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Benefit Related Relationships among Artisanal Fisher Folks of Tombo Fish Landing Community Western Sierra Leone

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ABSTRACT

Benefit related relationship among the artisanal fisher folks of Tombo a fishing community in Western Rural District of Sierra Leone was studied. The study was carried out to ascertain the socioeconomic activities of target, their level of involvement and reasons for going into transactional sexual activities. Eighty structured questionnaires were administered to randomly selected fishermen and people engaged in fish related activities and this was backed up by the record of reported HIV cases especially among women at the Tombo Community Health Centre. Data collected from the interview was treated using measure of central tendency such as mean and percentages and results are presented in tables and charts. Respondents' ages ranged between 15-65 years; sex (fishermen to fish traders) was 71.3% (females) and 28.75% (males), respectively. Marital status of respondents was single, married, divorced, separated and widowed. Predominant religion of respondents was Islam and Christianity. The study revealed that transactional sex in the study area is mediated by economic, structural and environmental factors. The study also revealed that 70.12% of documented HIV cases at the Tombo Community Health Centre were female while 29.87% were male and were between the active ages of 15-55 years. Fish traders (68.8%) and fishermen (8.44%) constituted the highest carriers of HIV in the study area.

Key words: Tombo, fishing community, transactional sex, socio-economic, community health centre

INTRODUCTION

One of the instabilities affecting coastal region is transactional sex which has silently crept into the fishery sector with little or nothing done about it. Extreme conditions of poverty in urban slum communities, low socioeconomic status and gender inequality may compel residents, especially adolescents, to engage in risky sexual behaviours. Ever increasing population, lack of employment, crowded housing conditions, low educations, low educational opportunities and sustenance at all cost has left many at the mercy of transactional sex. Women are mostly affected by transactional sex which is the exchange of sex for money, goods or services and this reaches far to the fishery sector where they process, transport and retail fish (Bene and Merten, 2008). Transactional sex (T/sex) which is the exchange of sex for wide array of goods and services is very common (Chaterji *et al.*, 2004) and has been found to be one of the major contributing factors for the *Human immune virus* and Acquired immune deficiencies (HIV/AIDS) epidemic in Sub-Saharan Africa. Fishing communities in developing countries have been identified in the past decade as a sub-population at significant risk of contracting HIV especially in countries with high overall rates

of HIV prevalence such as South-East Asian and Sub-Saharan African countries (Kher, 2008). According to Macpherson *et al.* (2012), young men and women between the ages of 15 and 35 make up the majority of people working in the fishery sector and this group is at highest risk of acquiring sexually transmitted infections including HIV. The first case of HIV/AIDS in Sierra Leone was diagnosed in 1987 and currently the number of people living with HIV/AIDS is estimated at 50,000. Since 2005 the national prevalence rate of HIV among the general population has remained at 1.5%. There are signs of declining HIV prevalence among antenatal clinic attendees from 3.5% in 2008 to 3.2% in 2010. Despite this progress, the number of new HIV infections on an annual basis currently estimated at 5,844 outstrips by far the AIDS-related mortality and annual enrolment into antiretroviral therapy (ART). The existing behavioral and structural HIV prevention interventions in the country still fall short of the universal target in terms of both coverage and access to services. This present study is a bold attempt at documenting information on the level of HIV/AIDS prevalence among the coastal fisher folks of Sierra Leone.

