

# RESEARCH Report 39

## Mainstreaming of HIV and Aids into South African Fisheries Policy

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*Mainstreaming of HIV and Aids into South African small scale policy*

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# Introduction

## Situational analysis

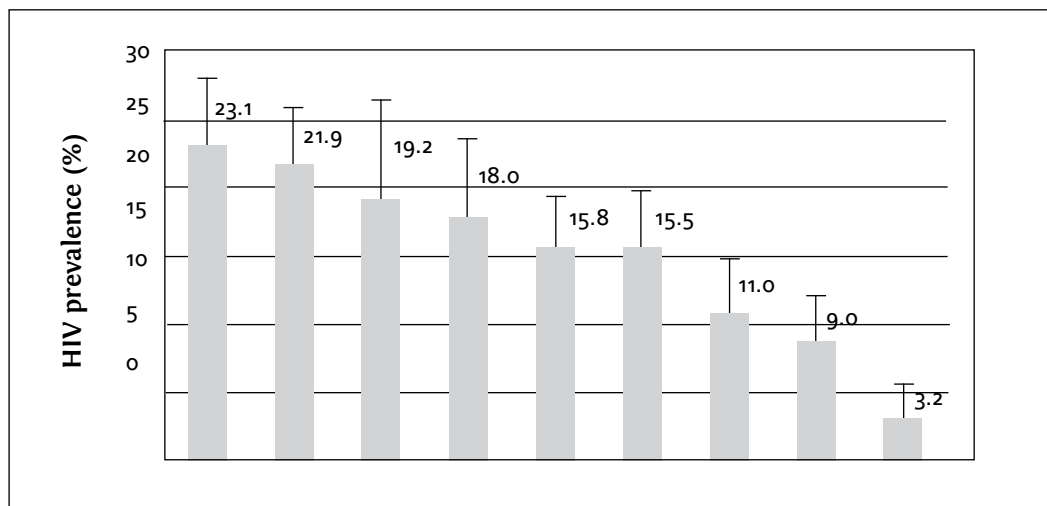
HIV/Aids is one of the most serious health, economic and social issues facing southern Africa today (UNAIDS; Heywood 2004). Although only 10% of the world's population lives in Sub-Saharan Africa, 64% of the 39.5 million people estimated to have been living with the HI virus in 2006 were from Sub-Saharan Africa. Estimates show that women are disproportionately affected, with 77% of all women living with the virus worldwide being from Sub-Saharan Africa. The severity of the epidemic in southern Africa is closely linked to poverty, the low status of women and other

social-economic factors (Department of Health 2007).

South Africa is one of the worst affected countries in the region. 5.54 million (18.8% of the adult population) were estimated to be living with the virus in 2005. Of those that were HIV positive, 55% were women. Aids has been cited as the major cause of premature deaths, with mortality rates increasing by 79% in the period 1997 to 2004 (Department of Health 2007).

In order to support policy dialogue in South Africa there needs to be an increased understanding of

Figure 1: HIV prevalence among adults aged 15-49 years by province, South Africa (Source: South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005) as illustrated in Grellier and Teala (2006)



i. South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey 2005 from [www.heard.org.za/resources/stats/WEB20%stats\\_Nov05.pdf](http://www.heard.org.za/resources/stats/WEB20%stats_Nov05.pdf).

ii. South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005. 30 November 2005

Figure 2: HIV prevalence by age group, South Africa 2005<sup>i</sup>

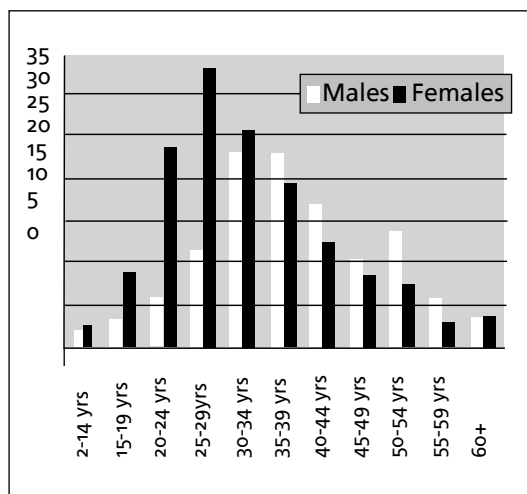
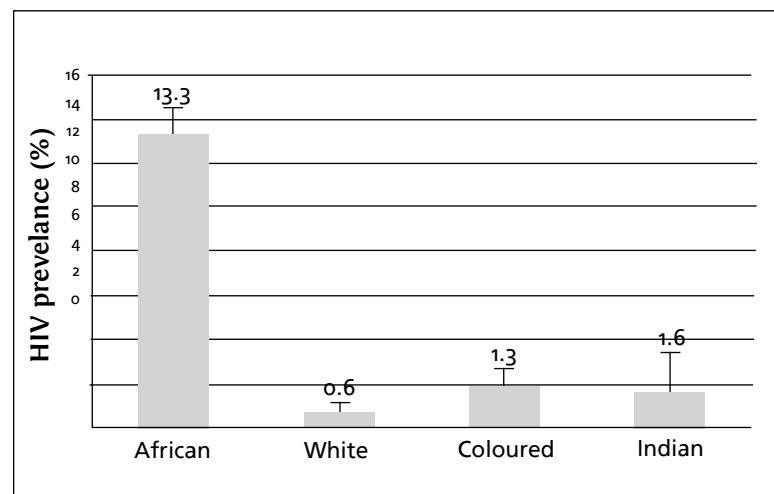


Figure 3: HIV prevalence in population (aged two years and older) by race, South Africa 2005<sup>ii</sup>



As illustrated by Grellier and Teala (2006)

the interaction between HIV/Aids and contextual factors such as poverty. Such an approach emphasises the specific social, economic, cultural and emotional dimensions that are fuelling the epidemic.

