

# Left at sea: HIV vulnerability among migrant fishermen in Goa, India

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## ABSTRACT

*The Indian coastline is about 7517 km long, and on this coast line lie India's four high HIV prevalent states: Maharashtra, Andhra Pradesh, Karnataka, and Tamil Nadu. In the Indian context, when it comes to the mobile population, it is mostly truckers and labour migrants who have been given more attention from the National AIDS Control Organization. There are hardly any studies available in India on HIV and AIDS among fishing communities and seafarers. The vulnerability of fishing communities to HIV and AIDS is rooted in the nature of their occupation, which is characterised by high mobility, long absences from home, and cash incomes which in many cases are spent on casual sex and alcohol. Drawing from a mixed methods approach, which included in-depth interviews, focus group discussions, and a locally informed survey, this paper describes the living situation of fishermen in Goa, their risk perception towards HIV, risk behaviour, and condom usage. The push factors for migration to Goa were the lack of work opportunities and meagre wages, making it difficult for men to feed and clothe their households. The major pull factor for fishermen to migrate to Goa was the nature of fishing and the facilities that reduce the risk of financial loss for them. In the survey, risk perception towards HIV was queried in three different ways, and in one of the ways 15 percent agreed that there is a possibility that they might have contracted HIV. As concerns risk behaviour, 13.4 percent of the fishermen said that they had had sexual relations with a non-spousal partner. Only 14 percent of the fishermen had ever used a condom. The politics of aid and targeted interventions in Goa is barring access to information and care for the fishermen in Goa.*

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**Key words:** fisherman, HIV, AIDS, India, Goa

## INTRODUCTION

At the end of 2008, 33.4 million people worldwide were living with HIV and AIDS. Asia, home to 60% of the world's population, is second only to sub-Saharan Africa in terms of people living with HIV. India accounts for roughly half of Asia's HIV prevalence [1]. Sexual transmission is driving the epidemic throughout India and accounts for nearly 90 percent of the infections [2]. Nearly 50 million people in the Asia and Pacific region are not living in their country of birth [3]. However, the number of international migrants in Asia is

vastly outweighed by people who migrate internally. Even though migration itself is not a risk factor for HIV infection the process of migration and the circumstances in which the mobility occurs can increase vulnerability to the infection. Earlier studies have shown that migrant populations act as bridge populations while transferring the virus from high-risk groups such as sex workers to low risk groups such as wives or other non commercial sexual partners [4-6].

The Indian coastline is about 7517 km, about 5423 km along the mainland and 2094 km including the

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Andaman and Nicobar, and Lakshadweep Islands [7]. On this coast line lie India's four high HIV prevalent states: Maharashtra, Andhra Pradesh, Karnataka, and Tamil Nadu. In the Indian context, when it comes to the mobile population, it is mostly truckers and labour migrants who have been given more attention from the National AIDS Control Organization. The lack of focus on fishing communities and seafarers and the groups being considered as target groups is worrying. Population Services International [8] ran a large behaviour change communication project in India; the project covered twelve port cities (including Goa) combining their focus on truckers, fishermen, and labourers working at these ports. In this study they found that in 2006, 42 percent of the truckers and 41 percent of the labourers and fishermen had non-spousal partners. The only national level estimate on condom use as reported by men in India comes from the recent National Family Health Survey-3 [9] which found that, among men who reported use of a contraceptive with their last partner, never married sexually active men use condoms much more (38 percent) as compared to men who are or have been married (7.2 percent) [9]. Prior to NFHS-3 (Earlier surveys NFHS-1 and NFHS-2 only included married women, women were asked about the use of condoms. Only in the recent NFHS-3 were men also included in the analysis.) the literature on condom use among men largely comprised of various small-scale studies carried out in different parts of India and among different sub-populations. The literature on condom use [10–12] indicates two points: firstly that condoms are largely perceived to be used as contraceptives rather than as protection against sexually transmitted diseases; and secondly that the use of condoms is associated with illicit sex and with extramarital relations [13, 14].

The vulnerability of fishing communities to HIV and AIDS is rooted in the nature of the occupation, which is characterised by high mobility, long absences from home, and cash incomes which in many cases is spent on casual sex and alcohol, the latter two being core elements of this masculine sub-culture [15–17]. However, it should also be noted that not all fishermen practice such risky behaviours. Thus fishing as an occupation is not risky but the circumstances in which it is practiced can increase people's vulnerability to the virus. In this paper I first describe the living situation of the fishermen in Goa, their risk perception towards HIV, risk behaviour, and condom usage. Then I discuss the politics of targeted intervention.

