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Southern Africa ports as spaces of HIV vulnerability: case studies from South Africa and Namibia

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ABSTRACT

There is increasing recognition that in order to respond to the HIV epidemic migrants and mobile populations must be included in national and regional responses. While migration in and of itself does not necessarily contribute to increased risk of HIV infection, some migrants and mobile populations do face increased HIV risk. With its immense coastline and extensive transport industry, Southern Africa provides an excellent case study to examine the HIV risks and vulnerabilities of mobile workers and local communities through port settings. IOM's research in Southern African ports illustrates why HIV/AIDS policies and programmes must focus on spaces where migrants and mobile populations interact with sedentary populations (including sex workers and other sexual partners) in environments conducive to multiple concurrent partnerships, in order to reduce HIV risk and increase access to treatment, care, and support for all.

(Int Marit Health 2010; 61; 4: 233–240)

Key words: migrants, mobile populations, HIV, ports

INTRODUCTION

Within the AIDS response globally, migrants and mobile populations are increasingly identified as a key population. From one setting to another, a discussion about "migrants and mobile populations" may refer to a range of populations, from emigrants in a specific sector of overseas work, through those whose work requires them to be constantly on the move, to those who migrate within their own country[1]. Mobile populations, however, are very diverse, and this becomes relevant to AIDS actors who must *know their epidemic* in order to tailor an appropriate response (Buse, et al 2008).

While there are factors related to the conditions and characteristics of the migration process that impact migrant health, including HIV risks and vulnerabilities, not all migrants and mobile populations face the same individual, community, and structural factors (Gushulak and MacPherson 2006). Migration can therefore be seen as a social determinant of health, impacting either positively or negatively on the health of migrants, including on their HIV risks and vulnerabilities (IOM 2009b). Mobile workers, such as land transport workers, seafarers, and fishermen, are migrant populations that often face increased HIV risks in what IOM calls "spaces of vulnerability" such as port settings. This article will illustrate these concepts through brief case studies based on recent research by the International Organization for Migration (IOM) in Southern Africa.

MOBILE WORKERS AND HIV VULNERABILITY IN SOUTHERN AFRICAN PORTS

Southern Africa has an immense coastline, with fishing and sea-based industries contributing greatly to the region's economy. The major ports along the Southern African coast are the main entry and exit points of most of Africa's transport corridors and greatly facilitate trade and economic growth. The

