Economic Globalization, HIV and AIDS and Gender Dimensions in the Lesotho Textiles and Garment Industry

Pius Tangwe Tanga, Haruna M. Bello, Tiisetso J. Makatjane and Tumelo Tsikoane

Abstract

The Kingdom of Lesotho is also experiencing the third highest HIV and AIDS prevalence rate (23.2%) in the world, which poses an internal threat both to the industry and to the workers. The objective of this chapter was to examine workers’ economic opportunities, the interplay of HIV and AIDS as well as threats to economic opportunities provided by the industry. This chapter is based on data collected for a study on the economic crisis, globalization and HIV and AIDS nexus in the textiles and garment industry in Lesotho. Data for this chapter were generated from two of the three instruments of the main study using a multistage sampling technique. Data collected were analysed quantitatively using Statistical Package for the Social Sciences (SPSS). The result shows that despite the economic crisis, the textiles and garment industry has enhanced the employment of many Basotho (people from Lesotho), especially women. Although workers were economically empowered, HIV and AIDS and the global economic crisis were threats to the industry and workers alike. There is significant rural-urban migration to the industry with almost half of the workers staying away from their traditional family homes.

Keywords: economic globalisation, HIV and AIDS, textiles and garment industry, Lesotho, global economic crisis

1. Introduction

Lesotho is predominantly a mountainous country, with an altitude range of between 1300 and 3500 masl (over 80% of the land is over 1800 m altitude) [1]. The surface area of Lesotho
is approximately 30,350 km² demarcated into 10 administrative districts. One-quarter of the land is lowlands and the remainder is highlands. Only 9% of the total area is suitable for arable cultivation. Lesotho is described as one of the poorest countries in Sub-Saharan Africa (SSA) with an estimated population of 1.8 million [2]. The majority of the population (77%) resides in the rural and mountainous areas [3, 4]. Lesotho has four seasons with the mountainous areas experiencing heavy snowfall during winters sometimes resulting in loss of livestock and making accessibility to the urban areas almost impossible.

The country has few natural resource endowments but has abundance of labour, water and beautiful landscape whose economic potential remains untapped. There are also concentrations of diamonds. The country enjoys royalties from export of water to the Republic of South Africa (RSA) and remittances resulting from labour migration constituted 28% of the country’s GDP in 2010. However, the mine workers have been experiencing increasing retrenchment from the South African mines resulting in an unemployment figure estimated at 45% [5]. This notwithstanding, labour migration, government and textiles and garment industry are the three main forms of employment in the country [3].

The country is faced with a number of challenges but unemployment, HIV and AIDS and retrenchments of Basotho men by the South African mining industry are the main ones. Retrenchments from South African mining industry and the decline in engaging young Basotho men as labour migrants contributed to the high unemployment rate of 45% in 2010 in the country. Employment created by textiles and garment industry is likely to surpass employment created by government in the future hence the need to investigate the impact of economic globalisation on the textiles and garment industry. Furthermore, since the textile and garment industry is a major employer of women (over 70%) in the economy, it is imperative to investigate the nexus between HIV/AIDS and employment in the textile and garment industry in the face of the then on-going economic globalization trend.

Lesotho does not only have the third highest prevalence of HIV and AIDS in the world after Botswana and Swaziland [3, 6–8]; it has also prioritised reduction of HIV as its number one priority among the Millennium Development Goals (MDGs). Available statistics indicate that HIV prevalence sharply increased from around 4% in 1993, to 25% in 1999 and to an estimated 31% in 2002 [9]. According to the 2004 and 2009 Lesotho Demographic Household Survey (DHS) figures, HIV prevalence in Lesotho has remained high at around 23% [10]. It is not surprising that in 2000, HIV was declared a crisis in Lesotho. According to the Ministry of Health and Social Welfare (MoHSW) [11] in the Demographic Health Survey of 2009, it was found that concurrent and multiple sexual partnership is a common feature in Lesotho’s society [10]. Six percent of women and 21% of men have had more than two sexual partners in the last 12 months. Within these figures, condom use was only 39% of females and 52% of men having reported using a condom during their last sexual encounter, suggesting unequal sexual power relations disadvantages women in the spread of HIV/AIDS through sexual intercourse [10, 11].

Among a number of attempts to curb the spread of HIV the Lesotho AIDS Programme Coordinating Authority (LAPCA) was established within the office of the Prime Minister in
2001 to coordinate national efforts to address the HIV epidemic. In 2005, the National AIDS Commission (NAC) was established to coordinate implementation of the National HIV and AIDS Strategic Plan, thus superseding LAPCA. An in-depth review of the national response in 2005 resulted in an updated National AIDS Policy and the National Strategic Plan for 2006–2011 as well as the approval of the National Monitoring and Evaluation Plan by the Government of Lesotho (GOL) in December 2006 [12]. Lesotho has also shown consistent political leadership on HIV and AIDS. Since the declaration of HIV and AIDS as an emergency in 2000, the top political leadership has consistently spoken out and supported the HIV and AIDS response at the highest level. At the work place, employers are expected to have HIV policies to address HIV and AIDS issues at the work place including the fight against stigmatization and discrimination.

The Senkatana Centre was opened in 2004 to provide antiretroviral therapy (ART) in the country. In 2005, an HIV paediatric clinical centre—the Baylor-Bristol-Myers Squibb Centre of Excellence—was also opened. Baylor provides state-of-the-art facilities for testing, treating and monitoring patients and training healthcare professionals. At the end of 2007, an estimated 21,710 people were receiving anti-retroviral treatment and the coverage of Prevention of Mother-to-Child Transmission (PMTCT) programmes had increased six-fold from an estimated 5% in 2005 to 31% in 2007 [3]. “Know Your Status” (KYS) campaign was also launched in 2004. In 2007, an estimated 12% of the population had received an HIV test in Lesotho representing a threefold increase from the 2005 figures [7].

Access to the US market under the African Growth and Opportunity Act (AGOA) that made Lesotho the single largest beneficiary from Africa has led to increased employment in the textiles and garment industry [13]. The textiles sector employed about 50,000 workers in 2003/2004, but this significantly declined to 26,475 workers in 2006 [9, 14]. These changes are said to be explained by expiration of preferential trade agreements (PTAs) to which Lesotho has been a beneficiary and the global economic/financial crisis that hit the region in 2007/2008. In 2008, unemployment rate was estimated at 22.7%, of which 21.2% were males against 24.6% females compared to 27.3% in 1999. Economic globalisation could be behind the fluctuations in the employment figures of the textiles and garment industry, hence the interest in how economic globalisation and HIV and AIDS are affecting the textiles and garment industry in Lesotho given that majority of the workers (over 70%) are female with unequal safe and protective sexual power relations. In a study to challenge mainstream theories which present globalization and associated forces as gender neutral, Metcalfe and Rees [15] provide a critical combination of the complexity and interconnections between gender, organization and globalization. The chapter identifies that key stakeholders (transnational corporations, international nongovernmental organizations and government state machineries) need to engage in human rights awareness, equality awareness and raising equality consciousness.