## METHODS

The study presented here is part of a larger project 'Risk Assessment of HIV/AIDS by Migrant and Mobile Men in Goa, India' [18]. Data come from two sets of studies. An initial exploratory study was conducted in 2003. This involved fourteen in-depth interviews, pile sorting, three key informant interviews, and community mapping. A second, larger study was conducted in 2004–2005 and included twenty-five in-depth interviews and twenty-one focus group discussions. Based on the information obtained from the first exploratory study and from qualitative component of the second, I designed a locally informed survey that incorporated the local concepts and terminology. The survey involved 1,259 ever married men (migrant population  $n = 752$ ; mobile population  $n = 507$ , the latter group comprising 260 truckers and 247 fishermen). In this paper the focus is only on the results from the fishermen. Within the group of fishermen, we included all male migrants who were linked with the fishing industry. This ranged from the crew on the fishing boat to the labourers waiting on the dock to load the trucks with the catch.

The fishermen in both qualitative and the quantitative studies were ever married men (In this study only married men were selected as they are seen as the bridge population that transfers the HIV virus from high-risk groups such as sex workers to low-risk groups such as the wives of the fishermen.), aged 20–45 years, born in Karnataka and migrated to Goa, and who had resided the last whole year in Goa. Fishermen were selected by snowball sampling. For every boat that docked, we enquired if there were fishermen that met our criteria. Six research assistants conducted the survey. Each was given intensive training and all were field tested for their ability to conduct a survey. Data were collected in Kannada and Hindi. In-depth interviews were recorded with the consent of the respondents and later transcribed and translated. Qualitative data were analysed using principles %-grounded theory [19].

## LIVING SITUATION OF FISHERMEN IN GOA

The study covered three fishing docks. Among the migrants working in the fishing industry, some were skilled in fishing while others were more involved in the unloading of the fish once the boat reached the shore. In Goa, as in other coastal areas in India, the use of mobile phones is changing the nature of both fishing and the marketing of the catch. The head of the fishing boat calls the owner of the boat, who is waiting on the shore, to inform him/her on

the amount of catch and the varieties. This prevents unnecessary wastage of catch. The owner then negotiates the price with various agents and merchants; many trucks with their agents wait at the docks. As observed in the docks where this fieldwork was carried out, most of the catch is loaded onto refrigerated trucks. These trucks then take the fish to Kerala where the fish is sold both for domestic consumption and for export to other Asian countries, Japan being one of the major importers of fish. Once the boat was docked the crew have a few hours to themselves, and then they began refuelling and stocking the boat for the next journey (Figure 1). During the fishing season men stay on the boats and go back to their villages during the off season. During the off season some of the migrants from Karnataka, who work as labourers in these docks, move on to work as daily wagers in other occupations (Table 1).

As seen in Table 1, the majority of the fishermen were in the age group 23-32 years. Nearly 60% of the fishermen had some education, with 38% having at least middle school level education. As is common with most fishermen, their living arrangement did not include their spouses or families. Nearly 85% were not living with their wives in Goa. Among those who did live with their wives, they belonged to the group of men who worked as labourers for loading fish at the docks. The fishermen were paid an allow-

ance every week and their pay was given to them either every month or when they wanted to send money home.

### REASONS FOR MIGRATION

In most cases the push factors for migration to Goa were the lack of work opportunities and meagre wages in Karnataka, making it difficult for men to feed and clothe their households. The respondents had extended families which brought in the added responsibility of supporting younger siblings and elder family members in their households and villages. Men were asked their primary reason to migrate or undertake mobile occupations. Unemployment was the most commonly mentioned factor (see Table 2).

The major pull factor for fishermen to migrate to Goa was the nature of fishing and the facilities that reduce the risk of financial loss for them. As seen in the following quote, this fisherman could not maintain the boat and carry out the fishing, so he came to Goa to work for a fishing vessel owner. The arrangement that he has is that he gets 30% of the

**Table 1.** Age, literacy, education, and conjugal situation of fishermen (%)

Age groups	
18-22	8.1
23-27	24.3
28-32	29.1
33-37	14.2
38-42	15.8
43+	8.5
Education	
Non formal/primary	21.9
Middle	38.1
Secondary	4
No education	36
Living with wife in Goa	
Yes	15
No	85
Total	100.0 n = 247



**Figure 1.** Fishing dock in Goa

**Table 2.** Self-reported reasons for migration (%)\*

Reasons	
Unemployment	78.5
Landlessness	6.5
Economic problems	53.8
Family problems	22.7
Drought	6.1
	n = 247

\*Multiple response questions

profit of whatever catch they bring to the dock. This is just for the head fisherman of the boat. The other labourers are given wages as per the work they are involved in.

