

Social, Economic Impact of HIV/AIDS on Handicraft Micro-Enterprises in Botswana

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INTRODUCTION

While a lot has been written on small-scale business enterprises including their start-ups, management and growth, there has been little link between the business and the impact of HIV/AIDS pandemic (Somolekae, 1992; Sunny, 1996; Peberdy, 1997; Coyle, 2000; Kgarebe, Motshegare, Taolo, Lewis, Sletten, & Gironde, 2002; and Temtime, 2004). The scourge adversely affects all sectors of the economy, but how it affects the family based micro-enterprises (MEs) is critical.

The start-ups of small-scale business enterprises is one way through which most developing countries have generated employment besides contributing to economic development. While efforts are being made to improve the small-scale businesses and notable achievement has been recorded, these have been overshadowed by the spread of HIV/AIDS affecting people in their productive stages including employees whose productivity declined (Greener, Jefferies, & Siphambwe, 2000; Kgarebe, et. al, 2002). Literature indicates that not much research has been done in Botswana to establish the impact of HIV/AIDS on MEs; although studies show that preventions programme's costs are only a fraction of the cost to large companies such as Botswana Diamond valuing company and Botswana Meat Commission (Kgarebe, et. al, 2002). This study therefore, focuses on the impact of HIV/AIDS on MEs especially the handicraft businesses, productivity, management and survival and its effects on the country's economic development. This study adopted the ILO Model of HIV/AIDS impact on the companies as theoretical framework, to explain the different potential impact of illness on employment along the value chain (Kgalebe et al. 2002).

EFFECT OF HIV/AIDS ON RUNNING A MICRO-ENTERPRISE

According to Bollinger, L. and Stover, J. (1999) AIDS may have a significant impact on some firms. AIDS-related illnesses and deaths of employees affect a firm by both increasing expenditures and reducing revenues. Expenditures have been increased for health care costs, burial fees and training and recruitment of replacement employees. Revenues may be decreased because of absenteeism due to illness or attendance of funerals and time spent on training replacement workers. Labour turnover can lead to a less experienced labour-force that is less productive and in a micro enterprise; the absences of the head figure may lead to its demise. According to Greener (1997), it was estimated that between 1996 and 2004, the impact of HIV/AIDS would have increased 7 times to equal 4.9% of the wage bill. The cost of prevention is far much less as compared to the impact the scourge has had on the business as to make it worthwhile to invest in prevention. Roberts and Rau (1997) emphasised that for some smaller firms, the loss of one or more key employees could be catastrophic; leading to the collapse of the firm. In larger firms, the impact may be small. The impact of HIV/AIDS on individuals, households and enterprises in the informal economy can be very severe, leading to greater poverty.

Worldwide, all informal sector businesses are started with the aim of improving the family income and as a means of generating employment. In developing countries, there has been tremendous effort to boost the small-scale business start-ups through credit schemes and training programs so as to generate employment (Coyle, 2000). These businesses are sometimes regarded as part of informal economy. The term informal sector was first used by the International Labour Organisation (ILO) in the 1970s (ILO, 1988; ILO, 1991). The activities in the informal economy activities spans from commerce, services, industry and agriculture. In Botswana, handicraft MEs are part of the informal sector as they are neither registered as a company, nor registered with any professional association and have less than five employees. They maintain informal accounts, the expenditure is not easily distinguishable from household expenditure, employees are casually hired and the enterprise is often temporary, or mobile, or in owner's home (Central Statistics Office, -CSO, 2003). There are three main reasons why the impact of the epidemic is particularly severe in the informal economy:

1. Informal workers have little or no access to health services and social protection;
2. They rarely enjoy financial security, surviving at the margins with few savings and little access to credit (except very expensive private money-lenders);

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3. The transient nature of their work can mean that a few days' absence will result in a big loss of proceeds or the right to trade.

In sum, informal workers have fewer private means to cope with the effects of HIV/AIDS and less access to public services. Firms in some key sectors, such as transportation and mining, are likely to suffer larger impacts than firms in other sectors (Bollinger & Stover, 1999). In poorly managed situations, the HIV-related costs to companies can be high. However, with proactive management, these costs can be mitigated through effective prevention and management strategies (Fako, 2005; Bollinger & Stover, 1999).

