



IMPACT OF HIV/AIDS ON FISHING COMMUNITIES

POLICIES TO SUPPORT LIVELIHOODS, RURAL DEVELOPMENT AND PUBLIC HEALTH



IMPACT OF HIV/AIDS ON FISHING COMMUNITIES

The aim of this policy brief is to:

**Draw attention to
the severity of HIV/AIDS
among women and men
in fishing communities**

**Secure government
and donor commitment
to address impacts
of HIV/AIDS
on the fisheries sector
and to reduce its effects
on wider society**

**Outline response strategies
for policy-makers
in fisheries, health
and other sectors**

TIME FOR ACTION: HIV/AIDS AND THE FISHERIES SECTOR

The impact of the AIDS epidemic in Africa first became apparent in a fishing village on the Ugandan shores of Lake Victoria in 1982. Since then, the vulnerability of fishing communities to HIV and AIDS has been widely overlooked. The consequence is that they have been left largely beyond the reach of prevention, care and mitigation efforts. This neglect is having devastating consequences.

In the last decade, it has become evident that fishermen in many developing country fishing communities suffer from HIV prevalence rates often five to ten times higher than those in the general population.

Prevalence rates for the many women working in fishing communities are not known but are likely to be even higher as the subordinate economic and social position they occupy increases their vulnerability. The elevated rates of HIV prevalence and the alarming morbidity and mortality due to AIDS place the affected communities among those most at risk. They now merit special consideration in policy and implementation in the fight against the disease.

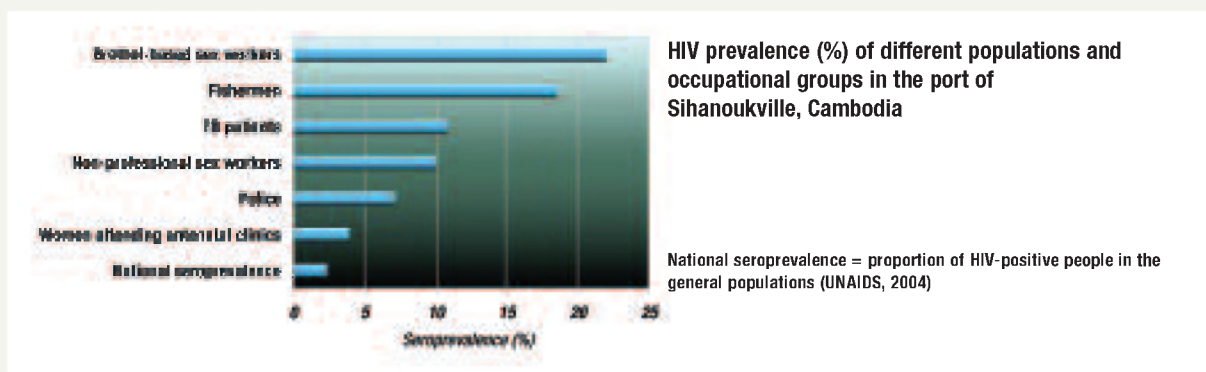
HIGH PREVALENCE OF HIV/AIDS IN FISHING COMMUNITIES

HIV prevalence and AIDS incidence in some fishing populations and communities around the world:

- 13-20% of marine fishing boat crews in Thailand tested HIV-positive in the late 1990s, while the general prevalence rate was 1.5%.
- 8% of adults in 'Garifunda' coastal fishing communities in Honduras are HIV positive, four times the national average.
- 12% of AIDS patients in the city of New Bedford, USA during 1990-1995 were fishermen, while seroprevalence rates were less than 0.01% in the general population. Fishermen made up less than 1% of the population.
- Fishermen are five time more likely to die of AIDS-related illness than farmers in the Lake Victoria region, where seroprevalence rates in lakeshore towns and villages in Kenya, Tanzania and Uganda are thought to have reached levels as high as 30-70% during the late 1990s.

Fisherfolk are among the 'at risk' mobile occupational groups in Africa:

- 24% of fisherfolk on Lake Albert, Uganda were HIV-positive in 1992, compared to 4% in nearby agricultural villages; many of the fishermen were migrants.
- 17% of truck drivers were HIV-positive in Mombasa, Kenya in 1992.
- 10-20% of mine workers were HIV-positive in South Africa in the mid-1990s.