However, the argument pertaining to globalization could be understood in different contexts by different contributors. For example, Townsend, Giorgio, Zembe, Cheyip and Mathews [16] argue that the spread of HIV and AIDS pandemic is closely connected to the process
of globalization in the South, and in particular, in Africa where the process happens when human bodies move across borders in search of new economic and educational opportunities or in search of lives free from political conflict and violence. These migrants therefore carry the virus that causes AIDS and often they spread the virus at their destinations. On the other hand, Altman [17] and Tanga [8] state that HIV and AIDS are linked to globalization in a number of ways including the fact that a globalized economy means that vagaries of the market also impact upon spread of infection. The impact of HIV and AIDS is linked to social and economic upheavals which have effectively increased the vulnerability of women, who are more likely to be unable to protect themselves against infection and to carry a greater share of care for those who are sick or infected.

Sapkota [18] conducted a content analysis to identify the degree of mainstreaming of the key elements of globalization in Poverty Reduction Strategy papers in the Asia Pacific region. Trade openness gained the highest priority followed by foreign investment, aid, tourism and lastly migration. Altman [19] and Hirsch [20] highlighted that globalisation has an impact on all aspects of life including sexuality. Sexuality is affected by globalisation in a number of interconnected ways and therefore increases inequalities, acting both as a liberator and an oppressive influence. Pearson [21] argues that people working on gender development in the last third quarter of the twentieth century will lead to the new century realizing the global relevance of gender in development and see that gender analysis is applied in new contexts and to both men and women. According to Sen [22], as quoted by Pearson [21], indications are that the new century will witness an assertion of the global relevance of gender in development institutions and organizations concerned with meeting the challenges of globalisation.

Table 1 shows some socio-economic indicators of Lesotho. With a population of 1.8 million inhabitants, Lesotho has an urbanized population of 25%. Life expectancy has dropped from more than 50 years in the 1990s to 44.9 years in 2008. Furthermore, population poverty line also deteriorated to 56.7%, with a Human Development Index (HDI) ranking of 156 of 182 countries, a GDP per capita of M4795 and an inflation rate of 4.2%. Other important indicators include unemployment figure of 45% as well as high number of orphaned children. The combinations of high levels of poverty and unemployment coupled with high HIV and AIDS prevalence in a population with female majority and an industry that is dependent on female workforce certainly leaves a lot to be desired in terms of the vulnerability that women will go through as a result of global economic crisis.

The objective of this chapter was therefore to review the gender dimensions and interconnectedness of globalization, economic crisis and HIV/AIDS in the textile and garment industry in the Kingdom of Lesotho following the economic financial meltdown of 2008–2009. More specifically, the study aimed to investigate and determine the role of the textile and garment industry as provider of employment opportunities and the nexus between globalization, economic meltdown and HIV/AIDS crisis; determine if HIV/AIDS is an economic threat to the textile and garment industry; and determine if there is a differential in HIV/AIDS vulnerability in the industry based on gender.
According to the Ministry of Health and Social Welfare (MoHSW), the bulk of HIV infections in Lesotho have been primarily through heterosexual contact while the National HIV and AIDS Strategic Plan for 2006–2011 reports that the HIV and AIDS epidemic in Lesotho is characterized by high mortality rate estimated at 70 deaths per day, with a resultant increasing number of orphans and vulnerable children. The social, cultural and behavioural factors also contribute to the spread of HIV through concurrent and multiple sexual partnerships. This can better be understood by contextualizing the problem with gender lens. According to Camlin, Kwena, Dworkin, Cohen and Bukusi, Sub-Saharan Africa is the only part of the world where HIV prevalence and AIDS deaths are higher for women.

| Indicator                                      | Value     | Year   | Source |
|------------------------------------------------|-----------|--------|--------|
| Population size (de jure)                      | 1,862,860 | 2006   | [2]    |
| Population urbanised (%)                       | 23        | 2006   | [2]    |
| Life expectancy at birth                       | 41.2      | 2006   | [2]    |
| Population below poverty line (%)              | 56.7      | 2002/3 | [23]   |
| Adult (15–49) prevalence of HIV (%)            | 23.0      | 2009   | [24]   |
| Infant mortality rate (per 1000 live births)   | 64.6      | 2007   | [25]   |
| Under five mortality rate (per 1000 live births)| 98.2      | 2007   | [25]   |
| Maternal mortality rate (per 100,000 live births) | 762    | 2004   | [25]   |
| Human Development Index Rank (out of 182 countries) | 156    | 2009   | [26]   |
| Population using improved drinking water sources (%) | 79     | 2004   | [25]   |
| Population using adequate sanitation facilities (%) | 37    | 2004   | [25]   |
| Orphans, children (0–7 years) due to AIDS       | 130,000   | 2009   | [27]   |
| Orphans, children (0–7 years) due to all causes | 200,000   | 2009   | [27]   |
| Crude birth rate per 1000 population           | 29        | 2007   | [25]   |
| Crude death rate per 1000 population           | 19.2      | 2007   | [25]   |
| Total fertility rate                            | 3.4       | 2007   | [25]   |
| Skilled attendant at delivery (%)               | 55.4      | 1990–2005 | [25] |
| Inflation rate (%)                             | 5.5       | 2011   | [28]   |
| Unemployment rate (%)                          | 45        | 2010   | [5]    |
| GDP growth rate                                | 4.4       | 2008   | [29]   |
| GDP per capita at constant prices (Maloti)     | 4795      | 2008   | [29]   |

Table 1. Some socio-economic indicators of Lesotho.
than for men. They therefore emphasized that gender dimension is crucial to understanding how HIV is spread. The concept facilitates an analysis of how men's and women's roles increase vulnerability to the disease. This is relevant to the Lesotho textiles and garment industry with over 70% of its workforce who are females. Curtis [35] provides a framework for the analysis of the dimension of human diseases within the context of human disease ecology as posited by Meade and Earikson [36]. This context has direct bearing on the gender dimension of HIV and AIDS in Lesotho especially in the textiles and garment industry. They employed the human disease ecology framework to carry out social analysis of HIV and AIDS epidemic in Lesotho highlighting the link between gender inequalities and health. Hlalele and Letsie [37] concluded that there is a general trend in gender inequalities relating to power relations, socialization and cultures as well as legislation in which women remain largely disadvantaged. Nattrass [38] explored the gender dimensions of access to highly active antiretroviral therapy (HAART) in South Africa. Using regression analysis, Nattrass found that women are more vulnerable to HIV than men. As a result women access HAART in disproportionately larger numbers compared to men. The findings revealed that fewer men access HAART than women because men in general do not seek treatment for poor health as compared to women. In addition, gender norm makes it difficult for men to admit any health-related weakness and seek medical attention. A number of authors have identified gender inequality as a major driver for the spread of HIV and AIDS [8, 39–42]. Similar views were expressed by Epstein et al. [43] and Mitchell et al. [44] Tanga and Tangwe [9] who claim that gender inequalities fuel HIV and AIDS pandemic and make women more vulnerable to infection. Thus, from the foregoing, understanding the interplay of economic globalization and HIV and AIDS in the textile and garment industry in Lesotho calls for a thorough understanding of the gender dimension in the industry. In the context of Lesotho, socio-cultural differences and power relations between males and females may create gender imbalance in the industry that may predispose women to more vulnerability to the epidemic. Hlalele and Letsie [37] contend that gender inequality and gender-based violence could be promoted by low socio-economic and legal position of women. According to them, this could further be exacerbated by intergenerational sex especially between older males and younger women as a result of their socio-economic vulnerability which appear preponderant in the industry.