Most of the Non-Governmental Organizations in Botswana are mainly involved in home based activities such as caring for people living with HIV. Some of these NGOs are Coping Centre for People living with HIV/AIDS (COCEPWA), Botswana Network of People with AIDS (BONEPWA), *Tshireletso Matshelo* AIDS Project and Light Encouragement Centre. Voluntary, Counselling and testing services are offered at the clinics, hospital and *Tebelopele* Testing Centres. Most of the HIV interventions are not focused on the priority groups such as sex workers, women traders, truckers, or extension workers (Ntshebe, 2005). The activities tend to be general and implemented according to the priority groups listed in the National AIDS Strategic Framework (2003-2009). Thus there is a need to investigate the impact of the HIV/AIDS in specific groups such as the traders especially those who are in high risk due to the nature of their work such as the handicraft producers and sellers in Botswana. Handicraft industry is linked to the tourism sector which has been identified as an engine of economic growth and diversification in Botswana. Despite discovery of diamond and contribution from agriculture, the country still grapples with challenges of economic diversification, unemployment's, poverty alleviation (CSO, 2003). Tourism as one of the fastest growing sectors in Botswana has a potential to diversify the economy, particularly if handicraft sector is well organised, such that many people can get sustainable incomes.

Recent official statistics from CSO and National AIDS Co-ordinating Agency (NACA) indicate that the National HIV/AIDS prevalence levels have declined to 17.1 percent (NACA/UNDP/ACHAP & CSO, 2004). The HIV/AIDS impacts affect more women and youth who form a big proportion of employees in the MEs (Crush, Lurie, and Peberdy, 2004; Bollinger and Stover, 1999; Ntshebe, 2005; Fako, 2006).

The objectives of this study were to understand micro enterprise programmes ability to cope with chronic illness and death related to HIV/AIDS, to investigate the impacts of HIV/AIDS on the management of MEs, and to determine the negative economic impacts of HIV/AIDS on affected MEs. At the same time, the researchers wanted to investigate the social-economic impacts of HIV/AIDS on handicraft micro-enterprises in Botswana. In this study it was postulated that: (i) the operations of MEs are impacted upon by HIV/AIDS in areas such as coping mechanisms, programs, management, and the value chain. (ii) The enhanced initiative in combating HIV/AIDS could increase MEs productivity and survival.

STUDY METHODS

The study covered a randomly selected group of handicraft MEs from towns and main villages in Botswana. The survey was carried out in March 2007 from predetermined handicraft dealers who had been in business for over six months. The study used undisguised structured questionnaire for the ease of data collection and analysis, as it was more direct and did not hide the intentions of the study.

The researchers collected data from retailers and primary producers within the country and was considered representative and relevant to towns and the main villages. The participating MEs were selected on the basis of accessibility, as their location was known to the research assistants who resided in these localities. The total number of respondents was 302 against 339 MEs in towns and main villages, that were expected to participate in the study, based on a previous study by (Mburu et al – in press). According to Terry (2001), there are about 5000 handicraft dealers in Botswana dispersed all over the country, in town's villages and rural areas. Much of the comparative available data on HIV/AIDS in Botswana is available for towns and main villages.

The responses to questions were coded by translating them into specific categories for analysis. Later, the data was tabulated by recording the number of responses in the appropriate categories, after which statistical analysis such as percentages and tests of significance was computed. The data was analyzed using SPSS (statistical package for social sciences version 14.0) through application of analysis of variance (ANOVA)¹ as explained through F-value² to take into account the comparison of various responses.

¹ ANOVA: determines whether or not an event was most likely due to the random chance or natural variation.

² The F distribution is the distribution of the ratio of two estimates of variance. It is used to compute probability values in the analysis of variance. The F distribution has two parameters: degrees of freedom numerator (dfn) and degrees of freedom denominator (dfd).

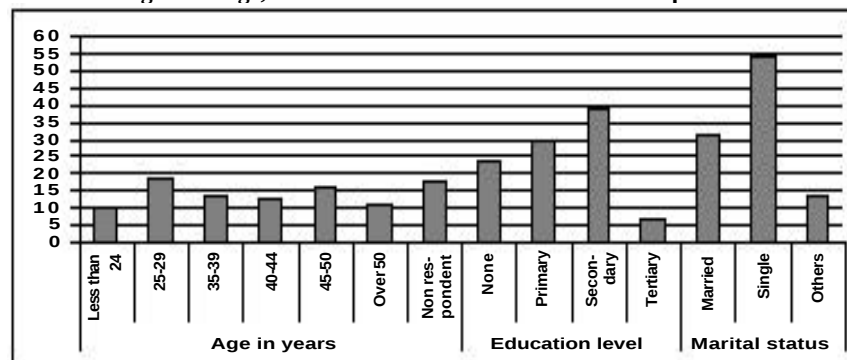
FINDINGS

The analysis examined the effects of the HIV/AIDS on the performance of retailers who rely on the handcraft producers for the success of their business and are thus recipients of secondary effects. The findings of the study are illustrated in the sections that follow which include the demographic characteristics, coping mechanisms, primary and secondary effects of HIV/AIDS on MEs.

