with the dilemma of disclosing HIV positive status. The bulk of research participants ventilated that revealing their HIV status is still a consuming issue. Most of the research participants revealed this challenge. The following quotations are extracts from three research participants.

Research participant (XY17) stated that,

"...the moment you disclose your status, your partner will run away assuming that you will infect them...after all it is very difficult to get a life partner in Hillbrow..."

Research participant (XY03) stated that,

"...I have not disclosed my status to my family back home or to my friends, people are too judgemental. I only revealed my status to Makokoba Global Health Initiative Group members because we are all HIV positive and we share a lot in common."

Research participant (XY13) stated that,

“...I have not disclosed my status to my children I fear it might affect their psychological functioning and their school work...being an undocumented migrant carries social burden to reveal my HIV status is likely to increase the burden am exposed to now”

Above evidence clearly depict that disclosing HIV positive status is still a mountainous task to undocumented Zimbabwean migrants living with HIV in Hillbrow. According to Derlega, Winstead, Greene, Serovich and Elwood (2004:747), self-blame, fear of rejection and privacy are other factors promoting non-disclosure of HIV status. Derlega *et al.*, (2004:747), further argue that HIV positive people face many challenging situations for example having to do constant medical check-ups, adhere to medication, bio-psychosocial challenges and the generic HIV associated stigma. In the view of Derlega *et al.*, (2004:747), the afore-mentioned challenges reduce the capacity for HIV positive people to disclose their HIV status. According to Thomas *et al.*, (2009:525, 527), lack of social support by migrants living with HIV in London hinders the prospect of this group to reveal their HIV status.

Scholarly evidence manifest that people living with HIV still face the challenge of disclosing their HIV status. However, in the view of undocumented Zimbabwean migrants living with HIV in Hillbrow their failure to disclose their status emanate from the point that they are undocumented and living with HIV, depleted social capital resources and also the stigma attached to living with HIV.

5.4.3. Sub-theme 3.3: Socio-economic markers

Socio-economic markers are another social challenge facing undocumented Zimbabwean migrants living with HIV in Hillbrow. The bulk of undocumented

Zimbabwean migrants living with HIV in Hillbrow who participated in this study are doing informal jobs. Undocumented Zimbabwean migrants living with HIV in Hillbrow argued that documented migrants are at a bettered position to rise the socio-economic ladder. They asserted that undocumented migrant status and living with HIV further cripples their prowess to empower themselves socio-economically. The following extracts supports the above stated view.

Research participant (XY06) stated that,

"...am stuck with this waitress small job because it is difficult to attain a formal job...It is better than nothing though because it is informal, but not difficult so my biological being is not affected"

Research participant (XY17) stated that,

"...there are many things that I had longed to do for my relatives back home but with the challenges am facing because of living with HIV and being an undocumented migrant my chances to socio-economic manoeuvre have been halted"

Research participant (XY13) verbalised that,

"...having to look after my children and meet their economic needs is so excessive. This situation is fuelled by the fact that being undocumented and living alone is pressing. So meeting family demands and providing financial means double disadvantage me..."

It is crystal clear that socio-economic woes are also a social concern to the plight of undocumented Zimbabwean migrants living with HIV in Hillbrow which even reduce their capacity to socially function effective. Soskolnea and Shtarkshall (2002:1299), argue that migrants have limited knowledge on where to claim social resources and

lack adequate knowledge of organisations that offer socio-economic services. Zanakis, Alvarez and Li (2007:1813, 1814), argue that a plethora of migration and HIV studies show that vulnerable populations are always on the margin of the socio-economic circumference. Zanakis *et al.*, (2007:1813, 1814), argue that vast research does not look at the potential impact of socio-economic deficiencies of migrants and this scholarly neglect and ignorance has worsened the social functioning of vulnerable groups like foreign migrants.

Existing literature as chronicled above concur with the view that socio-economic positions are a social constraint to vulnerable individuals or groups. A contrasting view is the assertion that undocumented migrant status and living with HIV further deepens the social functioning of undocumented Zimbabwean migrants.

5.4.4. Sub-theme 3.4: Language Barriers

Some research participants especially from the eastern part of Zimbabwe who are predominantly Shona speaking people cited language difficulties when interacting with health care practitioners and even with the general population of Hillbrow. Some undocumented migrants have very little education so their English language knowledge is very limited making communication very difficult. According to the information collected from undocumented Zimbabwean migrants living with HIV, language barriers halt their social functioning, also taking into account that they are facing more hostile challenges in Hillbrow.

Research participant (XY20) stated that,

“...language difficulties are also a cause for concern. Am not educated at all so when seeking my medication I face a challenge of efficient communication. Language barrier further reduces my capacity to know more about HIV or even care methods...”

Research participant (XY17) stated that,

"...some health care service providers have got little knowledge of English language so communication becomes very difficult and critical health information can be easily concealed in the process"

In accordance to the narrations of undocumented Zimbabwean migrants living with HIV in Hillbrow, language barrier is a social aspect which reduces their communication. Critically important is the notion that poor communication makes them not to attain significant information about HIV, with equal weight language barrier can impact negatively to their biological being because purposeful health information might be omitted in the process. This view is supported by Cowles (2003:23), who depict that bio-medical aspects of human beings are also influenced by societal or environmental structures.

Vearey and Nunez (2011:13), juxtapose that language barriers also amount to daily stressors facing foreign migrants living in the city of Johannesburg. The aforementioned scholars further suggest that language barriers can also inflict emotional and mental challenges. It is in this rank that the researcher sums up this particular sub-theme and state that language barriers bear bio-psychosocial malfunctioning to undocumented Zimbabwean migrants living with HIV in Hillbrow.

5.4.5. Sub-theme 3.5: Social hostility and its effect on psychological functioning of undocumented migrants living with HIV

In the beginning of this chapter the researcher mentioned that bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV are often overlapping and one aspect influences the other. It is in this rank that I linked social hostility and its influence on the psychological function of undocumented Zimbabwean migrants living with HIV in Hillbrow. The perceived social hostility prevailing in Hillbrow has far

reaching consequences to undocumented Zimbabwean migrants living with HIV psychological being. Most undocumented Zimbabwean migrants living with HIV in Hillbrow chronicled that police brutality, living conditions, the perceived stereotype that foreigners are carriers of HIV and depleted social capital have negative psychological impact.

