

# POLICY Brief 27

## Mainstreaming of HIV and Aids into South African Fisheries Policy

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### Introduction

This research investigated the drivers and the impact of HIV and Aids in fishing communities in South Africa, in order to assist the Department of Environmental Affairs and Tourism: Marine and Coastal Management (DEAT:MCM) with mainstreaming of HIV and Aids into policy on fisheries. The research was based on in-depth analysis of four fishing communities in the Northern Cape, Western Cape and Eastern Cape.

HIV and Aids is one of the most serious health, economic and social challenges facing South and southern Africa today. 64% of the 39.5 million people estimated to have been HIV-positive in 2006 were from Sub-Saharan Africa. South Africa is one of the most-affected countries in the region, with 5.54 million people (18.8% of the adult population) estimated to have been living with the virus in 2005. Estimates show that women are disproportionately affected, with 77% of all women worldwide living with the virus being from Sub-Saharan Africa and 55% of the South African HIV-positive population being women. The severity of the epidemic in southern Africa is closely linked to poverty, the low status of women and other social-economic factors.

Studies in several African and Asian countries show that the prevalence of HIV and Aids is proportionately higher in fishing communities than the general population and other highly vulnerable groups such as truck drivers, the military and prisoners. The susceptibility and vulnerability of fishing communities to HIV and Aids are influenced by multiple combinations of social, eco-

nomical and political factors that result in the marginalisation of fishing communities. Despite this, national and international policy responses to the epidemic in fishing communities continue to be inadequate and fragmented.

### Objectives

This study set out to investigate the impact of HIV and Aids on selected fishing communities in South Africa. The goal of the research was to assist DEAT:MCM in mainstreaming HIV/Aids into fisheries policy through ethnographic and in-depth analysis on how poverty and gender, as well as social-economic and socio-cultural factors are linked to HIV/Aids in fishing communities. Following consultations with Mr Chumani Mangcu, Director of Integrated Coastal Management and Development, MCM, in February 2007 on concerns about the focus of the project, it was agreed to reformulate the objectives of the project and concentrate on providing MCM with a policy brief on how to mainstream HIV/Aids into their policy and activities. It was also agreed to look at the provincial government's interventions. Following the revised objectives, the key research questions were:

- To investigate the nature of the underlying factors contributing to HIV/Aids in selected fishing communities in South Africa
- To assess the current HIV/Aids legislation and the National Strategic Plan for HIV/Aids and Sexually Transmitted Infections (NSP) and advise DEAT:MCM about how to mainstream this into its policy and activities.

HIV/Aids can be mainstreamed at two domains; internal (workplace) and ex-



ternal (target community). This research and resulting policy brief are concerned with external domain mainstreaming. In the external domain, specific aspects of South Africa's HIV/Aids and Sexually Transmitted Infections National Strategic Plan ought to be mainstreamed into the core mandate, policies and activities of DEAT: MCM, based on its capacities and its comparative advantage, without duplicating activities of other stakeholders.

## Methods

In this study, three fishing communities were used as case studies. These were Elands Bay (Western Cape) and Hondeklipbaai (Northern Cape) and Oester Bay (Western Cape). Key informant interviews were conducted with fishers, health workers at local, district and provincial health department levels and with home-based caregivers in the communities. In addition, interviews with purposefully selected households in the communities were conducted in order to understand the dynamics, such as poverty, that influence the prevalence and extent of the impact of HIV/Aids. Another important aspect was the assessment and evaluation of contents of the National HIV/Aids and Sexually Transmitted Infections Strategic Plan (NSP) and the ongoing HIV/Aids interventions of the Department of Health at local, district and in provincial levels, in order to analyse how these link to

fishing communities and what gaps exist in these linkages, with which mainstreaming could assist. Some of the challenges regarding research on such a sensitive topic were around ethical considerations, the right to privacy on HIV status, and power relations between the interviewee and respondent.

## Conceptual framework

Research and studies on the HIV/Aids pandemic have mainly framed this as an African problem related to socio-cultural and genetical characteristics of Africans that lead to promiscuous sexual behaviour. The behavioural paradigm and its assumptions about African exceptionalism have largely determined the questions that are asked and the solutions that can be proposed. This has largely restricted HIV research to sexual behaviour. Research ought to go beyond sexual behaviour in order to understand the complexity of cause-and-effect relationships between HIV/Aids and a broad range of contextual factors that characterise poor and marginalised segments of the population into which most fishing communities fall. In this context, three broad themes provided the conceptual framework for the study. These are poverty, fatalism and mainstreaming.