Poulsen [45] investigated the gendered impact of HIV and AIDS in South Africa and Swaziland under the auspice of Save the Children. The investigation focused on determining the number and characteristics of children who drop out of school in communities affected by HIV and AIDS as well as primary reasons for drop outs. The result revealed that in most schools teachers acknowledged that HIV and AIDS was a serious issue, particularly in terms of growing numbers of orphans as well as children with sick parents. Parental death was found to be the major cause of disruption of children’s home lives. Parental death makes family to be poorer leading children to engage in risky behaviour and more likely to drop out of school. In another study, Bajaj [46] investigated how young women are finding ways to cope with being trapped in a context characterized by severe economic decline and an extensive HIV and AIDS crisis by having “sugar daddies” (rich men). However, the strategies of securing “sugar daddies” result in deadly infection and social isolation of these young women. These studies point to the vulnerability of women and children to the pandemic through unequal power relations. Mindry
[47] thus contends that there is a need to address the HIV crisis in African countries by examining the process in terms of engagement. However, Jewkes [48] recommends that the changes that are needed in school environment should be effective to serve as places for changing sexual practices and gender norms because they are largely the same needed to provide effective education for development. Much more emphasis needs to be given to scaling up delivery interventions to youths in contexts where the curriculum content, skills emphasis, duration, selection of facilitator, use of participatory methods and broader context can be employed.

A baseline study commissioned by the Apparel Lesotho Alliance to Fight AIDS (ALAfA) which assessed the situation of HIV and AIDS among workers in the textile and garment industry in Lesotho revealed a staggering 43.2% rate of prevalence [8, 49]. Further analysis of this study shows that women were significantly more vulnerable than men, with infection levels of 44.2% against 35.6% for men. This finding is important not only due to the significance of the textile and garment industry to the economy of Lesotho but also on account of the demographics of the labour force in the industry where the majority of the workforce are women aged 25–39 years, the age group which has been shown throughout Sub-Saharan Africa to be particularly more vulnerable to HIV infection [4].

2.2. Economic structure, trade and exports

Historic trends of gross domestic product (GDP) growth indicate that Lesotho has performed relatively well over the past two decades, except for 1998 when civil unrest nearly rotted the country [50]. The GDP growth has averaged 3.9% between 1980 and 2006 and stood at 4.4% in 2009. However, challenges still remain. In the past two decades, Lesotho experienced economic transition and has diversified its economy to source growth from other sectors, mainly water development, tourism, manufacturing and mining [51]. Kim et al. [52] identified seven countries in sub-Saharan Africa (Mauritius, Lesotho, South Africa, Madagascar, Kenya, Swaziland and Zimbabwe) as being major exporters of textiles and apparel. They argue that textile and apparel industry is the gate of choice for most countries in the quest to step into industrialization. The US trade policies have been the common factor for the flourishing of the textile and apparel industry in scores of countries of developing countries. It is therefore argued that for the industry to be successful, there should be combined efforts of the local government’s industrial and trade policies, the entrepreneurial prowess of the private sector and the flexibility and the work ethic of the labour force. It is on this account that Lesotho took advantage of the African Growth and Opportunity Act (AGOA) to become the largest exporter of garments to the USA from SSA. Exports totalled over $320 million in 2002 [13]. The sector has been an important contributor to economic growth and employment creation. For instance, it contributed about 8% of GDP in the 1980s and reached as high as 16.2% in 2004 [53]. However, despite these positive developments, the removal of textiles quotas and the appreciation of the local currency resulted in decline in the sector’s contribution during 2005. The third phase of AGOA in 2007 and the provision of rules of origin of third country have had implications on Lesotho’s exports and employment of Basotho by the industry. The expiry of multi-fibre agreement (MFA) implied greater competition in the US market by more efficient countries such as China, also contributed to the problem. As a result, the ratio of textiles and clothing contribution to GDP declined from 9.2% in 2004 to 7.1% in 2005.
to the USA have also declined by 13% from 2004 to 2005 although there was a slight improve-
ment from 2005 to 2006 of 2.2% [53]. These fluctuations invariably impacted on the Southern
African Customs Union (SACU) revenue and the Lesotho economy, which relies on SACU
revenue for most of its income (averaging 55%) [54].

The renegotiation of the SACU agreement and the revenue-sharing formula in the context of
Free Trade Agreements (FTA) with the European Union (EU) and United States of America
(USA) and the global financial crisis has led to a decline in customs revenues from M4.8
billion in 2009/2010 to about M2.3 billion in 2010/2011. This will mean a reduction in the
Government’s share in the economy.

3. Research methodology

The study area from which the data for this chapter is derived was comprised of all the tex-
tile and garment industry sites located in the districts of Maseru and Leribe. Prior to data
collection exercise, the research protocol was submitted to the Lesotho Ministry of Health
and Social Welfare Maseru, Ethics Review Committee, which reviewed and gave approval
for the data collection. A multistage research design was used for data collection. First, a
rapid appraisal questionnaire was administered to 38 factories from which 23 factories served
as a sampling frame for the selection of six case study factories. Second, a factory workers’
questionnaire, which was a cross-sectional survey instrument, was used to collect data from
640 factory workers among the six selected case-study firms. The number of factory workers
interviewed was proportional to the number of workers in a factory. Research assistants were
allowed into the factory premises during the lunch break hour, which is between 13.00 and
14.00 H. The original idea of randomly selecting workers for interviews prior to interview
proved unworkable since researchers were not allowed access to the factory premises prior to
lunch hour. Research assistants were allowed into the factory premises during lunch break to
interview the workers. Nonetheless, the lowest response rate for the factories was 90%.

The quantitative data was analysed using descriptive and inferential statistics. Frequency tables
were used to summarize pertinent information pertaining to key variables. Logistic regression
analysis was employed to determine factors associated with the importance of employment
provided by the industry and the likelihood of finding alternative work if retrenched. These
analyses were performed using the Statistical Package for Social Sciences (SPSS). All ethi-
cultural considerations such as confidentiality, informed consent and anonymity of subjects were
strictly observed during data collection as well as analysis and dissemination of the findings.