Research participant (XY24) stated that,

“...It is very difficult for one to move in Hillbrow without being asked for an identity booklet by the police or by the voluntary workers that are working jointly with the police. Failure to produce identity booklet or bribery fee can easily cause deportation. At some point I could not produce the required bribery amount on spot and was detained for three days at Hillbrow Number Four Police Station. So for me police brutality impacts negative to my psychological functioning on the basis that at any point I can easily get my adherence to antiretroviral therapy interrupted which is a great threat to my health...”

Research participant (XY25) supported the above stated realisation when she argued that,

“...The fact that my family is back home in Zimbabwe is something that is worrisome to me...I sometimes feel so suicidal and there is no immediate family member to comfort me. Living here is difficult, being undocumented alone carries a lot of stereotype, living with HIV is another aspect that carries heavy burden on my psychological being. Depleted social capital even makes my situation worse...”

Research participant (XY22) stated that,

“...the fact that some residents in Hillbrow accuse foreigners of being HIV carriers affect me negatively mentally...even public health service providers have this attitude. One

health service provider once verbalised that that we should go back to Zimbabwe and spread AIDS there. On that day I was so stressed over that aspect and it repeatedly occurs and in many ways it affects my psychological being because such utterances are so traumatising...”

According to Vearey and Nunez (2011:12), forced migrants in the city of Johannesburg experience daily stressors which are namely institutional challenges, violence, stereotype and labelling, xenophobia and lack of documentation. Lindert, Ocak and Priebe (2008:45), argue that the migration process as a single entity is traumatic, challenges of settling a new place is coercive and acculturation all impact negative to psychological functioning of migrants. Lindert *et al.*, (2008), further assert that the rate of suicide is very high amongst migrants in Europe is very high largely because of excessive daily stress they are exposed to. Magalhaes *et al.*, (2009:72), posit that undocumented migrants living in Canada often express acute stress and depression of separation of family and these challenges can easily translate to suicidal tendencies.

The above reviewed literature clearly points that social connotations facing migrants in South Africa and international impacts negatively on mental health of undocumented migrants living in respective areas as indicated. Nonetheless, little research locally and globally has narrowed its research scope to show how social challenges facing undocumented migrants living with HIV impact on their psychological functioning.

On the basis of the evidence stipulated by undocumented Zimbabwean migrants living with HIV in Hillbrow chronicled above being undocumented and living with HIV is far more adverse as compared to ordinary challenges of just being a migrant or undocumented. Thus, according to the views of undocumented Zimbabwean migrants

living with HIV in Hillbrow, the researcher firmly assert that negative social challenges present a far heightened chronic situation to the said group psychological functioning.

5.5. SUMMARY

This study established the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. The findings of the study also brought to light that the biological, psychological and social aspects of people living with HIV work jointly to achieve effective bio-psychosocial functioning of undocumented Zimbabwean migrants living with HIV. It is noted that deficiency in the bio-psychosocial functioning of undocumented Zimbabwean migrants living with HIV results in mal-functioning and reduce either their biological, psychological and social functioning. It was also deduced that biological challenges facing undocumented Zimbabwean migrants emanate from the larger social context and medical dilemmas presented by living with HIV. It is further noted that psychological challenges facing undocumented Zimbabwean migrants living with HIV are deep rooted to the biological process and environmental forces present in Hillbrow and coupled with undocumented migrant status. The social challenges facing undocumented Zimbabwean migrants living with HIV are also aligned to stigmatisation, isolation and lack of social support. It is potted that the information from the three broader themes of this study was often overlapping an indication that biological, psychological and social aspects of human beings are intertwined and all the these three components exist in complementarity.

It is also important to add the view that migration as a single entity has adverse connotations. Living with HIV and undocumented migrant status further ruins the bio-psychosocial functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow. The following and concluding chapter offers conclusions and

recommendations to address the plight of undocumented Zimbabwean migrants living with HIV in Hillbrow, Johannesburg or even elsewhere.



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CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS TO ASSIST UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW JOHANNESBURG SOUTH AFRICA

6. INTRODUCTION

The preceding chapter offered the presentations and discussions of bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV. This concluding chapter of this study offers conclusions and recommendations to assist undocumented Zimbabwean migrants living with HIV in Hillbrow. The conclusions and recommendations would be drawn from the theoretical framework, literature study chapter and from the themes and sub-themes on bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow. The conclusions and recommendations are aligned to the study's aim and objectives.

According to the Global Agenda of Social Work and Development Commitment for Action (2012), the social work profession is concerned with advocating for socio-economic justice for vulnerable populations like migrants, promoting human rights to any personnel or group is also of critical importance to the social work profession. Further, promoting effective social functioning of any individual, group or communities is vital in the social work profession. The social work profession is also at the fore-front of devising policies or advocating to review policies and measures that are aimed at achieving social justice (Zastrow, 2004; Spies, 2007; Poindexter, 2010). It is in this premise that this chapter takes into account the research aim, objectives and questions, the theoretical framework used in this study, literature study chapter and findings from research participants in a conceptualised manner that seek to offer conclusions and recommendations that will assist undocumented Zimbabwean

migrants living with HIV in Hillbrow. The following section discusses the research aim, objectives and questions.

6.1. RESEARCH AIM

According to the gaps that are identified by the researcher on the problem statement of this research with regard to challenges facing undocumented migrants living with HIV, the aim of this study is to show the bio-psychosocial challenges facing undocumented Zimbabwean migrants living HIV in Hillbrow, Johannesburg South Africa. The research aim was answered through the utilisation of the three broader research objectives which would be discussed below.

6.1.2. Research Objectives

The researcher identified three research objectives which are aimed to answer the research aim and which upon them conclusions and recommendations to assist undocumented Zimbabwean migrants living with HIV in Hillbrow are drawn. Below are the research objectives and how they were addressed.