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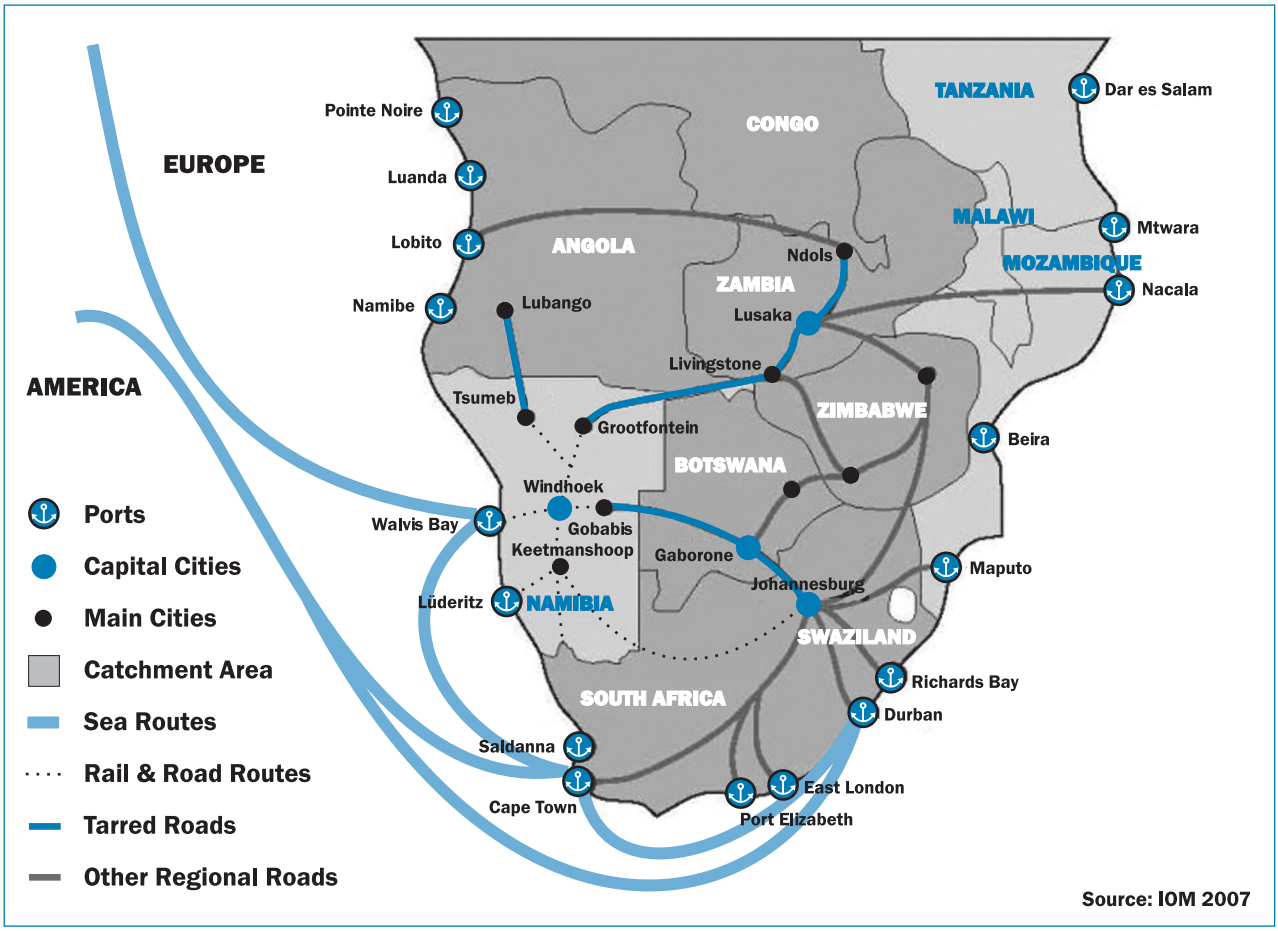

Figure 1. Southern African Corridor Routes

ports also link the transport corridors and port communities with seafarers from all over the world, working on fishing and cargo vessels which dock in southern African ports (Figure 1).

At the same time, port communities have unique dynamics that impact the HIV vulnerability of multiple population groups, including sex workers and mobile workers such as seafarers and land transport workers who stay at the ports for relatively short periods of time. The sexual web between mobile workers, sedentary populations in port communities such as dock workers, and sex workers (who may also be mobile) often creates a triangle of high-risk sexual behaviour. The constant movement of people in and out of ports makes them an important node in a regional and international web of HIV risk behaviour.

The presence of foreign and national seafarers, truck drivers, and local workers provides incentives for sex work based at ports, which, together with the characteristics of the maritime and land transport industries and structural factors such as local poverty, create the potential for a high HIV risk environment. The implications and consequences of unsafe sexual practices within the sexual network of mobile workers and local populations affect not only the workers and their partners in the ports, but also the broader port communities and the families of mobile workers thousands of miles away. Figure 2 illustrates the complex interaction of individual, environmental, and structural drivers of HIV infection from a recent IOM study of the maritime sector.

The following case studies further illustrate these interacting levels of HIV risk and vulnerability in port settings.

CASE STUDY 1 — DURBAN PORT, SOUTH AFRICA

From August to September 2009, the IOM conducted a field assessment which investigated the specific challenges faced by mobile populations to access HIV prevention services in the Port of Durban in South Africa. For the past century, Durban Port has been southern Africa's main port and trade gateway. It is the busiest and biggest port in Africa.