4. Findings and discussion

4.1. Characteristics of firms and socio-demographics of the workers

Out of the 38 firms that received the rapid appraisal questionnaires, 2 firms declined to partic-
ipate in the study. Of the remaining 36, only 23 completed their questionnaires and returned
them while 13 were outstanding giving a response rate of 64%. Attempts to follow up on
the remaining questionnaires did not yield positive results. The selection of the study firms
was, thus, based on 23 firms that responded to the appraisal questionnaire. Of the 23 firms
that responded to the appraisal questionnaire six factories were selected as case study firms
guided by three key criteria, namely, factory’s exposure to: (1) economic globalization, in
this case, focus was on perceived impact on trade and finance; (2) HIV and AIDS response,
here the choice was guided by the type of response and the balance was preserved such that
all types of responses (comprehensive, none and/or prevention only) were represented; and
(3) production process type, whether firms specialise or engage in task shifting processes.

Table 2 presents the characteristics of these factories. From Table 2, it can be seen that all
the factories were foreign owned with the exception of one. Half of the foreign-owned facto-
ries were South African followed by Taiwanese owned factories at 32%. About a tenth of the
factories were Chinese owned while one factory was co-owned by Chinese, Taiwanese and
other nationalities. Regarding the number of years that the factories have been operating in
Lesotho, the result revealed that a fifth of the factories have been operating in Lesotho for 10
or more years while a third (35%) have been in Lesotho for between 5 and 9 years. Forty-four
percent of the factories have been working in Lesotho for less than 5 years. There were dis-
parities in the years of operation in Lesotho by factory ownership. Chinese factories have been
in Lesotho longest with a mean of 12 years of operation followed by Taiwanese with a mean
of 11 years, while the majority of South African factories have been in Lesotho for less than 5
years with a mean of 4 years of operation in Lesotho.

In addition, Table 2 indicates that employment figures ranged from 260 to over 800 employ-
ees. Twenty-six percent of the factories had a workforce of between 500 and 799 followed by
those with a workforce of less than 300 and those with a workforce of over 800 workers at 22%
each. Workforce disparities were such that Taiwanese factories were employing 45% of the
workforce followed by the South African factories with 37%. Chinese factories were employ-
ing 11% of the workforce while the other two factories employed 5% or less. Concerning
trade patterns, Table 2 further reveals that United States of America (USA) and the European
Union (EU) are the main export destinations (39%) followed by the Southern African Customs
Union (SACU) (17.4%) and the rest of the other export destinations constituted less than 10%
of the exports. Seventeen percent of the factories were not exporting their products. Thus,
the textiles and garment industry is more export oriented, hence more prone to the impact
of economic globalization, preferential trade agreements and financial crisis that has hit the
industry in recent times. The dominance of the Lesotho textiles industry by foreign firms has
additional implications that the global economic crisis may affect the industry very hard due
to demand for repatriation of profits abroad which will be affected by the economic crisis.

As regards sources of financial capital, 11 factories were financed from abroad while 8 were
partly financed locally and partly from abroad. Only one factory was financed locally. Three
factories did not provide information about their sources of financial capital. Of the 18 facto-
ries that provided information about the location of their financiers abroad, 44% were located
in South Africa, 28% in Asia and 17% in the USA. Eleven percent of the factories had their for-
eign financiers situated in other countries than South Africa, Asia or the USA. From Table 2,
22 of 23 factories (96%) were foreign-owned companies, this coupled with the fact that about
19 of the companies have their source of financing from abroad make the operations of the companies more dependent on the success of their operations in the international markets since most have foreign market destinations. Instability in the world economic market will hit these companies very hard unless the companies are well diversified to be able to absorb such a shock.

The distribution of the employees, as evidenced in Table 3, reveals that a quarter of the respondents were male compared to three quarters female (75%). Given the role of socialization and culture of the Basotho people that are more patriarchal, power relations and the gender dimensions of the labour force, both the women workforce and the operations of the factories may be at more risks of the HIV and AIDS epidemic unless more precautions and preventative measures are in place. To buttress this point, Hlalele and Letsie [37] posit that “women’s minority status, religious and cultural beliefs and adverse economic conditions negatively

| Characteristic               | Frequency | Percent |
|-----------------------------|-----------|---------|
| Factory ownership           | Chinese   | 3       | 13.0    |
|                             | Taiwanese | 7       | 30.4    |
|                             | South African | 11   | 47.8    |
|                             | Basotho   | 1       | 4.3     |
|                             | Chinese + Taiwanese + Other | 1   | 4.3     |
| Years of operation in Lesotho| <5        | 10      | 43.5    |
|                             | 5–9       | 8       | 34.8    |
|                             | 10 +      | 5       | 21.7    |
|                             | Mean      |         | 7.30    |
| Factory employment size     | < 300     | 5       | 21.7    |
|                             | 300-499   | 4       | 17.4    |
|                             | 500-799   | 6       | 26.1    |
|                             | 800 and above | 5   | 21.7    |
|                             | No response | 3   | 13.0    |
| Export destination           | Do not export | 4   | 17.4    |
|                             | SACU      | 4       | 17.4    |
|                             | SADC      | 2       | 8.7     |
|                             | US & EU   | 9       | 39.1    |
|                             | Other destinations | 1   | 4.3     |
|                             | SADC & US | 1       | 4.3     |
|                             | US, EU & OTHER | 1  | 4.3     |
|                             | No response | 1   | 4.3     |

Table 2. Characteristics of the factories.
impact the health status of most Basotho women. This, therefore, makes it difficult for women to negotiate safer or protected sex within their relationships. As a consequence, women face increased chances of contracting sexually transmitted infections (STIs), HIV and AIDS and having undesired pregnancies. Gender-based violence and gender inequality are increasingly cited as important determinants of women’s HIV risk.” This calls for a stronger HIV and AIDS policy at the workplace and nationally to protect the workforce and women and ensuring sustainability of production. Slightly more than a third (37.2%) of the workforce had worked at the factories for less than 2 years, another third (32.3%) had been with the factories for 2 to less than 4 years and the remaining (29.4%) had worked at the factories for 4 years or more. Less
than 5% of the respondents were less than 20 years old, majority (69%) were aged between 20 and 34 years and 28% were aged 35 years and above. Thus, about 70% or more of the workforce are 35 years of age or younger which places them within a more sexually active group with high risk of contracting HIV and AIDS at the workplace given unequal power relations between men and women when it comes to negotiating for protective sexual intercourse. Few (2%) of the workers had no formal education, while those with primary and junior secondary education were 42 and 40%, respectively. Less than 20% had senior secondary education or better. According to marital status, more than half (56%) of the workers were currently married compared to 26% who were never married and 18% previously married. This point bears very well on the socio-cultural dimension of the Basotho people, and at the workplace, as emphasised earlier by Hlalele and Letsie [37] who maintained that with more than 40% of the workforce unmarried, coupled with more patriarchal culture, younger women workforce with more possibility of intergenerational sex preference especially between older men and younger women may be driven by socio-economic conditions as a consequence of unequal power relations. This exposes the workforce to a much greater risk of HIV and AIDS infection detrimental to the workforce, the industry and the nation at large. The low level of educational attainment by the majority of the workforce, which is predominantly women, places the workers and by extension the women employees at more disadvantage in terms of power relations. This can further manifest itself in terms of low economic power and a target for intergenerational sex between older men and younger women with high risk of HIV and AIDS infection with a consequence of reduced productivity either due to sickness themselves or taking care of relatives who may also be infected or affected by the pandemic.

