



HEALTH ECONOMICS AND HIV/AIDS RESEARCH DIVISION

**ASSESSING THE VULNERABILITY OF WOMEN STREET
TRADERS TO HIV/AIDS: A COMPARATIVE ANALYSIS OF
UGANDA AND SOUTH AFRICA**

**By Sabrina Lee
July 2004**

HEARD
University of KwaZulu-Natal
Durban
www.heard.org.za

Funded by:
United States Agency for International Development (USAID)



ACKNOWLEDGEMENTS

This report has been prepared for the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu Natal, Durban. The study is one in a series of reports which falls under HEARD's HIV/AIDS and Democracy and Governance programme.

This investigation was funded by the United States Agency for International Development (USAID) under the Strategic Objective 21: "Adoption of Cost-Effective Strategies to Prevent and Mitigate the Impact of HIV/AIDS".

I would like to extend my thanks to all those who fielded my requests for information via email and participated in interviews in Uganda including members of The AIDS Support Organisation (TASO), The Uganda AIDS Commission, FINCA, Kampala City Council, National Organisation of Trade Unions, and researchers and lecturers from Makerere University Kampala, as well as members of smaller AIDS service organisations and organisations of informal workers. I am also grateful to the members of SEWU, the Informal Trade Department and City Health Department in Durban for their participation in key informant interviews. I would also like to thank Tim Quinlan and Samantha Willan of HEARD for their detailed comments on the drafts of this report.

TABLE OF CONTENTS

List of Acronyms	i
Executive Summary	ii
1. INTRODUCTION TO THE STUDY	1
1.1 Rationale for the study	1
1.2 Methodology	1
1.3 Limitations of the research	2
2. THE INFORMAL ECONOMY: A GENDERED ANALYSIS OF INFORMAL WORK IN UGANDA AND SOUTH AFRICA	3
2.1 Introduction: defining the informal economy	3
2.2 Globalisation and the emergence of informal work	3
2.3 A statistical picture of the informal economy	4
2.4 The working poor and social protection	4
2.5 Occupational health and safety issues	6
2.6 Summary	6
3. THE CONTEXT FOR THE GENDERED IMPACT OF HIV/AIDS ON THE INFORMAL ECONOMIES OF SOUTH AFRICA AND UGANDA	6
3.1 Women's vulnerability to HIV/AIDS: power relations, sexual risk-taking and the burden of care	7
3.2 Government responses to the epidemics in South Africa and Uganda	7
3.3 Summary	8
4. WORKING THE STREETS: WOMEN IN STREET TRADING ENVIRONMENTS IN SOUTH AFRICA AND UGANDA	9
4.1 What is street trading?	9
4.2 Characteristics of and problems experienced by street traders	10
4.2.1 Age and marital status	10
4.2.2 Education	10
4.2.3 Income level	11
4.2.4 Occupational health and environmental standards	11
4.2.5 Access to social protection	11
4.2.6 Access to health services and care	12
4.2.7 Crime, violence and harassment	12
4.3 Institutional framework of street trading in South Africa and Uganda	12
4.4 Durban's street trading success and the impact on women	14
4.5 Summary	15
5. THE VULNERABILITY OF WOMEN STREET TRADERS TO HIV/AIDS	15
5.1 Education, income and location and women's susceptibility to infection	15
5.2 Women's dependency and risk in long-term 'trust' relationships	16
5.3 Sexual risk-taking behaviour: commercial and transactional sexual practices	18
5.4 Migration and women's long-term relationships with transient men	19
5.5 Urban location	20
5.6 Gender-based violence	20
5.7 Constructions of masculinity and femininity	21
5.8 Discrimination and stigma	22
5.9 Reclaiming the streets: street trading as a coping strategy	23
5.10 Impacts on women, their enterprises and households	24
6. RESEARCH SUMMARY AND CONCLUSIONS	25

7. LOCAL GOVERNMENT AND HIV/AIDS: INTEGRATING INFORMAL ECONOMY AND HIV/AIDS PROGRAMMES AND POLICIES	26
7.1 Revisiting institutional approaches to street trade in Uganda and South Africa	27
7.2 Local government and HIV/AIDS programmes	27
7.2.1 Local government workplace policies	28
7.3 Summary	29
8. THE ROLE OF INFORMAL WORKERS UNIONS AND NGOS IN HIV/AIDS PREVENTION AND IMPACT MITIGATION	29
8.1 Organising in South Africa	30
8.3 Organising in Uganda	31
8.3 Summary	32
9. DECENTRALISED SYSTEMS OF SOCIAL PROTECTION: MITIGATING ECONOMIC SHOCKS AND REDUCING VULNERABILITY	32
9.1 Micro-health insurance	33
9.1.1 Micro-health insurance schemes in Uganda and South Africa	33
9.1.2 Summary	34
9.2 Micro-finance initiatives	34
9.2.1 Micro-finance in Uganda and South Africa	35
9.2.2 Summary	36
9.3 Conclusion	36
10. RECOMMENDATIONS	37
10.1 Recommendations for further research	37
10.1.1 Sexual behaviour and vulnerability	37
10.1.2 Gender-based violence	37
10.1.3 Informal trade as a coping strategy	37
10.1.4 Decentralised systems of social protection	38
10.2 Recommendations for local government: informal economy	
Policy and practice	38
10.3 Recommendations for informal workers unions	39
10.4 Concluding remarks	39
11. REFERENCES	40

LIST OF ACRONYMS

AIDS.....	Acquired Immune Deficiency Syndrome
CBO.....	Community Based Organisation
DSSP.....	Decentralised Systems of Social Protection
FINCA.....	Foundation for International Community Assistance
GDP.....	Gross Domestic Product
HIV.....	Human Immunodeficiency Virus
ILO.....	International Labour Organisation
KCC.....	Kampala City Council
MF.....	Micro-finance
MFI.....	Micro-Finance Institution
MHI.....	Micro Health Insurance
NGO.....	Non-Government Organisation
SEWU.....	Self-Employed Women's Union
SMME.....	Small Medium and Micro Enterprise
TASO.....	The AIDS Support Organisation
UAC.....	Uganda AIDS Commission
UBOS.....	Uganda Bureau of Statistics

EXECUTIVE SUMMARY

Background to the study: the informal economy and HIV/AIDS

The informal economy, in South Africa and Uganda, represents a growing economic sector and a source of employment for those who are marginalised and excluded from formal work opportunities (Lund, 1998; Chen, 2002). Street trading in both countries forms one of the largest sectors of informal work. Women make up the majority of street traders, and are usually concentrated in the so-called ‘survivalist’ sector, occupying the most poorly-paid and insecure forms of employment (Carr and Chen, 2002; Valodia 2001). They are generally disadvantaged by their lack of education, access to resources and limited bargaining power compared to men.

Street trading environments are often unregulated and characterised by poor occupational health and safety standards. Due to these poor conditions and their multiple responsibilities of domestic and productive work, women street traders face greater exposure to general and work-related risks, including the heightened risk of ill-health. Health services are often inaccessible or unavailable in street trading environments, and women are generally restricted by the opportunity costs (lost earnings) of seeking treatment. Street traders are also excluded from the protection of labour legislation and are unable to access many formal social protection measures, which are contingent upon a defined employer-employee relationship (Lund, 2001, Chen et al, 2001).

The social and economic vulnerability of women is further compounded by oppressive legislation and policy surrounding their economic activities. South Africa recognises the contribution of informal trade to Local Economic Development, and is committed to promoting gender equality and supporting women’s enterprises at the survivalist level (RSA, 1995; Skinner, 2000a). However, local authorities still have the power to restrict trading through bylaws, which have had negative implications for women. In some areas, such as Durban, deregulatory policies have exacerbated gender inequality in trading environments (Khosa, 1998). The effects are similar in Uganda, where the regulatory framework surrounding street trading is characteristically punitive and restrictive. Over-regulation and criminalisation of certain sections of informal trading has created problems for women in terms of their livelihood options and personal security and safety, exposing them to harassment and the threat of sexual exploitation (Ahikire and Ampaire, 2003).

Poverty and inequality are manifest in street trading environments and much literature has established clear links between these factors and the transmission of HIV/AIDS (Barnett and Whiteside, 2002; Baylies and Bujra, 2001; Walker and Gilbert, 2002). However, little or no comprehensive research exists on women street traders’ vulnerability to HIV/AIDS. This study addresses this significant research gap by examining how the gendered nature and poor conditions of informal economy employment influences women’s social and economic marginalisation. The paper then goes on to explore how this is linked to the social and behavioural dynamics which influence the transmission of HIV/AIDS. Through analysing these linkages this paper aims to refine the meaning of ‘vulnerability’ in the case of women workers in the informal economy. The study consists of a comprehensive review of literature supplemented by key informant interviews with government staff and various civil society organisations in Uganda and South Africa.

The vulnerability of women street traders to HIV/AIDS

As stated, little or no research exists which links women’s work in street trading with HIV infection specifically. Therefore, assessing the vulnerability of these women to HIV/AIDS

requires cautious analysis. There are some statistical accounts which link certain characteristics of street traders and the threat of infection. For example, studies in Uganda have found that young women, living and working in urban trading areas and making low incomes are at far higher than average risk of infection. In 1997, HIV prevalence rates in these trading centres were approximately 30% compared to a national average of 5% (Kirunga and Ntozi, 1997). A large number of women working in street trading in Uganda share these characteristics, which suggests they are a high-risk group.

However, risk is also governed by a range of social factors which are influenced by women's insecure and marginalised economic positions. For instance, gender differentiation in employment status and control over use of income and assets is manifest in the difficulties women face to enter equitable relationships with men. The majority of street traders in South Africa and Uganda are in long-term relationships and their financial insecurity suggests their continued dependency on men for household survival. This restricts their ability to leave a relationship they perceive to be high-risk or to negotiate HIV/AIDS prevention methods (Weiss and Rao Gupta, 1998). They may also be exposed to domestic violence and abuse within these dependent relationships, which may be partly as a result of the economic emasculation of men who seek to assert their power over women. This has become more prevalent as women become the main breadwinner in the family, which is the case with many women street traders (Silberschmidt, 2004). This abuse further compounds women's vulnerability to infection.

The precarious working locations of street traders (working at night, at truck stops, and traffic intersections), their impoverishment and interaction with transient men may influence women's involvement in transactional sex, or 'paid' relationships as a means of survival (Natrass, 2003). Women in survivalist enterprises seldom have the economic security to exercise control in these relationships to protect themselves from the threat of infection.

The threat of sexual violence and exploitation is heightened for street traders by their lack of legal rights to trade, which forces them to work at night or in less visible locations (this is particularly the case in Uganda). This also limits their ability to appeal to the police for protection. Women often face sexual intimidation and harassment from male officials and traders, which contributes to their vulnerability to HIV/AIDS (Ahikire and Ampaire, 2003; UNIFEM, 2001).

There is, however, some counter-evidence that street trade offers women the opportunity to create and have control over her income which could suggest a means to achieve economic autonomy and a route out of poverty (Ahikire and Ampaire, 2003). However, given the many forces which limit women's ability to assert power and influence, it seems street trading offers women the potential to 'cope' with the additional costs of HIV/AIDS and general family welfare, rather than the 'opportunity' to generate wealth. This is because women are not independent entrepreneurs. Their responsibility for household survival, which is heightened in the context of HIV/AIDS, permanently restricts women to a survivalist level due to their general reluctance to take economic risks.

While there is little empirical research on the impacts of HIV/AIDS on the specific households of street traders, household studies reveal that it is predominantly women who take on the financial and physical burden of care. AIDS has often resulted in the loss of the main income earner and an increase in dependents, and it has been this long-term burden which has caused a sharp decline into poverty (Cross, 2001; Bachman and Booyesen, 2003). This inevitably impacts on the sustainability of women's enterprises. While AIDS can result in the collapse of low-level enterprises, some women are also initiating survivalist enterprises as a coping strategy, given the compatibility of trading with their care roles (Cross, 2001).

While there are some clear linkages between women's social and economic marginalisation through their working conditions and the danger of HIV infection, there are a number of gaps in the literature, which restrict a more comprehensive analysis. For example the research identifies a significant research gap with regard to the vulnerability of women in long-term relationships, and the sexual risk-taking practices of informal workers and links between street trading and sex work. There has also been limited empirical investigation into the risk and extent of sexual violence and assault of street traders. In addition, limited research exists on how informal trade can be employed as a coping strategy for HIV/AIDS affected households.

This assessment of women's vulnerability creates an effective platform from which to consider the scope and need for interventions by government and civil society to address the vulnerability of women street traders to HIV/AIDS.

Local government and civil society interventions

As mentioned local government policy and legislation has compounded women street traders' economic vulnerability and hence their vulnerability to HIV infection, regardless of whether the policy approach is liberal or highly regulated. However, local government is in the most appropriate position to address the epidemic among informal workers given its responsibility for local economic development and service delivery. Local authorities are under increasing pressure from international institutions to become directly involved in HIV/AIDS prevention and care programmes. However, so far in both Uganda and South Africa there is limited evidence that direct local government programmes have reached street traders. It seems the comparative advantage of local government lies in their capacity to foster an enabling environment: co-ordinating and supporting new and existing local responses to HIV/AIDS through partnerships and consultation with civil society organisations (World Bank, 2003). In the case of informal workers this includes informal workers unions.

In South Africa, local authorities have encouraged the development of informal workers unions as negotiation partners. Organisations have had relative success in ensuring that policies are increasingly oriented towards creating an environment which is conducive for traders to pursue their activities. Conversely, in Uganda attempts among traders to organise have been stifled by local authorities. This has limited the scope for traders to address their work-related needs, which suggests their limited capacity to address HIV/AIDS directly or impact on the oppressive institutional environment which increase women's vulnerability. In both countries organisations have limited institutional and financial capacity and in many cases channels for sustained negotiation with local government are not well-maintained. While in principle there is scope for these organisations to reduce women traders' vulnerability, in practice they are generally constrained in their efforts.

Decentralised Systems of Social Protection

One major constraint to the ability of women street traders to protect themselves, their enterprises and households against HIV/AIDS is their lack of access to social protection. This refers to a combination of social assistance and insurance measures and embodies a holistic approach to improving livelihood security, provided by a range of key players including the state and non-government providers. The International Labour Organisation (ILO) advocates for the delivery of Decentralised Systems of Social Protection (DSSP), which work on the principle of community-based financing. These systems include micro-health insurance and micro-finance schemes, which provide access to affordable health care and the means to achieve a secure and sustainable income, respectively. These programmes have the potential to reduce the vulnerability of women traders to the economic shocks of

HIV/AIDS. While some women street traders in Uganda and South Africa have accessed these products, the direct benefits to their livelihoods are not well-understood. However, there seems to be greater evidence of success in Uganda than in South Africa, where only a small number of traders have been served by these institutions and financial products are often inappropriate for their needs. In addition, some of these systems have experienced problems of sustainability and viability, and HIV/AIDS poses a further threat to the success of these schemes.

Opportunities for local government and civil society action

The report gives a number of recommendations based on issues which deserve consideration in evaluation and planning of interventions by local government authorities and civil society organisations. A crucial issue for consideration is why and how local government can create an enabling environment for the successful integration of gender sensitive HIV/AIDS programmes and local economic development policies. Policies which recognise women street traders as economic actors, are supportive of their work and acknowledge the specific needs of, and constraints placed upon, women are required. More specifically issues for consideration include:

- a) Creating properly planned, well-managed markets and facilitating access to markets for formerly marginalised traders through effective allocation of trading sites;
- b) Providing education and training on business skills and legal rights, and assisting women to obtain legal permits to trade;
- c) Assessing viable means of micro-finance support and social protection for survivalist and micro-entrepreneurs;
- d) Improving access of women traders to health facilities, and health education;
- e) Improving occupational health and safety, and the security of trading environments;
- f) Assessing the scope for partnerships with informal workers associations and NGOs, and building the capacity of these organisations to enable communication and negotiation;
- g) Integrating HIV/AIDS into local authorities' local economic development programmes, such that all interventions relevant to street trading address HIV/AIDS prevention and care.

The importance of partnerships between local authorities and civil society organisations (CSOs) including informal workers associations has been highlighted. These unions can assist to establish a co-ordinated local level response to HIV/AIDS for street traders. In their partnerships with local authorities CSOs should consider:

- a) Creating and maintaining sustainable channels for effective communication and negotiation with local government to improve women's long-term livelihood security;
- b) Ensuring local government service providers offer effective training, support and services which reach marginalised traders;
- c) Assisting women street traders to access micro-finance and insurance services;
- d) Integrating HIV/AIDS peer education, training, awareness raising and prevention programmes for women street traders within union activities.

Recommendations for further research

Firstly, while it is recognised that some relevant references may have been missed, the research highlights a number of research gaps which restrict a more comprehensive analysis of women's vulnerability. Further research is needed in the following key areas:

- a) The vulnerability of women in long-term 'trust' relationships;

- b) The links between sexual risk taking behaviour of women, and the precarious nature of their economic activities;
- c) The risk and extent of sexual exploitation and violence among street traders and how this may be linked to the institutional and legislative environment;
- d) Gender constructions and how this relates to economic marginalisation, men's violence against women, sexual risk taking behaviour and women's vulnerability;
- e) How street trading can be employed as an effective coping strategy for AIDS affected households;
- f) How micro-finance and micro-health insurance can mitigate the impact of HIV/AIDS for survivalist women street traders, including investigating micro-finance products and systems of delivery which would benefit this group specifically.

1. INTRODUCTION

1.1 The rationale for the study

Women are physiologically more susceptible to HIV infection and are more vulnerable to the negative impacts of the epidemic than men (Baylies and Bujra, 2001). Many social, cultural and economic factors compound this increased vulnerability. Power imbalances in many African household and work settings expose women to risk due to their economic dependency on men, largely the result of their low incomes, lack of access to resources and poor education levels. Women are often exposed to high levels of discrimination, sexual violence, subordination and harassment and are frequently unable to negotiate safe sex practices or refuse unsafe sex (Weiss and Rao Gupta, 1998). It is also predominantly women who take on the additional burden of care in the context of HIV/AIDS which inhibits their productive lives (ILO, 2003; Akintola, 2004).