MATERIALS AND METHODS

Study area: Sierra Leone is located on the west coast of Africa, between the 7th and 10th parallels north of the equator. The country is bordered by Guinea to the north and northeast, Liberia to the south and southeast and the Atlantic Ocean to the west. The country has total area of 71,740 km² (27,699 sq mi) divided into a land area of 71,620 km² (27,653 sq mi). The country has four distinct geographical regions; coastal Guinean mangroves, the wooded hill country, an upland plateau and the eastern mountain. Eastern Sierra Leone is an interior region of large plateaus interspersed with high mountains, where mount Bintumani rises to 1,948 m (6,391 ft) (Levert, 2006). A total of eighty semi structured questionnaires were administered randomly to selected members of the Tombo fishing community (Fig. 1). Men and women between ages 15-60 years were the targeted

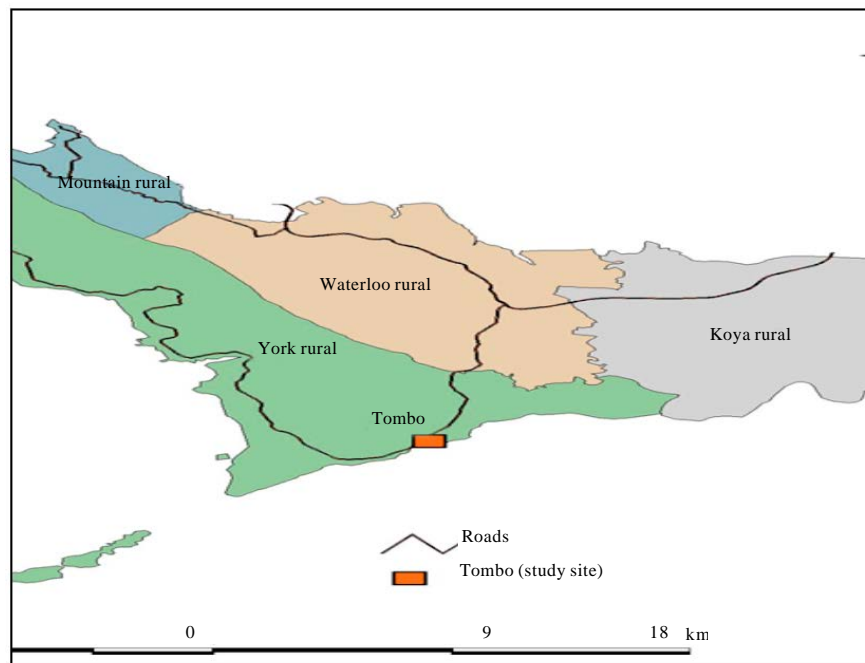


Fig. 1: Map of Western rural district of sierra leone showing the study area-Tombo



Fig. 2: Fisher folks at tombo fish landing site



Fig. 3: Respondents at the Tombo health centre

group. The questionnaires contained demographic and socio-economic information; respondent's health status and relationship questions. The medium of communication was simply krio (local English) interpreted by researcher to English. Data used was based on observations and formal discussions with both men and women involved in fish related activities in the study area. Oral interviews and photographs were also used to record important information. Figure 2 and 3 shows the fisher folks and respondents with the researcher at the landing site, respectively.

RESULTS

The demographic and socioeconomic characteristics of respondents in the study area are presented in Table 1. It is evident from the result that 83.8% of the respondents were between the active ages 15 and 45 years. Females constitute 71% and the majority of them were married (76.3%). Tombo is predominantly inhabited by muslims 93 and 55% of the respondents had no formal education while 28.75% had Islamic education with 11.25 and 3.75% having both primary

Table 1: Demographic and socioeconomic information of respondents

Variables	Frequency	Percentage
Age		
15-25	16	20.00
25-35	30	37.50
35-45	21	26.25
50 and above	13	16.25
Total	80	100.00
Sex		
Male	23	28.75
Female	57	71.25
Total	80	100.00
Marital status		
Single	13	16.25
Married	61	76.25
Divorced	0	0.00
Separated	2	2.50
Widow/widower	4	5.00
Total	80	100.00
Number in households		
5-Jan	19	23.75
10-May	48	60.25
Above	13	16.25
Total	80	100.00
Religion		
Christian	5	6.25
Muslim	75	93.75
Total	80	100.00
Educational background		
No education	44	55.00
Primary education	9	11.25
Secondary education	3	3.75
Islamic education	23	28.75
Tertiary	0	0.00
Vocational	1	1.25
Total	80	100.00
Occupation		
Fisherman	15	18.75
Fish processor	14	17.50
Boat owner	2	2.50
Fish monger	38	47.50
Boat driver	0	0.00
Petty trader	6	7.50
Others	5	6.25
Total	80	100.00

and secondary education, respectively which elicit high rate of illiteracy. Fish mongers made up 47.5% of sampled respondents. Information on the health status of the respondents is presented in Table 2. Recurring malady among sampled residents were malaria (36.3%), common cold (35%),