4.2. Economic empowerment

As indicated elsewhere in the chapter, PTAs have made it easier for Lesotho’s products to have access to the USA and EU markets. According to results of the rapid appraisal information obtained from the managers and presented in Table 4, more than half (52%) of the workforce in the factories are employed by the factories that are exporting solely to the USA and the EU. Considering that some factories are exporting to the USA and or EU and other destinations, the percentage of the workforce employed as a result of the PTAs is over 60%. The success of the economic opportunities created by the PTAs is dependent on sustained market conditions under the economic globalization situation. Any economic instability in the global market can create serious repercussions as experienced during the 2008 global financial crisis which literally led to some of the factories closing down during the data collection phase of this study. Variation in exchange rate of the US$ and the South African Rand also impacts on the operations of the factories in Lesotho which often leads to threats of closure of the factories and loss of jobs. Thus, by implications, because women constitute over 70% of the workforce, they will be more affected and forced into more economic hardship. Besides, the factory job was the first job ever for majority of the women on account of their low level of education which made them not to find jobs in other sectors of the economy.

In assessing how the industry has benefited Basotho economically, the study found that 72% of the workers reported that their present job was their first job ever. Comparative figures were 77% for females and 57% for males and the difference between these percentages was
statistically significant. Making it evident that the garment and textiles industry is making a positive difference by providing employment to Basotho who otherwise would be without jobs and this is more so among females than males. However, there were no salary differences between male and female employees. To further emphasize the importance of the jobs provided by the industry, of those workers for whom the present job was their first job ever, 81% were dependent on support from either parents or partners for those who were married. Only 5% were supporting themselves from agriculture. To further support the notion that females were benefiting more than their male counterparts, 66% of males compared to 86% of females were dependent on someone before being employed in the garment and textiles industry. In comparing present and previous salaries for those who had worked elsewhere prior to joining the firms, on the average, females were about M300 better off working in the industry while males were M40 worse off. Employment in the factories has enhanced women’s economic empowerment and personal autonomy which of course could result into increased HIV vulnerability where there is unprotected sex depending on how the power relations is played out between the sexes following increased economic empowerment.

The logistic regression result in Table 5 further lends support to the notion that economic opportunities of the garment and textiles industry are benefiting females more than males. The results of the logistic regression analysis indicate that males are less likely to have mentioned that the present job is their first ever implying that they joined the industry having previously worked elsewhere. This indicates that this sector appears to have created more job opportunities for women who previously had no job opportunities than for men. However, the results do confirm that females are the major beneficiaries of economic empowerment provided by the garment and textiles industry. This would not come as a surprise since Basotho men have always benefited from employment provided by the mining industry in South Africa. Recent retrenchments of Basotho men from the mines notwithstanding, mining work is still considered the best option among Basotho men. The logistic regression result also demonstrates that age is negatively associated with getting employment in the textiles and garment industry. One of the reasons why the Basotho males are less schooled than their female counterparts is due to the fact that education was not an important factor for getting

| Export destination | Total employees | Percentage |
|--------------------|----------------|------------|
| Do not export      | 976            | 7          |
| SACU               | 1612           | 11         |
| SADC               | 536            | 4          |
| US & EU            | 7458           | 52         |
| Other destinations | 501            | 4          |
| SADC & US          | 1131           | 8          |
| US & EU & other    | 1770           | 12         |
| No response        | 242            | 2          |

Table 4. Distribution of employees by export destination.
4.3. Threats to economic opportunities

The economic opportunities provided by the industry's jobs are threatened by several factors, both external and internal. For purposes of this chapter, however, only two factors (HIV and

---

| Variable                        | B     | Exp(B) |
|---------------------------------|-------|--------|
| Location                        | Maseru| 0.265  | 1.304  |
|                                 | Leribe (RC) |       |        |
| Sex                             | Male  | -1.134** | 0.322  |
|                                 | Female (RC) |       |        |
| Age                             |       | -0.049** | 0.952  |
| Years of operation in Lesotho   |       | -0.017 | 0.983  |
| Type of work                    | Management | 0.208 | 1.231  |
|                                 | Supervisor | -0.562 | 0.570  |
|                                 | Unskilled labourer | -0.194 | 0.824  |
|                                 | Skilled production worker (RC) |       |        |
| Education                       | No education | 0.350 | 1.419  |
|                                 | Junior secondary | 0.215 | 1.240  |
|                                 | Senior secondary or better | 0.310 | 1.363  |
|                                 | Primary (RC) |       |        |
| Marital status                  | Never married | 0.460* | 1.584  |
|                                 | Previously married | -0.163 | 0.850  |
|                                 | Currently married |       |        |
| Sub-sector                      | Knitting garments | -0.130 | 0.878  |
|                                 | Denim/cotton yarn | -0.494* | 0.610  |
|                                 | Woven garments (RC) |       |        |
| Production process              | Specialisation and division of labour | 0.302 | 1.352  |
|                                 | Multi-skilling and task shifting (RC) |       |        |
| Constant                        |       | 2.706** |        |

Notes: **p < 1%; * p < 5% and # p < 10%.

Table 5. Logistic regression results showing the odds that the current job is the first ever.

a mining job. History would seem to be repeating itself in the textiles and garment industry where education is not an important factor for the industry providing one with the first job ever. It would seem sex and age are the main factors associated with the odds that the present job is the first ever. Marital status and subsector are marginally associated with the odds that the present job is the first ever.
AIDS and economic globalization) were taken into consideration. It is common for firms to cut salaries when ... for self-ill-health workers are absent from work due to self-ill-health. Ninety-one percent of the workers reported that there are salary cuts when they are absent due to ill-health. Over 80% of the workers also reported that absence from work due to reasons other than ill-health attracts salary cuts. Given the high HIV prevalence in Lesotho and among the workers of the industry in particular with more than 40% prevalence rate [49], workers are bound to be away from work because they are either sick themselves or they have to look after sick relatives. On a typical month, the workers are on the average away from work for 6.34 days which is astonishingly high. Salary cuts should be understood in the context where employers have to replace absent workers by temporary staff in order to meet the deadlines of their orders. Absenteeism due to ill-health also impacts on the employers in terms of lost time or having to deal with substitute casual workers whose productivity may be lower than that of regular employees whom they are replacing.

Women are known to be half of the world’s migrants and also half of those living with HIV and AIDS [12, 20] and labour migration and other forms of mobility have been associated with increased risk to HIV infection [55, 56]. However, most of the female migrant workers are from the rural mountainous areas of Lesotho. Although most of the respondents were from these areas, there was no indication that there was a breakdown in relationships and the formation of long-term relationships at the factories as has been shown by some studies [55]. This is because most of the women respondents (56%) were married though many stated that they rarely visit home to meet their spouses. Kendall and Pelcastre [55] echoed that internal migration involves the processes of rupture and reformation of social networks. However, there was no evidence pertaining to this in this research. Nonetheless, it can be argued that some migrants apart from the continued economic responsibilities for themselves and their dependents, who have pushed people away from their homes to seek work in the factories, do escape from home community and/or family controls and potential isolation back at home.

