

# HIV/AIDS AMONG FISHERS: VULNERABILITY OF THEIR PARTNERS

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## Abstract

Medical Science has progressed to such an extent that we have been able to add many years to our lives. However, in the last fifteen years all these gains in years are threatened by yet another disease, HIV/AIDS, which has claimed a total of 24.8 million people, including 10.1 million women and 4.8 million children (as of 31 December 2001). The fact that there is no real cure in sight makes prevention even more urgent. Another peculiarity of HIV/AIDS is that it afflicts both men and women in their most productive years of life and this is an issue of great importance because it is on this same cohort of the population that a country has to depend for development. The impact of HIV/AIDS is not only limited to the extra expenditure on medical care for those infected but it also includes the fact that there will be a commensurate reduction of human inputs to the development in a country.

Fishing as an occupation is very important because of the dependence of people on fish as a source of protein. However, this occupation is often regarded as most treacherous and each year, accidents claim the lives of many fishers. With the onset of HIV/AIDS, the many threats to the lives of fishers have also increased. This paper examines how the HIV/AIDS pandemic affects the fishing population and in turn how partners of fishers, including their wives, are made vulnerable.

## The HIV/AIDS Epidemic

Ever since the HIV/AIDS epidemic made its appearance in the late 1980s, all continents have been affected and no country has been spared. United Nations AIDS (UNAIDS) estimated that as of the end of 2001, there were 40 million people living with HIV/AIDS (PWHAs) worldwide. This includes 37.2 million adults, of whom 17.6 million or 47.3% were women. Children (less than 15 years old) made up 2.7 million of the total PWHAs. These figures do not include another 24.8 million who have died from HIV/AIDS since the beginning of the epidemic (UNAIDS 2001). In 2001 alone, there were 5 million new infections and 3 million deaths. By continent, Africa has the most PWHAs but the World Health Organization (WHO) estimates that Asia, with the two most populous countries in the world (China and India) will be the next epicenter of this epidemic. This spread is partly fuelled by the mobility of the population in the midst of development, which is just beginning to take off in many Asian countries. Complacency, the stigma attached to PWHAs, poor education and inability to implement effective programs (100% condom usage and sex education for young people) only serve as catalysts to the spread of HIV/AIDS in Asia.

Although the epidemic has been recorded in Asia for many years, only three countries namely, Thailand, Myanmar and Cambodia recorded nationwide epidemics of substantial numbers at the 5th International Congress on AIDS in Asia and the Pacific (ICAAP) in Kuala Lumpur in 1999. Two years later, at the 6th ICAAP many more countries including China and India reported that they have been badly affected. Indonesia, Iran, Japan, Nepal and Vietnam have also recorded increased numbers (MAP 2001). Among the factors cited for the explosion in the incidence of the disease are drug injections, sex with sex

workers, men who have sex with men (referred to as a neglected population) as well as the interface of all these factors. Perhaps the most dangerous interface as quoted by MAP (2001) is that between drug use and sex. According to the report, drug users in Asia transmit the virus not just through the sharing of equipment but they also infect their sex partners, including their wives. At the same time, drug addiction could also be the cause for sex work. The need for money to buy drugs can easily force an individual to indulge in sex work. Coupled with the fact that condom use among sex workers is the exception rather than the rule in most Asian settings, the epidemic is expected to spread at an unprecedented speed throughout Asia.

The urgency of the impact of the epidemic is so great that the United Nations made history when a special "United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was called in June 2001 to "set in place a framework for national and international accountability in the struggle against the epidemic." (UNAIDS 2001: 2). Among the targets of the UNGASS was to reduce HIV infection among 15 to 24-year-olds by 25% in the most affected countries by 2005 and globally by 2010, and to have in place by 2003, strategies that begin to address the factors that make individuals particularly vulnerable to the infection. These factors, among others include poverty, lack of empowerment of women, lack of education and sexual exploitation of women, girls and boys.

## Characteristics of Fishers

Literature on fishing as a profession portrays it as an occupation full of risks. Studies in America reported that fishing, especially commercial fishing is the most dangerous job in the United States, and fishers face a risk of fatal on-the-job injuries 28 times greater than the risk of all other occupations combined. (Secretariat of the Pacific Community First Pacific Regional HIV/AIDS and STDs Conference 1999). In other words, they often work "on the edge of life." The demands of the job as fishers are so high that only young men are suitable for it. At the same time, there is a high turnover and it is not unusual for fishing vessel owners to appoint "employment agents" who recruit young men from villages for the industry, charging a fee of US\$90 per worker (Family Health International 2000). There is also no guarantee that those recruited are drug free. To quote the captain of a boat, "As a wild guess, I would say that if the fishing industry were to run a blood test and eliminate the people that had drug problems, there would be very few boats sailing with a full crew." (Standard Times 1996).