People who are likely to experience chronic poverty include those living in marginalised rural communities and urban informal settlements, HIV/Aids sufferers, child-headed households and so on. Integrating HIV/Aids policies into poverty reduction is one of the key global challenges crucial to the success of combating HIV/Aids. Additionally, gender, poverty and HIV/Aids are inextricably intertwined as poverty increasingly has a feminine face.

There is a desperate need for qualitative empirical studies about the nature of the link between poverty, contextual factors and HIV/Aids. This would assist in the development and implementation of a holistic HIV/Aids strategy at community level.

Fishing communities are often regarded as one of the high-risk groups. Vulnerability of this particular group to HIV/Aids stems from complex, interacting causes including geographical mobility of fishermen, the time fishermen spend away from home and their sexual partners, access to daily cash income, the ready availability of commercial sex in fishing ports and the subcultures of risk-taking and hypermasculinity among some fishermen (Allison & Seeley 2004). The subordinate economic and social position of women in many fishing communities, especially in low-income countries, makes them even more vulnerable to HIV infection. Studies in South Africa and southern Africa affirm this view and show that the disease impacts greatest on the poor and women, trapping them in long-term poverty (Heywood 2004). The HIV/Aids pandemic threatens the sustainability of fisheries by endangering the futures of many fisherfolk. The burden of illness puts additional stresses on households by preventing them to accumulate assets derived from fishing income. Premature death robs fishing communities of the knowledge gained by experience and reduces incentives for long-term and inter-generational stewardship of resources (Allison & Seeley 2004). While Béné (2003) identifies socio-institutional dynamics other than the over-exploitation of resources as contributing to poverty in fishing communities, HIV/Aids appears increasingly to be a major contributing factor to poverty in fishing communities.

While HIV/Aids was initially dealt with as a public-health issue focusing on education, awareness and healthcare provision, wider social service provision and economic support have been included increasingly in recent years as the social and economic impacts of the epidemic have become more and more evident (Allison & Seeley 2004). Additionally, fishery development programmes in Africa, South/South-East Asia and the Asia Pacific region have begun incorporating HIV/Aids awareness in their planning (ibid). In southern Africa, the most affected region globally, mainstreaming HIV/Aids in the fisheries policy is thus particularly important. This requires understanding the impact of HIV/Aids on fishing communities and the pandemic's role on the extent of poverty. At a time when there are increasing references to adoption of an ecosystems approach to fisheries management (Shannon et al. 2004), integrating HIV/Aids into policy and planning will be vital. Generally, the issue of how to mainstream HIV/Aids into fisheries planning and development has been missing in South Africa and southern Africa.

## **HIV/Aids in fishing communities: a review of international literature**

Some of the earliest recorded cases of HIV/Aids were from a Ugandan fishing village on the shores of Lake Victoria in 1982 (Serwardda et al. 1985; Gordon; FAO undated). Studies in several African and Asian countries show that HIV/Aids prevalence is much higher in fishing communities than the general society and other highly vulnerable groups such as truck drivers, the military and prisoners (Kissing et al. 2005; Allison & Seeley 2004). Despite this, national and international policy responses to the epidemic in fishing communities continue to be inadequate and fragmented (FAO undated).

The susceptibility and vulnerability of fishing communities to HIV are influenced by a multiple combination of biological, nutritional, social, economic and cultural elements that lead to high-risk factors and the high prevalence of HIV/Aids in fishing communities (Kissing et al. 2005; Seeley & Allison 2005; Seeley 2004; Ministry of Agriculture, Animal Industry and Fisheries, Uganda 2005; Simon-Meyer 2002). These can be grouped into:

- Gender inequality, compounded by poverty puts women at the risk of exploitation for

example fish for sex, sex without condoms, and so on

- Limited access to health facilities due to remote rural location of most fishing communities
- Fishers are usually in the most vulnerable age group in the population (15–35 years)
- Mobility and migration influences might lead to breakdown in family social structure, multiple sexual partners, problems of accessing long-term medical resources such as ARVs and TB treatment
- Because fishing is a high-risk vocation, a culture of risk-taking can extend to other activities such as sexual behaviour
- In most countries, fishing is a low-status occupation, causing exaggerated or oppositional forms of masculinity that might be expressed in risky sexual behaviour and sexual violence against women
- Disposable cash income, irregular working hours and being away from home influences excessive alcohol consumption as a coping strategy with the dangers or stresses of fishing as an occupation. These vocational influences lead to multiple sexual partners. The availability of men prepared to spend money on booze and sex draws low-income women to fishing ports or harbours to sell food, alcohol and sex.

It is increasingly recognised that those socio-economic factors, especially those related to poverty, exacerbate vulnerability to HIV/Aids (Department of Health 2007; Parkhurst 2005; FAO undated; Stillwagon 2003).