It is a widely held view that social vulnerability of poverty contributes to workers, especially women, to the risk of HIV infection [16, 37, 57]. For example, in the context of South Africa, Gilbert and Selikow [58] argue that the HIV epidemic in South Africa and the region at large is increasingly feminized as a growing proportion of new infections occur among women and affect women. It is revealed that in South Africa, a perilous mix of biomedical, political, economic and cultural forces shape the gendered dynamic of the HIV epidemic. The vulnerability can also be attributed to male partners’ sexual infidelity having concurrent and multiple sexual partnerships and the lack of condom use which exemplify the link between internal migration and HIV vulnerability and not just international migration which has been the focus of many studies. Therefore, this chapter confirms Webber’s [59] assertion that women’s biological as well as their social vulnerabilities to the pandemic may be exacerbated within the context of international labour migration and rural-urban migration [4]. The scourge of HIV and AIDS is a complex, multifaceted issue that requires a collaborative effort and hence multidimensional strategies.

The second threat to economic opportunities offered by factory work is global economic crisis. The recent food prices instability on the international market have been at the centre of
debates and as Galtier [60] maintains, experts have described the situation in the late 2000s in developing countries as one that is characterized by instability in food prices. One of the causes is globalization which Galtier [60] calls imported instability. Using qualitative design, Uraguchi [61] conducted a study on farming households in Bangladesh and Ethiopia which focused on the vulnerability of women to food insecurity owing to the 2007–2008 food price hikes and their seasonal coping mechanisms. The study confirms that it is gender inequality that makes women more vulnerable to the food price hikes, yet they are resourcefully devising ways to cope with scarcity, access and consumption of food. Women remain highly vulnerable to external shocks and they have fragile intra-household coping mechanisms. In this current study, 91% of the workers who were aware of the global economic crisis reported that the global economic crisis was likely to bring about retrenchment and more economic hardship for them and their families. The economic crisis posed significant threats to the developing countries. Gaerlan et al. [62] argue that global economic crisis has fuelled the continuing job insecurity through “casualisation” in the Philippines, and this has caused women to change their lifestyles by letting go non-essential goods and services. Reductions in employment in the formal economy and escalating food and fuel prices are forcing more and more people into the informal economy as the viable option [63]. In this study, the impact of the global economic crisis has threatened loss of jobs among women employees especially on account of their low level of education with the current job being their first job ever for most of the women. Cohen [63] reports that female traders are insecure and vulnerable since they are earning incomes that are insufficient for supporting a household, reinvesting in their business or saving money. Horn [64] maintains that incomes and employment trend for women in the informal sector are increasing vulnerability and women struggle more to feed their families through cutting back on educational and medical expenses. The women employed in the textile and garment industry in Lesotho were no exception despite the fact that the result of the data analysis revealed women were better off than men from their jobs in the textiles industry. In another study, Mutekwa [65] demonstrated that the discourses of the African renaissances are entangled in the gendered and gendering nature of globalisation discourse since they are framed within it. The study further identified the multifaceted implications and effects of a hegemonic, masculine neoliberal global discourse on the various facets of the African Renaissance concluding that the African Renaissances responses can be either complicit or subversive in addressing key challenges in a globalizing economy with gender sensitivity.

Women and ethnic minority workers have been particularly hard hit, not just by job losses but also by reductions in hours of work, wage rates and non-wage benefits [66]. Similar findings have been documented on the impact of the global crisis on workers in many countries [67–69]. The conundrum even more worrying is that 61% of these workers opined that they are not likely to get a job should they be retrenched due to low level of education and non-availability of jobs. According to the logistic regression results in Table 6, age is the only major explanatory variable from the perception of the workers that they would not get a job if retrenched. Education is a marginal explanatory variable except that in factories, the perception of the workers that the likelihood of getting a job if retrenched is low due to low level of education. The poor educational level of participants can be attributed to the difficult economic situation which has truncated their educational opportunities. However, the factories
organize on-the-job training of their semi-skilled employees who easily fit into the production line jobs but due to their low level of education, once retrenched from the factories may not easily get jobs elsewhere.

Furthermore, the findings show that the economic opportunities provided by the industry do not appear to go beyond employment provision. Asked whether they provided employee benefits such as housing, medical aid, funeral cover, pension and life insurance as one way of empowering their workers, employers indicated that they do not provide benefits to their employees with the exception of employees in clerical and management positions. As Pelcastre-Villafuerte et al. [70] aptly put it, the family responsibilities make low-wage factory
work the most viable option for women, though these jobs are sometimes without legally mandated medical and social security benefits associated with them. However, the industry does provide minimal benefits stipulated in the labour code.

5. Conclusion and recommendations

The textiles and garment industry attracts a huge number of workers, especially women from the rural mountainous areas of Lesotho who would otherwise be unemployed. This has greatly been as a result of Lesotho enjoying PTAs from the USA and EU. Although the employment of these rural female migrants in this industry provides economic opportunities and economically empowers them, there are challenges posed by both external and internal forces such as the global economic crisis as well as the HIV and AIDS pandemic.

The challenge posed by the global economic crisis has created a sense of job insecurity among workers with 61% of these workers having opined that they are not likely to get a job should they be retrenched due to low level of education. The study found that age was the only major explanatory variable from the perception of the workers that they would not get a job if retrenched. Education is a marginal explanatory variable except that in factories, the perception of the workers that the likelihood of getting a job if retrenched is low due to low level of education. This study also established that it was a common practice for firms in the textile and garment industry in Lesotho to cut salaries whenever workers are absent from work irrespective of whether such absence is due to ill-health. Ninety-one percent of the workers reported that there are salary cuts when they are absent due to ill-health. Over 80% of the workers also reported that absence from work due to reasons other than ill-health attracts salary cuts. Given the high HIV prevalence in Lesotho and among the workers of the industry in particular with more than 40% prevalence rate [49], workers are bound to be away from work because they are either sick themselves or they have to look after sick relatives.

The study also revealed that 75% of the labour force in the industry is made of women as major beneficiaries of employment opportunities although most of them are in their sexually active age (25–39 years old) with unequal gender power relations which make them more vulnerable to the threat posed by the HIV/AIDS pandemic as double-edged sword. This was inferred from the high prevalence rate (43%) of HIV/AIDS infection in the industry with women having prevalence rate of 44% compared to men at 35%. This has major ramifications for sustainability of the industry in both the perspective of the workers and firms without any major policy in place to curb the spread of the HIV/AIDS. Thus, the combined effect of the global economic crisis and the HIV/AIDS pandemic coupled with unequal gender relations in the industry make women more vulnerable than their male counterparts. This outcome is in agreement with a number of authors who identified gender inequality as a major driver for the spread of HIV and AIDS [8, 39–42]. Similar views were expressed by Epstein et al. [43] and Mitchell et al. [44] who claim that gender inequalities fuel HIV and AIDS pandemic and make women more vulnerable to infection. Nonetheless, the opportunities offered by the industry do not go beyond the provision of employment as many workers do not enjoy social insurance and other benefits. Any further retrenchment from this industry would have serious negative
impact not only on the economy as a whole but on individual workers and their families since
the South African mines have increasingly been retrenching workers, especially foreign-based
workers which the Basotho form the majority.