Table 2: Respondents health information

Variables	Frequency	Percentage
Sick the past one year		
Yes	74	92.50
No	6	7.50
Total	80	100.00
Periodicity of ailment		
Once in awhile	32	40.00
Most often	42	52.50
Often	6	7.50
Total	80	100.00
Ailment type		
Malaria	29	36.25
Diarrhea	4	5.00
High fever	6	7.50
Cough	8	10.00
Head ache	5	6.25
Common cold	28	35.00
Total	80	100.00
Ailment interval		
Continuously in a month	35	43.75
More than a month	5	6.25
Just for a week	40	50.00
Total	80	100.00
Visit hospital for medication		
Yes	53	66.25
No	27	33.75
Total	80	100.00
Hospital visited		
Tombo health centre	57	98.27
Out of Tombo	1	1.72
Total	80	100.00
Other means of recovery		
Self-medication	15	68.18
Traditional medication	7	31.81
Other	0	0.00
Total	22	100.00
Hospitalized for ailment		
Yes	35	43.37
No	45	56.25
Total	80	100.00
Do blood examination		
Yes	55	68.75
No	25	31.25
Total	80	100.00
Belong to a counsel group		
Yes	11	13.75
No	69	86.25
Total	80	100.00

cough (10%), high fever (7%), head ache (6%) and diarrhea (5%). Results obtained shows that 66.3% of the respondents visit the Tombo Community Health Centre on a regular basis. The number of respondents going for after treatment counseling were 13.8% and this suggest that they were probably HIV positive. Inter relationship among the fisher folks is presented in Table 3 and

Table 3: Respondents relationship with fishermen

Variables	Frequency	Percentage
Relationship among fishers		
Not cordial	2	2.50
Cordial	40	50.00
Very cordial	38	47.50
Total	80	100.00
Rate of love overtures		
Yes	29	36.25
No	51	63.75
Total	80	100.00
Boy-girl relationship		
Yes	52	65.00
No	28	35.00
Total	80	100.00
Free fish for relationship		
Yes	24	48.00
No	26	52.00
Total	50	100.00
Sex for fish		
Yes	15	33.33
No	30	66.67
Total	45	100.00

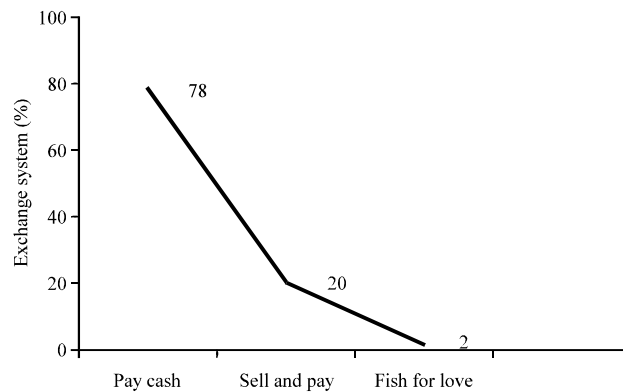


Fig. 4: System of exchange

the result shows that the relationship is cordial (50%); 47.5% reported very cordial while only 2.5% reported no cordial relationship.

