

HIV/AIDS, health and wellbeing study among International Transport Workers' Federation (ITF) seafarer affiliates

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ABSTRACT

Background: Transport workers generally face a higher-than-average risk of HIV as well as other health challenges. In order to improve understanding of health issues in the maritime sector, including but not limited to HIV/AIDS, and to prepare appropriate responses the International Transport Workers' Federation (ITF) conducted a study of the views and needs of those affiliates.

Materials and methods: The ITF carried out two surveys. The first consisted of a questionnaire sent to all ITF seafarer affiliates to establish their concerns about health issues, including the impact of HIV/AIDS, and to assess the extent and nature of existing trade union programmes. The second consisted of a knowledge, attitude and behaviour survey on health, wellbeing and AIDS among a cross-section of individual members administered through anonymous and confidential questionnaires by maritime affiliates in four countries in different regions and an identical online questionnaire through Survey Monkey.

Results: For the first survey, replies were received from 35 unions in 30 countries, including major seafarer supplying countries – India, Indonesia, Myanmar, Philippines, Turkey, Ukraine – and major beneficial ownership countries such as Germany, Italy, Norway, and South Korea. Health issues of concern included HIV and other sexually transmitted infections for over three-quarters of them, and then alcohol use, weight control, and mental health. All said they would welcome ITF support in starting or strengthening a programme on general health and/or HIV. Replies were received to the second survey from 615 individual seafarers. Half to three-quarters said they worried about their weight, lack of exercise and drinking; over half felt depressed sometimes or often. There were serious knowledge gaps in a number of areas, especially HIV transmission and prevention, as well as high levels of stigma towards workmates with HIV.

Conclusions: A number of health issues and information gaps remain unaddressed on board and pre-departure. Mental health is especially neglected but the needs emerge clearly. Seafarers believe that companies should provide programmes but also look to their unions for health information and services. The ITF has an important role to play in supporting affiliated unions in developing activities and in providing technical and strategic guidance.

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Key words: transport, seafarers, health, wellbeing, HIV/STI prevention, HIV stigma, overweight, alcohol use, mental health, suicide, working conditions, information, education, maritime company, trade union

INTRODUCTION

Much research has focused on land-based transport workers, but evidence shows that seafarers often have higher rates of HIV than the general population. The International Labour Organisation (ILO) estimates that the global maritime industry faces an increasing risk of HIV infection in many regions. Studies also suggest that seafarers have lower levels of knowledge about HIV transmission and risk factors. The last point is borne out by the experience of an International Transport Workers' Federation (ITF) ship's inspector based in Mombasa, Kenya. "Few ships or port facilities provide even basic information on HIV and AIDS, let alone services such as voluntary testing", she told on ITF meeting. Ship visitors from the Philippine Seafarers Assistance Programme report that they worry about their incapacity to share proper information on HIV/AIDS.

The joint World Health Organisation–International Labour Organisation (WHO–ILO) consultation on AIDS and seafarers in October 1989 was an important milestone in recognition of work-related HIV risk and the opportunities for workplace responses (see the Consensus Statement at: extranet.who.int/iris/restricted/bitstream/10_5/5_1_1/WHO_GPA_INF_.21.pdf).

There are now more structures and legal instruments designed to protect the health and rights of seafarers, chief among them the ILO's Maritime Labour Convention, 2000 (which came into force in 2013). This covers almost every aspect of work and life on board from wages and leave to medical care and health and safety. It establishes the right of seafarers to:

- a safe and secure workplace;
- fair terms of employment;
- decent working and living conditions on board a ship;
- health protection, medical care, welfare measures and other forms of social protection.

The convention does not make specific reference to HIV/AIDS, but is generally understood to include it under health protection and medical care. The International Maritime Organisation/WHO/ILO maritime guidelines, however, make it clear that the medical certificate for seafarers does not mean that they are free of all disease but that they are medically fit for their duties. It states that HIV-positive status is not a barrier to employment on board a ship (see the guidelines at: ilo.org/wcmsp5/groups/public/@ed_dialogue/@sector/documents/normativeinstrument/wcms1.pdf).

