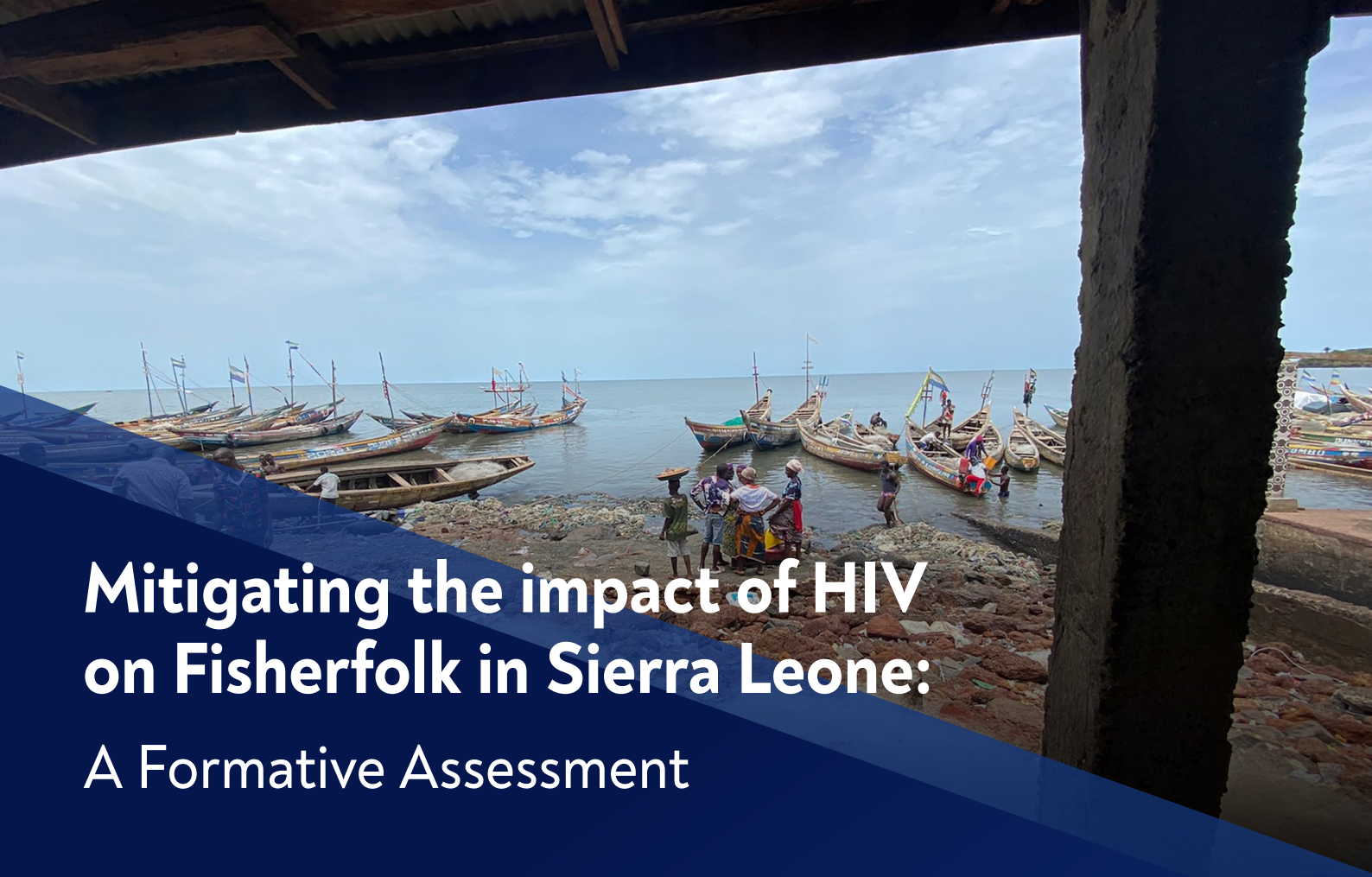


# Mitigating the impact of HIV on Fisherfolk in Sierra Leone:

## A Formative Assessment

### BACKGROUND

Fisherfolk, including fishermen, fishmongers, fish traders, fish processors, and community members engaged in the fishing economy as brokers and sex workers, face structural, cultural, social, and economic factors that affect HIV risk, and many fishing communities are characterized by relatively high HIV prevalence. The 2010 Sierra Leone *HIV Modes of Transmission Study* and the 2011 *HIV Surveillance on Fisherfolks in Sierra Leone* report found HIV prevalence in fisherfolk to be 3.9% and incidence to be 560/100,000, both significantly higher than the general population.

In 2022, ICAP at Columbia University partnered with the National AIDS Control Program (NACP) at MoHS, the National HIV and AIDS Secretariat (NAS), the Ministry of Fisheries and Marine Resources (MFMR), and the Unions of Artisanal Fishermen to conduct a policy-relevant formative evaluation to assess knowledge, attitudes, and preferences for health and HIV services amongst fisherfolk in Sierra Leone.

### STUDY DESIGN & METHODS

Following ethical approvals from the Sierra Leone and Columbia University Institutional Review Boards, 17 key informant interviews (KII), 113 surveys, and 12 focus group discussions (FGDs) took place in May 2022 with fisherfolk from Goderich and Tombo landing sites and national and regional fisherfolk stakeholders. Descriptive statistics from surveys and closed-ended KII questions were analyzed using SPSS. KII and FGD recordings were transcribed, and qualitative data were analyzed using Dedoose software to perform thematic coding and content analysis.

icap Global Health

# KEY FINDINGS

## PARTICIPANT DEMOGRAPHICS

### *FISHERFOLK DEMOGRAPHICS*

The 113 fisherfolk included 37 fishermen, 38 fishmongers, 9 fish processors, 15 sex workers, and 14 other professions. Sixty-three (63%) were female, median age was 40 years; 64% had a primary education or less; 71% were married; in the past month, 36% made USD < $50 and 59% made < USD $70. Participants were highly mobile, with 20% reporting being away from the community for more than one month at a time in the last 12 months.