The effects of HIV/Aids on fisheries are related to the generalised effects on HIV/Aids-affected households in disposal of assets such as boats, nets and other fishing-related assets to meet immediate needs (healthcare bills, food, and so on), thereby resulting in loss of the most liable source of income, declining individual productivity as a result of illness, loss of productive labour in the sector, and so on (Gordon undated). The loss of the breadwinner within a household has far-reaching consequences on the immediate family and dependent extended family in terms of income and food insecurity (FAO, undated). Children might have to be withdrawn from school due to lack of fees or to support ill parents. Loss of income might force children into exploitative activities in order to fend for the family or for themselves. The deaths of experienced fishermen result in loss of indigenous fishing knowledge, which might affect fishing and community-based management if the skills are not passed on to the younger generation. At community level, Aids can impact on capacity for collective action as a result of reduced trust and social cohesion within the community (ibid).

# Background

This study set out to investigate the impact of HIV/Aids on selected fishing communities in South Africa. The goal of the research was to assist government with mainstreaming of HIV/Aids into fisheries policy through in-depth analysis of the impact of HIV/Aids on fishing communities using a sample of fishing communities in South Africa. The objective of this research project was to undertake in-depth analysis on the link between HIV/Aids, poverty and gender, the nature of underlying factors influencing how the disease is transmitted and development of HIV into Aids. Also, the research intended to look at the potential social and economic impacts of HIV/Aids on fishing communities using in-depth analysis based on a sample of fishing communities. The research questions initially encompassed the following:

- What is the nature of the underlying social and economic factors contributing to HIV/Aids in selected fishing communities in South Africa?
- How can we understand the nature and the processes of economic exclusion, social marginalisation and class exploitation, and their linkages to HIV/Aids?
- To what extent can we situate the concepts of food security (direct and indirect), mobility (occupational, geographical, capital), and the vulnerability within HIV risk and Aids impacts in selected fishing communities?
- How does gender manifest as a crosscutting issue in the social and cultural understandings of HIV/Aids?

The aim of the research was to improve and deepen our knowledge about the driving factors and impacts of HIV/Aids in fishing communities, especially the linkages between poverty and other socio-economic contextual factors and HIV/Aids in the fisheries sector, and contribute towards informed development policies and strategies for dealing with this serious problem. During our meetings with Mr Chumani Mangcu (Director of Integrated Coastal Management and Development) on concerns about the focus of the project, it was agreed to reformulate the objectives of the project and concentrate on providing DEAT: MCM with a policy brief on how to mainstream HIV/Aids into policy. It was also agreed

to look at and analyse the existing and planned interventions by the four maritime Provincial Governments in fishing communities so as to determine how MCM could complement and assist in filling the gaps that could be identified as part of the department's mainstreaming activities within the National Strategic Plan. At a February 2007 meeting, it was also agreed to hold a national meeting of stakeholders and to workshop the policy brief on mainstreaming HIV/Aids by the end of 2007. Following the discussions in February 2007, the objective of the project was revised.

The revised objective of this research project was "to undertake an analysis on the link between HIV and Aids and the understanding of the underlying factors influencing the HIV risk and Aids impacts in coastal communities in South Africa. The key questions include:

- What is the nature of the underlying factors contributing to HIV/Aids in selected fishing communities in South Africa?
- To assess the current interventions and suggest future interventions for DEAT: MCM.

It was workshopped that the research will contribute to policy interventions for dealing with HIV/Aids in fishing communities. It was also hoped that the results of the project would make a contribution to the national and international debates on policy interventions for HIV and the impacts of Aids in the fisheries sector. This is not only relevant in a South African context, but for Africa in general as well as Asia, where similar problems are emerging.

## Methodology and the challenges thereof

Because of the stigma attached to the condition and disease, conducting research around issues of HIV/Aids in communities is never easy. Among health professionals, politicians and developmentalists, HIV/Aids is increasingly recognised not merely as a medical problem, but a societal issue mainly driven by multiple contextual issues, especially those related to poverty. Solutions to the HIV/Aids problem therefore require a holistic approach. Finding solutions requires understanding the determinants of risk behaviour and



factors that would influence behavioural changes (Mawar et al. 2005:471). Freudenthal (2001) argues that though much is known, research gaps exist that motivate for the need to research on specific socio-economic contexts.

In HIV/Aids research, primacy has been given to quantitative over qualitative methods. The main shortcoming of quantitative research methods, such as questionnaires and surveys, is that these are not able to elicit in-depth understandings about the beliefs, norms and practices around HIV/Aids, the social, cultural and economic contexts in which the transmission of the HI virus takes place. There is an urgent need therefore to investigate alternative methods of research that would help elicit the socio-economic and cultural conditions that increase vulnerability to HIV/Aids.

In May 2006, the project conducted a workshop on methods for HIV/Aids research. The objectives of the workshop were to elicit views and experiences from community development workers in fishing communities, NGOs (such as the Treatment Action Campaign), academics and policy makers about the complexities about working and doing research around HIV/Aids in communities. The rationale for the workshop was to assist in developing and refining the approaches and methods for research in this project. The workshop brought together a number of key people working in a number of areas concerning HIV/Aids, such as research, community-health workers, community development, treatment and awareness-raising, and representatives from fishing communities. The gathering workshopped around the following issues:

- Qualitative methods and approaches for HIV/Aids research in communities
- Learning and sharing experiences of research and working on HIV/Aids in communities
- Ethical sensitivities and dilemmas of research on HIV/Aids

Conducting qualitative research in marginalised rural communities is a very sensitive undertaking, given the stigma attached to HIV/Aids. It is imperative that the researcher finds techniques that protect the privacy of his or her subject of research, lest the latter and their immediate families end up being stigmatised within their own community. In this context, one needs to establish a strong sense of trust and respect between interviewer and interviewee (Nikky

Schaay, pers. comm.). Of all the practitioners working in communities, home-based carers are usually in the best position for doing quality qualitative investigations on the people they are caring for, due to the bond and trust that usually develops between the carer and his or her subject (Nikky Schaay, pers. comm.). Nikky Schaay used the example of the white vehicle they were using for travel in order to conduct their research, which was labelled as the 'Aids truck' by the community. In such a community, anyone going to the vehicle was viewed with suspicion. Therefore, the venue is key and possibly a secret, unknown and neutral place that coincides with the mobile clinic times. Another method suggested at the workshop for working around the stigma against HIV/Aids in the communities, is around interviewing both households with HIV infection and those without.