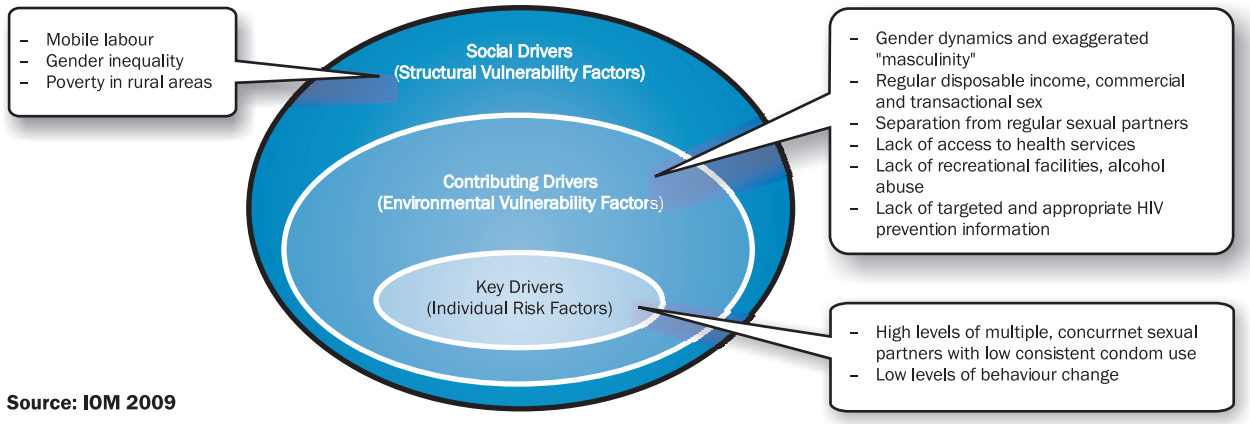

Figure 2. Drivers of HIV infection in the Maritime Sector in Southern Africa

The port and its associated activities (such as shipping, stevedoring, and marine engineering) now employ some 25,000–30,000 people, at least a quarter of whom are casual labourers (Transnet, 2009).

Most workers at the port in non-management positions are migrants from rural Kwa-Zulu Natal. They mainly reside in townships such as Umlazi and KwaMashu, or in various hostels closer to the harbour. Since the 1990s the port has attracted more foreign workers, particularly from Mozambique, Zimbabwe, and even Tanzania.

Significant mobile populations at the port include:

- Seafarers who make up the crews, particularly of cargo or container vessels, but also of fishing, ocean liner, or navy vessels. Nationalities include Filipinos, Koreans, Chinese, Indonesians, Japanese, Indians, Pakistanis, Russians, Ukrainians, Croatians, Montenegrins, Lithuanians, Poles, Germans, Brits, Spaniards, Senegalese, and Americans.
- Truck drivers who visit the port in the thousands every week from all over southern Africa. They often spend nights sleeping in their trucks along Maydon Road or on the Bayhead side of the harbour.
- Sex workers who frequent the areas where the trucks are parked.

The IOM study revealed that levels of knowledge about HIV among the mobile workers varied, but were generally poor. Respondents believed that having multiple and concurrent partners or engaging sex workers was acceptable behaviour for men. Although most claimed to use condoms, they did not use them with longer-term relationships, as they "trusted" their partners. Less than half of the informants were able to comment on what makes migrant workers vulnerable to HIV, but those who did named factors such as economic desperation by migrant women leading to sex work, long periods of isolation from families, and alcohol abuse.