6.1.2.1. To explore the biological factors that present challenges to undocumented Zimbabwean migrants living with HIV

Six biological challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow were identified which are namely:

- The biological reaction to antiretroviral regimen
- Biological impact of undocumented migrant status and access to antiretroviral therapy
- Biological functioning and nature of employment
- Living conditions as a biological challenge
- Sexual issues and sexual reproductive choices
- Cultural beliefs as a threat to biological functioning and ART adherence

On the view of the above, the researcher asserts that research objective one is addressed on the basis that six biological challenges facing undocumented Zimbabwean migrants are discovered.

6.1.2.2. To examine the psychological challenges that are linked to undocumented migrant status and living with HIV

From objective two, six psychological challenges facing undocumented Zimbabwean migrants living with HIV are shown which are namely:

- Substance abuse challenges
- Eating challenges
- Mood challenges
- Exacerbated/ reduced sexual practises
- Suicidal thoughts
- Under-utilisation of psychological care services



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In this regard, the researcher argues that objective number two was adequately addressed on the basis that the findings of the study demonstrated at large the psychological challenges linked to combined undocumented migrant status and living with HIV.

6.1.2.3. To explore the social challenges that undocumented Zimbabwean migrants living with HIV in Hillbrow face

The below information outlines the social challenges that undocumented Zimbabwean migrants living with HIV in Hillbrow are facing:

- Lack of family support and isolation
- Disclosure challenges
- Socio-economic markers
- Language barriers

- o Social hostility and its effect on psychological functioning of undocumented migrants living with HIV

On the basis of the above the researcher is of the view that social challenges facing undocumented Zimbabwean living with HIV are shown and research objective three is adequately addressed. According to the above information the researcher argues that the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV are shown conclusively.

6.1.3. Research Questions

The research questions of this study are directly deduced from the research objectives as shown in chapter one. Therefore, addressing research objectives, simultaneously research questions are answered. The following section discusses the bio-psychosocial model and undocumented migrants living with HIV. A conceptual framework in the view of the bio-psychosocial model is offered and gives room for a social work practitioner the departure point to address the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV.

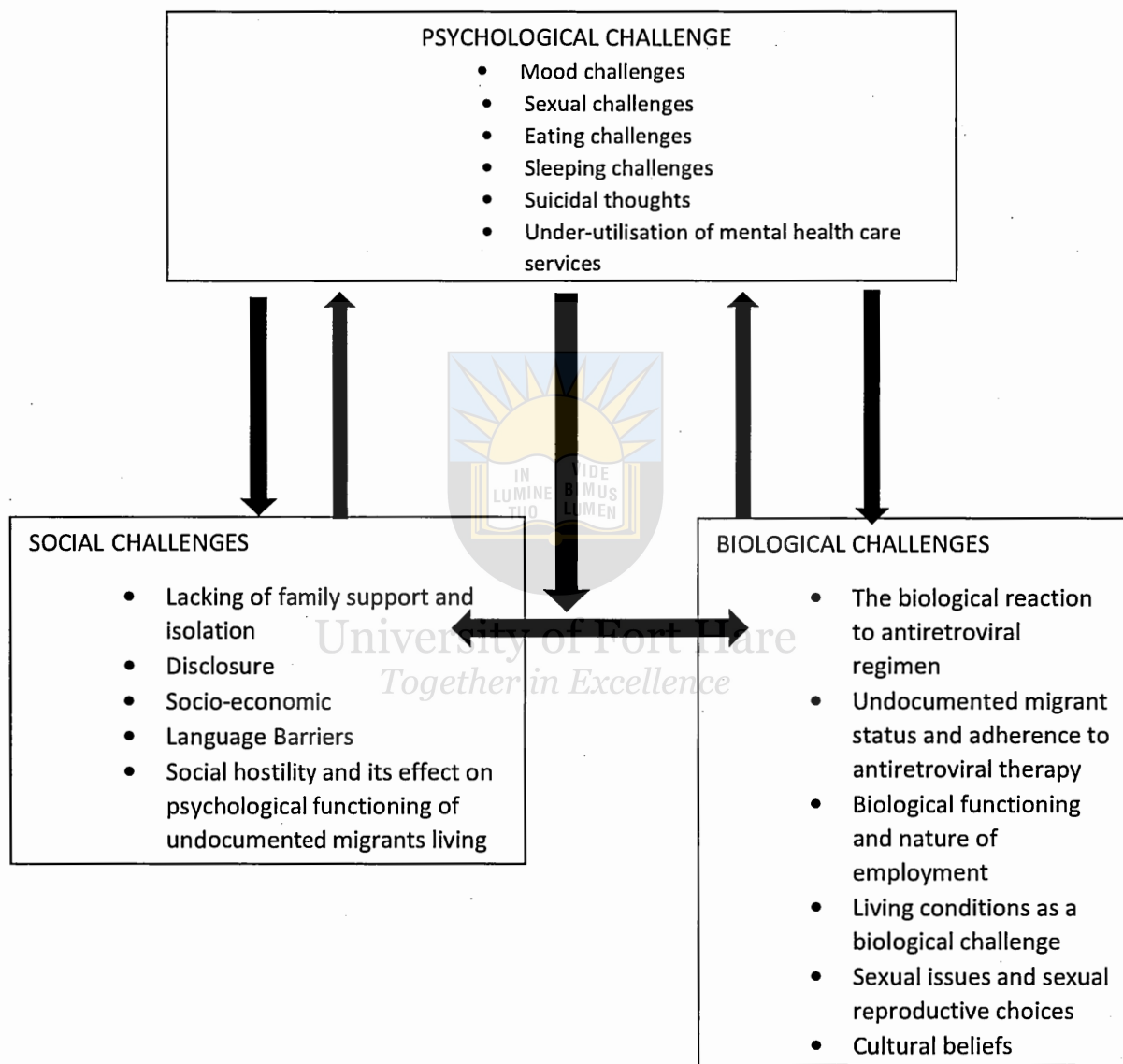
6.2. CONCLUDING REMARKS ON THE BIO-PSYCHOSOCIAL MODEL AND UNDOCUMENTED MIGRANTS LIVING WITH HIV

According to Dogar, (2007), and Cowles (2003), the bio-psychosocial model is a very relevant tool in HIV research because of the model's attention on the biological, psychological and social aspects which summarise a human being's effective functioning. The model blends elements from the systems theory and bio-medical approach in a holistic manner to investigate chronic illness. Similarly with the above mentioned view the bio-psychosocial model was of great significance to this study as it enabled the presentations and discussions of biological, psychological and social

challenges of undocumented Zimbabwean migrants living with HIV to be explored from a theoretical rich body of knowledge.