The ITF's Global HIV/AIDS Programme started in 2006. In a 2007 mapping exercise, it found that a majority of affiliates reported HIV/AIDS to be affecting or starting to affect all transport sectors in all regions. In order to fulfil its responsibilities to transport workers across the board, and support affiliates in this area of work, the ITF undertook follow-up studies to gain more detailed information and put

in place an HIV/AIDS programme tailored to the needs of particular sectors.

The civil aviation and port studies carried out in 2010 and 2011 focused specifically on HIV/AIDS, but taking into account the evolution of the epidemic and the global response the ITF maritime section decided to take a broader approach with seafarers. The aim was to identify the main health issues of concern to seafarers and to work out an integrated response that focuses on healthy living and general wellbeing as well as addressing HIV/AIDS.

The seafarer inhabits a unique world on board a ship but is still connected with the outside world and shaped by his or her society. How does this seeming contradiction affect seafarers' health-seeking or risk-taking behaviour and their access to health services? The study consisted of two surveys, one a questionnaire for affiliates and one for a cross-section of individual members of selected unions (see below). Each one will be presented and discussed separately.

SURVEY 1: ITF AFFILIATED ORGANISATIONS

PARTICIPANTS

All ITF member unions organising seafarers were sent a written questionnaire: replies were received from 35 unions in 30 countries. They included major seafarer supplying countries such as India, Indonesia, Myanmar, Philippines, Turkey, Ukraine, and major beneficial ownership countries such as Germany, Italy, Norway, and South Korea.

MATERIALS AND METHODS

First the ITF consulted with the affiliates by means of a short questionnaire. Questions concerned the main health issues of concern to the unions and their members, as well as asking about existing activities at the workplace and union policies and programmes in place or planned. A short review of the literature was also carried out (available from ITF but not included here).

RESULTS AND DISCUSSION

Health issues

Just over two-thirds of the affiliates who replied to the first questionnaire believed that HIV/AIDS is already or is becoming a problem, and all recognise that the health of members is a legitimate concern for the unions. There was a universal interest in starting or strengthening health-related activities for members.

When asked to identify the three main HIV, health and wellness issues for members, over three-quarters of the respondents included HIV and AIDS: 28 unions said HIV prevention, 19 the prevention of other sexually transmitted infections (STIs), and 16 stigma and discrimination linked to

HIV; 10 identified alcohol overuse, 10 weight control, and 6 depression and mental health.

HIV/AIDS and wellness policies and activities for seafarers

It is interesting to note that in 24 of the countries at least one collective bargaining or framework agreement exists that includes seafarers' health and wellbeing and/or HIV/AIDS, with the greatest number in Europe (10 out of 12 responses). In 9 of the countries the agreement does not include HIV, one of them surprisingly in Africa (Nigeria). In terms of activities organised for seafarers outside the world of work – by national AIDS organisations and/or non-government organisations – Asia is the best-served region with 10 programmes. There are also activities in all three countries in the Americas, with one in Africa, one in the Arab states and three in Europe. In every case the relevant union says it is involved, so it would be interesting to find out what exactly the union role has been.

Union policy and practice

It is encouraging to see that many unions already have some form of health programme, apart from occupational and safety activities: 24 of the 33 provide information to members, 14 education and training (including pre-departure training), 11 condoms, 8 confidential voluntary testing for HIV, 11 other medical checks, and 10 have referral systems to ensure members have access to appropriate medical services. Of those who have activities on health, three specified that these did not include HIV/AIDS, while two did not include Occupational Safety and Health.

Future plans and requests for ITF assistance

All 34 unions who sent back the questionnaire said they would welcome ITF support in starting or strengthening a programme on general health and/or HIV. Eight unions wished to focus on general health and wellbeing (6 in Europe, 1 in Asia and 1 Arab state), and 27 wanted to develop an integrated programme including HIV. The health issues they wish to include in a union programme – apart from HIV – are nutrition (24 affiliates) and exercise (19); alcohol use (19) and mental health/depression (20); and other STIs (16).

The questions about mental health were quite broad, but several affiliates have spoken separately to the ITF about their concerns in this area, including higher than average rates of suicide among seafarers. Some evoke the phenomenon of *calentura*, known at sea for centuries, that is an irresistible impulse to jump overboard. The ITF will use the opportunity of the survey to look into this more deeply.