R: There (in Karnataka) it is half percentage, deducting bonus, deducting diesel, ice, repairs and all it won't be sufficient for our stomach. That much and all if we spend means what's the profit. If there is «fishing» then fine otherwise loss. It's happened like that. In a year, if we can't get 10000 rupees, also, what to eat then? It happens like that. Here its 30% fix we bring 1000 also it's not a loss for us, there is confidence that we will get 300 rupees. That's why we come here. Its percentage 30–35 percent. I am here now. Pathron (owner) told me to stay here. I came when I was still young.

The Goan government, as per a regulation passed to conserve fisheries, imposed a ban on fishing during the monsoon season, which starts on 1 June and ends on 31 August. At this time the fishermen collect their salaries and return to their villages. At the end of August after the Hindu fishermen celebrate the Ganesh Chaturthi (festival of the elephant god) they return to Goa. The labourers, however, move on to other short term work either in the construction sector or as daily wagers in industrial neighbourhoods.

### RISK PERCEPTION AND BEHAVIOUR AND CONDOM USAGE

In Kannada, the language of the migrants, there is no term for risk; the interviews revealed that the word risk is synonymous with the term 'possibility' (saadhyathe) and the term 'danger' (apaaya). The conceptualisation of risk perception of HIV thus has to be viewed between these two extremes. In the survey, men were asked in three different ways) whether they perceived themselves to be at risk of HIV/AIDS. In the first instance, the men were asked if there was a possibility (saadhyathe) that they might have contracted HIV. Of the 247 fishermen 15 per cent agreed that there is a possibility that they might have contracted HIV. Furthermore, in the second question, the men were asked whether they might have had a sexual relationship with a person who was at risk of HIV. Only 3.6 percent of the men perceived this possibility. In the third question, the men were inquired directly if the men felt that they were at risk (danger = apaaya) of HIV. Only 2.8 percent of the men answered in the affirmative, that they were at risk (danger). Although there was a low perception of risk there were instances of risky behaviour

which were reported both in the interviews and in the focus groups. Before 2004 Baina was the major red light area in Goa. Men from diverse occupations visited this beachside area. But on 14 June 2004 this area and the migrants' settlements on the border of the red-light area were razed to the ground by the then state government. This led to dispersal of sex workers to other areas in the city.

I: You have gone out you said, how many days back?

R: Three years back.

I: Where did you go means... here or...?

R: Baina, once I had gone, then twice I had gone and stopped. Other things I have not done.

Other than sex workers, men also gave information on 'lovers'. Lovers are women who reside in the migrant communities or in surrounding communities. Men assess the risk here to be low and this leads them to not to use condoms. In the survey, 13.4 percent of the fishermen said that they had sexual relations with a non-spousal partner. One has to acknowledge that this number could be much higher as answering the question might be seen as taboo for some men. Given this potential for risky behaviour, the men were asked in the survey to respond to the statement "If a man lives away from his family then he has a higher chance of getting HIV/AIDS", nearly 68% of the men agreed with this statement. With regard to the use of condoms as protection against HIV, as can be seen in Table 3 only 14% of the

**Table 3.** Condom use among fishermen in Goa

Ever used condom	n	(%)
Yes	34	13.8
No	213	86.2
Total	247	100
When		
7–15 days back	2	5.9
16–29 days back	2	5.9
30+ days back	30	88.2
Total	34	100
With whom		
Wife	13	38.2
Lover*	14	41.2
Sex worker	7	20.6
Total	34	100

\*Non-commercial sexual relations

fishermen had ever used a condom. Of these 14% we further enquired when was the last use and with whom. The majority of the men had used one more than a month ago. Among the few men who did report condom use most often it was with a lover or a wife and, interestingly, less often with a sex worker.

When we compare condom use to the characteristics (Table 4) as seen in Table 1 and Table 2 we can clearly see that the majority of the condom users are in the age group 23-32 years, have a middle school level of education, and are currently not living with their spouse in Goa. Furthermore, when compared with the reasons for migration, unemployment and economic problems prove to be prominent among condom users. In the community mapping of condom outlets, men said that condoms were available in pay toilets (sulabha suachalaya), from NGO outreach workers, near meeting points where young men gather in the evening (tailor shops, pan shops), medical shops, and private clinics. The case below shows that men received condoms from NGO workers and depicts the problems of storage.

I: Where do you get condoms from?

R: From R (NGO workers) and from toilet

I: So in toilet there are condoms... and when does R give you condoms?

R: Whenever we ask for it... he gives it to us... we take it and keep it in the toilet.

I: Why do you keep it in the toilet?

R: We keep it in the toilet (pay toilet) and use it when we want. See they (NGO worker) give us a bundle, we cannot put all of them on or use it in one day, so we use one at a time or two.