According to Janowski (2009), the bio-psychosocial model's the three aspects are inter-dependent. Mal-function of either of the aspects of the model automatically influences the total functioning of a human being. Results obtained in this study as shown in chapter five clearly vindicates and correlates with the above mentioned view. This study demonstrated the argument that bio-psycho- social aspects are inter-dependent. On account of undocumented migrant status and living with HIV the bio- psychosocial aspects of undocumented Zimbabwean migrants are at constant threat. This study firmly support the argument posit by Cowles (2003), that culture, health and larger societal environmental forces are closely associated to the bio-psychosocial functioning of human beings. On the basis of cultural, health challenges and environmental forces present at Hillbrow, it is improbable for undocumented Zimbabwean migrants living with HIV to holistically achieve bio-psychosocial functioning. In line with the above view it is asserted that the bio-psychosocial model is relevant in researching HIV related issues and proved very vital in the exploration of bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, South Africa. The following diagram conceptualises the relationship and interdependency of the bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow in the view of the bio-psychosocial model which can be used to address the plight of this group of people.

Table 6.1. Interdependency of the bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow



The researcher is of the opinion that the utilisation of the above conceptual framework will help a social work practitioner to address the bio-psycho-social challenges facing undocumented Zimbabwean migrants living with HIV from a more detailed and rich point of view.

6.3. MIGRATION POLICIES, LEGISLATION AND FRAMEWORKS

Conclusion: In chapter two the Global Agenda for Social Work and Development Commitment for Action 2012, United Nations Strategic Plan for HIV, South African National Strategic Plan for HIV 2012-2016, South African Constitution, South African Immigration Act and South African Mental Health Act Immigration Act were reviewed.

The Global Agenda for Social Work and Development Commitment for Action (2012), sets the platform for the social work profession to globally pioneer advocacy and emancipation programmes for all vulnerable people, groups and societies.

The United Nation Strategic Plan on HIV 2012-2016 also stipulates that governments across the globe should eradicate structural barriers that prevent vulnerable populations from accessing the antiretroviral drug.

In line with the United Nations Strategic Plan on HIV the South African National Strategic Plan for HIV and Malaria 2007-2011 and 2016 depict that presentation of South African identity booklets should not be made pre-requisite when one is seeking medication in public health care service or in the private sector. According to undocumented Zimbabwean migrants living with HIV, they are often subjected to produce identity booklets. On the basis of the view mentioned above the researcher argues that the South African National Strategic Plan for HIV and Malaria and Constitution are not adequately circulated to public health care service providers.

Still on South African legal frameworks, the researcher also stated that the South African Constitution affords undocumented migrants the right to access public health care services. It is noted that public health care service providers are delivering health services to undocumented migrants on the basis of personal perceptions which are outside the parameters of the South African Constitution (Vearey, 2008; Makina, 2008).

Recommendations:

- The researcher recommends that there is need to conduct workshops to educate the National Strategic Plan on HIV and South African Constitution to both public and private health care service providers to reduce chances that hinder undocumented migrants' access to health care services.
- The researcher also recommends that social workers working with undocumented migrants living with HIV in Hillbrow or elsewhere in South Africa to engage the Department of Social Development to pioneer advocacy and emancipation programmes that seek to empower undocumented migrants living with HIV as stipulated in the Global Agenda for Social Work and Development Commitment for Action.

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6.4. BIOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW

It is deduced from the study that biological challenges facing undocumented migrants living with HIV in Hillbrow sprung from culture tendencies, living conditions, working conditions and biological reaction to the antiretroviral treatment regimen. It was further deduced that social and psychological deficiencies have an impact on the biological functioning of undocumented Zimbabwean migrants living with HIV. According to Gehlert & Browne (2012), social workers should do more in influencing people living with HIV adherence to treatment regimen so to avoid complications emanating from their biological functioning. The researcher, therefore, argues that social workers in Hillbrow or elsewhere should take into account migration related issues that hinder ART adherence. Conclusions and recommendations on biological challenges facing undocumented Zimbabwean migrants living with HIV are offered below.

6.4.1. Sub-theme 1.1: The biological reaction to antiretroviral regimen

Conclusion: According to the findings of this study undocumented Zimbabwean migrants living with HIV in Hillbrow mentioned that they constantly suffer from side effects of ART. For example developing big stomach and sore feet. The research participants expressed confusion on how to deal with side effects of ART.

Recommendation:

- It is recommended that social workers working with undocumented migrants living with HIV to encourage them constantly visit their medical providers to attain specialised knowledge on ART regimen reaction and also to attain ways to counteract the effects of ART biological reactions.

6.4.2. Sub-theme 1.2: Undocumented migrant status and access to antiretroviral therapy

Conclusion: According to Vearey (2008), undocumented migrants still struggle to attain medication in public health hospitals despite the Department of Health stating that attainment of public health care services should be made without producing an identity booklet. Undocumented Zimbabwean migrants living with HIV stipulated they often struggle to attain the antiretroviral drug making it difficult for them to adhere to treatment regimen.

Recommendations

- The researcher recommends that social workers and other psychosocial service providers in Hillbrow conduct awareness campaigns educating undocumented migrants living with HIV their health rights on accessing health care services.
- As already stated on recommendations on policies, directives and frameworks there is need to circulate and educate public health service providers on the

South African National Strategic Plan on HIV so undocumented migrants living with HIV would easily access the antiretroviral drug.