Risk behaviour within a community can also be discerned from visible conditions such as high teenage-pregnancy rates, commonality of substance abuse and physical violence, especially against women. Where possible, health records of sexually transmitted diseases could also act as pointers for rate of condom use or non-use. Another method is through the use of journals kept by home-based carers or councillors. One would need to look into the ethics around such a method. A researcher conducting interviews could also adopt informal methods such as the use of stories, pictures and sharing of experiences.

Three case-study sites, namely Oester Bay (Eastern Cape), Hondeklipbaai (Northern Cape) and Elands Bay (Western Cape) were strategically selected on the basis of work conducted in these communities before on the fisheries policy and access-rights reform processes in the fishing sector post 1994. The research on HIV/Aids in these communities was augmented by research on the extent to which governance reforms have impacted the livelihoods of marginalised fishing communities in relation to poverty alleviation. This research project is funded by Norwegian Research Council and titled "Well-being among Fisherfolks in Africa Research (WELFARE)". In selecting the communities, a key consideration was their spread in geographic location, rural setting and characteristics in terms of target species, type of fishing rights (or lack of thereof) and possible linkages to TB due to working conditions, and Foetal Alcohol Spectrum Disorder (FASD) due to setting next to farms.

Many research projects are ambitious initially until they start conducting fieldwork. This one was no different. The initial plan was to select ten fisher families affected and infected with HIV/Aids and draw up their life histories. However, due to the stigma attached to the HI virus in marginalised communities, fishers and families were not keen on revealing that a member of the family was HIV positive. This ethical and cultural problem resulted in a major setback that required shift in tact and approach. The cost of the possible compromise to privacy and human dignity for the concerned families was too high to consider simply for the sake of research. Therefore our focus shifted to investigating the underlying factors around social, economic and political marginalisation, class exploitation, gender and power relations, risk-taking behaviours and how these attributes contribute to the susceptibility in contracting HIV/Aids in the selected communities. Interviews were also conducted with selected fisher households on the following themes: household-poverty dynamics, livelihoods strategies, power relations, social and economic vulnerability, general health issues and how these affect the household socially and economically.

Key informant interviews were conducted with Department of Health staff on provincial, district and local levels, home-based caregivers and workers within local communities, NGOs working on HIV/Aids, and local municipality officials.

Apart from the empirical research, an extensive review was conducted of relevant literature on HIV/Aids in fisheries. This included on mainstreaming of HIV/Aids into policy and core-mandate activities.

## Concepts driving this study

The concepts that framed this study can be divided into three broad themes: firstly *poverty* and the contextual factors that drive poverty in fishing communities; *fatalism* in working-class or poor marginalised communities and the *mainstreaming* of HIV/Aids into an institution's policy and core mandates. This section explains the three concepts around which the research was built.

In selecting these as the framework for research and analysis, we are cautious of the way research in HIV/Aids in Africa has been framed; that HIV is an African issue resulting from mainly genetically and culturally promiscuous sexual

behaviour. The behaviour paradigm and its assumptions about African exceptionalism largely determine the questions that can be asked and the solutions that can be proposed in Aids research and prevention policy for Africa. As a result, "this has restricted research to sexual behaviour (and social phenomena that influence partner change, such as migration and gender relations) and circumscribed the actions taken to address the epidemic" (Stillwagon 2003:818). What distinguishes the extremity of the African epidemic compared to other continents are not differences in sexual behaviour, but poverty (Stillwagon 2003). We thus approached our research from the context of poverty and vulnerability factors and the extent to which these influence fishers in risk-taking behaviours evidenced through alcohol and drug abuse, casual sex after returning from the sea and their relations with their partners.

## Poverty dynamics

Economic exclusion refers to the leaving out of a particular economic activity due to their economic or financial inability to access the capital necessary to enter into or to operate in this activity. The direct economic constraints can be due to a lack of financial capital and indirect constraints due to the lack of technical skills. The direct constraints can be the application fees, payment for consultants to assist with business plans, or transport to Cape Town.

The social-exclusion approach portrays poverty as a failure caused by bottlenecks in access to capitals. Failed access and the resultant poverty or social exclusion can also be a result of a mechanism by which some people exclude others from access to resources, with the objective of maximising their own returns. Hence, social exclusion is a process in which groups try to monopolise specific opportunities to their own advantage. Through the use of property relations or certain social or physical characteristics, as happens through race, gender, ethnicity, legitimise this fencing-in of opportunities. Social exclusion and poverty are then consequences of social closure, a form of collective social action which gives rise to social categories of eligibles and ineligibles. In the end, livelihood activities are not neutral, but engendered with processes of inclusion and exclusion.