### *KEY INFORMANT DEMOGRAPHICS*

The 17 KII participants included five staff members from MOHS, one from NAS, and one from UNAIDS, as well as two staff from national fishing organizations, four members of fisherfolk consortiums/unions, three site-level fishing community leaders, and one healthcare provider. Their median age was 50 years, five (29%) were female, and participants had worked at their current organization for a median of 12 years.

## HEALTH & HEALTHCARE

As noted in Table 1, two-thirds of fisherfolk participants reported current health issues and that 20% said that their current health was poor or very poor. They perceived the most common health issues in the community to be upper respiratory infections, tuberculosis, pneumonia, musculoskeletal pain, and malaria/fever; almost half reported having had a sexually transmitted infection.

Fisherfolk had access to both public and private healthcare services, which were within a 60-minute distance for 77% of respondents. Private healthcare services were generally perceived to be higher quality.

**TABLE 1**
*Health and Healthcare*

TOPIC
**Current Health**

KEY RESULTS

- **Common health issues experienced in the community were reported to be upper respiratory infection ("common cold"), tuberculosis, pneumonia, body and joint pain, and malaria/fever**
- Of the fisherfolk survey participants:
  - **75 (66%)** said that they had a current health issue
  - **22 (20%)** said their current health was either "poor" or "very poor"
  - **54 (48%)** reported ever having a sexually transmitted infection

TOPIC
**Healthcare Utilization**

KEY RESULTS

- **Fishing communities reported utilizing diverse healthcare services to get treatment and medication:**
  - Local and community health facilities were used for basic healthcare visits
  - Private and referral health facilities were preferred to for more serious illnesses
- **81 fisherfolk (72%) had received healthcare services in the past year.** ***Of these:***
  - **64% (52/81)** received healthcare at a community health center
  - **32% (26/81)** received healthcare through a community outreach worker