6.4.3. Sub-theme 1.3: Biological functioning and nature of employment

Conclusion: According to the findings of this study most undocumented Zimbabwean migrants living with HIV in Hillbrow are doing informal jobs. This study discovered that there is close association between the biological functioning of undocumented Zimbabwean migrants living with HIV and their nature of employment. Research participants who are doing domestic jobs like care-giving stated that it is difficult for them to adhere to their medication because their employers are not aware of the HIV positive status. They further stated that they fear to disclose their status because they fear to be dismissed from their jobs on the grounds of their HIV positive status. Undocumented migrants living with who are doing informal jobs like in the construction industry mentioned that it is difficult to adhere to their medication because of irregular working hours. They further stated that lack of adhere is a threat to their biological functioning because it promotes their viral load increase and it easily leads to the weakening of their immune system.

Recommendation:

- On the basis of the above it is recommended that social workers should educate employers not to dismiss employees on the grounds of the HIV positive status. This can be done through advertisements placed on bills boards, electronic and printed media aimed at eradication of stigma and discrimination.
- Social workers working with HIV positive people should encourage undocumented migrants to adhere to their medication even whatsoever their working conditions. This can be done through creation of HIV support groups that are aimed at boosting self-confidence which is critical in HIV disclosure

which is a critical element to ART adherence (Zastrow, 2004). This view is further supported by Gehlert & Browne (2012), who argues that social workers working with HIV positive patients should encourage the ART regimen adherence.

6.4.4. Sub-theme 1.4: Living conditions as a biological challenge

Conclusion: According to undocumented Zimbabwean migrants living with HIV in Hillbrow, they share flats and apartments with many individuals to cut rent costs, this position subsequently leads to non-adherence to ART because of non-disclosure of HIV status reasons. Non-adherence to treatment regimen has an adverse effect on their biological being.

Recommendation:

- It is recommended that social workers who are offering social services to undocumented Zimbabwean migrants to encourage them to move to less populated flats where they can take their medication consistently.

6.4.5. Sub-theme 1.5: Sexual issues and sexual reproductive choices

Conclusion: This study vindicated that sexual reproductive choices pose biological complications to undocumented Zimbabwean migrants living with HIV in Hillbrow. Most of the research participants stated that they lack knowledge on where to seek help pertaining sexual health. Some research participants narrated that indulging in unprotected sex for the purpose of child bearing poses a threat to re-infection which is detrimental to their biological functioning.

Recommendation:

- It is therefore recommended that social workers working with undocumented Zimbabweans living with HIV in Hillbrow who are facing sexual and sexual reproductive challenges should refer them to Men and Women International

Clinic in Carlton Centre which is located in Johannesburg CBD which is a walkable distance from Hillbrow to attain specialised help on sexual issues and sexual reproductive choices

6.4.6. Sub-theme 1.6. Cultural beliefs as a threat to biological functioning and adherence to ART

Conclusion: In line with the findings of this study cultural practises tend to impede undocumented Zimbabwean migrants living with HIV from assuming healthy life styles and reduce their capacity to adhere to ART regimen. It was argued in chapter five that culture is closely associated with biological functioning and can be a great threat to biological existence if no immediate guidance is offered.

Recommendation:

- It is recommended that social workers working with undocumented Zimbabwean migrants living with HIV should educate their clients on the importance of the ART regimen and teach them that cultural practises pose a danger to their biological functioning because it can reduce adherence to treatment regimen.

6.5. PSYCHOLOGICAL CHALLENGES FACING UNDOCUMENTED ZIMBABWEAN MIGRANTS LIVING WITH HIV IN HILLBROW

In this section of this chapter the researcher will offer conclusions and recommendations to counteract psychological challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, South Africa. Two aspects will be dealt with under this section namely psychological challenges (substance abuse challenges, eating challenges, mood challenges, exacerbated or reduced sexual practises, and suicidal thoughts) and underutilisation of psychological health care services.

6.5.1. Sub-theme 2.1.1: Substance abuse challenges

Conclusion: Most research participants stated that they have developed dependence to substance because of undocumented migrants' status and living with HIV. They further verbalised that through the utilisation of substance they are able to ease the challenges that they are facing. According to Hovey and Magana (2001:88), and Alderete (2002:103), migrants tend to depend on substance because of severe mental challenges that they are exposed to.

Recommendation:

- It is recommended that social workers working with undocumented migrants living HIV should refer clients to the South African National Council on Alcoholism and Drug Dependence (SANCA) to get specialised service on substance abuse. However, the social worker should refer the undocumented Zimbabwean migrant living with HIV with a letter that has a brief description of the client's bio-psychosocial background in relation to the migration process because the results of this study showed that human psychological processes are affected by malfunctioning of either of the bio-psychosocial components.

6.5.2. Sub-theme 2.1.2: Eating challenges

Conclusion: A number of research participants revealed that they are facing a number of eating challenges emanating from vexing problems of undocumented migrant status and living with HIV. The research participants stated that these challenges are deep rooted to psychological challenges posed by living with HIV and undocumented migrant status.

Recommendation:

- It is recommended that undocumented Zimbabwean migrants living with HIV with eating challenges should be referred to psychologists working with

migrants for professional assistance for CVRS in Braamfontein which offers free psychological help. The social worker should draw up the bio-psychosocial picture of the client in relation to the migration process to help assist the psychologist with background information that might serve as the departure point for intervention.

6.5.3. Sub-theme 2.1.3: Mood challenges

Conclusions: This study demonstrated that pressing problems of undocumented migrant status and living HIV in Hillbrow promote the birth of unusual mood challenges. According to undocumented Zimbabwean migrants living with HIV these mood challenges have a negative impact to their biological and social functioning.

Recommendation:

- It is recommended that social workers working with undocumented Zimbabwean migrants living with HIV who express to be experiencing mood challenges should refer them for psychological help. There is need for the social worker to assess the biological and social challenges that might be culminating to mood challenges so that psychological help would be commenced from a more informed point of view.

