

Migration and HIV/AIDS in Rural Areas:
The Case of ‘De-urbanization’ in Parts of Zambia.

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Abstract

A tendency for populations to migrate back to rural places has of late been evident in parts of Zambia. This is a reverse of the earlier situation where migration was to urban areas for social economic motives especially employment, education, and health. This can be argued to play a role in redistributing and hence equalizing rural HIV/AIDS prevalence rates to urban rates.

In rural areas, implications might manifest rapidly and severely. Amongst other reasons is that they at most are of lowest levels regarding income, education, and so on.

By ascertaining the role of migration in equalizing the rates, it might help decision makers have clear objectives and target systems that contain the epidemic within regions.

Recognizing the observation that fewer studies have considered migration and associated attributes of HIV together (Crush, 2005), this paper attempts to contribute by discussing the role of urban-rural migration (De-urbanization) in equalizing HIV/AIDS prevalence rates.

1.0 INTRODUCTION

Migration, a change of usual residence from one civil division to another (UN, 1970: 1) is almost one inevitable character in most populations. Populations are always migrating from place to place from time to time. In this process of migrating, populations ferry with them characteristics bound in them from their places of origin to places of destine. These characteristics would range from social economic to matters patterning to health.

In their studies on the effects and distribution of disease, public health specialists are not hesitant to pin point the fact that geographical mobility will remain complimentarily key in the spread of diseases over regions. This, now a well established fact is paramount to the spread across regions of the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Disease (AIDS).

This paper tries to suggest possible trends in HIV/AIDS prevalence rates in rural areas in parts of Zambia in a scenario where mobility is from urban to rural areas. The focus is that which might be termed 'de-urbanization', intended to refer to the decrease in urban populations through urban to rural migration, particularly that postceding the so termed urbanization, as was witnessed in most areas in Zambia especially in the 1960's.

Worth noting is the fact that the classification of regions into either rural or urban is at most determined by the authorities in a country of concern. In some cases, it is done based on the economic activities in that area. Some are based on population size, and so forth. It is thus practically not easy to have this classification uniform across countries (Dyson, T., 2003. 430).

In this paper, much emphasis is on that classification that is based on population sizes of the concerned areas. As such rural areas, as opposed to urban, are preferably those classified by virtue of the fact that they experienced sparse populations for a reasonable period of time.

2.0 MIGRATION

General Patterns and Trends

Generally migration is determined by several factors. Among many others factors, one can categorize aspects in the realms of social, economic, and cultural factors. Further one might add causes due to forces as a result of natural ecological factors as well as conflict (Yaukey, D., 2001: 273). The latter however, comprise aspects beyond the prospects of this writing. The target is the natural relationship of HIV/AIDS and urban-rural migration.

Most commonly, populations in rural areas are best well known for their tendency to depart masses to urban areas. This as is established in most literature is by virtue of the fact that masses are attracted to urban areas in search of any means of earning a better living. Migrants do so as job seekers or as merchants, as well as the need for amenities and related infrastructure, better education and better health facilities (Adepoyu, A. 1998: 123; Todaro, M.P. 1980:377).

In Zambia, as far back as most literature can establish, migration has been in most cases from rural areas to urban areas, Lusaka for instance. Just as well, this is propelled by the social and economic needs earlier alluded to. The most cardinal reason however, was noticed to be the search for means to earn a better living and decent income. This was mostly by means of better employment or as merchants.

Due to social cultural factors, migrants are at most males, who migrate leaving wives behind (Adepoyu, A. 1998: 124). As such they are strongly attached to places of their origin. Thus they would visit home every now and then. And upon completion of their intended missions, they finally migrate back to rejoin the families.

In instances where the above mentioned motives for migration, prove less beneficial to migrants, especially at times of economic recessions in the place of destiny, there is a tendencies for populations to migrant to other places or back to their places of origin.

In some parts of Zambia, this kind of secondary migration has been noticed to have been on an increase. For instance, in the 1960's, when copper revenues and thus remunerations redeemed by households, were at their peak, masses migrated to regions of high mining activities. In the late 1980's and early 1990's, when these regions were no longer as appealing as earlier, population masses tended to relocate to other parts of the country. For instance, a dominant mining province of the country, the Copperbelt, lost masses at the expenses of dominantly rural areas that emerged as centers of economic activity, the North Western province for instance, because of recently mushrooming mining activities those places. Such migration phenomena tend to redistribute, with no exception of HIV/AIDS, the prevailing urban health conditions to rural areas with.

3.0 HIV/AIDS

General Patterns

Broadly speaking, Sub-Saharan Africa host about 70% of those infected with HIV (UNAIDS, 2000, quoted by William, B.G. & Eleanor, G., 2001. 1077) of which the highest HIV prevalence are found in southern Africa. While reasons for this still remain vaguely understood, if not still a mystery, most is owed to that fact that this region of Africa enjoyed good transport infrastructure for ages (ibid; 1077) worsened by the allegedly heterosexuality in these societies.