Class exploitation is situated in the Marxist concept of class struggle and refers to a circumstance where the higher class is perceived

as being in the position of extracting surplus labour from working class or where there is an unfair relationship between the employer and worker. Class exploitation differs from social and economic exclusion in the sense that the former are involved in economic activity and the latter are not. In fisheries, exploitation may be due to an extreme form of patron-client relationship. Béné (2003) showed that in small-scale fishing communities the patron-client relationship extends further to the relations between the elite (community, rural, outsiders) and local fishers as a form of exploitation.

Political disempowerment refers to situations where actors are left out of the participation and or decision-making processes leading to poor opportunities to control and govern their own commands over resources. This may result in reduction or even denying of access and use of resources. Friedman (quoted in Béné 2003) attributes this to the lack of clear political agenda and voice. Vedeld (in Béné 2008) argues that the power of elites extend further into influencing the makings and composition institutions and also the functioning of institutions in such a way that these would legitimise their decisions and behaviour, and so sustain their own initial social and political advantages.

## Vulnerability

Béné (2004) and Chambers (1989:1) refer to *vulnerability* as meaning “exposure to contingencies and stress, and difficulty in coping with them”. While these natural phenomena could be applicable, an added meaning to this phenomenon in South Africa’s context is “susceptibility to exploitation by those in more powerful positions that the poor face”. Hogan and Marandola (2005) expand the concept of vulnerability beyond its reference to the biophysical and nature, by situating it in a multidisciplinary approach for understanding poverty, exclusion and marginalisation. Linking to Béné’s (2003) poverty processes, is Hogan and Marandola’s (2005) conceptualisation of vulnerability of social disadvantages, which are products of poverty. Expanding the concept of vulnerability beyond biophysical and nature to include the social, political and economic processes makes it a useful tool for analysing the socio-economic vulnerability and socio-demographic vulnerability of South African small-scale fishers. The social disadvantages relate to social conditions that negatively impact people and communities’ abilities to access

rights. The incapacity or inability to manage a set of assets or opportunities, or the inexistence of such in a specific social context – that is, unemployment or chronic illness (for this study, HIV/Aids, TB and FASD) – is part of vulnerability of population segments. Vulnerability is therefore understood as the lack of adjustment between assets and structure of opportunities – a structure which is a result of the capacity of social actors to take advantage of opportunities in other socioeconomic settings and to improve their situation, avoiding deterioration in three main areas: personal resources, rights and social relations (Katzman 1999 as stated in Hogan & Marandola 2005:457–458).

## Livelihood framework

The livelihood framework organises the various factors that either constrain or provide opportunities to the poor and shows how these relate to each other. It recognises multiple factors, acknowledges multiple livelihood strategies, and emphasises multiple livelihoods outcomes. Ideally, households should become resilient to external shocks and stresses, not be dependent on external support, maintain the long-term sustainability of the resources they depend upon, and not engage in activities that compromise the livelihoods of others. Sustainability is necessary to ensure poverty reduction over time.

The livelihoods approach suggests that the poor possess the necessary agency to help themselves out of poverty by using the assets and capitals to create a sustainable livelihood (see Du Toit 2004). Van Sittert (2003) reminds us that coastal settlements were established on cheap labour, free housing and food, so the people are asset- and capital-poor, they have low rates of access to productive resources, they do not have enough resources for household-food production, and they have a high degree of cash-dependence. Being asset-poor and cash-dependent exacerbates the weak position of people in coastal communities with low levels of education, particularly given the lack of long-term employment opportunities for unskilled labour. If the livelihood framework is expanded through mobility of fishers, it could help with understanding the nature and dynamics of poverty within the coastal settlements of South Africa.

## Mobility

Situated in livelihood strategies of small-scale fishing in Africa is the issue of fisher mobility as a

**Table 1: Different modes of mobility among small-scale fishermen in Africa**

	Parallel	Diachronic
Occupational	Combining fishing and agriculture, animal husbandry and so on	Switching occupation according to opportunities at specific moments of time
Geographical	Remittance economies (fishermen collaborate with work migrants, traders and so on)	Following the resource (for example North Norwegian cod fishery) Following the traders (West African migrant fishermen)

response to uncertainties at individual, household and community level. At the level of individual or enterprise, these can be characterised by flexibility within fisheries (targeting different species according to availability), geographic mobility and livelihood diversification. At household level, members could be involved in different economic sectors to smooth resource variations. Fishermen migrate geographically in pursuit of good catches (Jul Larsen et al. 2003). Thus mobility (occupational and geographic) and diversification of livelihood strategies are important for understanding the role of fishing in coastal communities. Literature on HIV/Aids in fishing communities attributes mobility of fishers as a risk factor to the transmission of the HI virus (Seeley & Allison 2004). With regard to the small-scale fishers in South Africa, we will assess to what extent mobility relates to their susceptibility to HIV/Aids.

### Fatalism

Traditionally the concept of fatalism relates to religion. However, in this research it refers to risk-taking behaviour of fishers. Literature applies fatalistic ideologies of the working-class communities in two contrasting terms; on the one hand there are communities or individuals with strong agency who resist and rebel against accepted norms of behaviour within a society. On the other hand some working-class communities or individuals in despair accept their plight as being inevitable and resign from life, which equates to a weak form of agency. These conflicting ideologies reflect an incompatibility with safer sex, interpersonal trust, intimacy and love. The rules of engagement are situated within resistance and rebellion or powerlessness.