TOPIC
**Healthcare Access**

KEY RESULTS

- **55 fisherfolk (49%)** reported that accessing health services took <30 minute and **32 (28%)** reported that it took 30-60 minutes
- **38 (34%)** accessed health services via motorbike and **35 (31%)** walked to their health services location

TOPIC
**Healthcare Service Satisfaction**

KEY RESULTS

- **Of the survey participants who accessed services, 71% were somewhat satisfied or very satisfied with the services they received**
- **Fisherfolk preferred private providers and facilities when affordable because they perceived them to provide higher quality services**

## HIV KNOWLEDGE, RISK, & PREVALENCE

### *PERCEIVED HIV PREVALENCE & COMMUNITY VIEWS*

Most fisherfolk reported that HIV prevalence in their community was low. Most participants said HIV was not a big health problem for fisherfolk, though some were concerned about HIV in the community and aware of HIV-positive community members. Respondents agreed that levels of HIV stigma and discrimination in the community are high, and some reported avoiding people living with HIV.

### *HIV KNOWLEDGE*

All fisherfolk had heard of HIV, mainly through radio/media and community workshops/campaigns. There was some knowledge of condoms as a prevention strategy. However, participants in 4/12 FGDs had misconceptions about HIV transmission. KII participants highlighted the lack of HIV knowledge in the community and need for community sensitization. Many fisherfolk were aware that HIV treatment exists, ARVs help HIV patients live longer and the drugs are free. In contrast, only 8% of survey respondents had ever heard of pre-exposure prophylaxis (PrEP). Once PrEP was described to the fisherfolk who reported being HIV-negative, 57% said they would be interested in taking it.

### *SELF-REPORTED STATUS*

Despite the perception that HIV was rare in the fishing community, 13 fisherfolk (12%) reported that they themselves had been diagnosed with HIV. Only two reported currently being on ART—one had been on ART for < 1 year and the other for 1-5 years. Of the 11 fisherfolk not currently on ART, 10 said the main reason they were not on ART was due to feeling healthy and one said they were not taking ART due to stigma. Of the 100 survey respondents who reported being HIV-negative, 35 said they had never been tested for HIV.

### *SELF-REPORTED HIV RISK*

Sixty-nine percent of fisherfolk described themselves as at no or low risk of HIV but when asked specifically about personal risk factors, these were common, with 66% reporting sex without a condom in the past four weeks, 61% unaware of the HIV status of their regular partner, 36% having more than one partner in the past month and 3.5% using injection drugs within the past three months.

### DEMOGRAPHICS

**Reported being diagnosed with HIV (N=13)**

**Diagnosed:** Median 24 months (range: 4-60)

**Gender:** 69% (9) female

**Age:** Median age = 44 (26-54)

**Education:** 46% (6) had no formal education

**Marital status:** 62% (8) married, 23% (3) single (never married), 15% (2) widowed

**Employment:** 46% (6) fishmongers, 23% (3) fishermen, 15% (2) sex workers, 8% (1) fish processor, 8% (1) other profession

*"We know the fisherfolks are a vulnerable population but they are not given that prominence [of a key population]... these are the people that we really need to focus on... in terms of HIV because [they are considered] a mobile population."*

KII participant,
National HIV Organization

*"The HIV/AIDS people were coming here to do free tests for the community people, the HIV people will fix megaphones all over inviting people to go and do free HIV tests, but they would never go there. And the few that would decide to go cannot go up to fifty in number."*