The Department of Labour and Employment has not been able to follow-up with HIV and
AIDS responses by the industry neither has it also insisted on various fringe benefits that
should accrue to the workers. There is too much reliance by the Government of Lesotho on
this industry to provide the necessary jobs at this time of the global economic crisis. The
industry is kept afloat because of external capital flow and the end of PTAs can be catastrophic
for the government and Basotho and as such dash their hopes for a better economy and decent
lives.

The government should invest in diversification of employment opportunities, especially
as Lesotho is blessed with abundant natural resources such as mohair and wool, mineral
resources and water among many others. Although the Government of Lesotho is already
doing much in the area of HIV and AIDS, the Department of Labour and Employment needs
to ensure that all factories comply with its stipulations vis-à-vis HIV and AIDS response
within the workplace. Also, the department should strive to encourage all the factories to
institute fringe benefits not only to a selected few, especially expatriates as is the present case.
This gesture needs to be extended to all workers.

Author details

Pius Tangwe Tanga*, Haruna M. Bello¹, Tiisetso J. Makatjane³ and Tumelo Tsikoane⁴

*Address all correspondence to: ptanga@ufh.ac.za

1 Department of Social Work/Social Development, University of Fort Hare, South Africa

2 Department of Agricultural Economics, University of Namibia, Mandume Ndemufayo
Avenue, Windhoek, Namibia

3 Department of Statistics and Demography, National University of Lesotho, Lesotho

4 Department of Development Studies, National University of Lesotho, Lesotho

References

[1] Bello HM, Tsikoane T, Mochebelele M, Tanga PT, Nchake M, Makatjane TJ, Letete J.
Economic Globalisation-HIV and AIDS-Nexus in the Textile and Garment Industry in
Lesotho (unpublished). Maseru: National University of Lesotho; 2010.

[2] Bureau of Statistics. 2006 Lesotho Population and Housing Census Analytical Report,
Volume IIIB Socio Economic Characteristics. Maseru: Bureau of Statistics; 2009.

[3] National AIDS Commission. Report on the National Response to HIV and AIDS (Period:
2006–2010). Maseru: National AIDS Commission; 2010.
[4] Tanga PT, Tangwe MN. The interplay between economic empowerment and HIV and AIDS amongst migrant workers in the textile industry in Lesotho. SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal. 2014; 11 (1): 187–201. DOI:10.1080/17290376.2014.976250.

[5] United Nations Statistics Division. Lesotho Country Responses to HIV/AIDS Prevention. [Internet].2010. Available from: http://www.indexmundi.com/lesotho/hiv-prevention.html [Accessed: 2015/12/10].

[6] UNICEF. Revised country programme document: Lesotho (2008–2012). Maseru: UNICEF; 2007.

[7] UNAIDS. Uniting the World against AIDS. [Internet]. 2009. Available from: http://www.unaids.org/en/CountryResponses/Countries/lesotho.asp. [Accessed 2012/10/9].

[8] Tanga, PT. The impact of declining extended family support system on the education of orphans in Lesotho. African Journal of AIDS Research. 2013; 12(3):173–183.

[9] Com Mark Trust: Apparel Lesotho Alliance to Fight Aids; 2007. Available from: http://www.commark.org/pages/Default.asp?SectionID=182. [Accessed 2014/10/23].

[10] Bureau of Statistics. Provisional 2006 Population Figures. Maseru: Bureau of Statistics; 2008.

[11] Ministry of Health and Social Welfare (MOHSW). Lesotho Demographic and Health Survey 2009. Maseru, Lesotho: MOHSW; 2010.

[12] UNAIDS. Report of the global AIDS epidemic. [Internet]. 2008. Available from: http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_Report.asp. [Accessed 2012/2/12].

[13] Central Bank of Lesotho. Annual Report. Maseru: Central Bank of Lesotho; 2006.

[14] Bureau of Statistics. 2006 Lesotho Population and Housing Census Analytical Report, Volume IIIA Population Dynamics. Maseru: Bureau of Statistics; 2009.

[15] Metcalfe BD, Rees CJ. Gender, globalization and organization: exploring power, relations and intersections. Equality, diversity and Inclusion: International Journal. 2010; 29 (1): 5–22.

[16] Townsend L, Giorgio M, Zembe Y, Cheyp M, Mathews C. HIV Prevalence and Risk Behaviour Among Foreign Migrant Women Residing in Cape Town, South Africa. AIDS Behaviour, Online publication. 2014. DO 10.1007/s10461-014-0784-1.

[17] Altman D. AIDS and the globalization of sexuality. Journal of Social Identities. 2008; 14 (2):146–147.

[18] Sapkota JB. Mainstreaming globalization in poverty reduction strategy papers in the Asia-Pacific region. Development in Practice. 2011; 21 (7): 999–1012

[19] Altman D: Sexuality and globalization. Agenda. 2004; 1(62): 22–28.
[20] Hirsch JS. Review: labour migration, externalities and ethics: theorizing the meso-level determinants of HIV vulnerability. Social Science & Medicine. 2014; 100: 38–45.

[21] Pearson R. Moving the goalposts: gender and globalization in the twenty-first century. Gender and Development. 2000; 8(1): 10–19.

[22] Sen G. Globalization in the 21st century: challenges for civil society. University of Amsterdam Development Lecture. Available from the Institute for Development Research Amsterdam (IDRA), University of Amsterdam, Plantage Muidergracht 12, 1018 TV Amsterdam, The Netherlands.

[23] Bureau of Statistics. 2002/03 and 1994/95 Household Budget Survey Analytical Report Volume 1. Maseru: Bureau of Statistics; 2006.

[24] Ministry of Health and Social Welfare [MOHSW], ICF Macro. Lesotho Demographic and Health Survey 2009. Maseru, Lesotho: MOHSW and ICF Macro; 2010.

[25] African Development Bank [ADB]. Kingdom of Lesotho—2008-2012 Country Strategic Paper. Maseru: ADB; 2008.

[26] UNPD. Human Development Report. Geneva: UNDP; 2009.

[27] United Nations Children’s Fund [UNICEF]. The State of the World’s Children 20118. New York: UNICEF; 2011.

[28] Bureau of Statistics. Consumer Price Index: Statistical Reports No. 19: 2011. Maseru: Bureau of Statistics; 2011.

[29] Bureau of Statistics. National Accounts of Lesotho 1999–2008: Statistical Reports No. 32: 2009. Maseru: Bureau of Statistics; 2009.

[30] Lesotho Review. An Overview of Kingdom of Lesotho’s Economy. Maseru, Lesotho: Central Bank of Lesotho; 2008.

[31] National AIDS Commission: National HIV and AIDS Policy. Maseru, Lesotho: National AIDS Commission; 2007.