The root of alcoholism and perpetual drunkenness are rooted in class inequalities. In most of such working-class communities, liquor is almost their only source of pleasure. Drunkenness provides the certainty of forgetting for an hour or two the abject circumstances and burden of

life; the naked exploitation, frustration and dehumanisation of labour. The 'cheap and hard' liquor helps to dull their senses and so make it possible for them to sleep soundly (Allison & Seeley 2004:221). Heavy drinking behaviour lies in the despair of poverty and cultural modes of masculinity, being young, away from home and having cash to spare. Such binge drinking has in some fishing communities been associated with high-risk sexual activity. Heavy alcohol consumption reduces inhibitions, and increases promiscuity and risky decisions over condom use (Setel 1999; Mbulaiteye et al. 2000; Allison & Seeley 2004:221).

### Mainstreaming

The section above presented the poverty contextual factors in fishing communities in South Africa and the risk taking behaviour of fishers which we situate within the fatalistic ideologies, however Grellier et al. (2004) alerts us to move beyond the capacity of the health sector alone to tackle the HIV/Aids epidemic. The scale of the epidemic has reached such proportions that it requires mobilisation of efforts and resources on much expanded level as the potential impacts of HIV/Aids touch all spheres of societal life; social fibre, the economy and so on. There is realisation for the need for innovative and enhanced responses in dealing with HIV/Aids (Parkhurst 2005; UNDP 2002). In South Africa, the epidemic demands intensification of a multisectoral coordinated national response (Department of Health 2007). One solution is mainstreaming of HIV/Aids. It is increasingly recognised that mainstreaming of HIV/Aids is fundamental for expanding responses to the epidemic. Mainstreaming refers to a range of practical strategies for expanding and scaling up responses for addressing developmental impacts of HIV/Aids through a multisectoral, multilevel and multipronged approach by all stakeholders. While there have been positive attempts by various government departments to develop

and implement policy responses to the HIV/AIDS epidemic, little progress has been made in mainstreaming HIV/AIDS into all sectoral policies and identifying practical strategies to address the epidemic (Everatt 2003). South Africa's HIV/AIDS and Sexually Transmitted Infections Strategic Plan (Department of Health, 2006) represents the country's multisectoral response to the challenge of HIV/AIDS. The concept of mainstreaming proposes that government departments, sectors, NGOs, the private sector, church organisations and so on, each as appropriate in their context using their comparative advantages, implement interventions in tandem with and in support of national HIV/AIDS responses (UNDP 2002). Mainstreaming proposes devolution of responsibilities from the health sector to other departments and sectors using sector-level capabilities and competencies. The underlying principle is that institutions do not need to include all the components of the national strategy, but rather prioritise activities based on their comparative advantages. The Ugandan government had gone beyond mainstreaming and developed an ambitious framework of coordination mechanisms (Grellier et al. 2004).

HIV/AIDS can be mainstreamed at two domains: internal (workplace) and external (target community). This research and resulting policy brief focus specifically on the external-domain mainstreaming. In the external domain, HIV/AIDS is mainstreamed into the core mandate, policies and activities of a given institution or sector based on its capacities. In this context, HIV/AIDS becomes part and parcel of the organisation's interaction with its target group (Uganda Aids Commission 2003; UNDP 2002). Mainstreaming is located within the national strategic plan for HIV/AIDS, with each sector determining where and how it can make the most valuable contribution based on its comparative advantage without duplicating activities and efforts.

It is important not to confuse integration with mainstreaming (UNDP 2002). The former refers to introduction of interventions into a programme or policy as a component or content area, without much interference with the specific core business of an institution or the main purpose of the policy instrument. In contrast, mainstreaming ideally starts from the analysis of the mandate or purpose and routine functions of an institution and/or policy instruments, and moves beyond integration by identifying specific areas of responsibility for the institution

in relation to HIV/AIDS and outlining context-specific actions including the requisite budget commitment as part of the core mandate and activities of the institution. Thus mainstreaming means aligning HIV/AIDS with an institution's core mandate. For example, MCM should include strategies and actions for dealing with HIV/AIDS within its core responsibility – management of marine resources – as a sectoral response rather than seeing this as just add-on responsibilities belonging to another department or sector. The activities that MCM takes on should be based on its comparative advantage in dealing with coastal and fishing communities compared with other departments. In order to sustain a holistic and effective implementation of interventions, mainstreaming requires functional partnerships, networks and alliances (UNDP 2002).

## Defining 'coastal community' in the South African context

How do these poverty contextual factors and risk-taking behaviours manifest themselves in the fishing communities of Oester Bay, Hondeklipbaai and Elands Bay? Before presenting the research findings, it is important to provide a description of a typical fishing community in South Africa.

South Africa has many settlements along the coast that are dependent on the harvesting of marine resources, either for sale or directly for human consumption. The communities are still largely segregated along racial lines, especially in terms of settlement patterns.<sup>1</sup> Most of these settlements are the typical company towns established around the fish processing industry, except for the Eastern Cape and KwaZulu-Natal provinces. Due to the segregation policies under apartheid<sup>2</sup>, these settlements have had difficulties operating as community entities with some common interests managed through democratic or representative organs. These settlements are currently still segregated along racial lines, where individuals within a group or racial groups as a unit operate independently of each other. In addition to the forced removals and segregation laws, the urban coastal settlements also experienced an influx of people from the former homelands and from neighbouring countries such as Angola, Namibia and Mozambique).<sup>3</sup> Thus the coastal settlements in South Africa rarely possess the traditional conceptualisation of homogenous spatial community units characterised by a binding social structure and shared

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1. Black refers to the indigenous inhabitants (also known as Africans or African Blacks), whose ancestors' presence in the region predated the arrival of European and other settlers: coloured refers to people of mixed-race origins, White refers to descendants of European settlers. The Black Consciousness definition of all who are not White does not apply at local community level: the coloured people do not want to be called Blacks – they preferred only coloured and stressed the separation.