Data from various sources summarized in: Allison, E.H. & J.A. Seeley (2004). HIV and AIDS among fisherfolk: a threat to responsible fishing? *Fish & Fisheries* 5: 215-234; and Kissling, E. et al. (2005). Fisherfolk are among groups most at risk of HIV: cross-country analysis of prevalence and numbers infected. *AIDS* 19(17): 1939-1946.



WHAT MAKES WOMEN IN FISHING COMMUNITIES VULNERABLE?

Women in fishing communities play important roles in fish processing and marketing activities. They also undertake many of the non-fishing related income-generating activities that compensate for the seasonality and day-to-day variability of fishing. As well as shouldering the major part of responsibilities for childcare and household tasks, they also often assume responsibility for family food security, health, social and education expenses.

Inequities that contribute most to their vulnerability to HIV/AIDS are:

- Women begin their sexual activities at an earlier age than men.
- Women often lack negotiating power on safer sex practices.
- Legislation related to women's rights is poorly enforced.
- Men control decision making, both on access to capital assets such as natural resources, savings and credit, education, social and political networks, and within the family economy.
- Traditional gender roles and low levels of education constrain women's participation in community-level management structures and processes.

Vulnerability to HIV and AIDS stems from complex, interacting causes that may include the mobility of many fisherfolk, the time fishermen spend away from home, their access to daily cash income in an overall context of poverty and vulnerability, their demographic profile, the ready availability of commercial sex in many fishing ports, the sub-cultures of risk taking and hyper-masculine behaviour among some fishermen, including alcohol and drug abuse. Exposure to water-borne diseases and to malaria, along with poor sanitation, poor nutrition and limited access to medical care also combine to affect susceptibility to infection. These proximate 'risk factors' are all related to underlying poverty, insecurity and marginalization. The level at which HIV/AIDS is prevalent in a fishing community will depend on the extent to which the above factors occur and on how they combine to increase vulnerability.

The neglect of fishing communities in national development policy such as Poverty Reduction Strategies and social services, together with the absence of formal and informal support groups and networks, means these communities are also unable to cope with the impact of AIDS. For example, fisherfolk living in poverty are unlikely to be among those who benefit from access to antiretroviral therapies.

Existing initiatives responding to AIDS are fragmented and work in isolation, largely at community and project level. Although part of fishing communities' vulnerability to HIV and AIDS results from the characteristics of fisheries-based livelihood systems described above, part of it stems from policies that have neglected important underlying causes of vulnerability to HIV and AIDS. There is no clear targeting of fishing communities in prevention, care and mitigation guidelines issued by the World Health Organization (WHO) and UNAIDS, while the International Labour Organization (ILO) Occupational Health and Safety Guidelines for the fishery sector do not discuss HIV/AIDS. Likewise, key national and international fisheries policies so far make no mention of HIV and AIDS.



FISHERFOLK - MISSING OUT ON 3 BY 5?

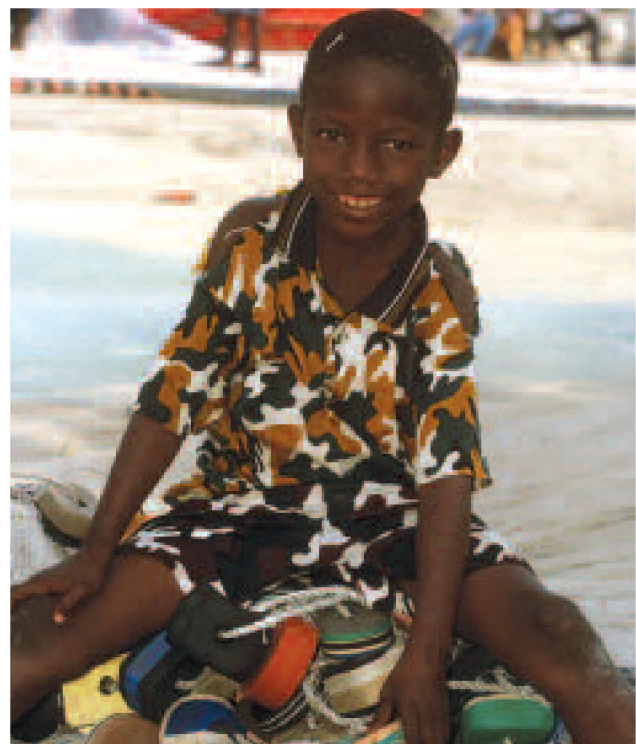
- The WHO/UNAIDS '3 by 5 initiative' aims to provide life-long antiretroviral therapy to three million people living with HIV/AIDS in poor countries by the end of 2005.
- At the end of 2004 only 12% of the 5.8 million people currently needing treatment in developing and transitional countries had access to antiretroviral therapy.
- Even if the target of 3 million is reached by the end of 2005, that is still only half of those who need the therapy.
- Among the nearly 3 million 'left out' will be many mobile workers, like fisherfolk, because the same circumstances and activities that may put someone at risk of infection also affect women and men's access to treatment, care and support.