(i) Demographic Characteristics

In the study, 55.6 percent of the participants were females and 44.4 percent were males. Other characteristics discussed are age, educational level, marital status and the number of children in the family. The age at the next birthday, education and marital status of the respondents are as shown in Figure 1. The number of children per family was fairly distributed in various age groups, with 1-2 children (30%) and 3-4 children (22%) being most common. The handcraft dealers have greater probability of being affected by HIV/AIDS based on their marital status based on the critical F-value (2.41 at 4 and 280 d.f) which is lower than the observed F-value (2.79 at 95% confidence level).

Figure 1: Age, education and marital status of the respondents



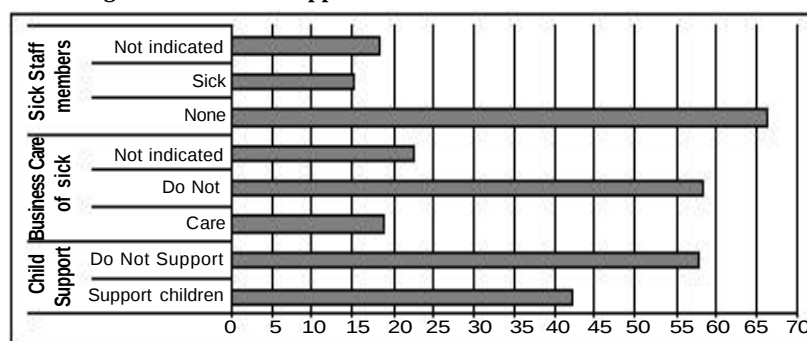
Most of the handcraft businesses earned less than P1500 per month, which constitute about 83.4% of all handcraft micro-enterprises studied. Out of this, 50 percent of handcraft dealers make less than P500 per month indicating low turnover. Most of the handcraft dealers Batswana constituting about 85.3 percent of all respondents. Majority sell their products themselves (67.5 percent). Only 7.9 percent of the handcraft producers did not have a selling point at the site of production. Another 24.5 percent had a selling point without any production unit.

Over 50 percent of the handcraft businesses are over two years old. The rest of the MEs are less than two years old. About 30 percent were between 6 months and two years old. Most of the handcraft businesses were started using their own capital (45 percent), followed by those where the owners borrowed capital (11.6 percent). Other MEs were inherited from their families (6.3 percent) or were given as a gift (5.0 percent).

(ii) Coping Abilities with Chronic Illness related to HIV/AIDS

The coping extents of micro-enterprises with HIV/AIDS impacts are shown by profitability, support of the children/adults and time and resources allocated to the family support from the business among others as indicated in Figure 2. Many of the respondents do not support children using business income. This is related to about 23.1 percent of respondents who indicated that they are suffering from chronic illness most likely related to HIV/AIDS. This also relates to the proportion of MEs that do not care for the sick members who are about 18.8 percent and about 15.2 percent that have members of staff who may have fallen sick within the last six months.

Figure 2 : Business support to children and sick staff members



Further analysis on the rank of the persons who had fallen sick in the business show that 50 percent of the businesses affected had 50.3 percent in managerial level. About 85.2 percent of the handicraft micro-enterprises were not affected by any deaths of their staff members in relation to HIV/AIDS. Only about 8.1 percent of the respondents indicated that they lost a staff member within the last six months.

(iii) Primary Effects of HIV/AIDS on Handicraft Micro-Enterprises

The factors considered here that have any effect on productivity include time out of business, business income support to the family and impacts on the management of MEs as illustrated in Table 1. Productivity is measured in terms of time spent to source raw materials/products indicated that quite a sizeable proportion of the respondents procured them from nearby areas. The raw materials/products were transported mostly by public means as indicated in Table 1. Hence, the sourcing of raw materials/products and the duration taken to obtain them are related as the critical F-value (2.41 at 4 and 289 d.f) is lower than the observed F-value (3.699 at 95% confidence level).