In terms of the type of ITF support affiliates would find useful, the preferences were as follows: 27 chose resource materials (including policy and technical guidance) and 27 general information materials such as leaflets and articles; 25 training materials; 23 training for trainers and officials; 20 education and training for members; and 16 would appreciate assistance in linking the union with potential partners.

SURVEY 2: INDIVIDUAL MEMBERS OF AFFILIATED UNIONS

PARTICIPANTS

Individual members of affiliates in one country per region were administered questionnaires, with 615 replies in total: India (100 replies – all men), Madagascar (100 – including 20 women), the Philippines (124 – 2 women), Ukraine (100 – 1 woman). The cross-regional replies via Survey Monkey totalled 191 (23 women). They included both officers and ratings on a range of different ships.

MATERIALS AND METHODS

The second survey consisted of a questionnaire to establish the knowledge, attitudes and behaviour of individual members of one union in each region, mainly from the major seafarer supplying countries. Detailed instructions were provided for the union officials administering the questionnaire, with an emphasis on obtaining informed consent and ensuring confidentiality. The same questionnaire was sent to seafarer networks via Survey Monkey.

The four substantive sections covered knowledge about HIV/AIDS, health and wellness; attitudes and beliefs; health-seeking or risk-taking behaviour; the role of the workplace and the union in promoting health.

RESULTS AND DISCUSSION

The first substantive section of the survey concerned knowledge and understanding of HIV/AIDS and of health generally (Tables 1, 2). The questions about HIV consisted of factual questions about aspects of the disease and then about transmission and protection. Table 1 sets out a cross-section of the questions.

A fairly high percentage of seafarers agreed with false statements, for example 46% of respondents from India and 40% from the Philippines said that HIV can be transmitted through food and drink, and 41% from the Philippines think AIDS can be cured. In India only 17% of the men seem to believe in the effectiveness of condoms, also the case with 53% from Ukraine and nearly 40% from Madagascar.

These are disappointing figures, given the amount of information available on HIV, and it will be useful to find out what information and education the seafarers actually

Table 1. Knowledge and understanding of HIV and AIDS (percentage of respondents who agreed with the statement, whether true or false – the correct reply is shown in brackets by each question)

	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
HIV is most often transmitted during unprotected sex (true)	85	96	92	78	96
A healthy-looking person cannot have HIV (false)	18	21	36	21	11
AIDS can be cured (false)	17	19	41	27	15
HIV can be transmitted through shared food or drink (false)	46	16	40	32	15
Correct use of a condom provides almost 100% protection against HIV and other sexually transmitted infections (true)	17	63	72	47	73
If a woman is faithful to her husband she will not contract HIV (false)	35	50	78	36	42

Table 2. Sources of information at the workplace (percentage of total)

	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Company/employer	5	26	56	0	29
Manning agent	0	17	55	2	20
Union	25	41	58	38	21
Seafarers' centre	0	28	73	3	37

Table 3. Attitudes relating to HIV prevention and people living with HIV (percentage of total who agree with each statement)

	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Afraid to work with someone who has HIV	95	39	70	64	40
Believe only homosexuals and drug users get HIV	17	11	33	4	9
Agree that you should use a condom unless you're sure your sexual partner doesn't have HIV or another STI	96	81	73	63	83
Feel that condoms spoil sex	26	38	57	71	34

receive (Table 3). Given that the spouses of seafarers are known to be a high-risk group, the belief that a woman is safe as long as she remains faithful – without taking account of the behaviour of her husband while away – is seriously dangerous. Especially worrying are the figures from India, and also the Philippines, given that it supplies 20% of the world's seafarers. Hopefully the unions concerned can follow up with some urgency.

The replies also remind us how easily inaccurate knowledge can lead to discriminatory attitudes. For example, if people believe that HIV can be transmitted through shared food and drink, they will of course be afraid of eating with workmates who have or could have HIV. Similarly, if people believe that only homosexuals and drug users have HIV, then these individuals will be stigmatised and rejected. Finally, if they don't believe that condoms provide protection, they

won't use them! Also very worrying is the persistent belief that if someone looks healthy he or she can't have HIV.