The vulnerabilities of migrants around the port include:

- Long periods of time away from families and separation from regular partners, which encourages interactions with sex workers and the formation of multiple partnerships.
- Cultural beliefs around gender and sex.
- Low HIV risk perception, partially due to the dangerous nature of their work. They become preoccupied with everyday survival matters and perceive HIV as a distant threat.
- Decreased adherence to the social norms regulating behaviour due to the fluid social environment of ports. Migrants may feel a sense of anonymity and limited accountability, leading to high-risk behaviour.
- Increasing numbers of female migrants with limited socio-economic opportunities who have little choice other than to resort to sex work or transactional sex.
- Lack of education in general and HIV awareness in particular.

Among port workers, access to HIV prevention services was shown to be generally quite poor. Of the 30,000 workers associated with the port, an estimated 10,000 or more were not accessing HIV prevention through workplace programmes. There are few HIV prevention services specifically targeting workers associated with the port. Casual workers, in particular, were not given access to company clinics, HIV education sessions or medical aid. This is a major challenge for casual workers, who are often foreign migrants. For those not covered by workplace policies, government health clinics and hospitals are the most accessible.

Permanent employees who work for large companies have access to HIV prevention services at

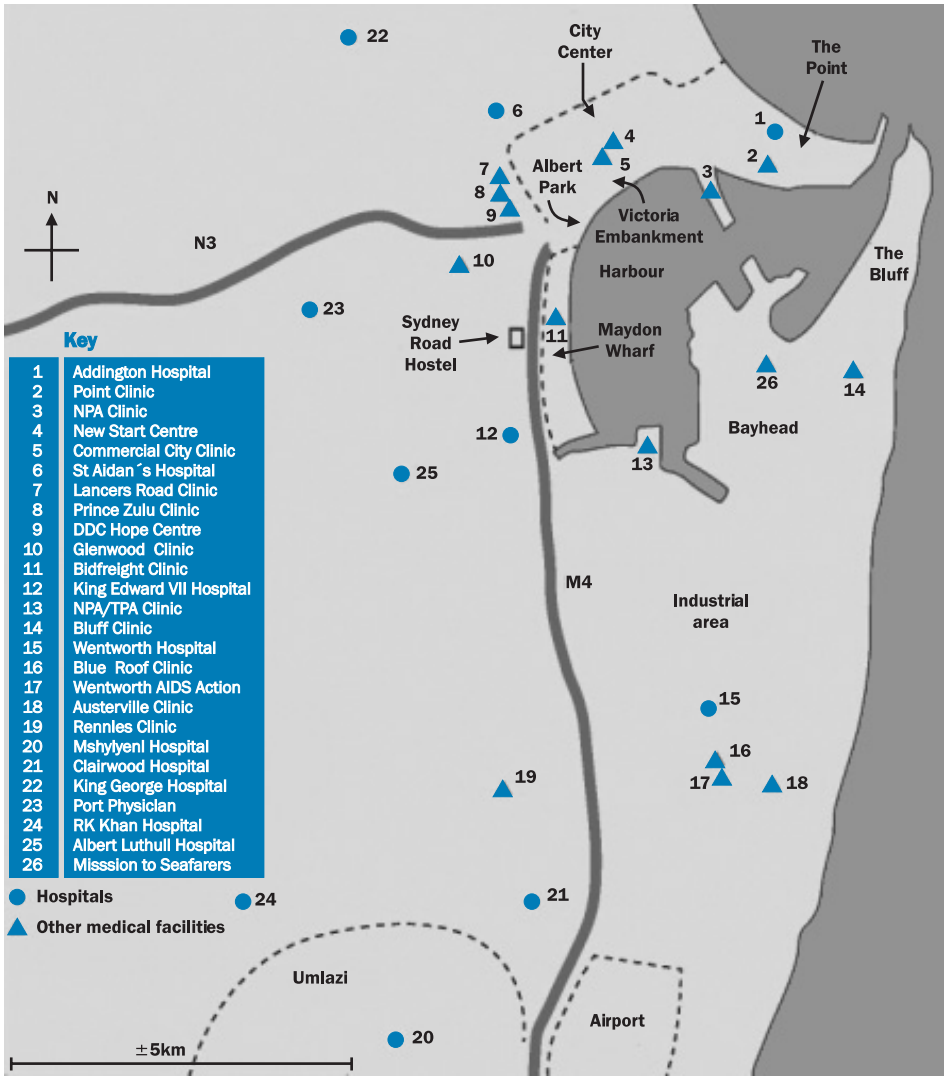

Figure 3. Health Service Access Points (source: IOM 2009)