**Poverty** in fishing communities can be understood as resulting from four related and reinforcing phenomena, namely *social exclusion, economic exclusion, political marginalisation and class exploitation*. While the concept of **fatalism** traditionally relates to religion, in this research it is applied to mean risk-taking behaviour based on rebellion or resistance to accepted norms of behaviour within a society. Fatalism expresses itself as refusal to change one's behaviour even though one is aware of the fatal potential consequences. **Mainstreaming** refers to

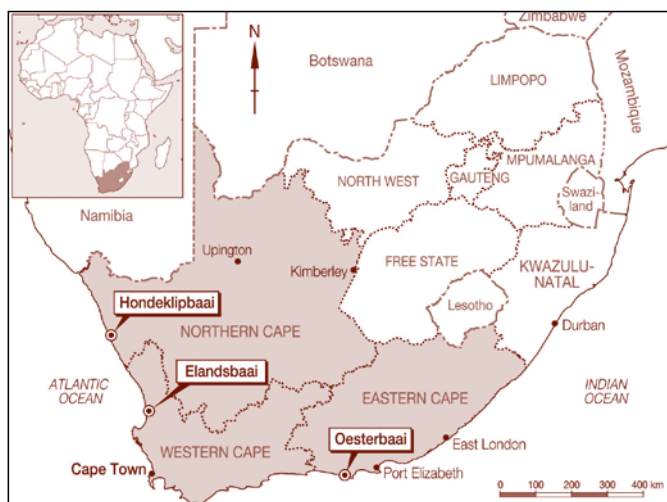
a range of practical strategies for expanding and scaling up responses for addressing developmental impacts of HIV/Aids through a multisectoral, multi-level and multipronged approach by all stakeholders. The concept of mainstreaming proposes that government departments, sectors, NGOs, the private sector, church organisations, and so on, each as appropriate in their context and using their comparative advantages, implement interventions in tandem with and in support of national HIV/Aids responses. The underlying principle is that the institutions do not need to include all the components of the national strategy, but rather prioritise activities based on their comparative advantages.

## Findings and interventions for possible mainstreaming of HIV/Aids by DEAT: MCM in marginalised fishing communities

According to the South Africa National Aids Council (SANAC), all government departments and civil society are expected to use the National Strategic Plan (NSP) framework for the development of tailored strategies and operational plans. The NSP interventions are set under four priority areas: (1) prevention; (2) treatment, (3) care and support; (4) human and legal rights; and (5) monitoring, research and surveillance. In terms of the fisheries sector, the following is a summary of the findings and some of the relevant priority areas within the NSP that DEAT: MCM can latch onto within mainstreaming. The relevant priority areas within the NSP have been bolded under each summary of research findings:

### Poverty, TB and HIV/Aids; linkage to disability grants

Tuberculosis is increasingly associated with HIV/Aids. One needs to question why many TB patients purposefully default on their medication to prevent them from being removed from



the disability grant whilst this is a curable disease. Siphon Mthathi (pers. comm.) stressed the need for poverty alleviation programmes to link directly to the national HIV/Aids crisis facing poor communities.

### The need for a 'chronic-disease grant'

Currently, there are no TB or HIV/AIDS grants. In accordance with disability-grant policy, people only get grants when they are incapacitated by these diseases. According to Siphon Mthathi (pers. comm.), HIV/AIDS NGOs are currently lobbying and advocating for a chronic-disease grant. HIV/AIDS would fall into this category. This can only happen through activism and pressure on government, since the government is not keen on creating any more grants.

### The subordinate position of women within fishing communities makes them vulnerable to abuse and exploitation

Gender inequality, high levels of domestic violence and poverty create an environment in which women are increasingly vulnerable to being drawn into sex work and are unable to insist on condom use.

High unemployment rates and lack of alternative livelihood opportunities force women within fishing communities into short-term survival strategies such as transactional sex.

- Accelerate poverty-reduction strategies and strengthen the safety nets to mitigate the impact of poverty.
- Accelerate programmes to empower women and educate men on women's rights. Support national efforts to strengthen social cohesion in communities and to support the institution of the family
- Reduce the vulnerability of women and girls to HIV infection by reducing poverty among women
- Ensure that existing laws and poli-

cies protecting women and girls from gender-based violence are implemented.

- Ensure that laws, policies and customs do not discriminate against women and girls.

### Link between HIV/Aids, TB and Foetal Alcohol Spectrum Disorder (FASD) in fishing and farming communities; drug and alcohol abuse increase vulnerability to TB, FASD and HIV/Aids.

The health department has accepted the link between TB and HIV/AIDS and all TB cases diagnosed need to take a compulsory HIV test. However, one needs to go a step further and link these to gender violence and drug and alcohol abuse (the latter usually lead to FASD).