Comparatively, highest levels of HIV/AIDS prevalence are noticed in urban than in rural areas (Dyson, T., 2003. 427). With an exception of South Africa, with no significant difference as a result of integrated migration (Gregson et al., 2000 quoted by Crush et al., 2005:307), the urban rural disparities are typical of some parts of southern Africa. Some authors attribute this to higher chances of sexual networking as well as due to the fact that HIV/AIDS might have had its onset in urban areas and redistributed to rural areas by migration.

As earlier alluded to, most literature has established the fact that migration plays a major role in distributing diseases between regions. In parts of southern Africa, this has been identified as key in the distribution of the HIV/AIDS epidemic (William, B.G. & Eleanor,

G., 2001.1077). One needs to note however that, unlike between countries, this is most noticeable within countries in rural and urban terms. This is because in most cases, the monitoring of international boundaries is better off than that of national ones (Yaukey, D., 2001: 259). Hence the above alluded distribution effects of mobility might be more significant at rural and urban levels.

Following long periods of stable urbanization characterized by high level of HIV prevalence, cases of reverse migration were populations migrate from urban areas in return to their rural places of origin, or other rural areas economically appealing to them, there is a tendency to redistribute HIV to areas of destiny. This might lead to a gradual increase in the rural rates. The rural rates in turn tend to equalize those of urban areas.

General Trends

Since the early 1980's, the agreed upon time marking the inception of the epidemic in southern Africa, HIV prevalence rates have generally been on the increase. The rates of increase have differed between these countries, as well as between regions within these countries.

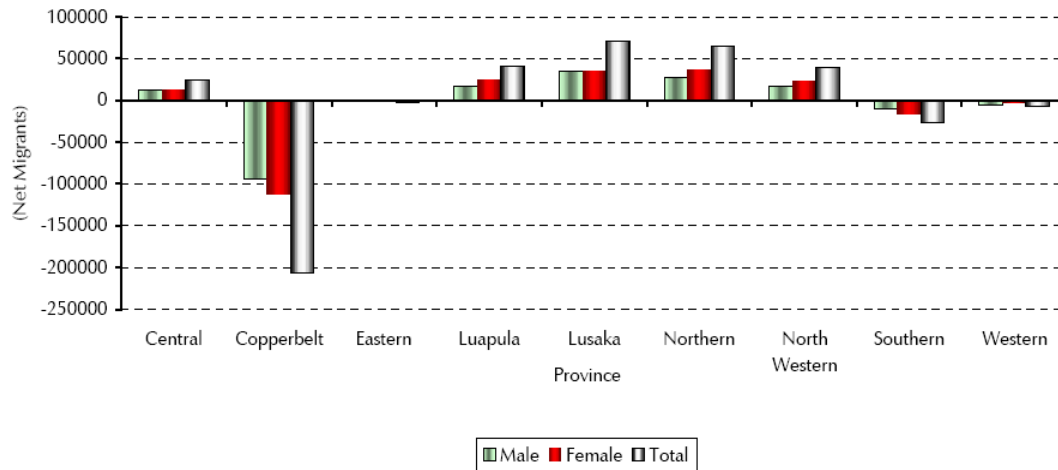
The HIV prevalence in southern Africa however, averaged 28.2% as at the years 2000 (William, B.G. & Eleanor, G., 2001.1077) with the highest rates in Botswana, Swaziland, Lesotho, and Zimbabwe.

Between regions within the countries, the rates of most urban areas relative those of rural areas have had an accelerating increase. However, return migration tends to equalize the rates.

4.0 DISCUSSION

In Zambia, it can be observed that the Copperbelt has lost population masses at the expense of others. For instance, as can be noticed in table 1 below, the North Western province.

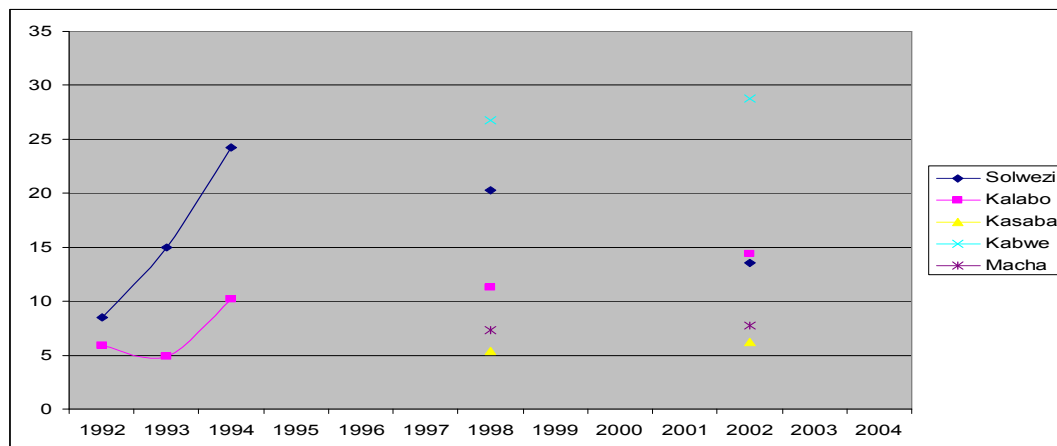
Figure 1: Net Migration by province in Zambia.