The second set of questions in the same section turned to broader health issues, and sought to find out how confident the seafarers felt in terms of managing, or at least understanding, their own health. We asked them to assess their knowledge and understanding in the following areas:

- correct weight
- safe alcohol limits;
- preventing tooth decay;
- reducing the risk of heart attack;
- reducing the risk of diabetes;
- preventing back strain.

In some countries respondents showed a fair level of confidence across the board, but in others gaps emerge, for example tooth care in Madagascar and alcohol levels

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Table 4. Attitudes to own health, physical and mental (percentage of total who agree with each statement)

	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Worry about their weight	84	41	61	16	49
Worry about their drinking	78	27	54	28	36
Worry about lack of exercise	54	45	65	31	76
Feel anxious, hopeless, depressed while on board: often/sometimes	21/63	6/37	13/40	25/39	10/63
Know work mates who are depressed	12	48	75	45	66
Know work mates who have considered suicide	6	17	41	19	26

Table 5. Attitudes concerning depression (percentage of total)

Feelings of depression are the result of:	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Loneliness	56	31	48	31	63
Long separation from home and family	54	60	47	54	72
Temporary/insecure contract	9	44	48	26	52
Long hours	49	52	50	36	66

in India. The replies from women seafarers in Madagascar revealed that a higher proportion of them than men were also unsure how to reduce the risk of heart attacks, diabetes and back strain. Ukraine shows a more worrying profile across the board, and yet 83% say they know where to access health services.

We also asked where the seafarers got most of their information on health and HIV. In general most seafarers, wherever they lived, got it from newspapers, magazines and TV, plus public posters in Madagascar. We were especially interested to know how much information was available at work and through the union and seafarers' centres. Table 2 gives us a clear picture of that.

From this we can see the importance of the union across the board, especially in India and Ukraine (in fact in India the union is the main source of information). At the same

time, the fact that other players are involved in every country means that it would be even more useful for unions to collaborate with the company and others to promote health.

The second section concerned attitudes and beliefs (Tables 3–5). Once again we looked first at HIV and then at other health issues. Of special interest are attitudes to people living with HIV and also to perceptions of people's own health risks.

This is not the first ITF survey that has revealed high levels of fear and suspicion concerning workmates living with HIV. Even where there is a fair level of knowledge generally, myths and misconceptions continue. The figure from India is very worrying and could be a priority for action by the union. Only in Madagascar is the figure below 50%, meaning that all over the world seafarers with HIV are likely to meet with stigmatisation and exclusion. The extremist

Table 6. Sexual behaviour with implications for transmission of HIV and other sexually transmitted infections (percentage of total)

	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Have sexual partners when they're away from home:					
– regular partners	85	33	40	37	25
– casual partners	17	41	23	17	26
Used a condom at last intercourse with non-regular partner	88	55	41	43	51
Are having or have had a same-sex relationship	No replies	4	15	7	16

Table 7. Behaviour with implications for other health conditions (percentage of total)

	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Drink alcohol every day	19	7	15	6	2
Use recreational drugs	0	7	10	31	2
Smoke regularly	32	34	30	61	23

statement about homosexuals and drug users should have had people answering ‘false’, but sadly some seafarers from all countries agreed with this view thus encouraging both stigma and discrimination.

The questions about condoms received both encouraging and worrying replies. Over 80% of the cross-regional seafarers and those from Madagascar agreed that that you should use a condom unless you're sure your sexual partner doesn't have HIV or another STI. Under half the same respondents felt that condoms spoil sex, but the figure was 57% in the Philippines and 71% in Ukraine.

In terms of physical health, seafarers seem to be most concerned about their weight and lack of exercise – as high as 76% among cross-regional respondents (exercise) and 84% in India (weight) but fewer than average in Ukraine. About a third worry about drinking except in the Philippines where it's over half and India where it's about three-quarters. Nearly half of the women seafarers from Madagascar worry about their weight. The ITF and affiliates can use these data to tailor resource materials and guidance.

We thought it important to emphasise depression and give respondents the chance to express themselves, as several affiliates and some studies have raised the issue. Their view is that the problem is growing and not enough is being done to provide care and support.

