

NEW DIRECTIONS IN FISHERIES
A SERIES OF POLICY BRIEFS ON DEVELOPMENT ISSUES



**IMPACT OF
HIV/AIDS
ON
FISHING
COMMUNITIES**

POLICIES TO SUPPORT LIVELIHOODS, RURAL DEVELOPMENT AND PUBLIC HEALTH



FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

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.

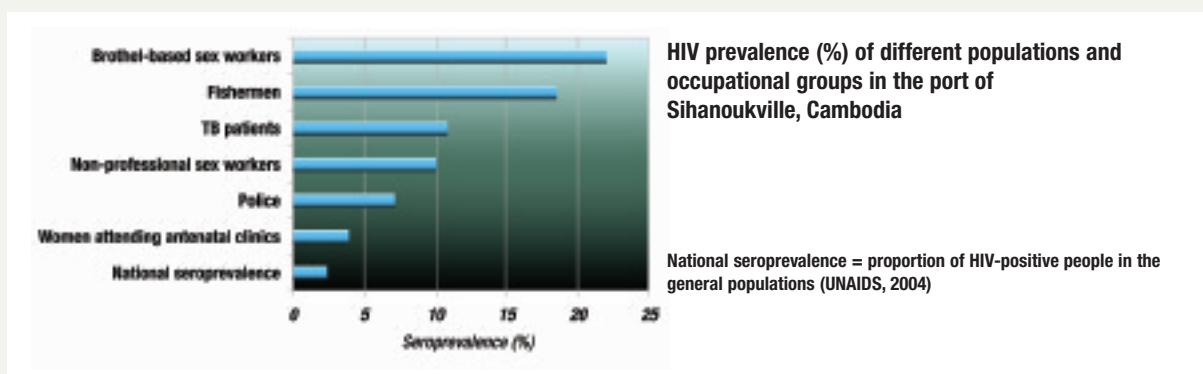
HIGH PREVALENCE OF HIV/AIDS IN FISHERING COMMUNITIES

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 Allison, E.H. (2005) Fishing in risky waters: why are HIV prevalence rates so high in some fishing communities?

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.



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- 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.