Seeley, J.A. and E.H. Allison (2005) HIV/AIDS in fishing communities: challenges to delivering antiretroviral therapies to vulnerable groups. AIDS Care 18

The fisheries sector is an important contributor to development and to national economies. Fisheries have links with services and other industries and they make a substantial contribution to GDP, employment, nutrition and revenue generation. Fisheries frequently act as localized 'engines of growth' by bringing the market economy to remote rural areas.

Supporting and promoting sectoral development will help to reduce the spread and impacts of the epidemic both within the sector and in the general population.

Addressing HIV/AIDS will help to maintain and enhance the sectors' contribution to poverty reduction and food security and to reduce the risks of HIV transmission in fisheries-dependent regions.



FAO/24070/D. Minkoh

THE FISHERIES SECTOR'S CONTRIBUTION TO POVERTY ALLEVIATION AND FOOD SECURITY

- 38 million fishers are employed by the sector. Assuming a 1:3 ratio for direct upstream and downstream activities, over 100 million people depend directly on small-scale fishing and directly related activities (processing, trading, ancillary services, etc.), 90% of whom live in developing countries.
- The contribution to GDP typically ranges from around 0.5-2.5%, but may be as much as 7% in some countries, such as Senegal.
- Fisheries contribute directly to World food security through the supply of 100 million tonnes of food fish. This represents a per capita food supply of 16.3 kg/year.
- In terms of nutrition, fish contributes 16% of total world animal protein, and fish are vital sources of important nutrients and vitamins, particularly to the poor. Fisheries products contain 12 of the 15 vitamins and minerals most important for the health of HIV/AIDS affected persons.
- World trade of fish and fishery products generate important foreign exchange. Export values have risen from US\$15 billion in 1980 to US\$58 billion in 2002.

FAO (2004). The State of World Fisheries and Aquaculture. Food and Agriculture Organization, Rome.

IMPACTS of HIV/AIDS

On the fishery sector

Individual fishers and fish workers with AIDS-related illnesses have a declining ability to engage in physically demanding labour, such as fishing or mobile trading and transport. Job loss, stigmatization and isolation are experienced by those becoming ill.

Fishing households in which one or more people are affected by AIDS have reduced income, spend their savings on medical care, sell their productive assets (such as fishing equipment) and withdraw their children from school. Their poverty deepens, their food security decreases and their vulnerability increases.

Fishing fleets, firms, agencies and communities are experiencing loss of labour and expertise, making them less efficient. AIDS can have divisive impacts on communities, reducing trust and social cohesion and therefore the capacity for collective action. High levels of illness reduce individual time-horizons, undermining commitment to collective, long-term goals, such as community fishery management and development projects. For fisheries departments, firms and agencies, the costs related to long periods of illness of their staff and the costs of anti-retroviral therapies can be very high.

The fisheries sector in some countries has experienced high levels of AIDS among fishers and fishery managers (including community leaders). This may reduce management capacity, decrease productivity and efficiency, lead to increased pressure on more physically accessible inshore resources and divert fishery development resources into HIV prevention and AIDS mitigation efforts. The overall impacts are likely to result in increased incidence of poverty and levels of vulnerability in small-scale fisheries and reduced likelihood of sustainable exploitation of resources. 'Responsible fishing' targets may be compromised.

On the rural economy

The economic importance of the fisheries industry and the links between fisheries and other sectors means that doing nothing to reduce the impact of HIV and AIDS on the fishery sector will have consequences beyond the sector.

These will include:

- Revenue generated by individuals from their fishery-related activities which would have been invested back into the fishery or into other economic activities (land, livestock, business enterprises) or spent on services that keep cash in circulation in rural markets, is instead diverted into meeting the costs of illness in the household.
- Health services are burdened by the costs of dealing with AIDS-related illness, diverting resources from other health needs, such as maternal and child health, and malaria treatment.



FAO/22249/A, Photo

- Local governments are burdened with the costs of AIDS and may therefore have reduced resources for provision of other service needs. Moreover, working time is redirected towards assisting affected colleagues and attending funerals.