Many of these factors are manifest in the informal economy which has become one of the fastest growing productive areas and a major employer of women in many developing countries. The policy environment surrounding the informal economy is often restrictive and marginalises women within an invisible workforce (Valodia, 2001). In the majority of cases women are confined to inferior positions, which are precarious, exploitative, and afford extremely low wages and no social protection (Valodia, 1996). This leaves women economically vulnerable and exacerbates the situation of poverty and inequality which most women informal workers are faced with.

This study addresses a significant research gap by examining how the gendered nature and poor conditions of informal economy employment influences women's vulnerability to social and economic marginalisation. The paper then goes on to explore how this in turn influences the relative vulnerability of women street traders to HIV/AIDS compared to men in the informal economy and those in formal employment. Through analysing these linkages this paper aims to explore the complex relationships between these factors and in so doing to refine the meaning of vulnerability in the case of women workers in the informal economy.

The study is a comparative analysis of urban informal street trading in Uganda, where statistics suggest that HIV/AIDS has declined, and South Africa, where prevalence is reportedly escalating. This comparison allows us to identify the successes and failures of the diverging policy and societal responses to the epidemic in both countries.

The informal economy boasts an infinite array of occupations. This paper focuses attention on informal street trading activities which constitute a large proportion of informal economy activity, and are disproportionately occupied by women. While street trading is a dynamic and diverse area of informal economic activity, it can be classified and categorised in such a way that makes it an area for policy analysis and intervention. Furthermore, while the socio-economic characteristics of street traders vary, this study focuses on the experiences of women at the survivalist level. This includes street traders who are the most marginalised by policy, who exist on the periphery of the informal economy and whose incomes are lower than the minimum acceptable standard or poverty line.

1.2 Methodology

This study consists of a comprehensive literature review in which 'grey' and published literature was analysed to determine the general nature of women's employment in street trading enterprises in Uganda and South Africa. This analysis describes women's employment conditions, roles and social relations, and identifies common patterns of women's involvement in street trading. The study deconstructs the existing literature on gender and HIV/AIDS, and HIV/AIDS and work, and places this analysis in the context of

these identified norms and patterns. This enabled conclusions and inferences to be drawn relating to women's vulnerability to HIV infection and the impact of the pandemic on their survival strategies and households.

This analysis of secondary resource material was supplemented by semi-structured key informant interviews conducted in Uganda and South Africa. In Uganda, interviewees comprised researchers at the Makerere University in Kampala, senior members of The AIDS Support Organisation (TASO), a representative of the micro-finance institution Foundation for International Community Assistance (FINCA), the social sector officer for the Uganda AIDS Commission (UAC), the director of a small enterprise development organisation, the trade development officer for Kampala City Council (KCC), and gender advisor for the National Organisation of Trade Unions (NOTU). This wide range of interviewees was necessary to supplement the limited literature which could be identified on informal trading in Uganda.

In South Africa, where informal trading is a well-researched area a more narrow range of interviews was selected based on the role of local government, which is institutionally located to take responsibility for both the informal economy and HIV/AIDS interventions. Interviewees were selected in Durban only, in order to provide a more defined focus. In addition, Durban's municipal government has a policy to promote the informal economy and therefore formed an appropriate case study. Interviewees included the deputy head of Business Support and members of the Informal Trade Department, including senior management and direct implementation staff. Members of the City Health Department were also interviewed, including environmental health officers and the AIDS programme manager from the AIDS Training, Information and Counselling Centre (ATICC). Interviews were also conducted with members of civil society organisations including the Self-Employed Women's Union and the South African Business Coalition on HIV/AIDS. These informants were selected in order to provide a wide range of institutional perspectives on the research topic.

1.3 Limitations of the study

This study does not claim to be a comprehensive analysis. While a wide range of interviews were conducted, they were all key informant interviews and women running survivalist enterprises were not consulted. Therefore it was possible only to infer conclusions about their vulnerability and experiences. Furthermore, it was not possible to cover all aspects of women's vulnerability. Some issues which are crucial to the debate on 'gender and AIDS', such as gender constructions could not be covered in full due to constraints of time and scope of the study. It was also not possible to address all HIV/AIDS interventions carried out at the local level, by government and civil society, which may be of importance to women street traders.

2. THE INFORMAL ECONOMY: A GENDERED ANALYSIS OF INFORMAL AND FLEXIBLE WORK IN UGANDA AND SOUTH AFRICA

2.1 Introduction: defining the informal economy

The informal economy constitutes a diversity of livelihoods and forms of employment from street-trading to home-based work (such as garment workers) and domestic service, to part-time temporary and industrial contract workers, most of which are not accurately reflected and recorded in national datasets (Valodia, 1996). The informal economy was originally defined by Keith Hart (and quickly adopted by the International Labour Organisation (ILO)) in 1972 as a sector which is characterised by low barriers to entry; small-scale, family owned enterprises; the use of labour intensive technology; and reliance on indigenous resources (ILO, 1972).

This definition highlights the general structure of this economy but it omits the continuous process of informalisation; the diversity of the informal 'economy' as opposed to 'sector'; and the precarious nature of many enterprises and livelihoods. Consequently, the informal economy is also defined as employment without secure contracts, worker benefits or social protection (Chen, 2002). Furthermore, implicit in most definitions is that activities are largely those which elude government regulations such as registration, tax and social security obligations as well as health and safety rules (Devey *et al*, 2002).

In this section I briefly outline the nature and emergence of the informal economy in South Africa and Uganda, and the importance of the informal employment for women, who have largely been forced into informal economic activity as a result of their economic and social marginalisation.

2.2 Globalisation and emergence of the informal economy

The growth and expansion of the informal economy within South Africa is partly a result of economic reforms which have transformed the labour market from a situation of over-regulation, under Apartheid, to under-regulation, during the transition. Advances in capital intensive production and global competition have increased the precariousness and insecurity of employment under short-term, casual contracts and decentralised home-based working (Chen *et al*, 2001; Chen and Carr, 2002). This has been the case in the formerly protected clothing and textile industries in South Africa (Skinner and Valodia, 2001). These processes imply a negative impact on labour standards and labour rights as firms shift formal waged work to informal work arrangements without secure contracts, minimum wages, social protection and benefits (Lee, 1997, Standing, 1999). Deregulation has resulted in the mass retrenchment of unskilled workers (mainly Africans), in industries where women were overrepresented in the workforce (Ray, 1997). Unskilled women have borne the brunt of these structural changes and flexibilisation of labour practices. Mass retrenchments have also given rise to an overwhelming growth in the numbers of women who are self-employed or employed by others in informal enterprises.

Likewise in Uganda, Structural Adjustment Programmes of the 1980s encouraged trade liberalisation, export promotion and reduction of tariff barriers which resulted in the closure of a number of indigenous industries. As a result, huge numbers of public and private sector employees were retrenched. As agricultural and commodity prices fell dramatically, many women farmers were forced to take up informal employment to supplement household income (Mugenyi, 1998).

However, informalisation of work was present before these economic reforms were initiated. During the Apartheid era in South Africa, discriminatory measures such as Job Reservation

policies (for 'Whites') and the Group Areas Act, oppressed the African majority and resulted in many seeking a living outside of the formal, regulated work environment (Valodia, 2001). Similarly, in Uganda the informal economy grew up as a response to turbulent civil conflict and discriminatory policies on racial grounds. During the 1970s to early 1980s, economic dislocation and mismanagement of the economy under Idi Amin's military rule replaced the Asian entrepreneurial class with a largely bureaucratic, rather than developmental structure. This did little to foster sound economic development, but forced the majority of the workforce into informal work (Ahikire and Ampaire, 2003).

In summary, the informal economy has emerged as a central feature of the modern globalising economy. While for some the informal economy does include stable enterprises and dynamic, growing businesses, the general trend outlined for Uganda and South Africa indicates that it is also closely associated with the survival of the poorest members of society, particularly women.

2.3 A statistical picture of the informal economy

Due to its inherent unregulated nature, the informal economy is not well recorded in national accounts data. However, data which does exist suggests that the informal economy is growing in terms of its contribution to employment and Gross Domestic Product (GDP) (ILO, 2002a). Available statistics on informal work show similarities between South Africa and Uganda in terms of the size, and gendered composition of the informal economy.

In 2002, the proportion of people in South Africa engaged in informal employment outside of agriculture was 28% (ILO, 2002a). In Uganda, the 2002/3 National Household Survey reveals that only 10% of the population were employed in non-crop informal enterprises (UBOS, 2003). This figure is low because it represents the proportion of the total population and not of those who are employed. Further statistics showed that 36% of households operated non-crop informal enterprises, which gives a greater indication of the importance of informal work in Uganda (UBOS, 2003).

While recent statistics in South Africa show that slightly more men than women work informally, more women participate in informal compared to formal work (Devey *et al.*, 2002). This is also true of Uganda where women comprise 39% of those employed informally, a higher proportion than those employed formally (UBOS, 2003). The implication is that women tend to rely more heavily than men on informal employment.

The available statistics, although relatively unreliable, point to the dominance of women in street-trading, which is a major sector of the informal economy. In Uganda, it is estimated that up to 50% of informal workers are market and street vendors (Xaba *et al.*, 2002). In the developing world women represent between 30 and 90% of those active in street trading (ILO, 2002a).¹

Women often occupy the most vulnerable, exploitative, precarious and low-paid positions in the informal economy (Carr and Chen, 2002). This situation is compounded by a lack of social protection and security which is enjoyed by those in formal employment. This is discussed in the following section.

2.4 The working poor and social protection

People in informal employment face greater work-related risks than those formally employed. For example, little guarantee of work, low wages and unsafe or unhealthy

¹ These widely diverging figures give an indication of how little is known of the extent of informal economy employment and the difficulties of data collection within this heterogeneous sector.

working conditions. However, given the nature of their work and living conditions, they have fewer mechanisms to deal with this (Chen *et al*, 2001; Lund and Srinivas, 2000).

Conventional and standard systems of social security generally include 'social insurance', to protect against common risks such as old age, disability, unemployment and work-related illness. These systems also include 'social assistance' which protects workers against temporary uncommon contingencies; as well as family allowances and in some cases national health schemes (Chen *et al*, 2001). Social insurance is covered by employers and employee contributions, and taxation of those employed formally. However, in developing countries only a small proportion of the labour force is comprised of wage-workers, and many of these are self-employed. Therefore social insurance and assistance that depend in part on employer's contributions can only cover a minority of the workforce (Chen *et al*, 2001).

The term 'social protection' embodies a multi-dimensional approach to address the inadequacies and problems developing countries have in delivering these social security measures. Social protection encompasses all of social security but also integrates economic, political and social goals. It has the potential to reduce or prevent poverty by addressing more than variability in cash income (Veenstra, 2004). Social protection concerns achieving access to the means to fulfil basic rights and needs, including secure access to income, employment, health and education services, nutrition and shelter (United Nations, 2000, cited in Veenstra, 2004).

Despite removal of racial discrimination, South Africa's social security system is premised on full employment and continues to make the assumption that those in the labour force can support themselves through work and that unemployment is temporary (Lund, 2002). South Africa's Unemployment Insurance Fund (UIF), occupational retirement schemes and medical aid is contingent upon a formal employer-employee relationship, which excludes the majority of informal workers (Veenstra, 2004). Those unemployed or employed informally are currently supported by a system of means tested targeted social assistance grants or policies which aim to improve access to public services, including old age and disability and a range of child support grants. However there are significant limitations with these grants including low take up rates, and poor access to services and assistance offered by government (Guthrie, 2002).

Most developing country states, including Uganda and South Africa, have found it difficult – financially and administratively - to extend social security measures to those who are in a permanent state of non-standard, informal work. There are limits on raising revenues and collecting contributions (due to low incomes and undefined employer-employee relationships); as well as operational problems in verifying risks and contingencies; collecting contributions; and monitoring coverage and outcomes (Chen *et al*, 2001). Provision of social protection has therefore come also from a variety of institutions and organisations including community-based organisations (CBOs) and other non-governmental bodies. These schemes attempt to bridge the divide between social protection coverage of the formal and informal economies. Such programmes include health insurance and basic health care schemes, life and disability insurance, access to financial services, credit and loans, pensions and retirement benefits, employment security, and childcare and support services (Lund and Srinivas, 2000). These programmes are similar to those which exist for formal sector employees. However, formal schemes are generally implemented by large private sector companies, which are beyond the reach of most informal workers. Informal workers are more likely to take advantage of small-scale schemes which are premised on systems of community-based financing. Some example of these will be discussed in later sections.

2.5 Occupational health and safety issues

The majority of urban informal workers live and work in poor areas, and lack basic health and welfare services and social protection. A combination of these conditions leads to increased vulnerability to disease and poor health (ILO, 1999). This is a particular problem in the context of HIV/AIDS.

Many informal workers do not have the necessary awareness, technical means and resources to implement health and safety measures for their individual enterprises. A poor working environment, inadequate welfare facilities and a lack of occupational health services result in large material and human losses which impact on productivity of the economy as a whole and impair the health and wellbeing of those employed informally (ILO, 1999). Given the nature of informal enterprises: unregulated systems and organisation; low productivity, technology and capitalisation; and irregular employment relationships, there is a thin dividing line between providing and enforcing safety and health legislation and endangering employment generation in the sector (ILO, 1999).

2.6 Summary

In Uganda and South Africa the informal economy represents a diverse and expanding economic sector and a growing source of employment for those who are marginalised or excluded from formal work arrangements. The sector is dominated by women, who generally occupy marginalised and precarious positions due to gender inequality on a societal and institutional level. Women in informal work are some of the least supported workers in the world yet they face greater exposure to general and work-related risks. This economic and social vulnerability is heightened by the threat of HIV/AIDS as I discuss in the following section.

3. THE CONTEXT FOR THE GENDERED IMPACT OF HIV/AIDS ON THE INFORMAL ECONOMIES OF SOUTH AFRICA AND UGANDA

“Gender inequality is not simply a matter of justice or fairness. [In the context of HIV/AIDS] gender inequality is fatal” (Commonwealth Secretariat, 2001)

HIV and AIDS impacts predominantly on those who are poor, marginalised and displaced, and has therefore had a disproportionate impact on women in Africa (Tallis, 1998). As already noted women are physiologically more susceptible to HIV infection and more vulnerable to the negative impacts of the pandemic than men in heterosexual relationships.² Fifty-five percent of all HIV positive adults in Uganda and 57% in South Africa are women (UNAIDS, 2002). A recent sero-prevalence study of women attending ante-natal clinics estimated that 26.5% of all pregnant women in South Africa are infected with HIV (Department of Health, 2002). As a result of these high infection rates Peter Piot, Executive Director of UNAIDS, has called HIV/AIDS in Africa a ‘woman’s epidemic’. In this section I outline the general arguments in the literature which detail the particular vulnerability of women to HIV/AIDS and the divergent national policy approaches of both countries to tackle the epidemic.

² Women are between two and four times more likely than men to contract HIV from a sexual encounter. Women have a larger mucosal surface exposed to abrasions during sex, and semen has a higher concentration of HIV/AIDS than vaginal fluid (see Baylies and Bujra, 2001:5).

3.1 Women's vulnerability to HIV/AIDS: power relations, sexual risk-taking and the burden of care

Women's increased vulnerability is profoundly linked to a number of social, cultural, economic determinants, intrinsically connected with sexual behaviour and economic security.

Gendered power imbalances in the household, combined with institutional inequality, confine women to reproductive labour and compound their lack of education and access to productive resources and information. As a result women remain economically dependent upon men and are often unable to negotiate safe sex practices or refuse unsafe sex (Weiss and Rao Gupta, 1998). It is precisely this powerlessness, low status and limited control to determine their own lives which underlies women's vulnerability (Tallis, 1998). Furthermore, labour migration and transitory occupations, which increase the likelihood of multiple sexual partners, place women in these dependent relationships at higher than average risk of infection (Whelan, 1999).

Women, particularly those of low socio-economic status are likely to become involved in risky sexual practices, through straightforward commercial or transactional sex, including exchanging sex for material goods or simply to maintain household welfare (LeClerc-Madlala, 2001). Women are also exposed to high levels of discrimination, sexual violence, exploitation and harassment. Young women are particularly vulnerable to non-consensual coercive sex, which compounds their vulnerability to infection (Hallman, 2003).³

Women's vulnerability to HIV/AIDS is heightened by the role they play as care-takers for HIV positive family and community members. This inhibits their economic activities and sinks households into deep and, most likely, chronic poverty (Walker and Gilbert, 2002; Booysen, 2002). Women inherit the responsibility for family welfare in the event of their husband's death and have little independent access to resources, assets and savings to cope with this economic shock. Consequently women are likely to engage in precarious forms of employment which could encourage risk-taking behaviour and exposure to violence and exploitation. Recent evidence suggests that women are heading a growing number of households which are falling into chronic poverty and, as a result, are becoming more susceptible to HIV (Hallman, 2003).

To further compound these problems education on HIV/AIDS prevention is often inaccessible or unavailable to women (UNIFEM, 2001). Gendered expectations and stereotypes prevent many women from attending STD and family planning clinics before marriage. Furthermore, the stigma associated with HIV positive status may also prevent women from accessing prevention information, testing and treatment (UNIFEM, 2001, Rao Gupta, 2000).

3.2 Government responses to the epidemics in South Africa and Uganda

While the nature of the epidemic and its impacts on women are similar between South Africa and Uganda, with the exception of the implications of racial inequality, one crucial difference has been the response to the epidemic by the governments of each country. Uganda's progressive policy and interventionist response to HIV/AIDS at an early stage of the epidemic has resulted in a sharp decline in prevalence figures, while South Africa's HIV/AIDS prevalence continues to rise.⁴

³ South African women between 15 and 24 years are almost twice as likely as young men of the same age to contract HIV (Hallman, 2003). In Uganda 10.5% of women aged between 15-24 are infected compared to 3% of men (AIDS Magazine, 2002).