Fishers are also very mobile people, having to travel to wherever the catch is most plentiful. Their pay is also often quite substantial. This coupled with the fact that they could be away from the family for many days at a time increases their risk of sexual contact with sex workers. "When fishers get paid, they want to have a good time, spending money on drinks and sex." (Family Health International 2000). Because of the dangerous combination of alcohol and sex, as well as the lack of condom usage, the fishers are not just vulnerable to HIV infection but those living with the virus can unknowingly or otherwise spread the epidemic through sex workers to low prevalence areas.

Living conditions tend to be cramped and while at sea, they are forced to live in close-knit communities sharing living space, including needles and drugs. It has also been noted that in some instances, sex among men takes place in such close proximity.

The occupation, tough as it is, does not attract many people. Consequently those who are involved in fishing tend to be young (to meet the demands of the job), poorly educated (those who are not employed elsewhere) and in some cases may even be migrant workers, both legal as well as illegal (as there is the difficulty of finding young men who would want to choose fishing as a profession). Family Health International (2000) reported that in Rayong, a port city on the East coast of Thailand, men with limited education and without official documents (passports and visas) could often find jobs as fishers because the adventure attracts young men but the work is hard and full of physical risks. Given the above-mentioned conditions and characteristics of fishers, it is not inconceivable that fishing, as an occupation, has all the conditions that expose fishers to the infection.

## HIV/AIDS among Fishers

Studies done in Tanzania, Africa, found that fishers were most likely to die from any cause - AIDS or non-AIDS. In fact, this study found that they were five times more likely to die of AIDS and of other causes than are farmers in the same region (Ainsworth and Semai 2000). The same risks (of “other courses”) were also shared by fishers. Elsewhere in Asia, Family Health International has also pointed out that fishers in the region face a life full of risks.

It is not just the work in fishing itself that threatens the life of the fishers. Their entire lifestyle also makes them vulnerable to death due to infection from sexually transmitted diseases, including HIV/AIDS. Soskolne (2000), in a cross sectional study of migrant fishers in Thailand found a 15% prevalence of HIV/AIDS. The average age of the subjects was less than thirty years and 60% of them had admitted to having multiple partners and visited commercial sex workers while away from home. Entz et al. (2000) also found a HIV prevalence rate of 15.5% among fishers in Samut Sakorn, Ranong, Songkhla and Traat Provinces in Thailand.

Meanwhile, Family Health International (2000) reporting on Cambodian Seafarers in Rayong, Thailand, found that 60% had engaged in commercial sex. Studies done with source (of sex workers) communities found a HIV prevalence rate of 29% to 34% among the commercial sex workers, depending on the location from which they operate. This same study also found that although condom usage was low (partly due to alcohol consumption), the fishers did not think that they were vulnerable to HIV. At any rate, some of them claimed that their lives as fishers were so full of risk anyway - so why should they be afraid of HIV/AIDS. Limited education among fishers also makes access to information difficult.

Fishers are not just vulnerable to HIV/AIDS because they frequent commercial sex workers without proper protection. Involvement in drugs also renders them vulnerable. MAP (2001) reported that the HIV prevalence among injecting drug users could go as high as 40%. Drug users can pass on the infection to their partners in drugs, partners in sex and in some cases the addiction itself can also force them to be sex workers.

One study among Malaysian fishers in the state of Kedah reported that 18.1% of the subjects had sex with commercial sex workers, 19.2% used various drugs and 14.4% consumed alcohol, all behaviors which put them at risk of being infected (Tunku Latifah 2001). Incidentally in Malaysia, fishermen who make 7.8% of all PWHAs with known occupations, are regarded as a high-risk group.

## Vulnerability of Partners

Partners of fishers include wives, friends (both male and female), and commercial sex workers. They could be partners in sex as well as in drugs. Whichever the case, the risky behavior of fishers puts their partners at risk. Because some STDs including HIV/AIDS do not present noticeable symptoms until at the late stage, fishers could have infected many individuals even before they themselves are aware of their status. And in some instances with PWHAs, stigma as well as indulgence in drugs or alcohol renders reasonable thinking (about prevention) unimportant.

Women in the lives of these men find themselves in double jeopardy. Not only are they vulnerable in terms of the meager income they receive from their husbands, but the behavioral patterns of fishers (involvement in drugs and sex) only serves to exacerbate their vulnerability to the infection.