It is evident that romantic relationship exists amongst them (36.3%). “Customer” is a coined word commonly used for boyfriend by the fish mongers and mammies and 48% of these people receive fish free; 2% reported exchanging sex for fish, 78% pay cash at once while 20% pay after sales (Fig. 4). The number of people living with HIV in Tombo based on the data received from the community health centre is presented in Fig. 5. The results show that 70.12% out of 154 cases reported were females while 29.87% are males. This shows that women were most prone to HIV infection probably due to the tendency to maintaining multiple relationships for pecuniary reasons.

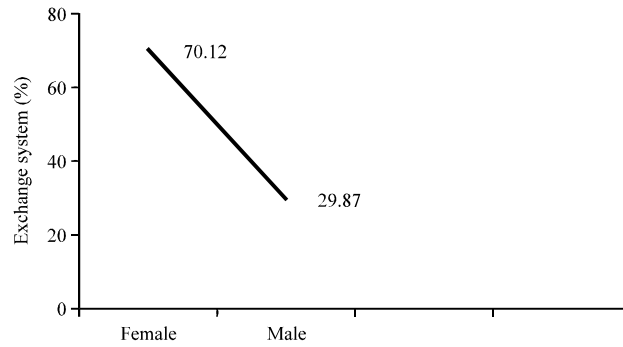


Fig. 5: HIV positive sexes in Tombo

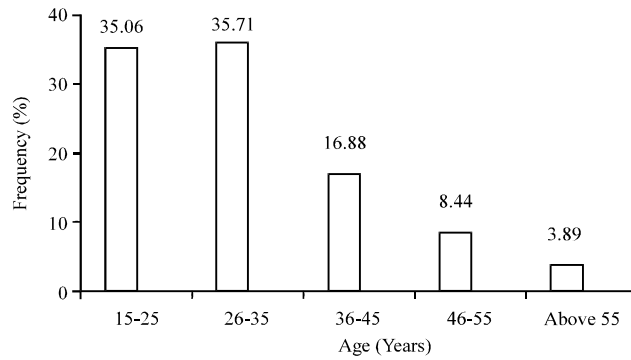


Fig. 6: Ages of HIV positive respondents

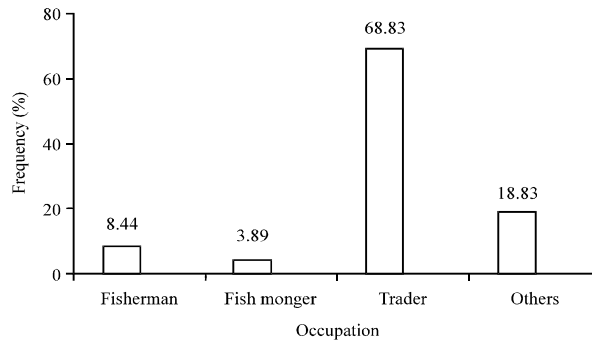


Fig. 7: Occupation of HIV positive respondents

Figure 6 shows age categories of Tombo residents that are living with the HIV virus. The highest proportion of residents that are positive falls in the age brackets 15-25 (35.06%) and 26-35 (35.71%). The prevalence decreased as age increases which only mean that the sexually active members of the community are at the high risk of HIV/AIDS infection. Fish traders (go-between the fishermen and the mongers) who are mostly women ranked the highest HIV positive member of the community (68.83%) while fish mongers ranked the least (3.89%) (Fig. 7).

DISCUSSION

The study took place in Tombo a fishing community in the western rural district of Sierra Leone. The study site is peri-urban with an estimated population of about 22000 inhabitants. Transactional sex according to Varga (1996), Webb (1997), Luiz and Roets (1998) and Idowu *et al.* (2012) occurs in township, rural areas and semi urban areas. Rural and peri-urban areas especially fishing communities where poverty and illiteracy are endemic are prone to transactional sex. This is in consonance with WHO (2006) who reported that poverty, gender inequality are reasons that make people vulnerable to involvement in transactional sex which invariably predisposes them to HIV/AIDS contraction.