The numbers revealed in the survey must be cause for concern. If we add together the respondents who are depressed sometimes or often, we have over 50% for each country except Madagascar. And those who have work-mates who are depressed confirm this picture, especially

in the Philippines. The numbers of responders who have considered suicide are very significant. Here it is clear that we are not just talking about short periods of feeling lonely or blue but deep despair. The ITF and all its affiliates must respond with urgency.

Table 5 invites the seafarers to identify the possible causes of depression, thus helping the union develop the right responses.

The long separations from home and family weigh most heavily on the majority of seafarers responding. This is not new – and it applies to many forms of transport – but it is worth the ITF continuing to raise the issue and bringing practical suggestions to the negotiating table/to employers. It would also clearly be useful for the union to look at contractual arrangements and working conditions. The data here may help give them a basis for negotiation.

It's noticeable that while only about a quarter of men from Madagascar complain of loneliness, almost half the women do. Three-quarters of the women from Madagascar experience depression often or sometimes, compared with under half the men. Both women from the Philippines also report loneliness.

There are often contradictions between people's knowledge and views on one hand and their actual behaviour on the other. The third section sought some insights into the behaviours of seafarers that might threaten or protect their health (Tables 6, 7). The first set of questions concerned sexual behaviour.

The fact that relatively high numbers of the seafarers have partners away from home and tend not to use con-

doms puts them and their partners at double risk. Among the women from Madagascar, however, as many say they systematically use condoms as say they have partners away from home. It's also necessary to remember the spouse at home who may suffer the consequences of this unprotected sex. There have been many successful condom campaigns and this should be included in ITF activities not just on HIV but to help prevent other STIs.

We move from sexual to other behaviours that can impact negatively on health. Table 7 concerns three habits with health consequences and which may even become addictions.

These questions immediately beg others: we haven't established quantities of alcohol or types of drugs, for example, but they give unions an insight into members' needs and a starting point for planning health promotion activities.

What about health-seeking behaviour? Opportunities do the seafarers get for health testing? We asked if they had had any of a selection of common tests in the five previous years. The tests concerned were for blood pressure, diabetes, eyesight, dental health, tuberculosis (TB), HIV and other STIs; for women only we included cervical and breast cancer. In all countries and the cross-regional group around half or well over half had taken the tests listed. More women had had a cervical smear than a mammogram, which may reflect procedures in different countries linked to the age at which women start to be offered a mammogram. It's always necessary to remember the different health needs of women and to build these into programmes.

There was a seeming contradiction with the 17 men from India who reported having taken an HIV test and the 77 who said that the company provided HIV testing pre-departure (Table 8). As only 17 thought these tests should be provided, we can assume that the uptake of HIV testing was low – or that the test is compulsory, and the majority object to this (compulsory testing goes against ILO standards as well – see 'Recommendation 200 on HIV/AIDS and the world of work').

Finally we asked if they would like the tests listed and found some results that are not easy to interpret, but hopefully the union can follow up. In the Philippines virtually no respondents asked for the tests listed to be available. Is this because they feel they already have access to all necessary tests? In Madagascar fewer than half the respondents who had not had these tests was seeking them – except in the case of eye testing. The women, however, were almost all keen to have the range of tests listed, and half requested screening for cervical and breast cancer. The answers from the cross-regional group were similar, but the exception was a dental check. The picture changes with Ukraine where those who hadn't been tested in most cases wanted to be, though with fewer seeking tests for TB or HIV. In India, for

example, only 20% had undergone a test for HIV but none asked for one to be available. It may be that more dental checks should be available for seafarers from India.

THE WORKPLACE AND THE UNION

The aim of "The workplace and the union" section of the study – not strictly part of a knowledge, attitudes and behaviour study – was to obtain more detail about materials and activities provided at the workplace and by the union, given that the purpose of the study was to stimulate and inform action planning. It was also important to get an idea of levels of stigma and discrimination at the workplace, given that these are major barriers to health promotion and prevention programmes, and of particular concern to unions.