Table 1: Time off to collect raw materials, means of transport and time off business to care of the sick family member(s)

Time taken	Frequency	Percentage	Means of transport	Frequency	Percentage	Time off business	Frequency	Percentage
One day or less	140	46.4	Public means	112	37.0	Cares of sick	39	13.0
2-7 days	106	35.2	Cooperative	21	7.1	Not sure	36	11.9
More than 7 days	57	18.4	Hired transport	44	14.6	Possible	12	4.1
	302	100	Private means	76	25	Not caring of the sick	12	4.1
			Unspecified means	49	16.3		99	33.1

N.B: Some frequencies are not equal to 100 percent due to skip options in the questionnaire

However, the time out of business as one of the primary effects of HIV/AIDS on MEs as member take care of sick persons. Following this, about 56 percent of the respondents were categorical that caring for the sick does not affect their business compared with 22.4 percent who were positive that businesses are affected by caring for the sick. Other primary effects of HIV/AIDS on MEs include business income that goes to support family members. As much as 38 percent of the respondents earned less than Pula 500 (\$US80) per month while 26 percent of the respondents earned between Pula 501 to 1500 (\$US80-250) per month. Majority therefore earned relatively lower incomes by Botswana standards by being less than minimum wages. This was emphasised by the fact that the business was the sole provider to the family (58 percent) where part of the income was utilised to support the family rather than plough it back for business development. About 42 percent supported children other than the family members as well as adults (46.6 percent) who needed support. The support was meant for one to seven dependants, which is a big strain for the business that earned less than Pula 1500/month. The support provided to the children and adults comprised of basic needs such as food and shelter (91 percent) for children and 65.9 percent for adults. Other forms of support included school fees (11 and 10.2 percent) for children's and adults supported respectively, which negatively impacted on the business survival and growth. The resources of the business that cared for the sick could be utilised for the growth of the business. This meant that most handicraft businesses as sole providers in the family were significant (as critical F-value of 2.26 at 5 and 293 d.f. is lower than the observed F-value 2.27 at 95% confidence level).

About 59 percent of the respondents were of the view that chronic illness reduced the productivity of the business and increased overheads (13 percent) and thus reduced competitiveness (12 percent). Other factors that reduced productivity were manager's absence from work as well as the employee's absenteeism. The reasons given for absenteeism included sickness (22 percent), family and social affairs such as funerals or visiting sick relatives (29.4 percent), community affairs (9.1 percent) and business engagements for managers (27.7 percent).

Whenever the manager was absent, there was no one in particular who was running the business according to 57.9 percent of the respondents. However, 25.9 percent of the businesses were run by children or relatives in the manager's absence or any employee (50.3 percent). The effect of sickness by the employees resulted in reduced productivity and competitiveness (40.3 percent), losses (37.9 percent), closure of business (7.3 percent) and frequent changes in working hours. The absence of capable person to run the business in the absence of the manager and the reasons of the manager's absence affected the business negatively as observed. F-value of 40.54 and 3.70 respectively were higher than critical value of 2.26 at 95% confidence level. The presence of the manager and the health of employees could determine the success or failure of the MEs as they are labour intensive.

The significant determinant variables of the impacts of HIV/AIDS on management with F-values greater than the critical values are gender (2.90), income levels (4.97), nationality (3.58), and source of raw materials (4.94),

mode of transport (4.07) and duration of raw materials sourcing (7.90). Other factors include person in-charge of running the business (49.00), death of any member in the business (6.47) and effects related to sickness (10.33). About 51 percent of the relations that developed between handicraft dealers evolved into friendships. Other relationships developed into close acquaintances (21 percent). Some of the relationships were mutual and developed into business relationships (68.8 percent), while others (17.5 percent) resulted into intimate relationships. Some of these intimate relationships were likely to be multiple in nature where one man or woman had more than one relationship (57 percent) while 21 percent were possibility of one to one relationships. About 50 percent agreed that the relationships led into transmitting the HIV/AIDS among the handicraft dealers and their partners although 26 percent were not sure and this could be fully verified.

(iv) Secondary Effects of HIV/AIDS on Handicraft Micro-Enterprises

In terms of possibility that quantities of raw materials are affected by sickness or death of suppliers due to HIV/AIDS, 59.4 percent were not supportive of this, while 22.4 percent were not sure. About 18.2 percent of the respondents observed that that quantity of raw materials has been affected by sickness or death. The above data tallied closely with 62.6 percent who felt that quality has not changed despite any illnesses while 18.1 percent thought that the quality of materials has changed. The supply of raw materials/products has been affected by illnesses/death (22 percent) while 64.9 percent felt that the supplies had not been affected.