6.5.4. Sub-theme 2.1.4: Exacerbated/reduced sexual practises

Conclusions: The bulk of the research participants mentioned that their sexual practises have either increased or lowered ought to undocumented status and living with HIV in Hillbrow. They mentioned that the biological and social challenges they are facing have negative influence that even affect their sexual practises.

Recommendation:

- It is recommended that undocumented Zimbabwean migrants living with HIV who are facing sexual challenges that appear to be emanating from a

psychological angle be referred to the nearest place for psychological help for example CVRS. In addition social workers should try and figure out the biological and social dimensions that culminate to this challenge with regard to the migration process so that the psychologist would be able to draw appropriate interventions.

6.5.5. Sub-theme 2.1.5: Suicidal thoughts

Conclusions: This study portrays that undocumented Zimbabwean migrants living with HIV in Hillbrow experience suicidal thoughts on account of the challenges they are exposed to. The bulk of the research participants mentioned that they have lost meaning in life and they see a combination of undocumented migrant status and HIV as humane degrading.

Recommendations:

- Social workers working with undocumented Zimbabwean migrants living with HIV should encourage clients who appear to have suicidal thoughts to join HIV support groups like MGHS to help them share experiences and be in position to view HIV like any other illness and help divorce from suicidal thoughts.
- Social workers should refer clients for psychological help.

6.5.6. Sub-theme 2.2: Underutilisation of psychological care services

Conclusions: Undocumented Zimbabwean migrants living with HIV in Hillbrow stated that they aware that living with HIV and challenges associated with the migration process affect their mental health. They further elaborated that they do not know where to seek mental health care services in Hillbrow or in Johannesburg at large. They further stated that it is better to succumb to these psychological challenges because constant contact with public health service providers can even worsen their situation because of the hostility they are often subjected to.

Recommendations:

- Awareness campaigns educating undocumented Zimbabwean migrants living with HIV on where to seek psychological help. For example the Centre for the Study of Violence and Reconciliation in Braamfontein and Hillbrow Community Health Care Centre, these health institutions offer free psychosocial services to all personnel or groups by professional social workers and psychologists.
- There is need to educate psychological service providers the Mental Health Care Act and foster implementation.

6.6. SOCIAL CHALLENGES LINKED TO MIGRATION, UNDOCUMENTED MIGRANT STATUS AND LIVING WITH HIV IN HILLBROW

Chapter five showed that there are four broader social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow namely, lack of family support and isolation, disclosure challenges, socio-economic makers and language barriers. It is the duty of this section to formulate conclusions and recommendations to obviate the social challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow.

6.6.1. Sub-theme 3.1: Lack of family support and isolation

Conclusion: According to the research findings of this study undocumented Zimbabwean migrants living with HIV who are part of the Makokoba Global Health Care Initiative verbalised that they easily reveal their HIV status because they are in the same situation, understand each and do not judge each other.

Recommendation:

- There is need to establish many support groups in Hillbrow for undocumented migrants living with HIV. This could help to reach out to many undocumented Zimbabwean migrants living with HIV in Hillbrow or elsewhere. Establishing

more support groups will help undocumented migrants to easily air their feelings, emotions and attain more knowledge about HIV leading to a healthy life style. Further, establishing more support groups in Hillbrow will help undocumented migrants living with HIV will help defeat feelings of isolation, rejection and loneliness.

6.6.2. Sub-theme 3.2: Disclosure challenges

Conclusions: A significant number of undocumented Zimbabwean migrants living with HIV in Hillbrow illustrated that it is difficult for them to disclose their HIV status because they fear to be stigmatised or rejected. The findings of the study also demonstrated that disclosure challenges promote non-adherence to ART regimen. It was also revealed that non-disclosure of HIV status halt potential sources of support.

Recommendations:

- The researcher recommends that social workers working with undocumented Zimbabwean migrants living with HIV in Hillbrow should strengthen the social capacity of their clients to enable them disclose HIV positive status. This can be done through encouraging them to join support groups.
- Linking undocumented Zimbabwean migrants living with HIV with other people living with HIV who have managed to disclose their status and are leading healthy lives. This would be another way of assisting undocumented Zimbabwean living with HIV in Hillbrow to work through their disclosure challenges.

6.6.3. Sub-theme 3.3: Socio-economic markers challenges

Conclusion: Most research participants in the sample are doing informal jobs. This position can be attributed to undocumented migrant status. The researcher concludes that if undocumented migrants engage in support groups like Makokoba Global Health

Care Initiative they would be in a bettered position to be empowered with means to work through the feelings, emotions and perceptions. Strengthening their social capacity would enable undocumented migrants to be in position to think positive and grab the immediate available resources that will liberate them from economic woes.

Recommendation:

- Social workers and other social service professionals should strengthen the social capacity of undocumented Zimbabwean migrants living with HIV so that their situation would not be a limitation to their economic standing. For example promoting the right to self-determination, harnessing and linking them to community resources that will economically liberate them.

6.6.4. Sub-theme 3.4: Language barriers

Conclusion: A significant number of undocumented Zimbabwean migrants cited language challenges when interacting with public health care service providers. It was also discovered that language barrier can easily ruin health information dissemination between the health practitioner and the undocumented Zimbabwean migrant living with HIV.

Recommendation:

- It is recommended that social workers working with undocumented Zimbabwean migrants living with HIV should encourage them to join support groups like MGHS which even offer support through the utilisation of whatsapp and facebook social media. Active involvement in support groups will help to share critical health information that might have been omitted because of language barriers.

6.6.5. Sub-theme 3.5: Social hostility and its effect on psychological functioning of undocumented migrants living with HIV

Conclusions: According to the findings of this study social hostility has an effect on psychological functioning of undocumented Zimbabwean migrants living with HIV in Hillbrow. It was noted that social hostility emanates from various positions for example attitude of public health care service providers towards non-South African nationals and police brutality. The researcher notes that this point overlaps and encompass various aspects but for the purpose of deeper clarity there was need to put it as a sub-theme.

Recommendation:

- The researcher recommends that social workers assisting undocumented Zimbabwean migrants living with HIV in Hillbrow should utilise the results of this study which points a number of issues that have connotations of social hostility. This will enable effective departure point for intervention.