or near the port. For example, the Transnet National Ports Authority and the Port Terminal Authority workplace HIV programme has a "Lifestyle Management Programme" which covers 4,000 workers. [The 2,000 casual workers Transnet employs are excluded from this programme, except for access to condoms and IEC (information, education, communication) materials on an ad hoc basis]. Peer educators are also trained to pass on knowledge to their colleagues. Workers who test HIV positive are put onto Antiretroviral Therapy (ART), which is paid for by Transnet. If they leave the company, they are kept on the programme for a year to give them time to transfer to the state's ART programme. The following map shows some of the services that are available, in the form of government hospitals and clinics, as well as those run by NGOs (Figure 3).

Overall challenges to accessing health care services include:

- Poor service, anti-foreigner attitudes, and long queues at government institutions discourage migrant workers from using services.
- Accessing Anti-Retroviral Treatment (ART) is often very difficult and complicated because of the bureaucratic nature of ART programmes.
- The antiretroviral (ARV) budgets of local hospitals often do not make allowances for an influx of patients from outside, limiting the extent to which patients can be referred to other facilities if they are mobile.
- Families of migrant workers do not have access to Voluntary Counselling and Testing (VCT) or other HIV prevention services.
- Language is a problem, as foreign workers may not speak local languages or English.

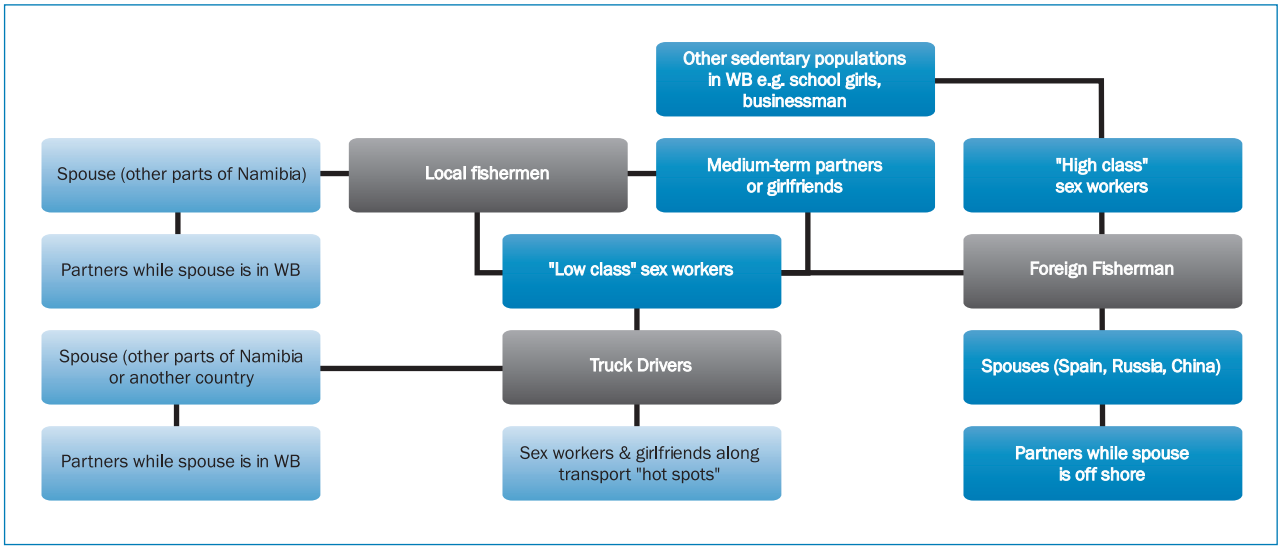

Figure 4. Sexual Networks in Walvis Bay, Namibia (source: IOM 2009)