Inquiries as to whether illness related to HIV/AIDS affect the transportation of raw materials/products indicated that 28.3 percent thought that it does not affect while 10.6 percent were not sure. This contrasted with 7.1 percent where illnesses were expected to affect the transportation of raw materials/products. But in relation to chronic illnesses, 68.2 percent indicated that these do not affect suppliers of raw materials while 8.3 percent suggested that it does have an affect. Statistical analysis shows that profitability of businesses are related to the chronic illness issues as F-value (2.41 at 4 and 289 d.f) is lower than the observed F-value (3.00 at 95% confidence level).

DISCUSSIONS

(i) Demographic Characteristics

The study indicates that women are more in the handicrafts industry than men, thus the impact of HIV/AIDS is expected to be slightly more prominent in women than in men. This is the case with the sentential survey carried out by the Ministry of Health where women account for nineteen percent while men account for fifteen percent of the HIV/AIDS prevalence rate in Botswana (average is about seventeen percent according to NACA/UNDP/ACHAP & CSO, 2004).

The HIV/AIDS impacts are also more significant in the age groups of 20-49 years who are considered to be physically active. Majority of the respondents were within this age group, which is significantly affected by the HIV/AIDS pandemic.

Low levels of education pose a serious challenge on issues related to HIV/AIDS. Although Botswana has a high literacy level (at 76%, CSO, 2003), the handicraft dealers occupy the least literate section of the society. This poses challenges to the education and empowerment on issues related to HIV/AIDS issues. The challenges posed by HIV/AIDS prevalence are compounded by the marital status of the respondents. According to the study, majority were single, divorced, widowed or simply separated. This category of respondents is at a greater risk of HIV/AIDS infection than those who are married. This was also in agreement with NACA/UNDP/ACHAP & CSO (2004) where single mothers and unmarried are indicated to be more prone to HIV/AIDS.

The low level of income makes the respondents more vulnerable to HIV/AIDS impacts due to lack of coping capabilities. Despite the availability of ARVs (anti retro-viral drugs), their bodies remain weak and vulnerable to other secondary infections. ARVs prolong their productive life but not necessarily their productivity. Majority of the handicraft dealers have access to healthcare resources that could mitigate problems related to HIV/AIDS such as ARVs. However, there were a significant number of non-Batswana traders who could not access the ARVs (Fako, 2006).

Majority of the handicraft businesses are over 2 years old, which implies that they can survive for sometime as they are beyond the incubation period. In comparison with the other small MEs in the country, the handicraft industry has a longer lifespan (Temtime and Pansiri, 2004).

(ii) Coping Abilities with Chronic Illness related to HIV/AIDS

The handicraft businesses are considered profitable and last longer than the other ME in terms of survival. Irrespective of the profitability, much of the income is used for the support of the family members. The main

reason that makes it necessary for the support was chronic illness and death of the relatives, mainly because of HIV/AIDS as major killer in Botswana as indicated above (NACA/UNDP/ACHAP & CSO, 2004).

The amount of time taken out from business to provide emotional support affects the running of the business and reduces productivity and the opportunity cost. The amount of money drawn from business for family use due to sickness and other family commitments such as school fees, food and shelter, slows the growth rate of the handicraft business, since less amounts are ploughed back. For a business earning less than Pula 1500 per month, and less than five years old, the amount spent on the caring for the family had a serious negative impact on its survival.

The MEs business supported children and adults who needed help due to sickness or being orphaned. The support provided to these children includes food, shelter, school fees, clothing and medical care. The entrepreneur provides time meant for business in caring for the sick. Employees also provide emotional support to their colleagues especially when they are sick and generally have to take paid time off from work which is costly for a low income business.

(iii) Primary effects of HIV/AIDS on Handicraft Micro-Enterprises

The study indicated that most of the enterprises were family run, and thus sickness had a dreadful effect in the running of businesses. The time is provided by the managers as well as by the workers. This had an effect on the growth and development of the business as the human resource is utilised and devoted in caring for the sick. The time spent was costly for a small business in terms of human resources in form of labour and intellect. When the manager or the technical person was not working due to illness or provision of care for the sick, the business being small found it hard to find a replacement.

Literature indicates that the impact of HIV/AIDS on companies has so far not significantly increased cost on companies although it is expected to increase labour cost as it increases morbidity and mortality rates of workers, induces lost labour time and productivity. According to the World Bank, evidence suggests that the Impact of HIV/AIDS sickness and death is not a major determinant of the economic performance of an average firm in developing country (Kgalebe et al. 2002).