6.7. INVESTIGATING VULNERABLE POPULATIONS (undocumented Zimbabwean migrants living with HIV)

Conclusions: From a generic view point undocumented migrant status is a sensitive issue, living with HIV is another very sensitive topic. It is argued that there is little research by social workers in the field of HIV and migration and this position may be attributed to the fact that undocumented migrant status and living with HIV appear very sensitive and could reduce the feasibility of the research process. On the contrary, though sensitive, undocumented Zimbabwean migrants living with HIV were more than willing to be part of this research. After, interviewing the research participants it was posed to them how they were feeling about being part of this research. The bulk of their responses vindicated a sigh of relief for having their experiences heard and listened to. According to Zastrow (2004), social workers pose vast knowledge and

skills to interview, empower and achieve social justice for all populations in the community. In line with this view the researcher argues that there is need for more social work in the field of HIV and migration on the auspicious that they work with different people daily and are able to tap sensitive information from research participants without harming them.

Recommendation:

- On the basis of the said argument it is recommended that social workers should investigate topics that appear sensitive like HIV and migration for the betterment of vulnerable individuals and groups.

6.8. AREAS OF FOR FUTURE RESEARCH

Conclusion: In this study fifteen undocumented Zimbabwean female migrants were drawn into semi-structured interviews. The researcher was also linked to ten more undocumented Zimbabwean female migrants living with HIV in Hillbrow through the utilisation of the snowball sampling technique. On account of inferior interview rooms provided by these potential research participants, they were not interviewed on those grounds. On the grounds that there were more female research participants in this study and there were ten more female potential research participants the researcher concludes that there are underlying silent factors that make female undocumented Zimbabwean migrants to be more prone to HIV contraction or to be living with HIV in Hillbrow.

Recommendation:

- On this ground the researcher recommends that social workers should do more research in the field of migration, undocumented migration and mental health

because the field is under researched in South Africa especially by the social work profession.

- There is need for social work researchers in the field of HIV and migration to try and explore why women are vulnerable to HIV contraction in Hillbrow. Vearey and Nunez (2011), assert that there is limited research in the field of mental health and migration.

6.9. MAIN CONCLUSION

This study was conducted in Hillbrow an inner suburb of the Johannesburg Central Business District. Hillbrow is the heart of undocumented foreign migrants who prefer to settle in this residential area because of the suburb's integrated road networks linking it to other places of Johannesburg. The study explored bio-psychosocial challenges facing undocumented Zimbabwean migrants living HIV. This research was conducted to suit social work profession mission and principle. Most scholars that have researched migration have tended to ignore exploring the challenges and experiences of undocumented Zimbabwean migrants living with HIV. The researcher noted that there is scanty social work research in the field of undocumented migration and living with HIV yet social work profession has a critical role to play to all vulnerable individuals, groups and societies.

Literature was reviewed from a South African, regional and global perspective. Related literature seemed to prove that there are gaps on undocumented migration and living with HIV. Legal frameworks, policies, South African Constitution, South African Immigration Act, South Africa Mental Health Act and the South African National Strategic Plan on HIV/AIDS and Malaria were reviewed. Worth in-depth highlighting is the view that the South African Constitution is silent on rights of undocumented

migrants, it only clearly states the rights of asylum and refugees. The role of the social work profession in public health was put forward.

This study is grounded by the bio-psycho-social model because of the model's attention on biological and psychosocial aspects which sums up overall functioning of a human being. The model proved very effective in this study as it offered room to investigate cultural norms, health beliefs and individual perceptions about HIV. The model also grounded data analysis and conclusions and recommendations of this study.

The study utilised a phenomenological research design because it is best suited to investigate inner most experiences of people. Twenty five research participants were drawn to semi-structured interviews through the utilisation of a combination of purposive and snowball sampling techniques.

This research project demarcated that bio-psycho-social challenges facing the study's sample are a culmination of undocumented migrant status and living with HIV. This study also demonstrated that the biological, psychological and social aspects of undocumented Zimbabwean migrants work jointly in complementarity. Deficiency in either of the said aspects results in mal-functioning of undocumented Zimbabwean migrants living with HIV.

It is was combatively recommended that for undocumented Zimbabwean migrants living with HIV in Hillbrow to achieve effective functioning social workers and other social service practitioners need to advocate for eradication of structural barriers and social implications that impede effective bio-psycho-social functioning of undocumented migrants living with HIV in Hillbrow.

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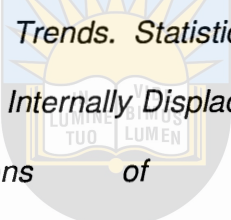
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Appendix 1.



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Department of Social Work and Social Development

Research Topic: *Bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, Johannesburg, South Africa.*

NB: All the information given in this schedule is confidential, and will be used solely for the purpose of scientific analysis.

My name is Mpumelelo Ndlovu (200808344) am a registered Social Work student at the University of Fort Hare. I'm conducting this research for the fulfilment of Master of Social Work Degree requirements.

Information obtained would be used solely for the research study and in a manner that only the researcher knows the source. Confidentiality and anonymity is guaranteed.

Participants would be given feedback after the completion of the study.

Section 1. Demographic details

This section is aimed at obtaining your demographic details. This information will remain confidential. Please tick the appropriate response from the choices offered below and briefly explain where necessary.

1. How old are you?

2. Specify your Gender

a) Male

b) Female

3. What is your level of education?

a) No history of formal education

b) Below Grade seven education

c) Grade seven education

d) Zimbabwe Junior Certificate (ZJC)

e) Ordinary Level education

f) Advanced Level education

g) National Certificate

h) College Certificate

i) University Degree

j) Any other? Specify

4. How many children do you have?



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5. Specify your marital status

- a) Single
- b) Never married
- c) Married
- d) Divorced
- c) Separated

6. Specify your job description



Section 2. Interview guide for undocumented Zimbabwean migrants living with HIV in Hillbrow South Africa.