- Scale up coverage of the comprehensive care-and-treatment package
- Ensure effective management of TB/HIV co-infection
- Strengthen the health system and remove barriers to access
- Develop a comprehensive package that promotes male sexual health and addresses gender and gender-based violence.
- Introduce programmes to mitigate the impact of alcohol and substance abuse.
- Introduce programmes and strategies to address stereotype gender identities that contribute to gender-based violence

### Marginalisation of rural communities and services

In the Western Cape, complacency has kicked in because of the perception that the province has the lowest prevalence of HIV. This is resulting in marginalisation of some communities in the province. In addition, the stigma in the rural communities around disclosure impacts on the quality of services targeting these communities. The geographical,

structural and institutional isolation of communities such as Hondeklipbaai and Oester Bay means that these communities have a paucity of health services attention resulting in neglect. Urgent attention needs to be given to whether Anti-retroviral (ARV) roll-out exists and whether those infected have access to services in such rural marginalised communities. Through support structures and networking with other NGOs, communities could possibly help get others onto treatment.

- Develop behaviour-change curricula for the prevention of sexual transmission of HIV, adapted to different target groups.
- Scale up positive prevention in HIV-negative people.
- Increase roll-out of prevention programmes for higher-risk populations.
- Increase roll-out of prevention programmes for marginalised and isolated fishing communities.
- Engage in advocacy and lobbying on behalf of fishers and fishing communities for interventions, including access to ARVs, that specifically target the needs of these groups.
- Develop, in conjunction with national regulatory bodies, a coherent programme of HIV/Aids education and prevention messages, to be provided at community level by peer educators and trainers drawn from fishing crews and communities, and put in place at sites used by fishing crews when off duty, for example shebeens.

### There are high levels of stigma against HIV-positive people within fishing communities.

There is a need to increase levels of knowledge, and raising awareness and support in order to deal with the stigma attached to HIV /Aids.

- Human and legal rights – stigma and discrimination continue to present

challenges in the management of HIV/Aids. This priority area seeks to mainstream these in order to ensure conscious implementation programmes to address them.

### Symbiotic relationship between research and policy

There is a need for a symbiotic relationship between researchers and government so that research results can feed into policy making and decisions. According to Auntie Pokkie of Honde-klipbaai, local communities feel that research in HIV/Aids and poverty research should be more action-oriented and report back to communities.

- **All government departments and civil society sectors shall be involved in the fight against HIV/Aids (from 'Broad Framework For HIV & AIDS and STI Strategic Plan For South Africa, 2007-2011).**



PLAAS engages in research, policy support, post-graduate teaching, training and advisory and evaluation services in relation to land and agrarian reform, community-based natural resource management and rural development.

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## Recommendations

- Identify and develop champions within fishing communities for peer-to-peer education. Peer educators should be community members that can identify with others of the same age and social group within their community.
- Carry out a detailed survey to quantitatively establish the extent of the prevalence of HIV in fishing communities (regionally and nationally) and in relation to the general community, so as to work out the required infrastructure and services necessary to tackle the problem.
- Tackle the root causes of risk behaviour in fishing communities, namely poverty, vulnerability and the 'risk environment'. In this context, DEAT: MCM should ensure that fishery management and development interventions contribute towards reducing poverty and vulnerability of fishing communities to HIV/Aids.
- Find ways of tackling fatalism (refusal to change behaviour even though aware of the fatal potential consequences) in fishing communities by promoting positive attitudes about life.
- Find strategies and practical solutions in addressing moral judgement of fisher behaviour or HIV status, which tend to drive them away from awareness campaigns and programmes dealing with HIV/Aids issues.
- Overcome institutional barriers between different professional groups (for example medical professionals, other government departments such as DEAT: MCM, NGOs working with and in fishing communities, and so on) that inhibit collaborative efforts in dealing with HIV/Aids issues in fishing communities.
- Address inequalities between men and women in terms of access to and ownership of assets, income-earning opportunities, power relations and negotiation of sexual relationships within fishing communities.
- Promote economic and social empowerment of women through the development of supplementary and alternative economic opportunities, skills training, sources of capital for small businesses, market-access for products and support groups.
- Investigate, adapt and apply positive approaches and solutions for dealing with vulnerable and mobile groups from other sectors, to fisheries.
- In line with the recommendations of the NSP, appoint a fully trained senior member of staff who could initiate action-based change and policy development in relation to HIV/Aids issues in fisheries and fishing communities. Such a person would work with health-sector staff and other stakeholders in developing appropriate prevention, care and mitigation responses targeted at the fishing sector.
- In collaboration with the health sector, make health services more easily accessible to remote fishing communities (for example improving infrastructure for disbursement of routine treatment such as ARVs and TB drugs, treatment for sexually-transmitted 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; and develop prevention-oriented interventions directed at fishing communities.
- In developing responses, involve the fishing communities because the communities will be best placed to define the changes that will reduce vulnerability to HIV/Aids.