

# HIV KNOWLEDGE, ATTITUDES AND PRACTICES AND POPULATION SIZE ESTIMATES OF FISHERFOLK IN SIX DISTRICTS IN UGANDA



International Organization for Migration (IOM)

## UGANDA

The purpose of the study is to provide information that will enable policymakers and practitioners to design more effective HIV prevention programmes for Ugandan fishing communities.

## SYNTHESIS OF MAIN FINDINGS

### UGANDA



### METHODOLOGY

- Multi-method design:**
- Qualitative & quantitative components
  - 18 focus groups conducted
  - 27 in-depth interviews to selected key informants (leaders of Beach Management Units, District Fisheries Officers, staff from organizations providing HIV services and community leaders)
  - Questionnaire-based survey:
    - 1,971 respondents**
    - 53% Men 47% Women**
- The primary recruitment criteria included ages 15 to 59 and equal distribution between districts. The mean age of the participants was 30 years, with more than half (56%) aged less than 30 years.

**42 Fishing Communities**  
and a population size estimated of **61,545**

## BACKGROUND

At the global level, scientific literature provides the evidence that fisherfolk have a HIV prevalence that is higher than national populations as well as traditional most-at-risk groups. In Uganda, studies have shown that HIV prevalence in fishing communities is 3-5 times higher than the national average for adults aged 15-49 years. Despite this evidence, few studies in Uganda have sought to better understand HIV vulnerability in the context of fishing communities. Some of the existing studies are limited to particular settings, and are therefore not representative. In this context, IOM has carried out this study to determine the knowledge, attitudes, behaviour and practices related to HIV/ AIDS among women and men in the fishing communities in Uganda.

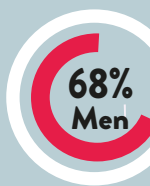
## OBJECTIVES

- Provide** an understanding of HIV and AIDS knowledge, attitudes, practices and perceived vulnerabilities in selected fishing communities in six districts of Uganda.
- Provide** information on sexual and behavioural dynamics, as well as risk reduction strategies for HIV, AIDS, STIs and unwanted pregnancies.
- Identify** the geographical locations of fishing communities in the study districts and their estimated population.
- Make** recommendations for improved HIV programming within fishing communities.



Were familiar with the most common means of HIV prevention.

### However...



Reported that they were personally at risk of HIV infection mainly because of engaging in unprotected sex.



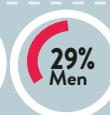
**MORE THAN 90% OF RESPONDENTS WERE MIGRANTS**, and 43 per cent resided in their community less than five years. Participants indicated that mobility contributed to fishermen's HIV vulnerability because they were away from their families.

Although knowledge of condom use as an HIV prevention strategy was 88.4% among fisherfolk,



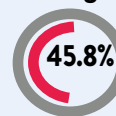
**Only...** reported condom use at last intercourse.

and...



reported a sexually transmitted infection in the past year and 87.1% sought treatment.

### Among those who had sex in the preceding year...



Reported having had two or more sexual partners and...



Had sex with five or more partners.

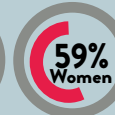
### Transactional sex



Reported engaging in transactional sex, but...



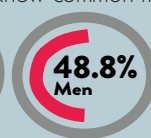
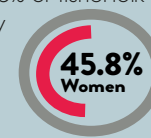
...Reported not using condom during transactional sex.



Said that either they or their sexual partners had taken alcohol the last time they had sex. More than half of women (51%) reported their partner was drunk during last intercourse. Regular drinkers are 5 times more likely to get infected with HIV compared to non-drinkers.

### HIV & AIDS-related knowledge

While nearly 90% of fisherfolk knew common means of HIV prevention, only



had comprehensive knowledge.

## QUOTES FROM RESPONDENTS

### Women and HIV risk

“Women in fishing communities are not likely to negotiate condom use because if they insist, they fear to be given less fish, food or money, or to be rejected completely.”

### HIV and mobility patterns

“Some of us have very many sexual partners. Having many sexual partners does increase on one's chances of getting the virus. Because you may love six partners, one stays at Kigungu, the other at Mukono and one at Masaka but when you do not know how these people live in your absence. They may be living a sexually immoral life in your absence.”

### Access to services

“What makes people not to go to the clinic is because they know that even if I go there after walking long distance I will be given just Panadol or they will refer me to Masaka Hospital... For the rest of the medicine I will be told to buy it for myself... When you consider the distance and the time I had to waste, it was better to buy Panadol from the shops here.”

## RECOMMENDATIONS

- 1 Targeted Behaviour Change Communication (BCC)** interventions should be implemented to further improve knowledge and perceptions about HIV/AIDS and reduce risky behaviours. The BCC interventions should be customized to the unique, high-risk behavioural characteristics of fishing communities, and address the roots of vulnerability, such as fatalistic beliefs i.e., that fisherfolk can die any time on the waters; reducing consumption of alcohol and other drugs.
- 2 Access to HIV and health services** must be improved, with reduction in distance and travel times, through establishment of new facilities, outreach service models (e.g., mobile or floating services), increasing the referral mechanisms among health facilities and improving methods of transport. Services should be further decentralized to the lowest level health centres.
- 3 Increased availability of financial resources** is needed for strengthening HIV/AIDS service delivery. Domestic financing jointly with international funding sources should be increased to target this population. The proposal of a funding mechanism integrating domestic and international funds should be considered in order to guarantee sustainable financing and support the national HIV response among fishing communities. The proposed interventions should be appropriate to the identified needs of various fishing communities.
- 4 Partnerships** among key providers of HIV/AIDS services in fishing communities must be strengthened through networking and joint planning and implementation of services. An efficient coordination mechanism should be put in place to include the establishment of a national taskforce.
- 5 Promote** research in order to understand the migratory routes of fisherfolk and encourage HIV/AIDS programming response.

## HEALTHY MIGRANTS IN HEALTHY COMMUNITIES

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