[32] Government of Lesotho [GOL]. Revised National HIV & AIDS Strategic Plan 2006–2011. Maseru, LS: NAC; 2009.

[33] National AIDS Commission, UNAIDS, Family Health International. Gender and Multiple and Concurrent Sexual Partnerships in Lesotho. Maseru: National AIDS Commission; 2009.

[34] Camlin CS, Kwena ZA, Dworkin SL, Cohen CR, Bukusi EA. She mixes her business: HIV transmission and acquisition risks among female migrants in western Kenya. Social Science & Medicine. 2013, 102: 146–156.

[35] Curtis S. Health and Inequality—Geographical Perspectives. London: Sage; 2004.

[36] Meade MS, Earickson RJ. Medical Geography. 2nd edition. New York/London: The Guilford Press; 2000.
[37] Hlalele D, Letsie PR. Gender Inequality and HIV/AIDS in Lesotho: a human disease ecological perspective. Journal of Human Ecology. 2011; 36(3): 159–165.

[38] Nattrass N. Gender access to antiretroviral treatment in South Africa. Feminist Economics. 2008; 14(4): 19–36.

[39] Poku N. Poverty, debt and Africa’s HIV/AIDS crisis. International Affairs. 2002; 78: 531–546.

[40] Natrass N. The Moral Economy of AIDS in South Africa. Cape Town: Cambridge; 2004.

[41] Braun YA, Dreiling MC. From developmentalism to HIV/AIDS crisis: the amplification of women’s rights in Lesotho. International Feminist Journal of Politics. 2010; 12(3–4): 464–483.

[42] Hatcher A, de Wet J, Bonell CP, Strange V, Phetla G. Promoting critical consciousness and social mobilisation in HIV/AIDS programmes: lessons and curricular tools from a South African intervention. Health Education Research. 2011; 26(3):542–555.

[43] Epstein D, Morell R, Moletsane R, Unterhalter E. Gender and HIV/AIDS in Africa south of the Sahara: interventions, activism, identities. Transformation: Critical Perspectives on Southern Africa. 2004; 54: 1–16.

[44] Mitchell S, Cockroft A, Lamotte G, Anderson N. Equity in HIV testing: evidence from cross-sectional study in ten Southern African countries. BMC International Health and Human Rights. 2010; 10: 23–33.

[45] Poulsen H. The gendered impact of HIV/AIDS on education in South Africa and Swaziland: save the children's experiences. Gender and Development. 2006; 14 (1): 47–56.

[46] Bajaj M. Sugar daddies and the dangers of sugar: cross-generational relationships, HIV/AIDS, and secondary schooling in Zambia. In David PB, Alexander WW (eds). Gender, Equality and Education from International and Comparative Perspectives (International Perspectives on Education and Society). West Yorkshire: Emerald Group Publishing Limited; 2009, 10: 123–143.

[47] Mindry D. Engendering care: HIV, humanitarian assistance in Africa and the reproduction of gender stereotypes. Culture, Health & Sexuality. 2010; 12(5): 555–568.

[48] Jewkes R. Where to for sexual health education for adolescents in Sub-Saharan Africa? PLoS Med. 2010; 7(6): e10000288. Doi: 10.1371/journal.pmed.10000288.

[49] ALAFA. Lesotho Apparel Industry Unites to Fight AIDS. Maseru: ALAFA; 2009.

[50] Bennet M. Lesotho’s export textile and garment industry. In Jauch H, Traub-Merz (eds). The Future of the Textile and Clothing Industry in Sub-Saharan Africa. Bonn: Friedrich-Ebert-Stiftung; 2006.

[51] Lesotho Review. An Overview of Kingdom of Lesotho’s Economy; 2007 edition.

[52] Kim J-O, Traore MK, Warfield C. The textile and apparel industry in developing countries. Textile Progress. 2006; 38 (3): 1–64.
[53] Central Bank of Lesotho. The phasing out of the IMF—Fibre Agreement (MFA): its implications on Lesotho. Economic Review. 2005.

[54] Masenyetse RF, Motelle SI. Government Revenue—expenditure nexus in Lesotho: the decline in SACU revenue. American Journal of Economics. 2012; 2 (1): 8–14.

[55] Kandell T, Pelcastre BE. HIV vulnerability and condom use among migrant workers in Puebla, Mexico. Health Care for Women International. 2010; 31: 515–532.

[56] Jordal M, Wijewardena K, Öhman A, Essen B, Olsson P. Negotiating respectability: migrant women workers' perceptions of relationships and sexuality in free trade zones in Sri Lanka. Health Care for Women International. 2014, 35 (6): 658–676.

[57] Connelly P, Rosen S. Will small and medium enterprises provide HIV and AIDS services to employees? An analysis of market demand. South African Journal of Economics. 2005; 73: 613–626

[58] Gilbert L, Selikow TA. The epidemic in this country has the face of a woman: gender and HIV/AIDS in South Africa. African Journal of Aids Research. 2011; 10 (supplement): 325–334.

[59] Webber G. The impact of migration on HIV prevention for women: constructing a conceptual framework. Health Care for Women International. 2008; 28: 712–731.

[60] Galtier F. Which instruments best tackle food price instability in developing countries? Development in Practice, 2011; 21 (4–5): 526–535.

[61] Uraguchi ZW. Food price hike, food security and gender equality: assessing the roles and vulnerability of women in households of Bangladesh and Ethiopia. Gender and Development. 2010; 18(3): 491–501.

[62] Gaerlan K, Cabrera M, Samla P, Santoalla L. Feminised recession: impact of the global financial crisis on women garment workers in the Philippines. Gender and Development. 2010; 18(2): 229–240.

[63] Cohen J. How the global economic crisis reaches marginalised workers: the case of street traders in Johannesburg, South Africa. Gender and Development. 2010; 18(2): 277–289.

[64] Horn EZ. The effects of global crisis on women in the informal economy: research findings from WIEGO and the Inclusive Cities partners. Gender and Development. 2010; 18(2): 263–276.

[65] Mutekwa A. Gendered globalization discourses: implications for the African Renaissance. International Journal of African Renaissance Studies. 2012; 7(1): 5–21.

[66] Lawson M, King R. If not now, when? [Internet]. 2008. Available from: http:www.oxfam.org.uk/resources/policy/debt_aid/downloads/bn. g20summit%20.pdf [Accessed 2010/2/24].

[67] Arguello R. Securing the fruits of their labours: the effect of the crisis on women in Peru's Ica Valley. Gender and Development. 2010; 18(2): 241–247.
[68] Fernandez B. Cheap and disposable? The impact of the global economic crisis on the migration of Ethiopian women domestic workers to the Gulf. Gender and Development. 2010; 18(2): 249–262.

[69] Espey J, Harper C, Jones N. Crisis, care and childhood: the impact of economic crisis on care work in poor households in the developing world. Gender and Development. 2010; 18(2): 291–307.

[70] Pelcastre-Villafuerte B, Kandell T, Magis C. Las maquiladoras frente al VIH/AIDS, implementacion de programas y percepcion de los empleadores en Puebla. Region y sociedad. 2008; 20 (43): 189–211.