The MEs are labour intensive and thus the effect of chronic illness is more felt when it comes to manufacturing and distribution of the handicrafts as well as sourcing of raw materials. This was due to the time wasted queuing in the clinics and the cost of medical services and medicines. In some cases, handicraft dealers have to buy their own medicine especially, if they are non-citizens. The accessibility of medicines is vital for the business saving time and opportunity cost from its employees. Although majority of the respondents had access to the medical facilities while in their station and outside, they did not have quality health services that they received at their station. Medical services are related to sources of raw materials and accommodation arrangements as explained by the number of non-locals who supply the local market with handicraft materials/products from the neighbouring countries. The scenario is also explained by Batswana traders who do cross-border trade and those who access their raw material from very remote locations. The latter obviously cannot benefit from the kind of medical care available in Botswana towns and main villages. These traders create relationships with the local traders and customers which increases the risk of contracting HIV/AIDS.

The reasons for starting the business was to generate income, had the expertise or was done after careful study of the market hoping the business will grow. Hence, the income from the business was automatically the family income. This implied that business failure will have greater impact on the social welfare of the community. This may point towards the importance of the entrepreneur's health in the running of business and its survival. The level of business income used for medical care was significant especially where the entrepreneur is the sole provider for the family.

The handicraft dealers support children who needed support as a result of the HIV/AIDS epidemic. The proportion of the respondents who reported to have chronic illnesses is closer to the national HIV/AIDS prevalence of about 17.1 percent (NACA/UNDP/ACHAP & CSO, 2004; which is related to closely 23.1 percent in this study). This indicates that the handicraft industry might be losing important knowledge that is required to produce authentic handicraft products.

Quite sizeable components of handicraft businesses are affected issues related to HIV/AIDS although majority did point out this specifically. This could be through caring for the sick staff members, relatives, transportation of raw materials/products, quantity, quality and the duration that it takes to collect raw materials/products.

The manager's productivity was reduced due to absenteeism from work as well as the employee's absenteeism. Where the manager was not available, the running of the business was left to the employees. This affected the level of decision making and the labour quality thus leading to probable failure.

(iv) Secondary Effects of HIV/AIDS on Handicraft Micro-Enterprises

Sourcing of raw material posed challenges, for some handicraft traders. Although raw materials/products were obtained by majority close to their locations, some traders took almost a week from their stations while sourcing raw materials. The former has the advantage of increasing resource optimisation but may have deleterious impacts of resource overexploitation. The nature of the handicraft business puts the MEs entrepreneurs at risk of contracting the HIV/AIDS, mainly because of the itinerant nature of the business and the fact that the handicraft manufacturers and sellers have to travel far from home to sell finished products and gather the raw materials. Whenever handicraft dealers travel to search for raw materials/products, majority of them travel with companions. Accommodation arrangements are such that men/women sleep separately even though majority acknowledge that relationships develop between dealers.

CONCLUSIONS

In the study, the significant factors that affect the management of MEs included educational levels, income level, source of raw materials, and mode of transport, sickness and nationality. Low or no education levels and the marital status of the respondents pose a serious challenge on issues related to HIV/AIDS. This is compounded by low levels of income which makes them more vulnerable to HIV/AIDS impacts as they have low coping capabilities. However, availability of relatively good health facilities and services in Botswana mitigate problems related to HIV/AIDS.

As most of the businesses are sources of family income, there is greater tendency not to differentiate the business income from the family income. This puts much strain on the business development by failing to use profits obtained sustainably back into the business. This strain has been made more serious by HIV/AIDS, epidemic as it puts an additional stain on the financial resources. The absence of manager(s) where main decisions could not be made affected resulted in productivity, loss of business and low survival beyond incubation period was a serious impact of the spread of AIDS.

The study recommends that training packages be developed by handicraft MEs and those addressing HIV/AIDS issues. These packages should contain counselling on best behavioural and moral practices for business people who have busy travel programs. The handicraft MEs will also be trained on business management to sustain their activities and at the same time meet the welfare of their families. Other studies should investigate the survival of handicraft businesses compared to other MEs under the impacts of HIV/AIDS.

ACKNOWLEDGMENT

The authors wish to thank the University of Botswana, Department of Population Studies, The Royal Tropical Institute (KIT, Netherlands) for funding the study; specific people who assisted include Mr. Moses Galeboe BNPC. Prof. P. S. Nair, Ms. Ntshebe, for assisting in the review of the report and mentorship.

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