- Limited NGO HIV services, especially programmes targeting migrant port workers. Migrants have little choice but to use state facilities.
- Lack of education, HIV awareness, enduring stigma, and misconceptions about HIV mean that even if HIV prevention facilities are available some mobile workers will not want to make use of them.

CASE STUDY 2 — WALVIS BAY, NAMIBIA

Walvis Bay is Namibia's only deep-water port and is the focus point of a very large commercial fishing industry, which attracts job seekers from other parts of Namibia as well as other Southern African countries. In addition to being the hub of the commercial fishing sector, Walvis Bay is a key node on the two major highways — the Trans-Caprivi Highway, and the Trans-Kalahari Highway — that link Namibia directly with Angola, Zambia, Botswana, and South Africa. Indirectly these highways link the town of Walvis Bay with destinations well beyond its immediate neighbouring states.

The lucrative fishing industry means that Walvis Bay is frequented by a large number of foreign fishermen from international vessels who arrive on a regular basis mainly from Europe (Spain, Russia) and Asia (China). The presence of seafarers and truck drivers provides additional incentives for sex workers, creating complex sexual networks that stretch between mobile workers and sedentary populations. Research conducted by the IOM in 2006 shows the intricate sexual network at work in Walvis Bay (Figure 4).

Truck drivers often stay in Walvis Bay for only short periods of time while freight is loaded or off-loaded. During this time, they often frequent shebeens (bars) and meet sex workers. There are also high levels of alcohol consumption and abuse. Depending on where they are from they may have had some HIV education (for example, Namibians are more likely to have been part of HIV awareness activities than Angolans), but there is often an unwillingness to internalise HIV messages and change sexual behaviour (IOM 2006).

There are different types of sex workers who work at the port ("high-end" full-time sex to "low-end" part time sex, or transactional sex). High-end sex workers have more regular clients, mainly foreign fishermen and businessmen, who remain in contact by means of cell phones, and often refer their (visiting) friends. Some sex workers become attached as "temporary" girlfriends and given accommodation, receive more money and luxury items as gifts. Club owners often inform them when foreign fishermen arrive in town. "Low-end" sex workers operate mostly in taverns, bars, or on the street, and have local fishermen and truck drivers as clients. Their remuneration is low and sometimes they are even paid in alcohol. Often, sex workers are aware of the risks associated with sex work. However, due to cultural and gender practices that reduce their ability to negotiate safe sex, exposure to violence, alcohol and drug abuse, and possibly due to language barriers, sex workers often remain vulnerable to HIV (IOM, 2006).

Foreign seafarers are often on three to six-month employment contracts in Walvis Bay with short-term shore leave. While on short-term shore leave they may engage in one-off unprotected sex and high-risk sexual activities with sex workers, or may engage in medium-term relationships with partners who

may have other sexual partners (sex workers as "girlfriends"). They are unlikely to receive HIV education prior to their arrival in southern Africa, as they typically come from countries with low prevalence where there is little attention to HIV education. Once at the ports, not only do their short periods of stay make them difficult to target, but also language and cultural barriers make it difficult for them to access information and services.

Interviews with local seafarers illustrate the difficult living and working environment of this mobile working population, as in the following statement by a local seafarer expressing his distrust of vessel owners and management:

"You know those who are supposed to give us that [HIV] information are our bosses, the boat operators. They are all foreigners, so they don't really care about us. Their concern is just work and their fish" (Interview with a Namibian fisherman, cited in IOM, 2006).