⁴ It is estimated that in South Africa the adult (15-49 years-old) prevalence of HIV has risen from 1% in 1989 to 20.1% in 2001 (UNAIDS, 2002). In Uganda from the peak of the epidemic in 1992, when adult

Uganda's economic position is poor. Only 30 per cent of the population live in urban areas and the majority of its GDP is made up of agricultural revenue. Uganda ranks 150 out of 173 countries on the UNDP Human Development Index (Human Rights Watch, 2003). Despite limited resources, the response to HIV/AIDS in Uganda was early and decisive. The Uganda AIDS Commission (UAC), formed in 1992, co-ordinated the government's Multi-sectoral AIDS Control Approach with co-operation at various administrative and political levels to prevent the spread, and mitigate the impacts of HIV/AIDS. This developed into the National Operational AIDS Plan (NOP) for HIV/AIDS/STD prevention and support, and the current National Strategic Framework builds upon these past policies. HIV/AIDS is placed within the broader context of national development and the country's Poverty Eradication Action Plan and health sector policy.⁵

Conversely, in South Africa in spite a well-functioning economy, sizable pool of skilled health and education workers and a sophisticated media, the response of the South African government to the AIDS crisis has been piecemeal and unco-ordinated. Despite a progressive, multi-sectoral 'AIDS Plan' developed by the National AIDS Committee of South Africa (NACOSA), launched in 1994, the issue of AIDS has lacked leadership, political commitment and co-ordination (Whiteside and Sunter, 2000). The strategy was devolved to Department of Health which limited the potential for a multi-disciplinary response. The issue also had to compete with other health priorities for funds and staff. In 1998, the government launched the 'Partnership against AIDS', a national inter-departmental committee on HIV/AIDS. In 2000, the National AIDS Council (SANAC) and the National HIV/AIDS and STI Strategic Plan (2000-2005) were introduced. The priorities in the plan include prevention; treatment, care and support; human and legal rights; and monitoring, research and surveillance. The plan is weighted towards behaviour change and prevention and is silent on the issue of anti-retroviral treatment (ARVs) which has been the focus of the active HIV/AIDS lobby in South Africa (Willan, 2004).⁶ While policies are evolving, highlighting more commitment, leadership and co-ordination the reality of policy implementation and delivery is slow due largely to inadequate resources being transferred to the local implementation level.

3.3 Summary

The literature emphasises that HIV/AIDS impacts predominantly on those who are excluded and living in poverty. Women are particularly affected as they are often dependent on men in ways that exacerbate their vulnerability. Gendered power imbalances, which limit women's control, extend beyond the household to the broader social environment, including informal work structures where women's disadvantaged economic positions and the conditions of their work increase their vulnerability to HIV infection. In the following sections I examine in detail how these linkages are manifested on the streets of Uganda and South Africa.

prevalence was at over 30%, the rate of HIV among Ugandan adults has declined from 18.5% in 1995 to 5% at the end of 2001 (UNAIDS, 2002).

⁵ See Uganda AIDS Commission (1993, 2003) for further information on HIV/AIDS policy in Uganda.

⁶ For further information on South African government policies on HIV/AIDS visit South African government and Department of Health websites.

4. WORKING THE STREETS: WOMEN IN STREET TRADING ENVIRONMENTS IN SOUTH AFRICA AND UGANDA

“[Women] are to be seen on the sidewalks selling cigarettes, groundnuts and newspapers, along the roadsides reselling milk...and in the night markets. The extent, and the ubiquity of food preparation and selling in open spaces behind office buildings and hawking of used clothes in offices are indications of the importance of informal sector incomes to urban dwellers, [especially women]” (Keller, 1996 cited in Snyder, 2000).

4.1 What is street trading?

Street trading, selling on the pavements, in the streets and in informal markets, provides a source of employment and income for large numbers of urban dwellers in developing countries. This is especially true for women. Street-trading, combined with home-based work (excluding domestic, unpaid labour) makes up between 10-25% of the informal economy in developing countries, with women likely to represent well over half of those active (ILO, 2002a). It is estimated that in 2000 there were around half a million street traders in South Africa, with 20,000 in Durban and up to 15,000 in Johannesburg, and more than 70% of South African traders were women (Charmes, 2003). This points to the greater significance placed on street trading for women than for men. In Uganda, trading makes up 22.7% of livelihood sources, with 29.2% of women compared to 19.8% of men involved (Ahikire and Ampaire, 2003).

Street trading activities differ widely throughout Africa. However, there are certain trends which cross boundaries. Within street trading there is an identifiable hierarchy of socio-economic status among traders, which is distinctly gendered. In South Africa, men tend to be concentrated in manufactured goods and services which comprise a small, but profitable proportion of informal trade. Women are generally restricted to trade in fresh produce and made goods such as clothing and cosmetics, which makes up a larger and less-lucrative proportion (Valodia, 1996; Lund, 1998). Notably, 31.7% of women in informal activity sell food compared to only 9.5% of men (Devey, 2003). These women are nearly all self-employed (DRA, 1997 cited in Lund, 1998). Similarly, in Uganda, there is a clear concentration of women in food selling and preparation activities (Ahikire and Ampaire, 2003).

Within South Africa there is also a distinction between migrant and South African traders. A growing proportion of traders are refugees and economic migrants from across Africa who tend to be concentrated in higher income growth sectors of informal trading, due to higher levels of education. For example, more foreign traders are involved in service activities and sell manufactured goods, compared to a larger number of South Africans who sell food (Hunter and Skinner, 2003). The majority of foreign street traders are men. While a number of migrants and refugees are present in informal trading structures in Uganda, one key informant mentioned that migrants and refugees have been able to assimilate into society in a way that has not been seen in South Africa. This is likely to be due to similar ethnic and social backgrounds, and the language of neighbouring countries (Interview, 12/03/04).⁷

⁷ Social Sector Specialist, Uganda AIDS Commission, Kampala

4.2 Characteristics of and problems experienced by street traders

The relationship between gender, occupation, and socio-economic status is a significant factor for assessing economic marginalisation of women street traders and their vulnerability to HIV infection. In this section I outline some of the key characteristics and problems which influence this relationship.

4.2.1 Age and Relationship Status

In South Africa, there is a significant gender differentiation in the ages of street traders. For instance, there are more men than women in the 21-30 age group and more women than men in the 41-50 age group, reflecting women's child bearing and rearing responsibilities and the tendency for men's enterprises to grow and become formalised in built premises (Lund, 1998). In Kampala, the majority of street traders are young (between 21 and 30) and, in contrast to South Africa, more women than men are found in this age group. A significant proportion of traders in Kampala are also aged between 31 and 45, and again slightly more women than men fall into this age range (Ahikire and Ampaire, 2003).

Pick's (2002) study found that 65% of women in Johannesburg were in a long-term relationship (married or otherwise) compared to 24% who were single and 11% who were separated or divorced. Studies conducted among members of the Self-Employed Women's Union in South Africa revealed that up to 60% were in a long-term relationship and a large proportion were the main breadwinner in the family (75%), and in two-thirds of cases the household had no other income earners (Lund, 1998). In Uganda, it was found that the majority (58.8%) were in long-term relationships and 25.9% were single (Ahikire and Ampaire, 2003). The majority of street traders in South Africa and Uganda therefore appear to be in a long-term relationship.

4.2.2 Education

Almost half of all street traders in South Africa have no education or only primary schooling, and this is far higher for women than for men. Women who are members of informal trade unions tend to have higher levels of education than those who are not members (Lund, 1998). Migrants (especially political rather than economic migrants) have higher levels of education than their South African counterparts; with a significant number having completed or started tertiary education (Hunter and Skinner, 2003). Those in the survivalist sector of the informal economy in South Africa, the majority of whom are women, tend to have extremely low levels of education. This is also the case in Uganda. However, levels of education are similar between men and women (Ahikire and Ampaire, 2003). Research has found that women also generally lack information about their rights and how to improve their skills and this in turn inhibits their bargaining power (Masagwane, 1998, Skinner, 2000a).

Recently, in South Africa, there has been an increase in younger women with middle level education entering street trading, reflecting decreasing opportunities for women with reasonable education to obtain standard employment (Pick *et al*, 2002). Conversely, in Uganda, there appears to be a positive correlation between age and education among traders. It has been observed that older, more experienced and better educated women, tend to make higher incomes, which allow them to pay for permits for the legal right to trade in a recognised site within planned market structures. Younger and less-educated women with more limited access to capital and resources set up stalls in informal markets or on the pavements, which are mainly illegal sites. Finally, the very young, poorly educated and under-resourced women traders may start out their trading careers as itinerant hawkers (Ahikire and Ampaire, 2003). This categorisation represents a continuum from entrepreneurs with enterprise growth potential to the survival strategies of very poor women in which their work becomes progressively more precarious.

4.2.3 Income level

As indicated above, limited education is characteristically reflected in the low earning potential of street traders. In South Africa, earnings in street trading are generally low, with many (especially women) street traders making far less than the minimum acceptable income level, which in 1995 was R600 per month. The CASE study revealed that 54% of those surveyed made up to R600, with more women than men earning up to only R200 per month (CASE, 1995). While men are more likely to be concentrated in growth sectors and generally make higher incomes, it is suggested that some women may 'choose' to remain at this low level due to reluctance to take economic risks because of the significance of their income for family welfare (Lund, 1998). However, they are also prevented from moving beyond survivalist activity by their limited access to credit (Skinner, 2000a).

There is little survey evidence of the income levels of women in urban informal trading in Uganda. However, key informants generally felt that although their income is low and insecure, women street traders generally make sufficient income to take care of key household expenditure, such as rent, food, clothes and school fees (Interview, 11/03/04⁸ and 17/03/04⁹).

4.2.4 Occupational health and environmental standards

In the majority of cases street trading environments are unregulated, with unhealthy and unsafe hazardous working conditions which are not subjected to legal standards. Studies on occupational health and safety report that many micro and survivalist entrepreneurs have ramshackle structures, lack sanitary facilities or potable water and have poor waste disposal (ILO, 1999). Infrastructural and sanitation problems are matters of concern for street traders in Uganda as those operating in open spaces have no shelters or toilet facilities. There is also a problem with refuse collection which poses serious health risks to vendors. As a consequence trading sites in Kampala are filthy and this is used by authorities to make a case against street trading. Yet official markets also have severe problems (Ahikire and Ampaire, 2003). One key informant in Uganda also mentioned that 'street traders and hawkers are open to the vagaries of the weather, the dust and fumes and noise and danger of the traffic' (Interview, 11/03/04).¹⁰ These problems are compounded for women because of their responsibility for their children's health and safety within the market, which adds to their burden. Women's reproductive health is also likely to be compromised by these conditions.

4.2.5 Access to social protection

By definition self-employed workers, such as street traders are unable to access contributory insurance mechanisms such as South Africa's Unemployment Insurance Fund (UIF). Women also lack market information, skills and power to make necessary arrangements to prepare for and mitigate the impacts of work-related risks (Chen *et al*, 2001). The highest priority in terms of social insurance for street traders is protection against loss of income or assets, yet formal insurance schemes in South Africa, which has a high crime rate, are out of reach for the majority of low-income informal workers (Lund, 2002). Many financial risks are enhanced when gender is considered as women are likely to suffer a series of opportunity costs, including lost earnings because of domestic and childcare responsibilities.

In Uganda, women's productive roles are particularly inhibited by their childcare responsibilities, as there are no affordable childcare facilities available. Operating in a market with children is prohibited, yet women have no other choice but to bring their children to work. Women fear their children getting hurt in arrests and through exposure to dangers of

⁸ Senior Researcher, Institute of Social Research, Makerere University, Kampala

⁹ Senior Researcher, Department of Women and Gender Studies, Makerere University, Kampala

¹⁰ Senior Lecturer, Department of Law, Makerere University, Kampala

the market. Children need to be hidden away all day under stalls and they become a major hindrance if women have to flee from city council authorities (Kwagala, 1999). The majority of women are therefore torn between their child-care roles and self-employment.

4.2.6 Access to health services and care

While informal workers in South Africa have the right to free primary health care through the district health care system, and a similar public health care system exists in Uganda, in reality these services can be inaccessible and the quality, scope and number of health services is often minimal (ILO, 2002d). Furthermore, opportunity costs of seeking health services are high, in the absence of sick leave benefits, or maternity provision. Women are particularly disadvantaged because of their greater need for health services due to pregnancy, and their responsibility for their children's access to health care.

4.2.7 Crime, violence and harassment

In a survey in Durban in 1997, theft and criminal violence was cited as a major concern by 41% of female and 33% of male street traders (Lund, 1998). In Johannesburg, 12% of street traders have faced life threatening or dangerous situations, with one in ten suffering assault (Lund, 1998). Theft was identified as a problem for traders in Kampala also, where women are common targets for thieves. There is also a high perceived threat of rape among hawkers in Kampala (Ahikire and Ampaire, 2003). Studies conducted in Durban have also observed women's vulnerability to sexual assault (Nair, 1993; Naidoo, 1996, cited in Lund, 1998).

In addition to violent crime, street traders are often the victims of harassment and abuse of regulations by officials. In Uganda, where street trading is illegal, traders may be beaten, threatened and harassed and have their goods confiscated, as well as intimidated into paying high permit prices. These charges are set without proper assessment and without the provision and maintenance of services in the markets. In addition, city officials often expect bribes. In some cases traders have been arrested and imprisoned whether or not they have the legal right to trade (Ahikire and Ampaire, 2003). This harassment is a particular problem for women because of the likelihood of sexual exploitation and intimidation by officials and the police.

In South Africa particularly, the survival strategies of African migrants in the informal economies of major metropolitan areas, such as Durban have been inhibited by intimidation and harassment from city officials. For instance, Senegalese and Somali traders have had their trading licences revoked as they were said to have been obtained fraudulently and are constantly moved to less lucrative trading sites. It has been observed that this entails 'constant harassment pursued with particular vigour and brutality' by enforcement officers (Vawda, 1999:9).

4.3 Institutional framework of street trading in Uganda and South Africa

As indicated above the institutional framework for street trading is a general factor that indirectly compounds gender inequalities. Here, I outline briefly the legislative and policy environment to highlight the broader context in which informal trade is situated.

Institutional responsibility for the regulation and promotion of street trading has been decentralised under the 1996 South African constitution to local government authorities as a means to stimulate local economic development (Skinner, 2000b). This has also been the case in Uganda under the Local Government Act of 1997.

The institutional perceptions of street trading in Uganda and South Africa are strongly divergent. In Uganda, bylaws which prohibit street trading activities in the Central Business District of Kampala, originated under colonial rule. These laws, which are strongly enforced

today, are inconsistent with the 1997 Local Government Act. Local governments are authorised to make bylaws and regulations relevant to their own local economic development mandate. In the case of Kampala City Council (KCC) a number of laws have been put in place to guide market management and vendor organisations. Any market which is established without the authority of the administration is regarded as illegal, and no markets can be established within 5 kilometres of an existing market. This law lacks consideration of the increased population of Kampala and high levels of unemployment in the city. In addition, the Urban Authorities Act of 1962 prohibits 'trade on or in any pavement, arcade, footway, street, unalienated public land.....unless he is in possession of permit' (Ampaire and Ahikire, 2003:16). Under the Trading Act (1964) hawking without a permit is also forbidden, justified by its obstruction of traffic at crossroads or junctions. The Public Health Act also poses restrictions on the operation of eating houses unless they hold a licence based on health and hygiene regulations (Ampaire and Ahikire, 2003).

While hawking was fairly well tolerated until recent moves to 'clean up' the city, street trading is strictly prohibited. In the view of the Kampala City Council (KCC) street traders 'make the city dirty and obstructs traffic...they are a public nuisance' (Ahikire and Ampaire, 2003: 18). The only provisions for street trading in KCC plans are punitive and restrictive in that they focus on prosecuting and removing traders. Street trading is considered an abnormal and illicit area of economic operation and there is very little scope for regulating and normalising the activity. All areas of urban trading are subject to a series of restrictive bylaws enforced by the KCC under the Local Government Act (1997).¹¹

In South Africa, a historically repressive and regulatory legal system made it impossible to trade on the streets from the 1940s to the early 1980s. The policy environment for street trading today is far more conducive. The Small Medium and Micro Enterprise sector has been recognised by government as crucial for economic development and has become a policy priority (Skinner, 1999). The Business Act of 1991, effectively legalised street trading, and the White Paper on Small Businesses in South Africa claims to support the advancement of women in all business sectors including the survivalist sector (Valodia and Skinner, 2001). City level street trading policies have been implemented in the majority of the major metropolitan areas in South Africa, including Johannesburg, Cape Town, Durban, and East London.

However, some powers to restrict trading were given back to the municipalities in 1993 which enabled city councils to restrict or prohibit trading in some areas (Skinner, 1999). Bylaws may be implemented to prevent traders obscuring traffic; to protect the public from potentially dangerous equipment; and to ensure sites are kept clean. Bylaws also include provisions to restrict or prohibit trading zones and confiscate goods if laws are contravened.

The limited negotiation power of women makes them more vulnerable to the impacts of oppressive legislation. For example, in many metropolitan areas in South Africa permits for trading space are imposed. While many women street traders welcome the permits as it gives them security over their sites, poorer traders, the majority of whom are women, may be pushed to the more marginal areas (Skinner, 1999). In addition, bylaws which prevent traders sleeping on the streets impact particularly negatively on survivalist street traders, especially women. In the absence of affordable accommodation women are left with no choice but to sleep on the streets and are unable to appeal to the police for protection, thus exacerbating their vulnerability to crime (Skinner, 2000b).

¹¹ A list of bylaws with regard to urban trading can be found in Ahikire and Ampaire (2003, p19)

4.4 Durban's street trading success and the impact on women

The overall shift towards a developmental approach to street trading in South African cities is illustrated by the example of Durban, where there has been a transition in street trading policy from a situation of over-regulation and criminalisation, to the current deregulated institutional environment.

Before the mid-1980s street trading in Durban was subject to a well-entrenched tradition of repression, harassment and prosecution (Nesvåg, 2002). In addition to discriminatory legislation which strictly controlled the movement and economic activities of Africans, Durban City trading bylaws totally outlawed street trading and the period until the 1980s was marked by regular arrests, confiscation and fines. After this time there was a significant reconceptualisation of the informal economy and focus shifted towards acceptance and encouragement of street trading through a loosely regulated control system (Nesvåg, 2002).