No.	Question	Prompts
1.	What influenced you to settle particularly in Hillbrow?	
2.	For how long have you been staying in Hillbrow and living with HIV?	
3.	What are the biological challenges you face because of living with HIV and being an undocumented migrant	<ul style="list-style-type: none">➤ Medication in public hospitals➤ Antiretroviral drug accessibility➤ Challenges to adherence to ART regimen➤ Attitude of front line health care service providers in public hospitals

3.1	Do you think your social circumstances and psychological functioning affect your biological being? May you please illustrate	
4.	What are the psychological challenges you face on account of living with HIV and being an undocumented migrant	<ul style="list-style-type: none"> ➤ Stress ➤ Trauma ➤ Any Disorder e.g. sleeping, eating disorder ➤ Mood behaviour e.g. sad or lonely
4.1	Do you think the social environment in Hillbrow and biological challenges have any psychological effect on your psychological functioning? Elaborate how?	
5.	What are the social challenges you face on account of living with HIV in Hillbrow and on an undocumented migrant status	<ul style="list-style-type: none"> ➤ Xenophobia ➤ Stigma ➤ Discrimination ➤ Social support ➤ Sexual choices ➤ Sexual reproductive choices ➤ HIV information and knowledge ➤ Cultural attitude in living with HIV and in seeking health care services.
5.1	Do you think you biological status and psychological functioning affect your social functioning? Elaborate how?	
6.	What kind of bio-psychosocial assistance do you obtain in Hillbrow?	<ul style="list-style-type: none"> ➤ Family support/friends ➤ Government/ private institutions

6.1	Briefly explain how can the bio-psychosocial challenges be eliminated in Hillbrow or how interventions methods can be improved to address your situation?	
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Appendix 2.



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RESEARCH ETHICS COMMITTEE

RESEARCHER'S DECLARATION AND CONFLICT OF INTEREST DECLARATION

(To be completed in typescript)

The principal investigator, as well as all sub- & co-investigators must each sign a separate declaration.

A. RESEARCHER

Surname	Ndlovu	Initial	M.	Title	Mr.
Capacity	Principal	<input checked="" type="checkbox"/>	Sub-	<input type="checkbox"/>	Co-investigator
Department	Social Work and Social Development				
Present	MSW Student	E-	<input type="checkbox"/>		
Telephone no.	(w	Cel	081 071 5495	Fax	<input type="checkbox"/>

B. PROJECT TITLE (MAXIMUM OF 250 CHARACTERS FOR DATABASE PURPOSES)

Bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow South Africa

I, (Title, Full name) Mpumelelo Ndlovu declare that

- I have read through the submitted version of the research protocol and all supporting documents and am satisfied with their contents
- I am suitably qualified and experienced to perform and/or supervise the above research study.
- I agree to conduct or supervise the described study **personally** in accordance with the relevant, current protocol and will only change the protocol after

approval by the **UREC**, except when urgently necessary to protect the safety, rights, or welfare of subjects. In such a case, I am aware that I should notify the UREC without delay.

- I agree to timeously report to the UREC **serious adverse events** that may occur in the course of the investigation.
- I agree to maintain **adequate and accurate records** and to make those records available for inspection by the appropriate authorised agents when and if necessary.
- I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in the Declaration of Helsinki, as well as South African and ICH GCP Guidelines and the Ethical Guidelines of the Department of Health as well as applicable regulations pertaining to health and other research.
- I agree to comply with all regulatory and monitoring requirements of the UREC.
- I agree that I am conversant with the above **guidelines**.
- I will ensure that every research subject or other involved persons, such as relatives, shall at all times be **treated in a dignified manner and with respect**.
- I will submit all required reports within the stipulated **time frames**.

Principal / Sub- / Co-investigator /Supervisor : Mpumelelo Ndlovu
(print name)

Signature :

Date :

CONFLICT OF INTEREST DECLARATION (OBLIGATORY)

The researcher is expected to declare to the University Research Ethics Committee (UREC) the presence of any potential or existing conflict of interest that may potentially pose a threat to the scientific integrity and ethical conduct of any research in the University.

The UREC will decide whether such conflicts are sufficient as to warrant consideration of their impact on the ethical conduct of the study.

Disclosure of conflict of interest does not imply that a study will be deemed unethical, as the mere existence of a conflict of interest does not mean that a study cannot be conducted ethically. However, failure to declare to the UREC a conflict of interest known to the researcher at the outset of the study will be deemed to be unethical conduct.

Researchers are therefore expected to sign *either* of the two declarations below:

a) As the Principal Researcher in this study (name: Mpumelelo Ndlovu)

I hereby declare that I am **not aware** of any potential conflict of interest which may influence my ethical conduct of this study.

Signature: _____ Date: _____

University of Pretoria
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b) As the Principal Researcher in this study (name: _____)

I hereby declare that I am **aware** of potential conflicts of interest which should be considered by the UREC:

Signature: _____ Date: _____

Appendix 3.



University of Fort Hare
Together in Excellence

Ethics Research Confidentiality and Informed Consent Form

Please note:

This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record

I Mpumelelo Ndlovu a Masters Student in Social Work at University of Fort Hare is conducting a research on Bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow, Johannesburg South Africa. I hope will this research will benefit undocumented Zimbabwean migrants living with HIV in Hillbrow and possibly other communities in the future.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, I would really appreciate it if you do share your thoughts with me. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere and no one will be able to link you to the answers you give. I the principal researcher will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

The interview will last around about 45 minutes to an hour. I will be asking you a questions and ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. I know that you cannot be absolutely certain about the answers to these questions but I ask that you try to think about these

questions. When it comes to answering questions there are no right and wrong answers. When I ask questions about the future am not interested in what you think the best thing would be to do, but what you think would actually happen.

If possible, I would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.

INFORMED CONSENT

I hereby agree to participate in research regarding Bio-psychosocial challenges facing undocumented Zimbabwean migrants living with HIV in Hillbrow South Africa. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....

Signature of participant

Date:.....

I hereby agree to the tape recording of my participation in the study

.....

Signature of participant

Date:.....