On the wider population

Many fishing populations are highly mobile. Men move between landing sites and local markets on a daily and seasonal basis. Fish processors, traders and transporters – both men and women – move between landing sites, regional and national markets and fish processing factories. Other service providers – including sex workers – move with them. These movements and networks are likely to play a part in transmission of infection between high-prevalence communities and those currently at lower risk.

Lack of access to services and traditional social support networks in fishing villages means that people living with AIDS who are too ill to work have to return to their 'home' communities to be cared for. This has implications for the spread of HIV and increases the number of people experiencing the impact of AIDS.

WHAT IS BEING DONE TO FIGHT HIV/AIDS IN FISHING COMMUNITIES?

In the few countries where some action is being taken, this has been welcomed by the fishing communities. It has raised the interest of specialized agencies and triggered interventions. These isolated actions have addressed different aspects of the impact of the epidemic:

Prevention

- Workplace-based prevention measures in major seafood companies, **Namibia**
- Awareness-raising campaigns - e.g. South Pacific Commission, **New Caledonia**
- Behaviour change, e.g. through peer-to-peer education (SFLP and National Committee for AIDS Control, **Republic of Congo** and **Benin**, and YPEP/UNICEF Chorkor, **Ghana**)
- Toolkit for HIV prevention among fishermen in **Vietnam** (Asian Development Bank and UNDP)

Care

- Providing primary health services to mobile and migrant fishers, **Tanzania**, **Democratic Republic of Congo**
- Providing nutritional and positive living support for orphans and people living with HIV/AIDS (The AIDS Support Agency – TASO, **Uganda**, Lake Victoria)

Mitigation

- Saving schemes developed for vulnerable women and girls in fishing communities, **Republic of Congo** (National AIDS Committee and FAO/DFID SFLP)
- Training fishermen in alternative occupations to increase opportunities for livelihood diversification (Médecins Sans Frontières, **Zambia**)
- Development of small-scale aquaculture for people living with HIV and AIDS, **Malawi**
- Junior farmer field and life schools for orphans and vulnerable children in fishing/farming communities in western **Kenya** (FAO and World Food Programme)
- Community initiated safety nets – local fishing crew associations and Beach Management Units donating a proportion of their daily catch to support orphans' education (Lakes George and Edward, **Uganda**)

These initiatives are important, but they are very small-scale. Given the magnitude of the impacts of the epidemic, much remains to be done.

A few government ministries are beginning to develop impact-reduction strategies for their fisheries sector. These are still at a very early stage and support and commitment from a wide range of stakeholders is essential.



FAO/23845/D. Minkoh



TIME FOR ACTION! WHO CAN DO WHAT – AND HOW?

- **All stakeholders:** In some fishing communities, client-patron relationships are responsible for the frequency of 'sex for fish' deals and other forms of commercial sexual exploitation. These risk behaviours need to be changed by addressing both their proximate factors – men's behaviour – and their root causes – poverty, vulnerability and the 'risk environment'. Inequalities in men and women's access and ownership of assets, income-earning opportunities, power relations and negotiation of sexual relationships need to be addressed as a priority in fishing communities. Such efforts require novel partnerships between donors, fishery and health agencies, and within and between communities themselves.

- **Donors** can commit to assisting government and non-government interventions detailed below.

- **Ministries in charge of fisheries** can:

Sensitize their staff on HIV/AIDS related issues (e.g. by distributing this brief).

Have a senior member of staff act as an HIV and AIDS focal point. They need to be fully-trained and given the authority and scope to be able to initiate action-based change and policy development.

Work with health sector staff and other stakeholders, including civil society organizations and national development planning bodies to develop appropriate prevention, care and mitigation responses at local and national level.

Train and encourage local-level fisheries staff to learn more about the extent of the HIV and AIDS problem in their communities. Liaise with them to feed their local knowledge into planning and actions.

Ensure that fishery management and development interventions do not increase the vulnerability of fishery-dependent people.

- **Health ministries** can link with global funding to:

Make health services more easily accessible e.g. mobile or floating clinics.

Direct prevention-orientated interventions towards fishing communities, including improved access to treatment for sexually-transmitted infections, opportunistic infections and prevention of mother-to-child transmission.

Improve access to testing, advice and care facilities by adapting them to the mobility and irregular working hours in fishing communities.

Make antiretroviral therapies accessible to fishing communities.

Emphasize nutritional benefits of fish for people living with HIV and AIDS.