Majority of the respondents (93.8%) were muslims with only 6.20% christians and this probably account for the high household size of 5-10 (60%). Muslims in the community are more involved in polygamy than Christians and as such have propensity to be involved in transactional sex and more so because they constitute the highest proportion of the population of the Tombo fishing community. A Muslim respondent in the community affirmed having three wives and twenty one children. Religious and traditional believes are also known to be precursors to involvement in multiple sex partners and transactional sex (Chaterji *et al.*, 2004).

Results obtained show that 83.75% of the respondents were still in their active (reproductive) ages which are 15-45 years. According to Olowosegun *et al.* (2009) these ages are sexually active and can do anything to satisfy their desires. Olowosegun *et al.* (2009), also reported that this age bracket are active and are crucial to agricultural and economic development. It implies that they are sexually active ages which support the finding of NDHS (2003) that majority of those who contract the HIV/AIDS virus fall under the age of 30 years. Allison and Seeley (2004) and Seeley and Allison (2005) also noted that most people involved in fishing as an occupation are within the age groups of 15-35 years which are most vulnerable to sexually transmitted infections (STIs). This is also corroborated by the statistics of HIV cases obtained from the Tombo Community Health Centre which reported that 87.7% (15-45years) of people are living with the HIV virus. Fishing is a high-risk occupation and fishermen are considered to be a high-risk group for contracting HIV, as they are either single or away from their families for long periods, have ready access to cash income (on a daily basis) and tend to have a psychology with short term horizons. According to Idowu *et al.* (2012) the livelihood/survival strategies employed by the fish traders depend to a large extent on their age, educational background, income level, experience in the trade and seasonality of trade among others.

Educational attainment of the fisher folks in the study area was very low. More than half of the respondents 55% had no formal education which may contribute to low awareness of HIV/AIDS which is spreading very fast in the community and the country at large. Kiwanuka *et al.* (2013) in a study on high HIV-1 prevalence, risk behaviours and willingness to participate in HIV vaccine trials in fishing communities on Lake Victoria, Uganda reported that low education, previous marriage, polygamous marriage, alcohol and marijuana use before sex are factors that are associated with HIV prevalence in fishing communities. Smith *et al.* (1999) observed that educational attainment is a significant predictor of HIV risk in rural Uganda, in part because of risk behaviours and other characteristics among better educated individuals. Smith *et al.* (1999) opined that preventive interventions need to focus on better educated adults and on school-aged populations. Knowledge about HIV/AIDS preventive education is still very low among the Sierra Leoneans. Linked to the low level of knowledge about HIV is the low number of people who know their HIV status. In spite of efforts to scale-up HIV counseling and testing in the country and