Sex workers catering to the needs of fishers are also at risk. For the sex workers, the balance between condom usage and their own safety as well as that of their clients, and the economic gain from trying to please their clients who refuse to use the condom, is often difficult to maintain. Clients feel that since they are paying for a service, they can dictate the conditions. Coupled with the fact that some clients come to them in various states of alcohol or drug induced stupor, sex workers not only remain at risk themselves but when infected, are also a risk to other clients.

## Factors Contributing to the Vulnerability of Partners

The increase in the number of infected women has risen to such an extent that there has been repeated calls to address the needs of women in recent years. Globally, in the age group of 15 to 24, two women are infected compared to only one man. Data also shows that younger women are more vulnerable to the infection. Reasons for the increase in the rate of infection among women include physiology, socio-economics and violence, all of which are compounded by gender constructs within cultures.

The physiological difference between men and women is a well-known factor. Biologically, the vagina allows for greater possibility of entry of the virus because of the sensitivity of the mucousal surface as well as the larger surface area. Younger girls are especially vulnerable because their immature mucousal surfaces are even more easily torn. It also does not help to have cultural beliefs expounding the fact that men's sexual ability can be rejuvenated by having sex with virgins. In some areas of the world, sex with virgins is also believed to be a cure for HIV/AIDS. In general, men also believe that by having sex with younger sex workers, they can reduce their vulnerability to infection.

Women are susceptible to STD including HIV infection due to the high concentration of the virus in semen. They are also more likely to be asymptomatic and less likely to seek treatment for STDs, resulting in chronic infections with more long-term complications. Untreated STDs increases the likelihood of HIV infection. WHO has also pointed out that although women may be infected later than their husbands, their poor state of health allows the infection to progress to AIDS at a faster pace.

Because women are primary caregivers in the family, infected as well as affected women also bear the brunt of having to care for the entire family in the event of the death of their husbands, sons, brothers etc. Women, when they become sick themselves, may not get the support nor the care they need. Parents have also been known to be left without children to take care of them in their old age. More than that, older women also look after their sick grown-up children and upon their death, take on the responsibility of bringing up their grandchildren.

HIV/AIDS infection among women clearly portrays the gender inequality in families, which make women more vulnerable to the infection. The following reasons borrowed from Gupta (2000: 3-5) explains why gender inequality increases the vulnerability of women:

1. The culture of silence which surrounds sex which dictates that "good" women are expected to be ignorant about sex and passive in sexual interactions, makes it difficult for women to be informed about risk behavior and even when informed, difficult for them to negotiate safer sex;
2. The culture of silence also makes accessing treatment services for sexually transmitted diseases highly stigmatizing to women (STDs further increases vulnerability);
3. Motherhood like virginity is considered a feminine ideal-therefore using barrier methods or non-penetrative sex as safer sex options presents a significant dilemma for women;
4. Women's economic dependence increases their vulnerability to HIV. Women, who are dependent on their husbands economically, are less likely to be able to negotiate for safer sex. They are also more likely to exchange sex for money or favors and they are also less likely to leave a relationship that they perceive to be risky;
5. Violence against women contributes directly and indirectly to women's vulnerability. Studies quoted by Gupta (2000) found that individuals who were sexually abused were more likely to be engaged in unprotected sex. Men who had extramarital sex were 6.2 times more likely to report wife abuse than those who had not. Men who reported STD symptoms were 2.4 times more likely to abuse their wives;
6. Stigma and discrimination against PWHAs prevent women and men from being tested, perpetuates the infection if they are positive, and prevents early detection so that they can receive treatment early enough.

According to Gupta (2000), men are also vulnerable by prevailing norms of masculinity that expects men to be knowledgeable about sex. These expectations indirectly force them to seek "the experience" from sex workers while at the same time prevents them from seeking information about sex (for fear of being branded as ignorant), including related infections and HIV/AIDS. Variety in sexual partners, long believed to be a sign of masculinity, only serves to increase the vulnerability of men.

## Conclusion

The vulnerability of the partners of fishers stems not only from the fact that they are related to fishers but also from the gender constructs of society where all women are vulnerable. However, fishing as an occupation accentuates this vulnerability because of the nature of the occupation. Coupled with socioeconomic factors, it would be safe to say at this point that wives, girlfriends as well as other partners of fishers are at risk. To quote an addicted former captain of a fishing boat, "Guys like me, we got it 8-10 years ago. There are still a lot of people who don't know they have the virus. I guess it won't be too long before you can say we have lost a generation to the virus." (Standard Times 1996).

In the meantime, mothers and fathers lose their sons, daughters-in-law and even grandchildren to the virus. Surviving children become orphaned and become the responsibility of widowed mothers (who may be infected themselves), grandparents or even the State. The country loses a cohort of young people they badly need for development.

The fishing industry must do something now if we are to ensure that there will be enough fishers who would take to the sea.

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