In the late 1990s Durban's municipal government established a specific department dedicated to the promotion of informal trade to take forward its new progressive approach. Durban's informal economy policy, launched in 2002, has prioritised creating properly planned, well-managed markets. The policy centres around provision of services and infrastructure; improving working conditions and environments; management of informal trade; and facilitating communication with, and capacity building for informal traders associations. The policy aims to support the specific activities of survivalist and micro-enterprise sectors, through the allocation of resources and facilities; providing training and skills development; and supporting micro-finance institutions in the provision of credit.

The Warwick Junction Urban Renewal Programme (URP), which is located on the periphery of Durban's Central Business District, provides an example of the success of this policy implementation. The area includes the bulk of informal trade in the city as well as the only three built markets in the city, and is also the site of a major transport hub. The area provides the focus of Durban's urban renewal, accommodating almost two thirds of the traders in the city, the majority of whom are women. Changes in policy towards street trading have contributed significantly to opening up this area to traders who can now trade legally (Khosa, 1998). The URP has achieved significant success in public transport infrastructure and services, storage, providing stalls, sanitation facilities, affordable accommodation and social centres. The area also generates high annual revenues. For instance, in 1998 street trading generated a total of R500 million in informal outlets (street vendors, shebeens, spazas, tuckshops, private persons), R340 million of which was spent on food (Durban North and South Central Local Councils, 2000).

These interventions have improved the overall quality of the urban environment in terms of safety, security and cleanliness, functionality and facilitation of economic opportunities. However, Durban's experience has shown that there are significant gaps between policy and practice, notably in the way the benefits of urban renewal have been shared among stakeholders. For instance, key informants suggested that the extent to which these support services have reached and benefited micro and survivalist entrepreneurs is questionable. Training programmes have been *ad hoc* and largely implemented by the City Health department only. Furthermore assistance in achieving access to credit has privileged larger SMMEs, to the exclusion of survivalist entrepreneurs. As a result, the majority of women have been unable to improve their economic security. Key informants in Durban's Environmental Health department mentioned that women still experience difficulties in registering businesses and obtaining rights and access to permanent trading space (Interview, 07/04/04). According to local government staff, this is due to their inadequate knowledge

of their legal rights and responsibilities and the slow progress of de-bureaucratising these procedures.

Throughout the policy development process gender concerns appear to have been marginalised. Khosa (1998) argues that the entire process of relaxation of restrictions has disadvantaged women. Deregulation has exposed women to further exploitation from formal operators, which has perpetuated gender inequality (Khosa, 1998). Organised, more powerful networks of informal traders which are dominated by men have been able to consolidate their positions at the expense of incoming traders, who are predominantly women. In this sense there is little indication that policy reforms surrounding informal trade in Durban have improved women's economic and social security or substantially reduced their vulnerability to HIV/AIDS.

4.5 Summary

The literature highlights the gender inequality inherent in street trading. For the majority of women street traders negative gender relations compound their limited bargaining power, access to credit and information and create an insecure and hazardous working environment.

These problems are further compounded in Uganda by restrictive and punitive government policies and legislation. However, even where progressive policies are in place to support and promote informal trade, as in South Africa, there are gaps between policy and practice which often result in further disadvantage for women. These social, economic and institutional forces create conditions which heighten women's vulnerability to HIV infection. The linkages between these factors are discussed in the following chapter.

5. HIV/AIDS: THE VULNERABILITY OF WOMEN STREET TRADERS TO HIV/AIDS

Little research exists on the impacts of HIV/AIDS on women's informal work and enterprises, or on how the conditions of the informal economy contribute to women's vulnerability to the epidemic. As a result this requires cautious analysis.

It has been established here that there is a clear correlation between working in the informal economy, being a woman and being poor. Hence the key socio-economic and demographic determinants of *susceptibility* to HIV/AIDS, as has been established in much literature on HIV/AIDS, are present among informal workers (Whiteside and Barnett, 2002; Baylies and Bujra, 2001; Walker and Gilbert, 2002). However, there is limited empirical data to measure the risk of HIV to street traders generally and women in particular. Nonetheless, it is possible to infer the threat of infection to women street traders. Accordingly, I use the concept of vulnerability which draws attention to the dynamics of behavioural factors and social relationships, and so to the processes that influence the transmission of HIV/AIDS.

5.1 Education, income and location and women's susceptibility to infection

While there were no identified studies on the specific susceptibility of women informal traders to HIV infection some studies have correlated the influence of education, income and location on women's threat of infection. The analysis so far has shown that women informal traders are characteristically young with no or only primary education, and have extremely low incomes.

The relationship between education and HIV infection is not a simplistic one. Studies in Uganda and South Africa have revealed that very low levels of education and illiteracy increase the risk of HIV infection (Kilian *et al*, 1999; Waldman, 1995). However in Uganda studies have found that at the post-primary level, those with higher levels of education are

more likely to acquire HIV (Kirunga and Ntozi, 1997). However, this correlation does not exist in larger more urbanised areas such as main road trading centres, where street traders are likely to operate (Smith *et al*, 2004). Therefore it would be reasonable to infer that street traders are a vulnerable category based on their education status.

Kirunga and Ntozi's study in Uganda also hypothesised that market traders were one of a group of occupations (also including truck drivers, waitresses, taxi drivers etc) characterised as 'high-risk'. The study revealed that individuals involved in these occupations were twice as likely to be infected as those involved in low-risk occupations such as subsistence farmers. However, no differentiation was made between these occupations, or in terms of gender, therefore it is difficult to infer the specific threat to women informal traders (Kirunga and Ntozi, 1997).

Urban residence is also positively significantly related to HIV status. In 1997, the HIV prevalence rate in selected urban trading centres was 31.3% (Kirunga and Ntozi, 1997). Further studies have found that in 1996 women between the ages of 20-34 (the dominant age group for informal traders) in these towns often located along the trans-African highway had sero-prevalence rates of over 50% (Nunn *et al*, 1996). It has been found that staying in a trading centre, even where level of education, wealth status, occupation, age, sex and number of sexual partners are taken into account remains a high-risk factor (Kirunga and Ntozi, 1997).

Studies which have examined the links between wealth and HIV infection have found that wealth status is positively correlated with HIV infection, with those of low wealth status being least seropositive. However, when other variables are included such as being female, living in trading towns and belonging to middle age groups (20-35 years), this finding is reversed, although not significantly. In South Africa, while poorer persons from race groups other than African are most at risk of infection, amongst Africans the poorer and the richer seem to have similar risks of infection (Shisana *et al*, 2002)

These patterns show that social, economic and geographical factors strongly associated with informal work are linked to the threat of infection. There is a high correlation between living and working in trading towns and urban areas, being young and female and a high risk of HIV seropositivity.

These studies however do not provide conclusive evidence of the susceptibility of women street traders to HIV infection. To examine women's vulnerability this requires deeper analysis of a range of broader social and behavioural determinants. For instance, poverty and inequality are profoundly linked to HIV infection because they create the social and physical conditions in which disease can thrive (Walker and Gilbert, 2002). Gender inequality and women's impoverishment is manifest in the difficulties women face to enter equitable relationships with men as I discuss below.

5.2 Women's dependency and risk in long-term 'trust' relationships

There has been some research which has highlighted the involvement in risky sexual relationships of women working in trading towns, on the streets, at traffic intersections and truck stops in which they may form transactional relationships with transient men, or move into commercial sex work. While it can not be assumed that HIV transmission is just due to risk-taking as has often been implied in the 'AIDS in Africa' discourse (Stillwaggon, 2003), sexual behaviour is an important dimension of the AIDS pandemic in Africa, where transmission is predominantly heterosexual. The popularisation of risks women take is informed by broader research on women's vulnerability in social relationships.

For instance, certain marriage practices are likely to have a significant impact on women's vulnerability to HIV infection. In Uganda, polygamy is widely practiced as is forced, early marriage often to older men. There appears to be a continuum from official marriage to cohabiting, to regular and then casual relationships. This unclear distinction creates a situation in which infidelity is difficult to recognise or, in the case of men, is accepted. Studies in Uganda have revealed that long-term relationships are often characterised by the male partner's unfaithfulness, drunkenness, violence and coerced sexual intercourse (Gysels *et al*, 2002). In South Africa, studies have found that within informal settlements, where survivalist informal trading is the predominant form of economic activity, women's long-term relationships are also generally characterised by abuse, infidelity and instability. The research revealed that women feel powerless to confront their partners on any level because of a fear of violence and losing their financial security (Madondo, 2004).

This situation is compounded by economic migration and men's high-risk, transient occupations, which disrupt marital and family ties and leads to risky sexual behaviour (Whelan, 1999). In the context of HIV/AIDS the nature of these long-term, 'trust' relationships inevitably compounds the vulnerability of women to infection.

For instance, the degree to which women are financially dependent on these relationships dictates their ability to negotiate the use of HIV prevention methods (Gysels *et al*, 2002). While women may have the ability to insist upon safe sex practices in straight forward commercial sex transactions (although sex workers are often paid less for safe sex), it is more difficult within marriage or 'trust' relationships. This was mentioned by key informants in Uganda:

'Commercial sex workers have more rights and capacity to negotiate for safe sex than married women. Married women are actually worse off' (Interview, 12/03/04).¹²

Women may fear asking their partner to wear a condom as this may be seen as admitting adultery, or accusing her partner of such, and could result in violence and forced intercourse (Jewkes *et al*, 2003). Women's ability to suggest condom use and to discuss HIV/AIDS with an intimate partner is positively correlated with education in South Africa (Jewkes *et al*, 2003). Given the evidence that the majority of women street traders have low levels of education, it is reasonable to infer that they are a vulnerable category of workers to HIV infection for this reason.

Furthermore, women are often unable to leave a relationship they perceive to be high-risk because of economic factors, but also social and cultural constraints. This was summed up by one key informant in Uganda:

'Many women are economically and culturally dependent; they are unable to leave their marriage despite the risks. Marriage is, statistically speaking, the most dangerous relationship for a woman to be in' (Interview, 15/03/04).¹³

The evidence presented here suggests that women's disadvantaged economic positions compounds their unequal positions in their relationships with men, which heightens vulnerability to infection. However, there remains limited empirical research on the nature of women's vulnerability to HIV/AIDS within long-term 'trust' relationships.

¹² Social Sector Specialist, Uganda AIDS Commission, Kampala

¹³ Training Officer, The AIDS Support Organisation (TASO), Kampala

5.3 Sexual risk taking behaviour: transactional and commercial sexual practices

In sub-Saharan Africa, little is known about the boundaries between street trading and commercial or transactional sex, where sex is exchanged for money or goods to survive financially (Gysels *et al*, 2002). Not all poor women become commercial sex workers. However, certain aspects of the working environments of street traders, such as working illegally and therefore at night, working at traffic intersections and at truck stops and transport hubs, may force or entice street traders into these insecure and unequal sexual relationships.

There is much evidence from across Africa that many poor, socially and economically disadvantaged women have become involved in 'survival sex' in which sex becomes a currency to maintain household welfare and security (Natrass, 2003). For example, in a study of women in Impolweni township near Durban it was revealed that women engage in transactional sex in order to supplement the little money they earn from informal trading. This was particularly the case where partners are economic migrants (Matondo, 2004).

However, not all sex work and relationships are as a result of economic necessity. They can also be a strategy for obtaining social and financial independence, or to obtain expensive goods and lifestyles (Leclerc-Madlala, 2002). Nonetheless, economic dependence reduces women's ability to dictate the terms of sexual relationships such that they may cross over the thin dividing line between transactional and commercial sex (Jewkes *et al*, 2003). Evidence suggests that involvement in this 'sexual economy' carries higher than average risk of infection for adolescent females in South Africa (Hallman, 2003). As mentioned, young women of low-socio economic status in South Africa, who are increasingly likely to be employed informally, are particularly vulnerable to non-consensual and coerced sex, which make them susceptible to STDs and increases the likelihood of HIV infection (Hallman, 2003).

When asked about the links between street trading and sex work in Uganda many interviewees suggested that women (and men, as mediators or 'pimps') were likely to become involved in commercial sex work to supplement their meager incomes. Others suggested that this was a stereotype. However, many references were made to women forming relationships with men based on economic dependency. If for example a woman has been widowed, she will need capital to run her business and support her children. One interviewee stated that:

'she is likely, out of desperation, to hook up with any man who comes along.....we call this 'detoothing'..plucking money out of a man'....these forms of sexual relationships are the most common and are the ones making women vulnerable' (Interview, 15/03/04).¹⁴

Furthermore, in Uganda it was mentioned that women are coerced into transactional relationships: 'street vendors... are very often talked into sexual relations in exchange for money.... even if she is not willing; she has no means to protect herself' (Interview, 12/03/04).¹⁵

The Manager of Durban's Informal Trade department also suggested the vulnerability of itinerant traders, for example at traffic intersections, where they may be propositioned by

¹⁴ Training Officer, TASO, Kampala

¹⁵ Programme Officer HIV/AIDS, The Foundation for Advancement of Small Enterprises and Rural Technologies and the Private Sector Self-Coordinating Entity, Kampala

men to exchange sex for money. Working after dark heightens this vulnerability. It was also mentioned that there are frequently relationships between traders, which are likely to be premised on achieving financial security (Interview, 19/04/04). Interviews with Area Managers and Environmental Health Officers working directly with street traders in Durban revealed that although there is no firm evidence:

‘There is a likelihood that street traders go back and forth into sex work...they build up the capital they need to run their business through sex work. Some people would suggest this happens on a continuous basis’ (Interview, 07/04/04).¹⁶

One key informant in Durban also suggested that: ‘there are likely to be different levels of relationships based on economic factors’ (Interview, 05/04/04).¹⁷

There is some anecdotal evidence that women street traders participate in transactional and commercial sex practices and some indication that this is as a result of their economic marginalisation and the conditions under which they work. However, there is little research which examines the relationship between women’s economic status, the precariousness of her economic activities and her involvement in sex work to supplement income.

5.4 Migration and women’s long-term relationships with transient men

Migration patterns and locational factors can influence the sexual risk-taking behaviour of young women working informally. For example, in Uganda many markets are located at transport nodes along the East Africa segment of the trans-Africa Highway. These towns are characterised by vendor stalls, bars, guest houses or hotels and brothels and have grown-up based on petty trade, smuggling and the provision of services of all kinds to passing truck drivers. In the absence of formal, stable employment most people, particularly women, living in these towns rely on the informal economy, trading in food and possibly sexual services (Gysels *et al*, 2002). The HIV sero-prevalence rate in these towns and truck stops along the highway was reported to be on average 40 per cent (Gysels *et al*, 2002). Nunn *et al* (1996) have reported that the prevalence rate for young women (aged between 20 and 34) residing in these towns is over 50%, and this was found to increase with increasing numbers of sexual partners (Nunn *et al*, 1996).

This report is consistent with other similar research across Africa. For instance in Nigeria, Oruboloye (1993) found that particularly young, itinerant women hawkers working in markets adjacent to truck stops would offer commercial sexual services to drivers. With increasing knowledge about HIV/AIDS truck drivers were found to be less likely to sleep with commercial sex workers and more likely to sleep with young market women, or barmaids who they perceived to be uninfected. Some drivers effectively had a ‘wife’, or some form of ‘trust’ relationship at every stop (Oruboloye, 1993). In South Africa, more recent evidence has reported that 39% of truck drivers look for sex at each truck stop and the high incidence of STDs among truck drivers suggests casualisation of sex and multiple partnering (Marcus, 2001). Yet evidence reveals that there has been a sharp decline in those who pay for sex, which suggests a trend towards developing a series of long-term girlfriends and sex with women who are not commercial sex workers (Marcus, 2001).

In sum women street traders’ interaction with transient men, coupled with their limited power to negotiate for safe sex, and their economic, social and physical vulnerability creates an extremely precarious situation for women in the context of HIV/AIDS. The general

¹⁶ Environmental Health Officer, City Health Department, Durban

¹⁷ Area Manager, Informal Trade Department, Durban

poverty of women street traders in itself may not be a risk factor for HIV infection, but their work environment, with the associated harassment and intimidation which often takes a sexual turn places them in situations of increased vulnerability to infection.

5.5 Urban location

Rates of HIV prevalence are higher in urban compared to rural areas in both South Africa and Uganda (Kirunga and Ntozi, 1997, Shisana *et al*, 2002). The reason for this difference is not well-understood. However, it is reasonable to infer that part of the reason is rural to urban migration patterns, which impact on sexual risk-taking practices. Studies in Johannesburg have found that the majority of women (59%) have migrated from outside the city to trade and 15% migrate from outside the country (Pick *et al*, 2002). In Uganda, this is also the case with women migrating from rural areas and moving from subsistence agriculture activities to make a living in the trading towns and truck stops as well as central urban areas. Studies in Uganda have shown that those who migrate for economic reasons have higher levels of seropositivity (Kirunga and Ntozi, 1997).

These migratory patterns are likely to have a significant impact on marital ties. Women may be staying alone and may be more likely to engage in relationships with other men, which are likely to be premised on economic factors. A survey of the members of Self-Employed Women's Union (SEWU) in Durban, for example, revealed that 75% were the main breadwinners of the households and 67% had no other earners (Lund, 1998). This suggests that in the majority of cases women are single or husbands are absent, and offer no support, which may imply that women are engaging in short-term, insecure and unequal relationships based on the need for financial security.

5.6 Gender-based violence

Gender-based violence is inherently linked to HIV/AIDS through forced sex and rape; violence and the threat of violence, which may limit ability to negotiate safe sex; and the threat of violence as a result of disclosure of positive HIV status (WHO, 2000 cited in CADRE, 2003). It is therefore appropriate to assess the extent to which women street traders are vulnerable to such violence in view of the discussion so far.