This section of the survey also tried to understand the stigma and discrimination faced by the seafarers at different level and what type of information the work place should provide (Tables 9, 10). According to the replies, nowhere is free of stigma and discrimination but the ITF and relevant affiliates need to take up the situation of Filipino seafarers with particular determination. It is disturbing that the medical service is among the more frequent sources of discrimination – hopefully affiliates can bring this to the attention of relevant officials of the company. But unions must note too that there is persisting stigmatising by co-workers.

Where information is provided it is generally both pre-departure and on board, while more testing takes place on shore and more support for workers with depression – where available – on board. There is clearly a gap between the level of services provided and what seafarers feel they need. This is especially the case for those from Madagascar and the cross-regional group. The service that is most needed, as felt by respondents from all groups, is support for workers with depression and suicidal feelings.

No clear pattern emerges from the replies as to whether seafarers prefer to receive information and education on shore or on board: it would be useful to follow up on this, as it could make a difference to the outcome of activities, though it will probably emerge that certain activities are more suitable pre-departure (or even post-return) while others work better on board.

In view of the gaps and needs revealed by the survey, could the union play a greater role? Before seeking guidance on types of information and activities, we first asked whether or not the union *should* provide information and activities on HIV, health and wellbeing specifically geared to seafarers (table not included). The response was generally positive: Madagascar 92%, Philippines 76%, Ukraine 47%, cross-regional 76%. For Ukraine, although the number was lower, only 22 respondents said 'no'. Most of the seafarers would like access to relevant information and activities pre-departure and on board. It's also necessary to remem-

Table 8. Provision of health information and services by the union (percentage of total)

The union should provide:	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Information	95	81	90	57	97
Education and training	55	84	81	57	95
Referral to health services in the community	58	61	80	56	94
Health tests including HIV	47	60	77	60	97
Messages through social media	74	76	74	52	95
Peer counsellors to inform and support co-workers	28	79	77	66	99

Table 9. Workers who had experienced, witnessed or heard of a discriminating or stigmatising action at the workplace in relation to HIV (percentage of total)

Workers who had experienced HIV stigma or discrimination	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
By the management	7	11	46	6	18
By the medical service	7	14	52	7	19
By a work-mate	6	14	51	9	17

Table 10. Provision of health information and services on board or on shore – seafarer’s wishes (percentage of total)

The workplace should provide:	India	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Information on HIV/AIDS	100	88	85	33	72
Information on health and wellness (and testing where necessary)	90	86	85	45	78
Testing for HIV	17	62	81	56	69
Support for workers with depression or suicidal feelings	91	65	84	59	71

ber the seafarers’ partners and spouses, and find ways of including them in health education activities.

On the list of health options (Table 8), responses were generally positive across all categories, perhaps surprisingly also including testing. In a number of cases, especially among the cross-regional group, the union is the preferred provider rather than the company. It is especially significant that so many seafarers selected a peer counsellor as being a useful means of support. The key role of peer educators/counsellors has been well established in HIV prevention, care and support. The methodology can be and is increasingly adapted to other health and social issues. The real challenge in this sector, though, is how to build a network of peer educators given the constraints of maritime work. One peer educator per ship? But many ships have small crews and this wouldn’t be practical. Peer educators in seafarer centres? This is possible and already happens in some places, but would need to be developed with training for the individuals and systems to ensure communications and

coordination. In any case, this is an expressed need which unions and the ITF should follow up, including involving key shipping companies.

CONCLUSIONS

The picture that has emerged of the health and wellbeing of seafarers is not universally positive. Levels of depression are relatively high, so are the numbers of people with suicidal feelings, and levels of satisfaction with working conditions and aspects of life on board are relatively low. But it is encouraging that seafarers are looking to their unions to help improve the situation, though inevitably expectations will be higher than what unions are realistically able to deliver.

The replies send a very clear message that the union is strongly urged to provide information, education and training, and health/HIV testing where needed; even more importantly, the union is trusted to do so. The ITF should consider the fact that in spite of the general availability of information materials the survey still reveals a lack of

knowledge on HIV and other health issues, and a lot of concern by seafarers over their health. It is important to work out why previous efforts did not fully reach the target population and how the situation can be improved. The ITF

now has the opportunity to develop a comprehensive health strategy and programme of action by taking into account the survey replies, and by drawing on its proven experience and expertise, especially in relation to HIV and AIDS.