Source: CSO, 2003.

Table 2 below shows examples of specific rural areas in Zambia from the provinces attributed to in the table above. These indicated an increase in prevalence rates with increasing population.

Figure 2: HIV Prevalence trends in selected rural areas, Zambia.



Source: UNAIDS/WHO - 2004

Implications

Where poverty is generally concerned, the return migrants from urban areas are most likely to be better off. Intuitively as such, they are highly likely to easily attract partners,

and thus easily engage in sexual networking as such aggravating the spread of the epidemic.

In most rural areas, the spread of HIV/AIDS can be rapid because of several factors. In the first instance, where the areas classified as rural receive little attention from the authorities, they tend to be more prone to the epidemic. Such areas might attract scanty information and educational campaigns, as well as general health services meant to be measures of prevention.

Because most of the population might be of lower education levels, as well as being relatively poor, the impact on those infected might be rapid and severe. The less educated would have little nutritional information, and if they did, poverty levels might limit them from attaining desired nutrition.

5.0 CONCLUSION

At no doubt, studies have proved migration tends to distribute HIV/AIDS between regions. This still remains cardinal patterning to the pandemic in southern African countries. The target in this paper was to try isolating this phenomenon to the case of rural urban migration in parts of Zambia.

Some rural areas, mostly known in the past as departing masses to urban areas for economic benefits, might later be recipients of masses especially in time of urban economic recession. As such, this rapid lose of population masses to rural areas entails that they are, with on exception of HIV/AIDS, inferring their prevailing health conditions to rural areas.

It is worth concurring with the fact pointed out by Dyson, T. (2003:428), that HIV/AIDS prevalence is a function of population density. Prevalence rates are liable to increase faster and stay high in densely populated areas.

In turn, dense populations are likely to be a function of the prevailing economic statuses in the areas of concern. It thus enlightens us that, in the wish to curb the epidemic, there

is need for concerned authorities to eye for, and thus follow the direction of economic activities, which might in turn bring about dense populations and conversely high HIV/AIDS prevalence rates in areas of concern.

However, information on the flow of masses especially between rural and urban is scanty in most of these countries. In times of 'de-urbanization', there is need for authorities to be well informed on such instances. This might enable the easy identification of rural areas that might be prone to the redistribution effect of the epidemic.

BIBLIOGRAPHY

- Adepoyu, A. 1998. "Migration and Urbanization in Africa: Issues and policies," in van de Walle, E, P.O. Ohadike and M.D. Sala-Diakanda(eds). *The State of African Demography*. Liege: Derouaux, pp. 123-137.
- Crush, J. William, B. Eleanor, G., & Lurie, M. 2005. "Migration and HIV/AIDS in South Africa" *Development Southern Africa* 22(30):293-318.
- Central Statistics Office, 2003. *Census Report, Vol. 10*. [On line]. http://www.zamstats.gov.zm/media/mig_rpt.pdf [2007, Oct 30]
- Dyson, T., 2003. "HIV/AIDS and Urbanization", *Population and Development Review* 29(3):427-442.
- Gregson, S., Mason, P., Garnett, G., et al., 2001. A rural HIV epidemic in Zimbabwe? Findings from the a population-based survey. *International Journal of Sexually Transmitted Diseases and AIDS*, 12:189-96.
- Todaro, M.P. 1980. Internal Migration in Developing Countries: A survey," in Easterlin, R.A. (Ed). *Population and Economic Change in Developing Countries*. Chicago: University of Chicago Press, pp. 361-402.
- United Nations. 1970. Manual VI Methods of Measuring Internal Migration. New York
- UNAIDS/WHO. 2004. *Zambia – Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections*. [On line]. http://data.unaids.org/Publications/Fact-Sheets01/zambia_EN.pdf [2007, Sep 18]
- Williams, B.G. & Eleanor, G., 2001. The Epidemiology of human immunodeficiency virus in South Africa," *Philosophy Transactions of Royal Society B: Bibliography Science* 356(1411):1077-1086.
- Yaukey, D. & Anderton, D.L. 2001. *Demography*. 2nd Ed. Illinois: Waveland Press, Inc.