In South Africa, high rates of domestic violence against women including physical, emotional and financial abuse (controlling and withholding access to shared resources) are reported, and sexual assault within marriage is also high (Vetten *et al*, 2001). In Uganda, the UN Committee of the Elimination of Discrimination Against Women (CEDAW) expressed concern at high rates of violence against women including domestic violence and marital rape, which is widely tolerated and accepted as a normal part of marriage (Human Rights Watch, 2003). Unequal property rights, payment of bride price and women's inability to take their children from their fathers render Ugandan women unable to leave abusive and potentially high-risk relationships (Human Rights Watch, 2003). Furthermore, the government has trivialised and ignored the situation of domestic violence (Mugenyi, 1998).

Rape and sexual violence are matters of deep concern in the context of HIV/AIDS. In 1998, it was estimated that 135 cases of rape were reported each day, but many more go unreported because of fear of reprisal, intimidation and shame (Wojcicki, 2001; Vetten *et al*, 2001). In addition, there is a growing acceptance of violence against women and rape particularly among women who exchange sex for money (Wojcicki, 2001). Furthermore, in South Africa particularly, many women fear an HIV positive diagnosis among men may lead to rape, due to fatalism, frustration and a means to seek vengeance (Vetten *et al*, 2001). According to key informants in Uganda, rape and sexual violence are rarely reported because of the stigma

associated with rape, and a fear of ostracisation from the family and the community (Interview, 11/03/04¹⁸).

However, while there is a body of evidence and research on violence against women, and a good deal relating this to HIV/AIDS, there is little research on the risk of violence against street traders in their occupational settings. Studies which have been carried out in South Africa suggest that crime is a great concern for street traders and for women, this means the possibility and additional fear of sexual assault (Lund, 1998). This was confirmed by one Area Manager within the Informal Trade Department who said that although the effects of crime on street traders in Durban had not been thoroughly researched: ‘...women are subjected to harassment and intimidation. There have been reported cases of rape also’ (Interview, 05/04/04). The AIDS Programme Manager for Durban also mentioned that at a recent workshop a number of women street traders mentioned that they had been raped around Durban station (Interview, 23/04/04). This concern was also stated by a Senior Environmental Health Officer at Durban’s City Health Department who said:

‘There have been serious problems in terms of safety and security...we have had to close down two taverns because there was known criminal activity there. This was having an impact on the traders: many of the ladies were mugged, had their goods and money stolen and there were attempts at sexual assault’ (Interview, 07/04/04).

In Uganda, women fear sexual and physical violence and intimidation from city authority representatives, notably by male police officers. It also appears to make no difference whether or not the trader is legal: ‘when KCC (Kampala City Council) sweeps, it sweeps everybody’ (Ahikire and Ampaire, 2003). Furthermore, women are subjected to sexual intimidation and advances from fellow traders and law enforcement officers, who expect sex as a bribe to overlook illegal trading activity. Many men will also refuse to pay for food or become violent if their advances are rebuffed (Musisi, 1995).

In summary, substantial anecdotal evidence suggests that women street traders in Uganda and South Africa are the victims of sexual violence and exploitation and there is an indication that this may be linked to their marginal legal and socio-economic status in urban informal trading environments. However, a lack of empirical research information exists on this issue and therefore requires caution in assessing the extent to which this contributes to their vulnerability to HIV infection.

5.7 Constructions of masculinity and femininity

Throughout the analysis so far there has been reference to the underlying conceptions of masculinity and femininity. This is an integral dimension of the links between sexual behaviour, transmission of HIV/AIDS and the general vulnerability of women. Constructions of gender identity which shape gender inequality underlie the specific vulnerability of women street traders to HIV/AIDS. However, very little research extends beyond generalisations. These general conceptual constructs suggest that masculinity and femininity are closely related with issue of power and identity in which, for men, multiple sexual partners are seen as a sign of prestige, intelligence and success (both economically and socially) (Rao Gupta, 2000). Correspondingly for women, multiple sexual relations and experimentation represents promiscuity and is perceived as closely related to contraction of STIs and HIV. These gendered social identities are embedded in, and formative of, power relations between men and women (Epstein *et al.*, 2004).

¹⁸ Senior Researcher, Institute of Social Research, Makerere University, Kampala

These constructs have therefore formed an important facet in the analysis of behaviour change and the interface between gender-based violence and HIV/AIDS (CADRE, 2003). Violence perpetrated by men is a key determinant of the inequalities of gender relations which disempower and impoverish women (UNIFEM, n.d). This has been influenced by the recent flexibilisation and informalisation of work practices, which has led to increasing job and income insecurity for men and women. Men who have recently entered informal work as a result of retrenchment from formal employment may be experiencing a 'crisis of masculinity'. These economic and social changes are eroding men's traditional and meaningful economic roles creating emasculation and economic marginalisation. The balance of gender power in the household has shifted. Women are increasingly becoming more autonomous, taking up the role of principle breadwinner in many households, and providing a further challenge to concepts of masculinity and the traditional gendered division of labour (CADRE, 2003; Silberschmidt, 2004). There is evidence of this from high numbers of women as main income earners and household-heads among street traders. However, women remain structurally subordinated because productive resources are still under the control of men.

Economic marginalisation and the changing social roles of men are closely associated with sexual marginalisation as unemployed men (or men working in the informal economy) with little status in the market economy are likely to have little status in the sexual economy (CADRE, 2003). Studies in urban Tanzania reveal that men consequently seek affirmation of their masculinity through irresponsible sexual behaviour and violence against women, both domestic and otherwise (Silberschmidt, 2004). This may have implications for women who are likely to come into regular contact with emasculated men on a domestic level and in their working environments. While the analysis of the social and cultural constructions of gender and how this relates to concepts of work and employment are crucial in the analysis of women and men's vulnerability to HIV/AIDS, there is limited scope in this study to explore this in full-depth.¹⁹

5.8 Discrimination and stigma

Abuse and violence towards women street traders is exacerbated by discrimination and stigma associated with HIV infection. In Uganda, one of the major problems reported by women street traders was denigration and lack of respect. Women street traders are often referred to as prostitutes, vagrants and as an underclass (Ahikire and Ampaire, 2003). This stigma is compounded for women and in the context of HIV/AIDS as AIDS related discrimination may have severe consequences for their personal security and economic capacity.

Local government staff working with street traders in Durban mentioned that there are several negative associations with being HIV positive in street trading environments. One key informant mentioned that: 'people will start calling a woman a prostitute if they know she is infected' (Interview, 06/04/04).²⁰ Many interviewees stated that there is reluctance to disclose HIV positive status because of this stigma. This was perceived to be the main driving force behind the fear of being tested and knowing and disclosing their HIV positive status, and not a lack of knowledge of the virus and its consequences.

However, in Uganda, it was suggested that advanced communication channels surrounding the virus have reduced levels of intimidation, violence and discrimination as a result of disclosure of HIV positive status, and has allowed people to be more open about their status

¹⁹ For further information on these issues refer to UNIFEM, n.d; Weiss and Rao Gupta, 1998; Dixon Mueller, 1993; Rao Gupta, 2000; UNAIDS, 2000.

²⁰ Area Manager, Warwick Junction Urban Renewal Project, Durban

and access support and care services as a result (Interview, 15/03/04).²¹ Personal communication channels and social networks are a far greater source of information about HIV/AIDS in Uganda than in South Africa. In South Africa, communication is generally reduced to public and media health campaigns, to which there is widespread skepticism (Low-Beer and Stoneburner, 2003).

In summary, there is conflicting evidence of high levels of discrimination and stigma, and yet in Uganda there is some evidence that it may be decreasing. This suggests that knowledge of HIV, and stigma surrounding it, work together to the detriment of women street traders.

5.9 Reclaiming the streets: street trading as a coping strategy

The previous sections have emphasised that most street traders are impoverished and street trading is an occupation forced upon women by social inequality and deprivation. However, it is important to consider that for some women street trading may be a way to achieve economic autonomy from men and escape poverty.

A researcher on informal trading in Kampala, suggested that street trading offers women opportunities to create and have control over their personal income (where formal sector opportunities are unavailable) and create a legitimate role for themselves in public space (Interview, 17/03/04).²² While the dominant paradigm is of marginalised, subordinated women facing a series of problems and challenges in street trading, alternative theories suggest that women are ‘conquering a bustling street market economy’ in which defiant and determined women have created a successful route to accumulation in the face of global recession (Nesvåg, 2002: 283). There are a series of benefits to informality such as a lack of regulations, records and taxes (although permits and dues usually amount to more than income tax payments). In turn these opportunities may translate into reduction of women’s vulnerability to HIV/AIDS.

Interviewees in Uganda confirmed that in some cases informal trading has offered women the opportunity to accumulate relatively high incomes. Women are not just concentrated at the low end of informal trading, many women entrepreneurs have entered lucrative small to medium scale trading enterprises in the formal and informal sectors (Kwagala, 1999; Snyder, 2000). There seems to be greater evidence of this in Uganda than in South Africa, and it would seem to apply to only a very small minority of traders.

Furthermore, analysis of the impact of HIV/AIDS on households reveals that street trading represents a potential coping strategy for women due to this flexibility, ease of access and low skill requisite. However, given the many forces which oppress and limit women’s ability to act as economic agents and assert power and influence, street trading may offer women this potential to ‘cope’ with the additional costs associated with HIV/AIDS, as opposed to the ‘opportunity’ to accumulate wealth. The reason for this caution lies in the evidence that women are seldom autonomous entrepreneurs. As mentioned previously, a larger number of women street traders are household-heads, working to support their families and households. For this reason, they are often reluctant to take financial risks, which could elevate them above the survivalist level. In the section below I discuss how these responsibilities, which are increased in the context of HIV/AIDS, reduce the likelihood of enterprise growth and the opportunity to escape poverty.

²¹ Training Officer, TASO, Kampala

²² Senior Researcher, Department of Women and Gender Studies, Makerere University, Kampala

5.10 Impacts on women, their enterprises and their households

As a result of the close links between women's employment and household welfare, the precarious and insecure nature of women's employment in street trading translates to the economic and social stability of households and communities. However, there is very little empirical research on the direct impact of HIV/AIDS on the households of street traders. Therefore this analysis relies on household studies which reveal the linkages between HIV/AIDS, gender and household impact to make inferences with regard to the specific consequences of HIV/AIDS for street traders' households.

Women who are self-employed in informal enterprises generally work alone, but if they become sick and cannot work they must rely on family support. If the operator is infected with HIV, it is likely that their spouse is also infected or will have to care for sick individuals and orphaned children. This inevitably diverts time and effort away from the enterprise (Wilkins, n.d). Furthermore, due to the unregulated nature of their work a period of absence can result in unemployment. For instance, a trader may lose her regular pitch or the right to trade. Women are also more likely than men to deal in perishable goods. If they are absent from their enterprises for even a short period of time, their stock is likely to spoil (ILO, 2001a; Ahikire and Ampaire, 2003).

The HIV/AIDS crisis has caused dramatic changes in the economic and social status and roles of women in the household. Demographics of the HIV/AIDS crisis underline the likelihood that women carry most of the increased burden of care (Cross, 2001). For instance, a survey in South Africa found that 68% of care givers in a sample of AIDS affected households were women, and the same sample found that 40% of women (or the primary care-giver) had taken time out of formal or informal employment to care of an AIDS sick person (Steinberg *et al*, 2002). This was confirmed by a number of interviewees in South Africa and Uganda who believed that a major impact of HIV/AIDS on women in informal work would be the time spent away from their enterprises due to increased pressure of care in the household, as well as the diversion of income towards the sick. One key informant mentioned the gendered nature of the HIV/AIDS care burden in Ugandan households:

‘Every family has been affected by HIV/AIDS, most families will have at least one or two orphans to care for, and it is always the women in the family who take them in’ (Interview, 11/03/04).²³

Studies in Uganda also confirm that women are responsible for the bulk of care-giving activities in AIDS affected households (Taylor, *et al*, 1996). This is both in terms of the workload and financing key household expenditure (Interview, 17/03/04).²⁴ In Uganda, women-headed households are found to be particularly vulnerable in times of crisis, due to limited ability to generate adequate income or plan for eventualities (Taylor *et al*, 1996).

In a number of cases HIV/AIDS has resulted in the loss of the income earner and an increase in dependents, and it has been this long-term burden which has caused a sharp decline into deeper poverty (Cross, 2001). The majority of HIV/AIDS affected households in South Africa have seen an increase in expenditure coupled by a decrease in income because of additional costs to the household, the most important of which are funeral and health care costs (Bachman and Booyesen, 2003). Furthermore, fewer than 16% of HIV/AIDS affected households in South Africa receive any kind of government grant, or home-based assistance from welfare services to assist with these expenses (Steinberg *et al*, 2002).

²³ Senior Researcher, Institute of Social Research, Makerere University, Kampala

²⁴ Senior Researcher, Department of Women and Gender Studies, Makerere University, Kampala

AIDS affected poor households are particularly vulnerable to economic shocks if the household is wage dependent, as opposed to running a survivalist or micro enterprise (Cross, 2001). As discussed, it seems possible that street trading could be an effective survival strategy for HIV/AIDS affected households, because trading activities close to the household are compatible with women's more demanding domestic routine. Studies in Uganda have found that during episodes of illness, including AIDS sickness, women have taken to selling agricultural produce, mats, baskets, cooked food or beer to supplement income (Taylor, 1996). However, these household studies suggest that for women street traders these activities only represent low-level coping strategies.

Key informants in Uganda mentioned that many women often find themselves moving from domestic work in the household to economic activities in the urban informal sector because of death of a spouse, or the pressure which HIV/AIDS care puts upon household income (Interview, 15/03/04). A similar situation is likely to be observed in South Africa, as AIDS-related economic shocks to households cause a downward spiral into deep and chronic poverty (Cross, 2001). However, at present there is a relative lack of research on the initiation of street trading enterprises as an HIV/AIDS coping mechanism.

This review of the literature reveals the need for cautious analysis given the lack of empirical data to measure the susceptibility of women street traders to HIV. The broader concept of vulnerability is useful to draw out the links between the social and behavioural dynamics which influence HIV transmission in women's relationships with men and women's marginal legal and socio-economic positions in street trading. However, there remains a lack of comprehensive research to make firm conclusions on these linkages.

6. RESEARCH SUMMARY AND CONCLUSIONS

This study has examined the vulnerability of women street traders to HIV infection, through comparing the specific situations in Uganda and South Africa. It has described the socio-economic factors, which combine to heighten the greater physiological susceptibility of women to HIV infection.

Street trading predominantly employs women who are concentrated in survivalist enterprises and occupations, which are extremely poorly paid and precarious. Women are marginalised by their lack of education, limited negotiation power and access to resources and information. Gender inequality and oppressive policy and legislation exacerbate their economic insecurity and compound the threat of discrimination, violence and intimidation from male traders, customers and officials. Street traders are also unable to access social protection measures to guard against occupational risks and hazards. This lack of security is often a major constraint for women due to their greater responsibility for childcare and household welfare. Street trading represents a means of economic survival for women. However, the conditions of their work intersect to socially and economically marginalise women in their productive lives. While little empirical research reveals definitive correlations between these factors and susceptibility to HIV infection, there are some studies which correlate income level, education and location to HIV/AIDS which would suggest that women street traders are a high-risk group.

However, the actual probability of infection cannot be stated conclusively in the absence of statistical data to measure risk within this group, and compared to other groups. As a result this study has used the concept of vulnerability to assess how the inter-related social, economic and institutional factors inherent in street trading force women into relationships, or forms of behaviour, which promote HIV transmission.

For instance, the research reveals that poverty and inequality are manifest in women's inferior socio-economic and legal status as traders compared to men. Women are particularly vulnerable to HIV infection as a result of these factors. Gendered power relations, which compound women's impoverishment, directly relate to their dependency upon men and their limited control in their intimate relationships. Women's insecurity in these highly unequal relationships is heightened as labour migration of men increases the risk of multiple sexual partnering. Furthermore, their financial vulnerability and their precarious working locations (for example at truck stops or in night markets) increase the likelihood of forming transactional relationships, and the possibility that this may lead to commercial sex work. This is also compounded by their lack of legal rights to trade, which heightens their economic insecurity. Restrictive institutional environments and oppressive bylaws surrounding informal trade exacerbate negative working conditions and expose women street traders to the threat of gender-based violence, sexual assault and exploitation, which further heighten their vulnerability to infection.

Furthermore, women street traders are vulnerable to the wider impacts of the epidemic because they have limited resources to cope with the additional costs of HIV/AIDS. The increased burden of care placed on women has implications for the sustainability of their enterprises, which inevitably impacts on household welfare. While women's enterprises can collapse as a result of HIV/AIDS economic shocks, it should be noted that HIV/AIDS is also forcing women into low-level informal trading, thus further compounding their economic and social vulnerability.

While there are some clear linkages between women's social and economic marginalisation due to their working conditions and the danger of HIV infection, a number of gaps in the literature were identified, which restrict a more comprehensive analysis. For example, the research identifies a general lack of research with regard to the vulnerability of women in long-term relationships. Furthermore, very little literature exists on the sexual risk-taking practices of informal workers and links between street trading and sex work. There has also been limited empirical investigation into the risk and extent of sexual violence and assault of street traders. And there are few studies which link this gender-based violence to constructions of masculinity and femininity and economic marginalisation. In addition, limited research exists on how informal trade can be employed as a coping strategy for HIV/AIDS affected households.

Throughout this study the analytical concept of vulnerability has allowed an insight into the gendered nature of economic conditions in informal trading environments, which have marginalised women as economic actors. It has also provided an anchor for the analysis of how these negative conditions influence complex socio-economic dynamics, which contribute to the transmission of HIV/AIDS. This in turn creates an effective platform from which to consider the scope and need for interventions by government and civil society in Uganda and South Africa, to address the vulnerability of women to HIV/AIDS in informal trading environments. This is discussed in the following sections.

7. LOCAL GOVERNMENT AND HIV/AIDS: INTEGRATING INFORMAL ECONOMY AND HIV/AIDS PROGRAMMES AND POLICIES

The previous sections have revealed that the vulnerability of women street traders to HIV/AIDS has largely been as a result of their limited capacity to raise their social and economic status through their economic activities. Therefore, local level policy approaches which are conducive to sustainable and equitable informal economy development have a role to play in addressing many factors which contribute to this vulnerability. This section assesses whether HIV/AIDS programmes and local economic development policies, which

specifically relate to street trading, can be integrated to reduce the specific vulnerability of women street traders.