Vicziany [20] underlined that the single biggest obstacle to the wider use of condoms has been their narrow association with India's birth control programme, rather than its capacity to limit the spread of sexually transmitted infections, including HIV. Among the men who have been counselled to take an HIV test by the NGOs, some do not go ahead but some do. The quote below gives the experiences of one fisherman who went to take a test at the government hospital. In general, an HIV test can only be taken at the government hospital. The NGOs counsel the fishermen to take the test and then accompany them to the government authorized testing centre. In Goa, during the period of this field work, Population Services International (PSI) ran mobile clinics where fishermen could approach the van and could have a blood test. For a nominal fee they would get back their results. Since the PSI project in Goa shut

down, such mobile clinics have become rare. The Goa State AIDS Control Society requires all migrants to report to the government hospitals. This is not possible for the fishermen as most of the time they are on boats and the limited time that they come on shore is spent on refuelling and grocery shopping for the next trip.

R: Inside, they «check». They first ask «what all you have done?» have you gone to Baina? I said «I have gone», I have gone three times. They ask if you put on condom, one or two. One is enough for us if we go drunk, one is enough for me. Means then, I put and came. In the evening if I am bored I go to Baina like this I told the doctor, she was a girl. They ask «direct». They ask what you have done and I told and they insert the needle to check blood, they checked and within 15 minutes, they give the report.

**Table 4.** Characteristics of fishermen who report condom use

	n	Percentage
<b>Age groups</b>		
18-22	2	5.9
23-27	13	38.2
28-32	12	35.3
33-37	3	8.8
38-42	1	2.9
43+	3	8.8
<b>Education</b>		
Non formal/primary	7	20.6
Middle	16	47.1
Secondary	2	5.9
No education	9	26.5
<b>Living with wife</b>		
Yes	2	6.1
No	32	93.9
<b>Total</b>	<b>34</b>	<b>100</b>
<b>Reasons for migration*</b>		
Unemployment	25	
Landlessness	1	
Economic problems	21	
Family problems	3	
Drought	2	

\*As this was a multiple response question only the number is reported

Accompanied with the difficulties of accessing health care, migrants from Karnataka also experience discrimination at hospitals run by the government. Many migrant households thus seek care from quacks (who are also from Karnataka). In situations where they cannot get proper care they go to hospitals back in their home town or bigger cities close to their towns and villages.

### **THE POLITICS OF AID AND TARGETED INTERVENTION**

According to the report released by the Goa State AIDS Control Society [21] from 2001 to 2009, of the 84 projects funded for targeted intervention only one was funded for fishermen (p. 61). This shows the largely callous nature of targeted prevention in the state. During the field study for this project in 2004 and 2005 there was at least one NGO who was working near the docks to educate the fishermen on HIV prevention. The fishermen could approach the NGO personnel for condoms. On a later research visit in 2006 this intervention was stopped as the NGO was not funded for the continuation of this project. Initially there were group sessions where NGO personnel would give information regarding proper use of condoms and places to take an HIV test and organise health camps for the fishermen. The lack of attention is related both to the policy changes at the national level and the local politics of NGOs and funding authorities. At the national level the focus on migrants changed by classifying migrant men as short-term migrants and long-term migrants. This had its repercussions at the local level as fishermen were left out of this classification and the major concentration was on urban short-term migrants who come to work on construction sites or as market vendors from the neighbouring states of Karnataka and Maharashtra. The politics of risk and blame for HIV rested for a long time on the shoulders of the migrants whereas the migrants themselves feel that it is the Goans who are more at risk of HIV due to their lifestyles. Goan seafarers, who also have similar occupation related issues such as high mobility and long absences from home, can access information and health services as they are better educated and economically well off.

### **CONCLUSIONS**

In India, given the rampant spread of HIV, fishermen may comprise just one of the many risk groups; nevertheless, the fact that they are in a risk group and live in unusual circumstances requires due at-

tention to their plight. Providing interventions for hard to reach populations has always been a challenge. However, the Indian NGOs and the state were able to get beyond the moral confines of the society to reach tabooed groups such as sex workers and men who have sex with men. Hence the challenge for HIV prevention programs is to continue interventions among the sub-culture of fishermen. As seen in this study, many of the fishermen migrated to Goa due to unemployment and economic problems; hence, migration is a livelihood strategy for these men from Karnataka. Lack of information and non-availability of health services can increase the vulnerability of migrant fishermen towards HIV.

Although much of this paper is about migrant fishermen and migrants working in fishing related activities, one should understand that the fishing industry is not only about men but also includes women both working alongside men and women who are within the fishermen's sexual networks. Hence, informing men about protecting themselves will go further to ensure the good health of the fishing communities.

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