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2. According to Lemon 1991:1, "three main phases may be identified in the development of urban policy and practice in South Africa – the 'settler-colonial' period lasted from the beginnings of White settlement at the Cape in 1652 until the early years of the Union after 1910. The Natives (Urban Areas) Act of 1923 marked the beginning of the conscious nationwide pursuit of urban segregation. The Group Areas Act of 1950 a more rigid and far-reaching policy of urban apartheid and symbolised above all."

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3. Settlements of the previous homelands and neighbouring states are found in Jeffrey's Bay, Mossel Bay and Hout Bay. In Jeffrey's Bay the squid industry draws on labour from the previous homelands (the former Ciskei and Transkei). In Hout Bay and Mossel Bay the hake and tuna long-line industry, dominated by Portuguese boat owners; make use of Mozambican, Angolan and Namibian labour that settles in these communities.

norms (Agrawal & Gibson 1999). Although the vision of small and integrated communities using the same locally evolved norms and rules to help manage the resources equitably and sustainably remains idealistic and powerful, the vision cannot smooth over the differences within the communities or ignore how these differences affect resource-management outcomes, the local politics etc, (Agrawal & Gibson:1999:7).

*“The attempt to impose a common model on all cities has not produced uniformity on the ground: physical, historical, economic, social and political factors have ensured continuing differentiation, posing different problems which will require distinctive approaches to change” (Lemon 1991:1).*

The socio-political, economic and geographic differentiations, and the power relations within each fishing community, the power elite structures and the lack of access to commercial resources highlight the heterogeneous nature of these communities – these characteristics are often ignored by policy makers and implementers.

### Case studies

Three fishing communities were selected for in-depth analysis. These are; Umzamowethu at Oester Bay in the Eastern Cape, Elands Bay in the Western Cape and Hondeklipbaai in the Northern

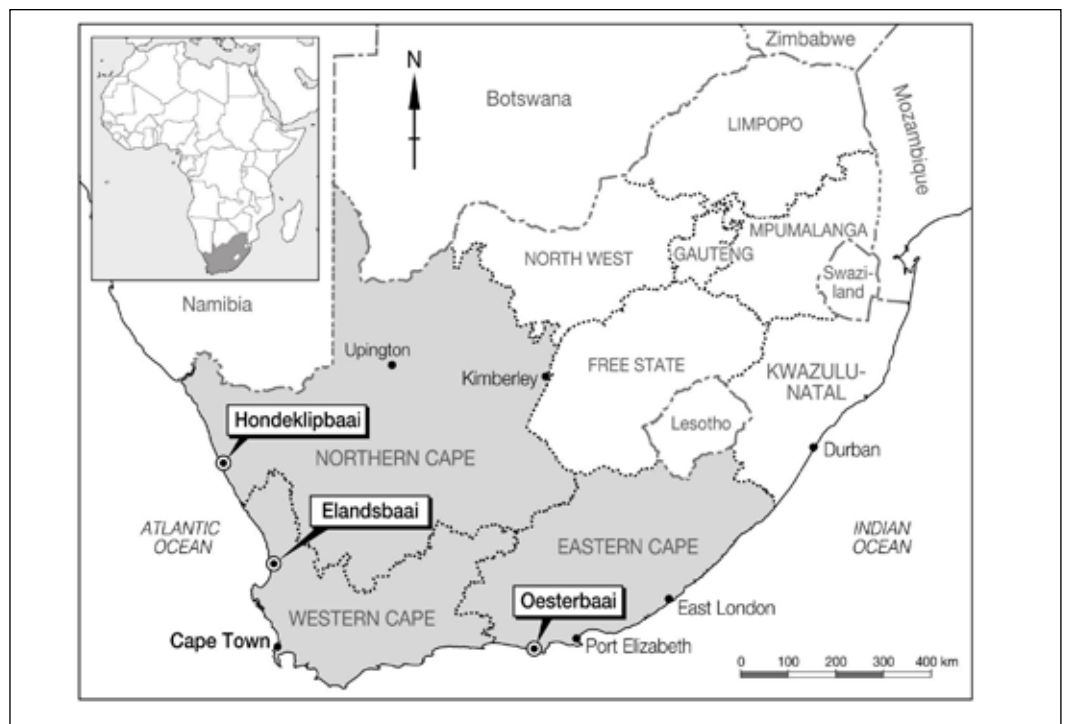
Cape. A description of the socio-economic and demographic characteristics of the communities is outlined before the findings are presented.

### Umzamowethu fishing community, Oester Bay

Uzamowethu is a black (mixed African and coloured) community just behind a sand ridge from Oester Bay beach-holiday resort, with most of the holiday homes owned by absentee owners from cities and towns around South Africa (and probably some foreigners). The community is located about 30km from Humansdorp, the nearest commercial centre and headquarters of the Koega municipality, and 15km from St Francis Bay, an upmarket holiday town<sup>4</sup> where the fishing harbour is located. The community is about ten to 15 years old and has a population of about 2 000 people. The roads from Oester Bay to Humansdorp and to St Francis Bay are gravel. The community is surrounded by farms. Actually, the land on which the community has been established was bought from a farmer. The boundaries of this farm run right up to the settlement boundaries, leaving no land for possible small-scale farming by the community.