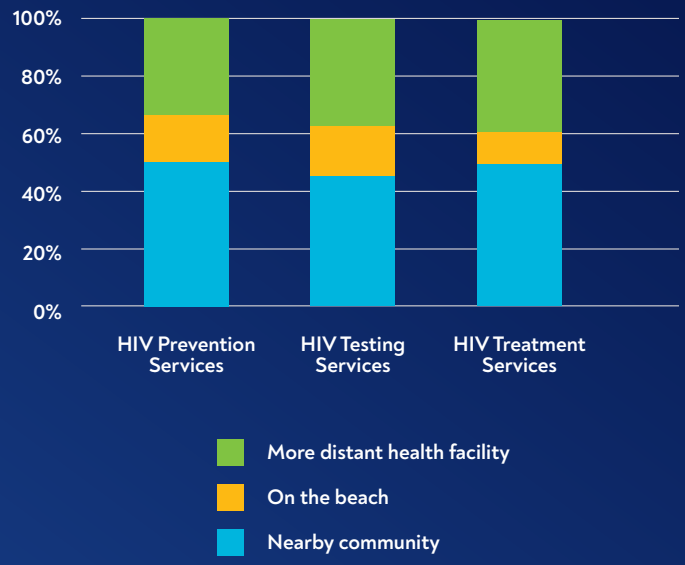
Fishmonger, Female, Goderich

# CURRENT HIV SERVICES & DELIVERY PREFERENCES

## PREFERENCES FOR HIV SERVICE DELIVERY

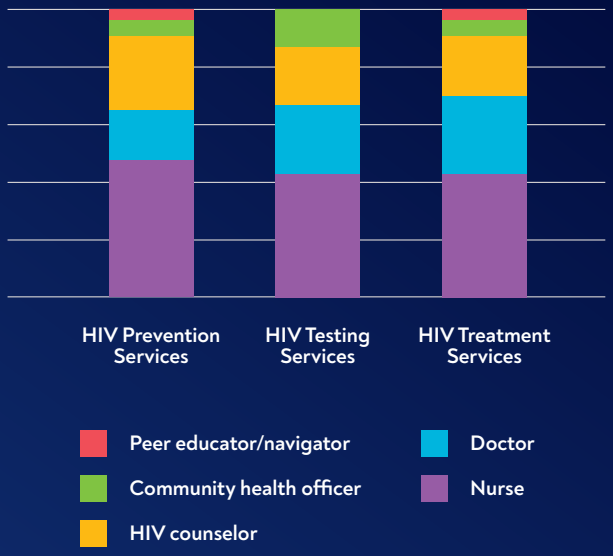
### *PREFERRED LOCATION*

Fisherfolk preferred to receive HIV prevention, testing, and treatment services in the nearby community vs. on the beach or at more distant health facilities




### *PREFERRED PROVIDERS*

Fisherfolk preferred to receive HIV prevention, testing, and treatment services from nurses vs. doctors or HIV counselors or community health officers, or other cadres




## CONCLUSIONS

Although current HIV prevalence amongst fisherfolk in Sierra Leone is unknown, 12% of fisherfolk in this small study reported having been diagnosed with HIV. Participants also reported limited awareness of prevention strategies, relatively high levels of HIV risk behaviors, very low uptake of antiretroviral therapy, and substantial stigma and discrimination towards people living with HIV. These findings strongly suggest the need for additional research and active outreach to fishing communities to provide information, education, and health services designed for their needs and preferences.

Working with fishing communities to design differentiated service delivery strategies will be an important part of expanding access to **HIV testing**, including provider-initiated testing, self-testing, index testing, and social network testing services, **linkage to prevention**, including PrEP, for those testing negative, and **linkage to treatment** for those testing positive.


### Acknowledgements | Collaborators/Partners

*National AIDS Control Program (NACP) at the Ministry of Health and Sanitation (MoHS)*

*National HIV and AIDS Secretariate (NAS)*

*Ministry of Fisheries and Marine Resources (MFMR)*

*Unions of Artisanal Fishermen (Sierra Leone Indigenous Artisanal Fishermen Union, Sierra Leone Amalgamated Artisanal Fishermen Union, Sierra Leone Artisanal Fishermen Union Consortium)*

*U.S. Health Resources and Services Administration (HRSA)*

*This project is supported by the U.S. President's Emergency Plan for AIDS Relief, through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant UJ7HA31180, Optimizing Momentum toward Sustainable Epidemic Control. This information or content and conclusions should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*