the increase in the number of HCT sites from 19 in 2005 to 543 in 2010, a majority of the Sierra Leoneans do not know their HIV status. Estimates from the Sierra Leone Demographic and Health Survey 2008 reveal that only 13% of women and 8% of men aged 15-49 years have ever had an HIV test. Only 9.4% of women and 7% of men have actually received a test result. There were more females (71.25%) than males (28.75%) in the study area. Idowu *et al.* (2012) noted that women form majority of the working force that is engaged in post-harvest activities. Rowley *et al.* (2006) reported that women are mostly affected by transactional sex and one of the impacts of transactional sex is HIV. It is estimated that up to 50 million women are employed in the fishing industry in the world Future Harvest in 2001. Women's roles in fishing communities are much more involved in the onshore activities especially in artisanal fish processing, marketing and mongering. In addition some are engaged in service provision (e.g., running kiosks/shops, pubs, small hotels/food vendors and working as saloon attendants). Also some women are neither directly involved in fisheries related activities nor service provision but take care of homes while their husbands are away fishing. The proportion of married women in the study area outstripped the unmarried which is 76.3% married; 16.3% singles; 2.5% separated and 5% widow/widower. The fact that these women are married is not enough to prevent them from involving in economically motivated relationship (T/Sex) which in the word of Olowosegun *et al.* (2009), is a tendency for sexual continuation, particularly among the married people. As presented in Fig. 7 68.83% of respondents living with HIV/AIDS in the study area were traders, majority of them were married women that move in and out of the community on daily and weekly basis. Building capacity for the Agricultural Sector's responses to Aids (FAO., 2004) noted that migration is an important factor that favors HIV transmission. Clark (1994) reported that household upkeep and children education lies mostly on women's shoulder in the rural community, hence the struggle by all means to secure household livelihood, household upkeep and children's education and that since they earn little from their business, transactional sex becomes the rational option. Most households in the study area are headed by women-single mothers who have to cater to the day to day needs of their households. An increasing body of research, largely from sub-Saharan Africa, shows that while economically motivated relationships and transactional sex are tied to women's relative lack of socioeconomic resources, these behaviors are also associated with a range of partnership dynamics and sexual behaviors that may increase risk of HIV and Sexually Transmitted Infection (STI) transmission. Kiwanuka *et al.* (2013) in their study on high HIV-1 prevalence on Lake Victoria, Uganda reported higher HIV prevalence in women than men which corroborate with the results of this study (70.12% female as against 29.87% male). Common ailments reported by the respondents included malaria, Diarrhea, High fever, Cough, Headache and Common cold. Results in table 2 shows that 66.3% of the respondents had visited the hospital for one ailment or the other and 68.8% of the respondents had blood test carried out on them out of which 13.85% were asked to come for counseling which was indicative of their being positive for HIV/AIDS. Due to poverty women fishmongers have become victims of fishermen who now demand sexual favours for fish (Awounda, 2003). Besides the supply of fish for sex other form of transactional sex within the fishing communities include sex for fish (2% of the respondents acquiesced to giving sex or love for fish), sex for capital and sex for accommodation. Love overtures a precursor of transactional sex and disposition to HIV/AIDS comes in many ways as could be seen that 20% of the respondents received the products on credit. There is a strong connection between poverty and HIV/AIDS and as such interventions should focus more on economic empowerment programs that are designed to address issues of poverty rather than health related issues alone. Increasing income at the individual and

household levels will improve the socioeconomic status of individuals (especially women) and their families. There is a growing consensus that the empowerment of women is important for ensuring their sexual health and stemming the tide of HIV among the poorest peoples in the world. Freire (1993a, b) as cited by Adebola (2006) argued that empowerment should be seen from a cognitive or intellectual dimension that focuses on people's intellectual analyses of their circumstances; which imply that positive behavior change among marginalized groups can be accomplished when there is an understanding of how poverty and gender inequality contribute to poor health. Young women in the word of Adebola (2006) need economic opportunities that increase their life chances. Economically disadvantaged girls need to find safe ways to financially support themselves.

Improving women's social and economic position is therefore an important component in changing women's behavior in these exchanges (Macpherson *et al.*, 2012). In fishing communities, increasing women's ability to access capital and savings in the form of microfinance or village banking could improve their economic position. The high risks involved in fish trading and selling means that access to more capital must come with more flexible repayment programme to ensure that women are able to repay more when profits are higher and less when profits are lower. A plethora of issues have been associated with transactional sex in rural fishing communities especially in the developing countries. In the word of Seeley and Allison (2005), fishing communities in less developed countries are often mobile and socially marginalized and have poor access to facilities and medicines and low uptake of available health services. More specifically HIV awareness and prevention campaigns have seldom been targeted at fishing communities, in contrast to other susceptible groups of people.

Interventions therefore to down tone transactional sex and HIV/AIDS among the rural poor fishing communities must among other things include the diversification of livelihood/survival strategies, pro-rural poor government developmental policies that addresses poverty issues among the poorest of the poor, grassroots free education especially at the primary and secondary levels, provision of social securities for the aged and vulnerable members of the rural communities. For adolescent girls, it is important that programs, build on self-confidence, life skills, including decision making, negotiation skills, job training and health services (Adebola, 2006).

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