7.1 Revisiting institutional approaches to street trading in South Africa and Uganda

In Uganda and South Africa responsibility for the local economic development and more specifically street trading and the informal economy are devolved to the local level.

In Uganda, there has been recognition of the importance of the informal economy as a whole in terms of its job creation potential and economic contribution. However, the approach to informal street trading has been characteristically punitive and restrictive. Over-regulation and criminalisation of certain sections of informal trading has created an environment where women live in constant fear of arrest, harassment and sexual exploitation. This restrictive policy stance on street trading activities, and the enforcement of oppressive bylaws has increased the precariousness and insecurity of women's livelihood strategies, forcing them into further poverty and increasing their vulnerability to HIV/AIDS.

In South Africa, a historically punitive stance towards street trading has changed during the democratic transition to a more conducive policy framework which aims to integrate street trading into urban planning. There has been a general shift away from 'policing' towards a developmental approach (Skinner, 1999). Small Medium and Micro Enterprise (SMME) policy aims to promote women's small enterprises. However, the nature of the policy environment for street trading differs between metropolitan areas in South Africa, as cities are at different stages of policy development and implementation, and the policy stance ranges from highly liberal to highly regulated. Where a policy is not implemented bylaws are the main regulatory tool, which restrict rather than facilitate trading. For example, some metropolitan areas have restricted trading areas; imposed unrealistic safety and hygiene standards, as well as permit prices; and have banned street trading at night, thus forcing women to work illegally (Skinner, 2000b). As discussed these regulations have further marginalised women and inhibited their survival strategies, which in turn has heightened their vulnerability to HIV/AIDS.

7.2 Local Government and HIV/AIDS Programmes

In South Africa and Uganda the responsibility for implementation of HIV/AIDS programmes and functions is also decentralised to local government authorities. The World Bank and the United Nations have summarised local government's responsibility to protect the health of its citizens to include: minimising the social and personal impact of the epidemic; challenging discrimination and stigma against those living with HIV/AIDS and supporting the mobilisation of communities and community responses (UNDP/UNHABITAT, 2002). This also includes integrating HIV/AIDS responses into all mandates and functions of local government departments. While, there is this pressure internationally for local government to be directly involved in tackling the epidemic, with more and more people living and working in urban areas authorities suffer constraints in carrying out these responsibilities (UNDP/UNHABITAT, 2002).

Responsibility for implementing HIV/AIDS policy in Uganda is devolved to the district level, through the District Response Initiative. This programme aims to establish replicable models of service integration to prevent HIV/AIDS and improve the quality of care and support services. It works in partnership with civil society and the private sector to assist people to access appropriate and affordable integrated services. The districts plan and implement their own programmes based on core areas of service provision. The aim is to integrate resources into a comprehensive network of inter-relating organisations and to strengthen referral systems to link clients with service providers. The programme also makes provisions to assist non-governmental organisations (NGOs) and civil society organisations

(CSOs) gain funding and support for integrated programmes (Kelly, 2003). While there has been no direct research on the extent to which Uganda's local government responses have influenced the vulnerability of street traders, it is possible that the functional integration of health services has facilitated better access to health care for street traders, in the same way as it has for other citizens.

In South Africa, local governments are partly responsible for implementation of the national HIV/AIDS and STI Strategic Plan (2000-2005) (UNDP/UNHABITAT, 2002). Local government authorities are charged with implementing the activities outlined in the plan constructed by provincial government. Much of local government's direct response in South African cities has been co-ordinated by the AIDS Training, Information and Counseling Centres (ATICCs), based in municipal health departments.

In Durban, the ATICC focuses on Voluntary Counseling and Testing (VCT), training of counselors, information and awareness campaigns and distribution of prevention methods. More recently it has broadened its approach and decentralised a number of functions to all public health clinics throughout the municipality. It has also prioritised capacity building, provision of technical support and resources, and has established a referral system with external service providers, thus reducing direct service provision. The unit has established a Metropolitan Health HIV/AIDS Co-ordinating Forum which aims to improve communication, co-ordination, leadership and action on HIV/AIDS between the city's councils (Thomas and Crewe, 2000). However, the ATICC has limited capacity to develop a multi-sectoral approach as it is located within the health department, which restricts the involvement of other departments. Furthermore, as yet Durban has not finalised its Metropolitan HIV/AIDS plan, which has created a significant barrier to the co-ordination of an effective response at the local level.

Local government employees working directly with traders in Durban mentioned that a lack of awareness of HIV/AIDS was still a problem among traders. Environmental Health Officers at Durban's City Health department mentioned that HIV/AIDS awareness and education programmes have been integrated within training packages for street traders. However, this had largely been on an *ad hoc* basis (Interview, 07/05/04). In an interview with a member of senior management it appeared that HIV/AIDS had been sidelined by the Informal Trade Department in Durban and therefore no direct measures have been implemented. This is in spite of requests from informal workers unions to implement AIDS awareness programmes (Interview, 19/04/04). The AIDS Programme Manager of ATICC also mentioned that little had been done to address the epidemic among traders and there was also no representative from the Informal Trade department on the inter-departmental HIV/AIDS committee (Interview, 23/04/04). This suggests a lack of institutional commitment to the issue.

7.2.1 Local government workplace policies

There is scope for local authorities to extend their responsibilities to protect their own staff to informal workers through developing specific workplace programmes. Objectives of a workplace programme for local government employees include providing information and education, to develop an understanding of HIV/AIDS and reduce prejudice and stigma; provision of free protection and barrier methods; treatment for opportunistic infections; as well as counselling and testing services. This requires consultation and participation from employees and their representatives (Smart, 2001).

Many of these interventions can be extended to informal economy workers, either directly or through partnerships with civil society organisations and informal trader unions (ILO, 2001a). For instance an Area Manager at the Warwick Junction Urban Renewal Programme

mentioned that the programme has developed links with AIDS service organisations to establish a voluntary counselling and testing facility, located within the market, which serves all traders on a walk-in basis (Interview, 06/04/04).

However, there are a number of difficulties facing local authorities in implementing HIV/AIDS workplace programmes in informal work environments. This is largely because of lack of knowledge among policy makers; difficulty in applying standards and regulations; and the unstable and flexible employer relationships in micro-enterprises. Yet there is potential to resolve these problems through social dialogue with women's associations and informal workers unions. The AIDS Programme Manager at the ATICC in Durban mentioned that serious attempts have been made to create links between the Self-Employed Women's Union to deliver peer education and counselling training; create awareness; and distribute barrier methods among women street traders. However, this has not yet been achieved because women cannot afford to stop working to attend training sessions (Interview, 23/04/04).

This example illustrates the growing trend (which is occurring in both South Africa and Uganda) towards public goals being served by extra municipal service providers, whether directly or through forms of technical or financial assistance (Kelly, 2003). Only 7% of HIV/AIDS funding in Uganda comes from government. While there has been a larger contribution by the state in South Africa, responses to HIV/AIDS are largely externally funded, and services are increasingly provided by NGOs, CSOs, and the private sector. This suggests that local level responses are increasingly made within the context of an expanding range of civil society and business responses which are not regulated or co-ordinated at the local level.

7.3 Summary

The capacity of local authorities to lead and co-ordinate an effective response to HIV/AIDS directly is limited. However, their comparative advantage lies in their capacity to foster an enabling environment: co-ordinating, managing and supporting new and existing local responses to HIV/AIDS, through partnerships and consultation with Civil Society Organisations (CSOs) (World Bank, 2003). This could include co-ordinating programmes from a range of stakeholders so that it forms an expression of national policy which is able to fill in the gaps and expand the reach of existing efforts (Kelly, 2003).

There is potential to combine local government's mandate for local planning and development with the mandate to protect citizens and informal workers against HIV/AIDS (Kelly, 2003). This could be achieved through effective partnerships with women's informal workers unions, and agencies implementing Decentralised Systems of Social Protection (DSSP). The following section assesses whether associations of street traders and supporting CSOs have the capacity to build and maintain partnerships with local government to forge an effective response to HIV/AIDS among women street traders.

8. THE ROLE OF INFORMAL WORKERS UNIONS AND NGOS IN HIV/AIDS PREVENTION AND IMPACT MITIGATION

In South Africa some local governments have made concerted efforts to liaise with representative street trader organisations. Durban's municipal government, for example, has achieved relative success in including informal trade unions as negotiation partners on issues surrounding the informal economy. Conversely, in Uganda attempts among traders to organise have often been stifled by local authorities. This section discusses the capacity, roles and activities of these informal trader organisations to address the vulnerability of women street traders to HIV/AIDS with regard to their collaboration with local government.

8.1 Organising in South Africa

While there are a number of organisations in South Africa which claim to represent the interests of street traders, I have focussed here on three of the larger organisations, which have achieved relative success in creating and maintaining partnerships with local authorities.

One of the most influential organisations for women street vendors in South Africa is the Self-Employed Women's Union (SEWU), based in Durban, which was founded in 1993. In addition to national level advocacy SEWU has focussed on negotiations with local government to access legal rights for traders to work in suitable public places and to ensure that sites are allocated fairly (Lund and Skinner, 1999, Charmes, 2003). SEWU has also negotiated with local government in Durban to provide infrastructure such as shelter, sanitation and childcare facilities (Lund and Skinner, 1999). The provision of training in business skills and adult literacy has also assisted the development of enterprises and therefore increased traders' incomes (Interview, 06/05/04).²⁵ The fact that SEWU is a women only organisation has increased its capacity to enforce specific gender concerns in negotiations with local government.

The Informal Trade Management Board (ITMB), also based in Durban, is a collection of informal trade unions. The organisation has built a good working relationship with the South Africa Police Service and sits on the Central Business District Community Policing forum, which has assisted to create a safe and secure environment for traders and prevent harassment from law enforcement officers. The organisation has also initiated an effective campaign to reduce crime and violence in trading environments. As in the case of SEWU, the ITMB has lobbied the local council to provide toilets, shelters and storage facilities (Charmes, 2003). While a significant number of women sit on the Executive Committee and management board, there are concerns that the needs of women are not fully represented by the organisation (Charmes, 2003).

Like SEWU, the African Council of Hawkers and Informal Business (ACHIB) has also been active in national policy debates, and was particularly active in the late 1980s to early 1990s when legislation affecting the informal economy was being reconsidered. It assisted to represent traders concerns and interests in the redevelopment of trading bylaws. ACHIB has had some success in negotiating for alternative trading sites where street traders have been removed from restricted areas. In some cases the organisation has established formal relationships with local government to issue permits to traders, and take responsibility for cleaning and crime prevention. However, ACHIB has been characterised by its instability and lack of accessibility to traders. Furthermore, the organisation is said to be male-dominated and restricted in its ability to represent the needs and concerns of women street traders (Lund and Skinner, 1999).

Organisations in South Africa have achieved success in creating a representative 'voice' for street traders, which places them in a much stronger position than individual traders, whose bargaining power is limited. They have achieved success on a national level in influencing legislation with regard to street trading, and at a local level they have assisted to steer the development and the implementation of policy, such that real benefits reach marginalised traders.

However, there are some inherent problems with these organisations. Interviews with local government staff in Durban revealed that there was limited ongoing consultation and

²⁵ Regional Secretary, Self-Employed Women's Union, Durban

negotiation between local government and trader organisations. The Regional Secretary of SEWU, mentioned that:

‘they don’t listen to us, they don’t ask us what we want...we raised the issue of [permits for traders on the beachfront with the Manager of the Informal Trade department] but he dismissed it’ (Interview, 06/05/04).

Informal worker unions in South Africa are generally institutionally weak due to economic barriers, such as the low income of traders which has implications for them achieving financial self-sustainability (Lund and Skinner, 1999). This lack of capacity and funding inhibits organisations’ ability to act as stable negotiation partners with local government, or provide services directly to members. The impact of informal trader organisations therefore seems to be restricted to low-level and localised improvements.

8.2 Organising in Uganda

The research in Uganda showed that representation of street traders is less developed than in South Africa, in the sense that there are no organisations such as SEWU and ACHIB which have lobbied for street traders’ rights on a national level. Unlike in South Africa where local government has a constitutional obligation to encourage the involvement of community organisations in matters of local government (Lund and Skinner, 1999), in Kampala the development of organisations of street traders is actively discouraged.

The main association operating at Owino market (the largest market in Kampala) is the Owino United Market Vendors Association. However, the association is not democratically constituted and is linked to the market management. The leaders of the association represent the interests of the management and regulatory authority and therefore the association does not address traders’ real concerns (Ahikire and Ampaire, 2003). The adjacent Parkyard Market is an unplanned market and essentially a collection of street traders. Vendors in this market have been prohibited from forming an association by Kampala City Council, which passed a resolution that associations are disruptive and should be prohibited (Ahikire and Ampaire, 2003). The most organised and effective group for informal traders has been the Uganda United Hawkers Association Ltd (UUHAL) and Kampala District Hawkers Association (KHDCO). These organisations have successfully lobbied for trading permits for hawkers, sanitation facilities and adult literacy classes (Ahikire and Ampaire, 2003).

The most common form of organisation among vendors are the very informal and small groups of traders within individual markets. Most activities revolve around pooling of funds, issuing loans to members and gaining mutual support. Among these groups there are specific women’s support groups. Vendors have commented that although these groups have made efforts to mitigate short-term shocks for traders, they do not have the capacity to enhance the long-term position in terms of policy and legislation (Ahikire and Ampaire, 2003). It seems that most organisations are replicating the actions of the Kampala City Council officials, acting as rate collectors and enforcing bylaws and ‘discipline’ among traders (Interview, 17/03/04).²⁶ In addition, many of these organisations are not gender sensitive; they are led by men and pursue a male agenda.

Overall, the restrictions placed on organising in informal trading environments in Kampala indicate the limited scope for traders to collectively address their work-related needs and rights. This suggests that these organisations have little potential to create a more conducive environment for women to improve their social and economic security. As a result, such organisations will have limited capacity to address HIV/AIDS directly or have any impact on

²⁶ Senior Researcher, Department of Women and Gender Studies, Makerere University, Kampala

women's vulnerability to the epidemic in the current institutional environment. While smaller organisations at best may be able to provide short-lived benefits for women, to relieve the immediate impacts of shocks, and to provide support, they are limited in their capacity to make a significant contribution to creating sustainable livelihoods for women.

8.3 Summary

Informal trade unions have a potential role to play in advocating for the rights of street traders to be acknowledged in national level legislation and policy making. They can also influence the priorities of policy implementation such that local policies become increasingly oriented towards creating a more conducive environment for street traders to pursue their activities. The efforts of these organisations should theoretically translate to a reduction in the threat of HIV/AIDS to themselves and their livelihoods.

However, in practice there has been mixed success. This is due to the lack of attention given to gender concerns in informal economy policy implementation, which has clearly been the case in the Warwick Junction URP, implemented in Durban and the lack of commitment on the part of local government to create and sustain mechanisms for continuous consultation with trader organisations. In Uganda, the oppressive legislative environment and the lack of policy to regulate street trading has inhibited the potential for effective collective responses to reduce women's vulnerability. There are also inherent weaknesses within organisations themselves, including their limited institutional and financial capacity. Furthermore, those which are not 'women-only' organisations tend to marginalise the specific concerns of women.

It would seem that in order for these organisations to address the deeper challenges of women's vulnerability a re-assessment of the focus and structure of these organisations is required. This has been successfully achieved, for example by the Self-Employed Women's Association (SEWA) in India which forms a model of informal sector organising for women. SEWA combines organising for collective strength and representation for women as workers, with capital formation such as savings, credit and insurance, and capacity building through education and training (Lund and Srinivas, 2000; ILO, 2001b). The approach provides a model example of the importance of informal sector organising to attain social protection standards for women. Such community-based social protection schemes and their importance for women street traders in the context of HIV/AIDS are discussed in the following section.

9. DECENTRALISED SYSTEMS OF SOCIAL PROTECTION: MITIGATING ECONOMIC SHOCKS AND REDUCING VULNERABILITY

One major constraint to the ability of women street traders to protect themselves, their enterprises and households against HIV/AIDS is their lack of access to social protection. Social protection refers to a combination of social assistance and insurance measures and embodies a holistic approach to improving livelihood security, provided by a range of key players including the state and non-government providers. There is growing consensus that universal access to social protection is critical, especially for excluded groups such as women street traders. However, there is limited consensus on how access to social protection might realistically be achieved (Lund and Srinivas, 2000).

In some countries formal social security has been extended to informal workers through state provision, without the need for a defined employer-employee relationship. For example, India has provided social security benefits to informal workers by imposing a tax on the aggregate output of selected industries. However, in the majority of cases the challenge has been addressed to some extent through collaboration with local government, civil society and the private sector, which provide systems of social protection to bridge the divide between the coverage existing for formal and informal economies (Lund and Srinivas, 2000).

The International Labour Organisation (ILO) has recognised unions and associations of informal economy workers as mediums through which to deliver Decentralised Systems of Social Protection (DSSP). These systems are premised on the principle of community-based financing and household capacity to take collective action relating to HIV/AIDS prevention and care. They range from systems which protect income and employment such as savings and micro-finance (MF) schemes, to those which have social protection in health as their primary objective such as micro-health insurance (MHI) programmes (ILO, 2002c). These systems vary in size, operational capacity and priority objectives and it is therefore difficult to draw broad conclusions about their potential contributions to the fight against HIV/AIDS.

This section will focus on micro-health insurance and micro-finance as the need for accessible and quality health care and secure and sustainable income have been identified as two of the most important factors for women street traders in the context of HIV/AIDS. This section does not provide a comprehensive list of these programmes, nor a full analysis of the details. Programmes have been selected to represent the diversity of schemes which provide such risk management strategies for women street traders.