FAO/11821/K. Boldt

• **Local/Decentralized Government** can:

Assess whether HIV/AIDS is a significant concern in fishing communities in their district and if fishing contributions to their revenue and expenditure budgets are significant. If they are, then sector project proposals can be prepared with decentralized units of the national committee for HIV/AIDS control.

Allocate to AIDS-affected people in fishing villages a fair proportion of 'safety net' funds sourced through poverty reduction strategy plans and medium-term expenditure frameworks.

• **NGOs & other civil society groups** can:

Lobby government and donors for support.

Support communities with their own coping mechanisms. The women and men in these communities are best placed to define the social changes that will reduce vulnerability to HIV/AIDS. But they cannot do this single-handedly and isolation and stigmatisation need to be avoided.

A COMMUNITY RESPONSE COULD INVOLVE THE FOLLOWING ACTIVITIES:

Prevention

- **Social communication** – group communication increases understanding of the reality of risky environments and introduces the work of peer educators.
- **Community discussion forum** – communities discuss concerns about HIV and identify ways to mitigate the impacts of AIDS.
- **Peer educators** – peer educators are community members who introduce reflection on risk practices that are specific for people of the same age, sex and social group. The groups then identify strategies for protection against transmission and impacts of HIV and AIDS.

Care and mitigation

- **Psychological assistance** to people living with HIV and AIDS – gives 'positive living' support and advice at household level.
- **Social support** to people living with HIV and AIDS – assistance with food security, nutrition advice and support to appropriate livelihoods diversification strategies.
- **Legal assistance** to people living with HIV and AIDS – family mediation, informing people on their rights and giving legal advice (mobility rights, access issues, property rights and access to resources for women).



RESOURCES

FAO publications on HIV/AIDS and Fisheries:

The susceptibility and vulnerability of small-scale fishing communities to HIV/AIDS in Uganda:
http://www.fao.org/sd/dim_pe3/pe3_040101_en.htm

Responding to HIV/AIDS in the fisheries sector:
<http://ftp.fao.org/docrep/fao/007/ae502e/ae502e06.pdf>

Sectoral responses (fact sheets):
http://www.fao.org/hiv aids/publications/10_sectoral_responses.pdf

SFLP Liaison Bulletin N°17: Special Issue on HIV/AIDS and Fisheries in West Africa:
<http://www.sflp.org/eng/007/pub1/index.html>

Other FAO HIV/AIDS publications:

Incorporating HIV/AIDS consideration into food security and livelihood projects:
http://ftp.fao.org/es/esn/nutrition/hiv_aids.pdf

Living well with HIV/AIDS. A manual on nutritional care and support for people living with HIV/AIDS:
<http://www.fao.org/DOCREP/005/Y4168E/Y4168E00.HTM>

Junior Farmer Field and Life Schools. FAO and WFP:
<http://www.fao.org/hiv aids/publications/jffls.pdf>

More documents at:
http://www.fao.org/hiv aids/publications/index_en.htm

FAO Websites:

FAO HIV/AIDS and Food Security: <http://www.fao.org/hiv aids/>

FAO Fisheries Department: http://www.fao.org/fi/default_all.asp

FAO Integrated Programme: http://www.fao.org/sd/ip/index_en.htm

FAO Forestry and HIV/AIDS site: <http://www.fao.org/forestry/site/hiv-aids/en>

FAO Nutrition & HIV/AIDS: http://www.fao.org/es/ESN/nutrition/household_hiv aids_en.stm

Other sources of information:

UNAIDS: <http://www.unaids.org>

AIDS Brief for Sectoral Planners and Managers – Fisheries: <http://www.und.ac.za/und/heard>

World Fish Center – Press Release – 2002 Global Symposium on Women in Fisheries:
http://www.worldfishcenter.org/Pubs/Wif/wifglobal/wifg_appendix_press.pdf

ILO Code of Practice on HIV/AIDS:
<http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm>

For more information, contact:

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TITLE

This series of policy briefs, produced by the Sustainable Fisheries Livelihoods Programme, explores new directions and partnerships in addressing fisheries and development issues

This brief was developed by the DFID/FAO Sustainable Fisheries Livelihoods Programme (<http://www.sflp.org>), assisted by staff of the FAO HIV/AIDS Programme (www.fao.org/hiv/aids), the FAO Fisheries Department (www.fao.org/fisheries), the AIDS and Development Group, University of East Anglia, Norwich, U.K. (www.uea.ac.uk/aids) and Options Consultancy Services Ltd (www.options.co.uk/), London, U.K.

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