This lack of education means that many also engage in unprotected sex with low-end sex workers:

"Why do you want me to use a condom if I am paying you? ... No, I cannot have sex with you using a condom. I pay you or I can add some more money, so that we cannot use a condom" (Interview with a Namibian fisherman, cited in IOM, 2006).

"These girls, I think they are helping the fishermen. ... Because, one thing is that we fishermen do not have enough time to find a girl that is not paid for sex. Sometimes we come in here in the morning and then you will go back in the sea in the afternoon the same day. ... You don't really have time to struggle for a normal girl. That is the only option you have to be able to be with a woman" (Interview with a fisherman, cited in IOM, 2006).

Like foreign fishermen, there is widespread alcohol abuse among local seafarers, compounded by a lack of recreational activities while on shore leave, separation from family, and inability to communicate while on the ships.

The above quotes show the dynamics of risk behaviour around the port of Walvis Bay. Sex work ties truck drivers, fishermen, and sex workers in a triangle of risk. Transactional sex further links sedentary populations (local girlfriends, other clients of sex workers) to this sexual network, linking Walvis Bay to other locations in southern Africa and also to other parts of the world. In this way, the port becomes a hub linking mobile and sedentary populations, as well as high and low prevalence areas.

CONCLUSIONS

In order to respond effectively to the HIV pandemic, each country must target their response to those populations and settings where HIV infection risks and vulnerabilities are highest, as part of a rights-based framework. Even in countries with generalized epidemics, sub-populations are often overlooked and not sufficiently included in programmes and policies designed to ensure universal access to HIV prevention, care, treatment, and support. This is evident in the increasing recognition that migrants and mobile populations are being left out of HIV responses, while potentially playing an important role in the sexual networks of multiple concurrent partnerships and HIV risk behaviours in some settings. Efforts to ensure HIV prevention and response among migrants is further complicated by the problems they face in accessing health services overall. The 2008 World Health Assembly Resolution 61.17 on the Health of Migrants calls on governments to ensure migrant-sensitive health systems, towards improved health outcomes of migrants and the communities where they live and work. In the context of HIV, this means finding vulnerable spaces where networks of mobile populations — such as mobile workers — interact with local populations in ways that create HIV risks and vulnerabilities. In the case of migrants, the call for combination prevention strategies, which simultaneously address individual, community, and structural factors, is particularly relevant. Policies and programmes must reach migrants such as mobile workers and their partners in local communities where they live and work, in order to reduce HIV risk and increase access to treatment, care, and support for all.

As the Secretariat for the Global Partnership on HIV and Mobile Workers in the Maritime Sector, IOM recently facilitated the design of a new programme implementing combination prevention to address the multifaceted needs of individuals and communities in combating HIV. The Global Partnership, established in 2009, is a unique public-private initiative compromising a diverse group of stakeholders including the International Committee on Seafarers' Welfare, the International Labour Organization, the International Maritime Health Association, the International Organization for Migration, the International Shipping Federation, the International Transport Workers' Federation, and the Joint United Nations Programme on HIV/AIDS. With a focus on seafarers originating in the Philippines and travelling to the destination port of Durban, South Africa,