9.1 Micro-health insurance

Micro-Health Insurance (MHI) schemes provide insurance against unpredictable medical expenses and other risks such as expenses linked to death. MHI schemes involve standard principles of insurance, including the pooling of resources to minimise risks. However, they are able to provide insurance products which are affordable for poor households (Chatterjee and Kent Ranson, 2003), and can therefore assist women in low level enterprises to confront health-related expenditure. While the schemes do not have the capacity to cover all health-related costs, they usually provide cover for testing, counselling and treatment of opportunistic infections as well as some elements of palliative care (ILO, 2002c).

9.1.1 Micro-health insurance schemes in Uganda and South Africa

In Uganda, one key informant working directly with street traders mentioned that informal community-based health insurance schemes have been most accessible means of organising for women street traders. In some instances the few associations and networks of street traders, who work in groups in order to obtain permits and legal recognition, have also implemented small-scale MHI programmes. One particular scheme which was mentioned has been able to offer women access to treatment for opportunistic infections, counselling, care and support measures, although minimally. These organisations have also been effective in mediating information about HIV/AIDS and act as a support network for those affected and infected (Interview, 12/03/04).²⁷ However, there is little documented evidence of the functions and success of these small schemes.

Larger micro-finance institutions have also been successful in establishing health insurance schemes for their members. The Foundation for International Community Assistance (FINCA), issues loans virtually exclusively to groups of women and includes informal traders within its client-base, albeit predominantly those who are more established market stall-holders. The institution has introduced a health insurance product for clients, which includes coverage for treatment of opportunistic infections. This scheme forms part of a holistic package of social security mechanisms provided by the institution which also includes life insurance (Parker *et al*, 2000). All clients are insured for their outstanding loan balance at the time of death, which protects the client's family members. This insurance only covers accidental death and AIDS-related deaths but may be an essential part of risk

²⁷ Programme Officer HIV/AIDS, The Foundation for Advancement of Small Enterprises and Rural Technologies and the Private Sector Self-Coordinating Entity, Kampala

management strategies for the 75-80% of clients now raising and supporting AIDS orphans (Parker *et al.*, 2000).

More broadly, the Ministry of Health in Uganda has piloted various micro-health financing schemes (ILO, 2002d). Uganda now has a number of government initiated schemes, which include services related to HIV/AIDS. For instance, the Kisiizi Hospital Health Plan covers the costs of testing and counselling, and treatment of opportunistic diseases. Specific maternity micro-health schemes, such as those implemented in a number of hospitals in Uganda could also be an important mechanism through which to circumvent mother to child transmission. While there is little evidence of the extent to which women street traders have taken part in, or benefited from these schemes, a number of small associations of informal sector workers have joined, which may suggest these schemes are assisting to meet the health needs of women street traders.

I found no records of MHI schemes in South Africa, although there may be some low-level schemes implemented among small groups of traders. Key informants at Durban's Environmental Health department suggested that traders have 'tried to implement health schemes and funeral plans. However, they could not offer any details. It was felt that local government agencies 'do not have the staff or the time [to support these initiatives]' (Interview, 07/04/04).

9.1.2 Summary

Micro-Health Insurance schemes clearly represent an innovative means for communities to overcome the barriers to accessing health care. For women, this has particular implications for their vulnerability to HIV/AIDS and their ability to cope with the impact of the epidemic on their households. However, there is limited evidence of the extent to which women street traders are involved or the extent of the benefits they are able to access. However, there are examples of effective models which have directly benefited women informal workers and street traders specifically, such as the Integrated Social Security Scheme implemented by the Self-Employed Women's Association (SEWA) in India. The success of the organisation's life and health insurance programmes suggests that there is potential for informal trade unions and established organisations of women in implementing such measures.

While these schemes may play an important role in mitigating the vulnerability of poor workers to HIV/AIDS, many have failed, due to lack of financial sustainability. This is largely because of poor design and management (Chatterjee and Kent Ranson, 2003). The epidemic poses a particular threat to the viability and sustainability of the systems due to increases in claims, which may bankrupt the group, and as a result may limit the level of service provision, or the numbers of people who can access the schemes (ILO, 2002c).

9.2 Micro-finance initiatives

Extending micro-credit (small loans) and finance (loans and savings facilities) to informal workers is also a means to extend social protection and greater livelihood security to excluded communities. Micro-finance is important to survivalist and micro-entrepreneurs as it offers access to cheaper forms of credit than other informal schemes. There has been a proliferation of micro-finance institutions (MFIs) in sub-Saharan Africa in recent decades. This has created competition, which has caused MFIs to become more client focussed, developing new financial products which address specific needs, such as insurance and tailored savings services (Cohen, 2002).

Micro-finance critics point out the irony surrounding the extent to which increasing debt among poor people can assist their livelihoods, productivity and ability to save (Rutherford, 1998, cited in Skinner, 2000a). Leading advocates for micro-finance suggest that institutions

which follow the principles of good banking will also be those which alleviate the most poverty. This forms the basis of best practice models on micro-finance (Morduch, 2000).

However, many schemes have failed due to poor design or mismanaged government subsidies. Many have also excluded the poorest entrepreneurs, in a bid to achieve financial self-sustainability, as has been the case in South Africa. In Uganda, a more client-centred approach has been implemented by the Foundation for International Community Assistance (FINCA), which is one of a number of MFIs which targets economically active women in the informal sector. Women form the majority of the client base of organisations like FINCA as a means to achieve cost efficiency (due to higher female repayment rates) and more effective poverty alleviation (due to the priority women place on household and family welfare in spending patterns) (White 2002, cited in Hargreaves, 2002).

Studies have found that micro-finance allows households to strengthen their economic safety net which can be drawn upon to mitigate the economic shocks of the epidemic at household and enterprise level, and avoid irreversible coping strategies such as the sale of productive assets (Donohue, 2000; Parker *et al*, 2000). Community based MFIs also facilitate community participation, mutual support and the creation of wider social networks, which suggest that capacity of these schemes to act as an entry point to tackle gender inequality and negative gender stereotypes (Bauman, 2001; Hargreaves, 2002). Given the role of MF in the context of HIV/AIDS it is important to examine here the accessibility and efficacy of micro-finance for women street traders in Uganda and South Africa.

9.2.1 Micro-Finance Initiatives in Uganda and South Africa

FINCA-Uganda lends to 1,300 women's groups or village banking groups made up of very poor members who have limited access to formal banking institutions. FINCA has achieved financial sustainability while placing a high priority on client welfare (Parker *et al*, 2000). Many of the clients are street traders. An interview with the FINCA representative revealed that many clients have worked as street traders in the past, and with small loans from FINCA, have managed to secure a trading site in permanent markets and expand their enterprises (Interview, 11/03/04).

The organisation provides an integrated plan which includes health insurance, life insurance (as discussed in previous sections), as well as a savings plan. This assists clients to plan for and cope with AIDS related expenditure. The Public Relations Officer of the organisation mentioned that the programme also includes AIDS education, awareness and prevention activities through regular group seminars at Village Bank meetings. This provides a captive, targeted audience for information dissemination, sharing experiences with others and gaining support (Interview, 11/03/04). FINCA also provides training and education on several factors such as family planning, water sanitation and health issues (FINCA – Uganda, 2001).

In South Africa, micro-finance has been promoted via state-sponsored 'SMME micro-credit policy'. This policy has encouraged a proliferation of legalised 'loan sharks' which are not oriented to poverty relief or social development (Bauman, 2001). This profit orientated motivation excludes the poorest of the poor in most cases (Lund and van der Ruit, 2000, cited in Skinner, 2000a). Initiatives to encourage collective micro-finance activity, as have achieved success in Uganda, have not been prioritised by government. Street trader organisations in South Africa have felt that there are few financial institutions which are accessible to micro entrepreneurs. Small institutions, which have been subsidised by the government, have offered financial products to street traders. However, institutions such as Ithala have discontinued these products due to poor repayment rates. FINCA also operates in South Africa and street traders make up the majority of its client base. There are a series of other smaller credit institutions offering credit to street traders with mixed success. However,

studies on street traders' access to micro-finance in Durban reveal that the benefits generally outweigh the costs to clients (Skinner, 2000a). Yet institutions only reach a small number of street traders and micro enterprises are under-serviced. In many cases this is due to a lack of awareness of existing service providers (Skinner, 2000a)

9.2.2 Summary

Where micro-finance has been accessed by street traders it has assisted them to improve their livelihoods. However, there is greater evidence of support for survivalist and micro-enterprises in Uganda than in South Africa, where the design of financial products for low-level activities has not been prioritised. Furthermore, it should be noted that MF can not work in isolation. It has been found that combining well-designed and well-delivered training on women's micro-enterprise development in combination with credit provision can lead to increased income, securer livelihoods, higher self-esteem and improved status (Skinner, 2000a). In this holistic framework micro-finance can play a role in reducing the vulnerability of women street traders to HIV/AIDS.

9.3 Conclusion

It is clear that in the context of HIV/AIDS street traders, particularly women's needs for social protection deepen and broaden. However, due to the unregulated nature of their work, women street traders are unable to access a range of measures, which are available to formal workers. This section has focussed on the means to achieve 'social protection', which, in terms of women's economic well-being, encompasses income, livelihood and employment security. These factors are crucial to reduce the vulnerability of women street traders to infection and the impacts of the HIV/AIDS.

This study has shown that while there is a drive internationally and in South Africa and Uganda to develop systems of social protection for the informal economy, and women in particular, in practice there has been little evidence of widespread benefit. Local government, in principle, can play an important role and, in South Africa there is evidence of policy initiatives to improve working conditions and safeguard the health of street traders. However, the results have been piecemeal. Women have been marginalised further by de-regulation of street trading, which has compounded their unequal economic positions compared to men. The lack of policy and over-regulation of street trading in Uganda however, has severely restricted women's attempts to increase their economic security. In both countries the extent to which local government HIV/AIDS interventions has reached women street traders is insignificant. The evidence suggests that local government's strengths lie in creating an enabling environment for the protection of health and social and economic development, in which civil society is best placed to mount an appropriate response.

For instance, informal workers unions, in some South African cities, have been able to work with local authorities to ensure effective policy development and the implementation of certain initiatives. However, their capacity to place pressure on government to make long-term, sustainable commitments to improving street traders' livelihoods is constrained by a number of institutional weaknesses. Achievements are often restricted to specific issues, and channels for sustained negotiation with local government are not well-maintained. This is particularly the case in Uganda, where the institutional restrictions surrounding street trading has created an oppressive environment for participatory action.

Community-based social protection schemes, including micro-health insurance and micro-finance initiatives, have provided the most accessible means for economically active women to protect their health and attain higher levels of income and income security. In this respect these programmes have potential to reduce the vulnerability of women street traders'

enterprises and households to the economic shocks of HIV/AIDS. While women street traders have accessed these products, the direct benefits to their livelihoods are not well understood. However, there seems to be greater evidence of success in Uganda than in South Africa, where only a small number of traders have been served by these institutions. In addition, some of these systems have experienced problems of sustainability and viability, and HIV/AIDS poses a further threat to the success of these schemes.

Based on the evaluation of these interventions and in light of the conclusions surrounding women street traders' specific vulnerability to HIV/AIDS, I now draw attention to considerations for key players in local government and civil society to address this situation.

10. RECOMMENDATIONS

These recommendations are presented to cover two sets of issues: i) areas that require further research and ii) factors that deserve consideration in evaluation and planning of interventions by local government authorities and civil society organisations.

10.1 Recommendations for further research

Although some relevant references may have been missed during this research, this study has highlighted a number of gaps in the research literature. This section outlines key areas for further research.

10.1.1 Sexual behaviour and vulnerability

There is a need for further research into the general vulnerability of women in long-term, 'trust' relationships. The majority of street traders are married, co-habiting or in a 'committed' relationships. However, there is little empirical research which addresses how the dynamics of these relationships influence women's vulnerability to HIV/AIDS.

Gysel *et al's* (2002) work in Uganda and LeClerc-Madlala's (2002) work in South Africa reveals that women of low-socio-economic status are likely to take-part in transactional or commercial sex, and this in turn heightens their vulnerability to HIV/AIDS. However, there is limited knowledge of the links between sexual risk-taking behaviour and the precarious nature of women's economic activities.

10.1.2 Gender-based violence

While there is anecdotal evidence that street traders fear the threat of, and have experienced sexual violence and assault working on the streets (Lund, 1998), there is little research which comprehensively assesses the risk and extent of sexual violence, exploitation and assaults on women street traders, and how this may be linked to the institutional and legislative environment in which street trading is located.

The research field surrounding constructions of masculinity and femininity in the context of social change in Africa is relatively new. Silberschmidt (2004) has documented the connections between men's economic emasculation and the behavioural factors associated with HIV transmission. However, there is a need to advance research into the changing nature of gender constructions and inter-related factors such as gender-based violence, sexual risk-taking and economic marginalisation and how this in turn influences women's vulnerability to HIV/AIDS.

10.1.3 Street trade as an HIV/AIDS coping strategy

Current evidence suggests that in most instances employment in street trading enterprises heightens women's economic marginalisation and vulnerability to HIV infection. However, there is also some evidence which suggests that street trade is a necessary and critical coping

strategy for HIV/AIDS affected households (Cross, 2001). However, the literature does not deal with this point specifically and this therefore requires further analysis.

10.1.4 Decentralised systems of social protection

Additional research is needed to examine the contribution of interventions such as micro-health insurance and micro-finance to HIV/AIDS impact mitigation for informal workers, and the extent to which these benefits can reach marginalised women street traders. There has been limited take-up of these schemes by survivalist entrepreneurs and further research is needed to investigate forms of micro-finance and systems of delivery which would benefit survivalist enterprises. It is also necessary to explore the sustainability and viability of these schemes in the presence of HIV/AIDS.

10.2 Recommendations for local government: informal economy policy and practice

This paper indicates that women in street trading environments in Uganda are marginalised by oppressive urban bylaws. This impacts negatively on their health status; heightens their exposure to violence, intimidation and harassment; inhibits their productive capacity; and perpetuates gender inequality, all of which contribute to women's vulnerability to HIV/AIDS. In South Africa, despite progressive policies and commitment to support street trading, there are substantial gaps between policy and practice. Gender concerns have not been adequately addressed in policy implementation and women at the survivalist level have been unable to consolidate the benefits of improvements in infrastructure and facilities due to limited support through services and training.

Furthermore, in South Africa particularly, local government has a constitutional obligation to include marginalised groups and encourage participation in local social and economic development. This effectively means creating an enabling environment through a well-managed, developmental and co-ordinated approach to street trading in metropolitan areas. Policies which recognise women street traders as economic actors, are supportive of their work and acknowledge the specific needs of, and constraints placed upon, women are required, particularly in the context of the HIV/AIDS epidemic.

A crucial issue for consideration is why and how local government can create an enabling environment for the successful integration of gender sensitive HIV/AIDS programmes and local economic development policies. This study has highlighted several key issues to address, notably:

- h) Creating properly planned, well-managed markets and facilitating access to markets for formerly marginalised traders through effective allocation of trading sites;
- i) Providing education and training on business skills and legal rights; and assisting women to obtain legal permits to trade. This is in view of women's limited access to information and low skill base and the difficulties they encounter as a result of their inferior legal status;
- j) Assessing viable means of micro-finance support and social protection for survivalist and micro-entrepreneurs given the problems women face to build their enterprises beyond survivalist activity;
- k) Improving access of women street traders to health facilities, and health education. This is necessary due to the low quality and availability of health services, and the difficulties women face, given their multiple responsibilities and lost earnings as a result of accessing health facilities;
- l) Improving occupational health and safety, and the security of trading environments given the problems women encounter in safeguarding their health and property under current conditions;

- m) Assessing the scope for partnerships with informal workers associations and NGOs, and building the capacity of these organisations to enable communication and negotiation, as well as education for traders and the creation of safe and efficient working environments;
- n) Integrating HIV/AIDS into local authorities' local economic development programmes, such that all interventions relevant to street trade address HIV/AIDS prevention and care.

10.3 Recommendations for informal workers unions

In the previous section the importance of partnerships between local authorities and civil society organisations including informal workers associations was highlighted. These unions can assist to establish a co-ordinated local level response to HIV/AIDS among street traders. It is important now to turn attention towards the issues that these CSOs should consider in their partnerships with local authorities, notably:

- e) Providing a representative 'voice' for women to raise their concerns to local government. This includes maintaining sustainable channels for effective communication with local government to improve women's long-term livelihood security;
- f) Ensuring local government service providers offer effective training, support and services which reach marginalised traders;
- g) Assisting women street traders to access micro-finance and insurance services;
- h) Integrating HIV/AIDS peer education, training, awareness raising and prevention programmes for women street traders within union activities.

10.4 Concluding remarks

This report has shown that the socio-economic and physical and institutional conditions of street trading socially and economically marginalise large numbers of women to a survivalist level. These conditions perpetuate and enforce gender inequality and poverty. This in turn influences the social and behavioural factors which compound women's risk of HIV infection. The unequal and precarious nature of informal employment and women's limited access to resources restricts their ability to exercise control in personal relationships with men. Women's impoverishment and dependency restricts their capability to leave high risk relationships and may also encourage sexual risk-taking behaviour. Furthermore external influences such as violence, discrimination and stigma constrain women's ability to protect themselves against infection.

Policy and legislation relating to the informal economy have largely added to the factors which make women vulnerable by suppressing their ability to reach a level of financial security which allows them to reach out of poverty and dependence. And while in principle civil society interventions which aim to promote sustainable livelihoods for women have the potential to create these positive conditions, in practice they have generally been constrained in their efforts.

However, there remains a series of gaps in the research on the relationships between women's social and economic marginalisation in informal trade environments and their risk of HIV infection, to draw firm conclusions. Nonetheless, using the concept of vulnerability it has been possible to draw out the dynamics of social and sexual behaviour and relationships which advance the transmission of HIV/AIDS and assess the extent to which women street traders are affected by these factors.