Annex 1. Gaps, Challenges and Recommendations

Gaps/Challenges	Recommendations
Limited national policies addressing HIV for seafarers and the port communities with which they interact	Relevant national line Departments or Ministries should facilitate policies that address HIV prevention for seafarers, and ensure HIV prevention services to both seafarers and the port communities with which they interact
Limited workplace policies, particularly among smaller sized companies	Government should explore ways to extend legislation and better regulate workplace programs to ensure that all employers (large, medium, and small-scale) provide access to HIV services to all employees, including casual workers Government should enforce greater regulation over smaller/ /less formal employers or provide incentives for them to implement workplace policies and/or provide regular access for all their employees to other HIV-prevention services
Awareness Raising and Information Dissemination	
Lack of knowledge among foreign seafarers: Foreign seafarers usually have limited HIV knowledge and do not recognize the seriousness of the risk they may face while in southern Africa	HIV education and condoms should be provided on board vessels for seafarers HIV education targeting foreign seafarers should be implemented in the appropriate languages and at accessible points for seafarers who only stay for short periods on shore
Limited behaviour and social change communication targeting foreign and local seafarers: The existing material is having a limited impact on behaviour change. For some migrants, language is a barrier as materials are not in their home languages. This challenge is particularly acute for foreign seafarers who do not speak local languages	An evidence-based behaviour and social change communication (BCC/SCC) strategy with appropriate communication messages and materials that are linguistically and culturally appropriate should be developed and implemented
Programs and Services	
Health and HIV services for seafarers are often limited in availability and accessibility, both at sea (on ships) and on land (in ports) Also, service providers may face difficulties in actually targeting seafarers as they are on shore for relatively short periods of time and they are often preoccupied with other survival needs/concerns Lack of education, HIV awareness, and enduring stigma and misconceptions about HIV means that even if HIV prevention facilities are available some seafarers may not want to make use of them	On ships, health services including information about HIV and AIDS and/or treatment for Sexually Transmitted Infections (STI) should be provided to all workers On land, health and HIV services for seafarers that are accessible in terms of location, time of operation, and language/cultural appropriateness should be provided Condom distribution should be scaled up in all high-risk areas, including those in ports Creative programs to reach seafarers need to be implemented, such as utilization of peer educators at the sites at which they spend most of their time (on vessels and at entertainment venues on land)
Time spent in “Hot Spots”: The areas surrounding harbours such as Durban and Walvis Bay are host to numerous bars, clubs, and liquor outlets and are well known as places frequented by sex workers. The high consumption of alcohol combined with the presence of sex workers makes for a high-risk environment in which condoms are not used as much as they should be	Government, the private sector, and NGOs/FBOs should establish alternative entertainment facilities at high-risk zones such as ports/harbours and implement programs to encourage healthy lifestyles and bring down the abuse of alcohol. Such facilities might include soccer fields, gyms or swimming pools, or establishments where seafarers may socialize or relax
While reaching seafarers may be a challenge, targeting their families may present an even greater challenge, especially if the seafarers come from countries with low prevalence and little attention paid to HIV education. There may also be issues around HIV-related stigma present in these countries that exacerbate the difficulties	Specific effort should be made by national authorities and employers to reach families of seafarers in their places of origin. This may be particularly important in cases when the seafarers come from countries with low prevalence and little attention paid to HIV education. Such efforts should also take into consideration issues related to stigma and discrimination

Research	
With the mobility of seafarers and truck drivers, ports are important nodes in the regional and international web of risk behaviour. However, there is currently very little research on these sexual networks and the level of concurrent sexual partnerships that exist among sex workers, truck drivers, and seafarers, as well as very few interventions targeting port communities	More research should be conducted on the various determinants of HIV among seafarers, and sedentary populations with whom they interact. Such research may assess the nature of sexual networks and the level of multiple concurrent sexual partnerships that exist in port communities
Others	
Funding is identified by most role players as a challenge in reaching migrants. Most programs are funded year by year, so there is no certainty or continuity of effort	Donors need to consider longer-term funding schemes (i.e. more than three years) for best-practice HIV programs that target migrant workers Non-traditional funding sources (e.g. private sector) should be explored

source: IOM 2010b

the Global Partnership aims to reduce the number of new cases of HIV infection through a series of interventions along the route of migration, including spaces of vulnerability. Activities are planned to begin in 2011. For more information about the programme and how you can become involved, please contact the Secretariat at seafarers@iom.int.

The above table (Annex 1) illustrates gaps identified through IOM research in Southern Africa, and related recommendations.

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[1] Mobile populations are defined as “people who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons” UNAIDS/IOM *Technical Update Population Mobility and AIDS* 2001.