9. REFERENCES

- Ahikire, J., and Ampaire, C. (2003), *Vending in the City: A Gendered Perspective of Policy, Conditions and Organisational Capacity of Vendors in Kampala, Uganda*, Centre For Basic Research, Kampala
- Akintola, G. (2004), *Community Responses to HIV/AIDS: A Gendered Analysis of the Burden of Care on Home and Volunteer Community Caregivers of PLWHAs in Uganda and South Africa*, report prepared for The Health Economics and HIV/AIDS Research Division (HEARD), Durban
- Bachman, M., and Booyesen, F. (2003), Health and Economic Impact of HIV/AIDS on South African Households: a Cohort Study, *BMC Public Health*, Vol.3, No.14
- Baylies, C., and Bujra, J. (2001), *AIDS, Sexuality and Gender in Africa – Collective Strategies and Struggles in Tanzania and Zambia*, Routledge, London
- Booyesen, F. (2002), Financial Responses of Households in the Free State Province to HIV/AIDS-related Morbidity and Mortality, *South African Journal of Economics*, Vol. 70, no. 7
- Chen, M., and Carr, M. (2002), *Globalisation and the Informal Economy: How Global Trade and Investment Impact on the Working Poor*, International Labour Office, Geneva
- Centre for AIDS Development Research and Evaluation (CADRE), (2003), *Gender Based Violence and HIV/AIDS in South Africa, A Literature Review*, CADRE/Department of Health, Johannesburg
- Charmes, J. (2003), *Street Traders and their Associations in South Africa*, International Labour Office, Geneva
- Chatterjee, M., and Kent Ranson, M. (2003), Livelihood Security through Community Based Health Insurance, in Chen, L, Leaning, J, and Narasimhan, V, (eds), *Global Health Challenges for Human Security*, Harvard University Press
- Chen, M., Jhabvala, R., and Lund, F. (2001), 'Supporting Workers in the Informal Economy: A Policy Framework', ILO taskforce on the Informal Economy, ILO, Geneva
- Chen, M. (2002), *Work and the Working Poor: The Missing Link in the Globalisation Debate*, WIEGO, Boston
- Cohen, M. (2002), Making Micro-Finance more Client-Led, *Journal of International Development*, 14, pp 335 – 350
- Commonwealth Secretariat, (2001), *The HIV/AIDS Epidemic: An Inherent Gender Issue*, Commonwealth Secretariat, London
- Community Agency for Social Enquiry, (CASE), (1995), 'Our Daily Bread': *Earning a Living on the pavements of Johannesburg, Part II, the Survey*, CASE, Johannesburg
- Cross, C. (2001), Sinking Deeper Down: HIV/AIDS as an Economic Shock to Rural Households, *Society in Transition*, Vol. 32, No. 1, pp133-147

Department of Health, (2002), *National HIV and Syphilis Sero-prevalence Survey of Women Attending Public Antenatal Clinics in South Africa*, Summary Report.

<http://www.doh.gov.za/docs/reports/>

Devey, R., M. (2003). *Characteristics of Informal Economy Workers and their Households: Concepts and Measurement using Household Surveys*. Unpublished Masters Thesis, University of Natal, Durban.

Devey, R., Skinner, C., and Valodia, I. (2002), *The Informal Economy in South Africa: Who, Where, What and How Much?*, Paper presented at the Development Policy Research Unit Second Annual Conference on Labour Markets and Policy in South Africa, Johannesburg, October

Dixon Mueller, R. (1993), The Sexuality Connection in Reproductive Health, *Studies in Family Planning*, Vol. 24, No. 5, pp269-282

Donohue, J. (2000), *HIV/AIDS and Economic Strengthening via Micro-finance*, USAID, Washington

Epstein, D., Morrell, R., Moletsane, R., Unterhalter, E., (2004) Gender and HIV/AIDS in Africa South of the Sahara: Interventions, Activism, Identities, *Transformation*, 54

Durban North Central and South Central Councils, (2000), *Durban's Informal Economy Policy*, Durban, SA

FINCA, (2001), *FINCA - Uganda Annual Report, 2001*, FINCA-Uganda, Kampala

Gysels, M., Pool, R., Nnalusiba., B. (2002), Women who Sell Sex in a Ugandan Trading Town: Life Histories Survival Strategies and Risk, *Social Science and Medicine*, Vol. 54, pp179-192

Hallman, K. (2003), 'Young Female Socio-Economic Disadvantage and HIV Risk in South Africa', Paper presented at the Population Association of America Annual Meeting, Minneapolis, MN

Hargreaves, J., Atsbeha, T., Gear, J., Kim, J., Makhubele, B., Mashaba, K., Morison, L., Motsei, M., Peters, C., Porter, J., Pronyk, P., Watts, C., (2002), *Social Interventions for HIV/AIDS Intervention with Microfinance for AIDS and Gender Equity (IMAGE)*, Monograph No. 2: Intervention, RADAR, South Africa

Human Rights Watch, (2003), *Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda*, Vol. 15, No. 15 (A), Human Rights Watch Publications

Hunter, N., and Skinner, C. (2003), Foreigners working on the Streets of Durban: Local Government Policies and Challenges, *Urban Forum*, Vol.14. No. 4

International Labour Organisation, (1972), *Employment, Incomes and Inequality: A Strategy for Increasing Productive Employment in Kenya*, International Labour Organisation, Geneva

International Labour Organisation, (1999), *Improvement of Working Conditions and Environment in the Informal Sector through Safety and Health Measures*, Occupational Health and Safety Branch, International Labour Organisation, Geneva

International Labour Organisation, (2001a), Module Eight: The Informal Economy and HIV/AIDS in *An ILO Code of Practice on HIV/AIDS and the World of Work*, International Labour Organisation, Geneva

International Labour Organisation, (2001b), *Women Organising for Social Protection: The Self-Employed Women's Association's Integrated Insurance Scheme*, International Labour Organisation, Geneva

International Labour Organisation, (2002a), *Women and Men in the Informal Economy: A Statistical Picture*, International Labour Organisation, Geneva

International Labour Organisation, (2002b), *ILO Conference 90th Session, Report IV – Decent Work and the Informal Economy*, International Labour Organisation, Geneva

International Labour Organisation, (2002c), *Contributing to the Fight against HIV/AIDS in within the Informal Economy: the Existing and Potential Role of Decentralised Systems of Social Protection*, International Labour Organisation, Geneva

International Labour Organisation, (2002d), *Five Selected Community-based Health Financing Schemes that Cover Maternity Protection Services in Uganda*, International Labour Organisation, Geneva

Jewkes, R., Levin, J., Pen-Kekana, L. (2003), Gender Inequalities, Intimate Partner Violence and HIV Preventative Practices: Findings of a South African Cross-sectional Study, *Social Science and Medicine*, Vol. 56, pp 125-134

Kelly, K. (2003), *Promoting Local Government Responses to HIV/AIDS: Positions, Priorities, Possibilities*, CADRE

Khosa, M. (1998), *LED in the Durban Metropolitan Area: Informal Trading in Warwick Avenue*. <http://www.local.gov.za/dcd/ledsummary/durban>

Killan, A., Gregson, S., Bannet, N., Walusaga, K., Walter, S., Sahlmuller, G, Garnett, G, Asiimwe-Okiror, G., Kabagambe, G., Weis, P., von Sonnenburg, F., (1999), Reductions in Risk Behaviour Provide the most Consistent Explanation for declining HIV-1 Prevalence in Uganda, *AIDS*, Vol. 13, No. 3, pp 391-398

Kirunga, C., and Ntozi, J. (1997), Socio-economic Determinants of HIV Serostatus: a Study of Rakai District, Uganda, *Health Transition Review*, Vol. 7, pp175-188

Kwagala, B. (1999), Integrating Women's Reproductive Roles with Productive Activities in Commerce: The Case of Businesswomen in Kampala, Uganda, *Urban Studies*, Vol. 36, No. 9, pp1535-1550

LeClerc-Madlala, S. (2002), Youth, HIV/AIDS and the importance of Sexual Culture, *Social Dynamics*, Vol. 28, No. 2

Lee, E. (1997), Globalisation and Labour Standards: A Review of Issues, *International Labour Review*, Vol. 136, No. 2

Low-Beer, D., and Stoneburner, R. (2003), Behaviour and Communication Change in Reducing HIV: is Uganda Unique?, *African Journal of AIDS Research*, Vol. 2, NO. 1, pp9-21

- Lund, F. (1998), *Women Street Traders in South Africa: A Synthesis of Selected Research Findings*, CSDS Research Report No. 15, School of Development Studies, University of Natal, Durban.
- Lund, F. (2002), Social Security and the Changing Labour Market: Access for Non-Standard and Informal Workers in South Africa, *Social Dynamics*, Vol. 28, No. 2, pp 177-206
- Lund, F., and Skinner, C. (1999), *Promoting the Interests of Women in the Informal Economy: an Analysis of Street Trader Organisations in South Africa*, CSDS Research Report No. 19, School of Development Studies, University of Natal, Durban
- Lund, F., and Srinivas, S. (2000), *Learning from Experience: A Gendered Approach to Social Protection for Workers in the Informal Economy*, International Labour Office, Geneva
- Marcus, T. (2001), Is there an AIDS Demonstration Effect? – Findings from a Longitudinal Study of Long Distance Truck Drivers, *Society in Transition*, Vol. 32, No. 1, pp110-120
- Masagwane, S. (1998), Self-Employed Women, *South African Labour Bulletin*, Vol. 22, No 2, pp59
- Morduch, J. (2000), The Micro-Finance Schism, *World Development*, Vol. 28, No. 4, pp617-629
- Mugenyi, M. (1998), Towards Empowerment of Women: A Critique of NRM Policies and Programmes, in Bernt Hanson, H., and Twaddle, M (Eds.) *Developing Uganda*, Fountain Publishers, Kampala
- Musisi, N. (1995), Baganda Night Market Activities (Ch. 7), in House-Midamba, B., and Ekechi, F. (eds.), *African Market Women and Economic Power*, Greenwood Press, London
- Nattrass, N. (2003), *The Moral Economy of AIDS in South Africa*, Centre for Social and Economic Research, University of Cape Town
- Nunn, A., Wagner, H., Okongo, J., Malamba, S., Kengeya-Kayando, J., Mulder, D. (1996), HIV-1 Infection in a Ugandan Town on the trans-African Highway: Prevalence and Risk Factors, *International Journal of STDs and AIDS*, Vol. 7, No. 2, pp123-130
- Orubuloye, I.O., Caldwell, P., and Caldwell, J. (1993), The Role of High Risk Occupations in the Spread of AIDS: Truck Drivers and Itinerant Market Women in Nigeria, *International Family Planning Perspectives*, Vol. 19, No.2 pp43-48
- Parker, J., Singh, I., Hattel, K. (2000), *The Role of Microfinance in the Fight Against HIV/AIDS*, UNAIDS Background Paper, UNAIDS, New York
- Pick, W., Ross, M., Dada, Y. (2002), The Reproductive and Occupational Health of Women Street Vendors in Johannesburg, South Africa, *Social Science and Medicine*, Vol. 54, pp 193-204
- Rao Gupta, G. (2000), *Gender, Sexuality, and HIV/AIDS: the What, the Why and the How*, Plenary Address XIIIth International AIDS conference, Durban, South Africa

Ray, M. (1997), Flexible Production: Shaping up to Globalisation, *SA Labour Bulletin*, Vol. 21, No. 5

Shisana, O., Simbayi, L., Bezuidenhout, F., Brookes, H., Chaveau, J., Colvin, M., Connolly, C., Ditlopo, P., Kelly, K., Moatti, J., Anderson Landou, D., Parker, W., Richter, L., Scwabe, C., Toefy, Y., van Zyl, J. (2002), *Nelson Mandela, HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002: Executive Summary*, Human Science Research Council and Nelson Mandela Foundation, Pretoria

Silberschmidt, M. (2004), Men, Male Sexuality and HIV/AIDS: Reflections from Studies in Rural and Urban East Africa, *Transformation*, 54

Skinner, C. (1999), *Local Government in Transition – A Gendered Analysis of Trends in Urban Policy and Practice Regarding Street Trading in Five South African Cities*, CSDS Report No. 18, University of Natal, Durban

Skinner, C. (2000a), *Securing Livelihoods: A Gendered Analysis of Support Interventions available to Street Trader in the Durban Metropolitan Area*, CSDS Report No. 34, University of Natal, Durban

Skinner, C. (2000b) 'Getting Institutions Right? Local Government and Street Traders in Four South African cities', *Urban Forum*, Vol. 11, No. 1, pp 48-71

Skinner, C., and Valodia, I. (2001), Globalisation and Women's Work in South Africa, in *Agenda* No. 48, pp 75-90

Smart, R. (2001), *Revised HIV/AIDS Toolkit for Local Government*, Department of Health, South Africa

Smith, J., Nalagoda, F., Wawer, M., Serwadda, D., Sewaknkambo, N., Konde-Lule, J., Lutalo, T., Chuanjun, L., Grey., R. (1996), Education Attainment as a Predictor of HIV Risk in Rural Uganda: Results from a Population-based Study, *International Journal of STDs and AIDS*, Vol. 10, No. 7, pp452-459

Snyder, M. (2000), *From Burning Sun to Boardroom: Business Ventures and Investment Patterns of 74 Ugandan Women*, Fountain Publishers, Kampala

Standing, G. (1999), Global Feminisation through Flexible Labour: A Theme Revisited, *World Development*, Vol. 26, No. 3, pp. 583-602

Steinberg, M., Johnson, S., Schierhort, G. and Ndegwa, D. (2002), *Hitting Home: How Households Cope with the Impact of the HIV/AIDS Epidemic – A Survey of Households Affected by HIV/AIDS in South Africa*, Report commissioned by the Kaiser Family Foundation

Stillwaggon, E. (2003), Racial Metaphors: Interpreting Sex and AIDS in Africa, *Development and Change*, Vol. 34, No. 5, pp 809-832

Tallis, V. (1998), AIDS as a Crisis for Women, *Agenda*, No. 39

Taylor, L., Seeley, J and Kajura, E. (1996), Informal Care for Illness in Rural South-West Uganda: the Central Role Women Play, *Health Transition Review* 6, pp49-56

Thomas, E., and Crewe, M. (2000), Local Authority Responses to HIV/AIDS: An Overview of a Few Key Cities, *Urban Health and Development Bulletin*, Vol. 3, No. 2

Uganda AIDS Commission, (1993), *The Multi-sectoral Approach to AIDS control in Uganda, Executive Summary*, Uganda AIDS Commission, Kampala

Uganda AIDS Commission, (2003), *Executive Summary of the National Strategic Framework for HIV/AIDS in Uganda 20001/2 - 2005/6*, Uganda AIDS Commission, Kampala, <http://www.aidsuganda.org/response/priorities/nsf.htm>. Downloaded 21/01/2004

Uganda Bureau of Statistics, (2003), *Uganda Household Survey 2002/2003, Report on the Socio-Economic Survey*, Uganda Bureau of Statistics, Entebbe

UNAIDS, (2000), *Men and AIDS – a Gendered Approach*, UNAIDS, Geneva, <http://www.unaids.org/wac/2000/campaign.html>. Downloaded 02/02/2004

UNAIDS, (2002), *Report on the Global HIV/AIDS Epidemic*, UNAIDS, Geneva

UNDP and UN-HABITAT, (2002), *Urban Management Programme Regional Office for Africa: HIV/AIDS and Local Governance in Sub-Saharan Africa* (Ch. 2)

UNIFEM, (2001), *Turning the Tide: CEDAW and the Gender Dimensions of the HIV/AIDS Epidemic*, UNIFEM, New York

UNIFEM, (N.D), *Masculinity and Gender-Based Violence*, UNIFEM Gender Fact Sheet No.5, UNIFEM, New York

Valodia, I. (1996), 'Work', in Budlender, D. (ed.) *The Women's Budget*, Institute for Democracy in South Africa, Cape Town

Valodia, I. (2001), Economic Policy and Women's Informal Work in South Africa, *Development and Change*, Vol. 32, pp871-892

Vawda, S. (1999), *Foreign Migrants, Governance and Local Development Strategies: A Case study of International African Migrants in Durban, South Africa*, Draft Paper prepared for the 4th International Congress of Ales Hrdlicka "World Anthropology at the Turn of the Centuries", 31 August – 4 September, Prague Czech Republic

Veenstra, N. (2004), *HIV/AIDS and Social Spending in South Africa*, A report to the KwaZulu-Natal Cabinet, The Health Economics and HIV/AIDS Research Division (HEARD), in collaboration with AIDS Budget Unit, IDASA, April 2004

Vetten, L and Bhana K. (2001), *Violence, Vengeance and Gender: A Preliminary Investigation into the Links Between Violence Against Women and HIV/AIDS in South Africa*, Centre for the Study of Violence and Reconciliation, South Africa

Waldman, A. (1995), Old Troubles, New Resolve, AIDS after Apartheid, *Populi 22*, Vol. 12, No. 2, pp9-12

Walker, L., and Gilbert, L. (2002), HIV/AIDS: South African Women at Risk, *African Journal of AIDS Research*, Vol. 1, No. 1, p75-85

Weiss, E., and Rao Gupta, G. (1998), *Bridging the Gap: Addressing Gender and Sexuality in HIV Prevention*, International Centre for Research on Women, New York

Whelan, D. (1999), *Individual and Societal Risk to HIV/AIDS from a Gender Perspective*, UNAIDS, Geneva

Whiteside, A., and Barnett, T. (2002), *AIDS in the 21st Century*, Palgrave Press

Whiteside, A., and Sunter, C. (2000), *AIDS, the Challenge for South Africa*, Human and Roussaeu, Cape Town

Wilkins, N. (n.d), *AIDS Brief for Sectoral Planners and Managers, Informal Sector*, Applied Fiscal Research Centre, University of Cape Town

Willan, S. (2004), Briefing: Recent Changes in the South African Government's HIV/AIDS Policy and its Implementation, *African Affairs*, No. 103, pp 109-117

Wojcicki, J.M. (2001), An Acceptance of Violence against Sex Workers and Women who Exchange Sex for Money: Survey Results from Gauteng Province and Implications for HIV Prevention, *AIDS Bulletin*, April 2001, Vol. 10, No.1

World Bank, (2003), *Local Government Responses to HIV/AIDS: A Handbook*, The World Bank, Washington

Xaba, J., Horn, P. and Motala, S. (2002), *The Informal Sector in Sub-Saharan Africa*, International Labour Organisation, Geneva