More than 90% of the households have got or are to get improved houses under the Reconstruction and Development Programme (RDP) – so-called RDP houses. By 2006, 49 of these had

Map 1. Case study areas



4. The latest development at St Francis Bay is a golf course, including a hotel, being built by Gary Player, one of South Africa's most famous golfers.

According to Andries Tarentaal (pers. comm.), a squid fisherman from the Umzamowethu community at Oester Bay, the community is fairly new, and isolated socially, economically and geographically. Most of the people in the community moved from the farms within the Eastern Cape and the Western Cape to work on the squid boats. A number of the people came with their bosses, who had moved from farming into the squid industry when the commercial squid industry was established in 1984. Asked about HIV/Aids in the community at the May 2006 workshop, Tarentaal indicated that he did not have any personal experiences of HIV/Aids. He stated, however, that he had contracted TB in 2002 and said this was due to the working conditions on the squid boats. Tarentaal stated that one of the reasons people are not aware of HIV/Aids, is because people are not willing to declare their status. He pointed out that in Oester Bay there is urgent need for interventions around awareness, training and support for individuals and households affected by chronic illnesses such as HIV/Aids and TB. He also suggested that the squid boats should carry condoms on board because they are out at sea for 14, 21 or 28 days.

The community's current focus on getting new houses has overshadowed the fight for improved and up-scaled service provision around care for the chronically ill, full primary and secondary secondary schools, a clinic, and so on.

been built, with another 51 to come. The houses have, or will have, tap water, electricity and flushing inside toilets. There is a public phone near the new but so far unused crèche built by the municipality. There is a school that runs from grade 1 to grade 5 and serves the community and surrounding farms. After grade 5, the children have to go either to St Francis Bay or Humansdorp to further their education.

Most men from Umzamowethu work on squid<sup>5</sup> boats operating from St Francis Bay<sup>6</sup>. Women (mostly wives of the fishers) who might be lucky work as domestic workers for the holiday-home owners in Oester Bay and St Francis Bay – mainly during holiday season when the home owners are around. The period of work was estimated at about six weeks for the whole year (one week during Easter, two to three weeks during the mid-year break and about three weeks during the Christmas and New Year holiday periods), with the longest season coming in December during the Christmas break.

As far as fishing rights are concerned, only three people had fishing rights for the medium term (2002–05). These rights were for South Coast rock lobster. The three individuals are related to each other and it appears that they had been assisted in acquiring the rights by an affluent relative with political connections. These three simply collect an agreed amount of money monthly from the said relative, indicating that they are 'paper-quota holders'.

Most of the respondents pointed out that, during the applications for medium-term rights, their employers had collected their identity cards, with the intention of using these in the applications. They further said that they never heard anything after that as to whether they had been included as part-owners of the companies they worked for, as had been promised. A few had applied for squid-fishing rights, either as individuals or closed corporations, but had been unsuccessful in their applications. This failure to get fishing rights has even extended to the long-term rights applications, where none of the applicants from the community were granted rights, even after appeals. The standard reply for rejection of applications by the Minister of Environmental Affairs and Tourism is that the industry cannot accommodate any more fishing efforts.

Crew members working on squid vessels sign a contract that lasts for the duration of each fishing trip. This can be either 14, 21 or 28 days, depending on the size of the vessel. Apparently there are no regular working hours, with 18-hour shifts being the order of the day. Some crew members claimed that they are forced to work for a full 24-hour period at times. Crew members do not receive basic wages; rather, they are paid commission based on their individual catch. Thus each of the individual fishing crew members is paid based on the amount of squid that they catch, rather than a minimum wage. Each crew member's catch is weighed and recorded against their name. At the end of the

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5. The other commonly used name for squid in the area is "chokka".

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6. Another contingent of people working on the squid boats lives in the KwaNozamo community in Humansdorp, an almost exclusively African Black township.

14-, 21- or 28-day fishing trip, the total amount for each crew member is calculated and used as the basis for how much will be paid to the individual, after costs for running the vessel, food and equipment (for example tackle) have been subtracted. This pay is pitched to a target that will cover the costs of running the vessel, food, equipment and all other expenses, which is written in the crew members' contracts. This means that, if the boat does not catch enough to meet the quota at which costs had been pitched, the crew members earn nothing and may in fact end up owing the owner of the vessel money, which would be subtracted from their pay in the next fishing trip.

It is apparently normal practice for crew members to work up to 18 hours a day, mostly standing. Such long hours of work without sleep in the cold out on the deck means that the health of most the workers quickly falls. The bright lamps that are used to attract the squid is also not very good for one's eyes. The sharing of cramped sleeping quarters and working areas does not improve the situation. It is also apparently a common practice to take drugs such as dagga in order to stay awake and keep working for long hours and, in general, as a coping mechanism under strenuous working conditions. It has been alleged that in some instances, the drugs are sold to crew members by the skippers. Drugs such as dagga destroy the respiratory system, thus TB is a common problem among crew members because of the conditions and drug use. Although crew members who are diagnosed with TB are usually put on treatment (they are allowed to continue working while on treatment), most do not take their drugs consistently, resulting in recurrence and development of resistance to drugs<sup>7</sup> (Sister Domingo, pers. comm.). Thus the long stretches at sea usually disrupt consistency in taking TB medication because home-based carers are not there to make sure that people are taking their medication<sup>8</sup>. This is a double bind for crew members: without sick pay, they feel obliged to continue working in order to fend for their families, while at the same time, the harsh working conditions and failure to take the medication correctly waste their health even further. Usually crew members work until they are too weak to continue or are certified by the health inspectors as being unfit to work.

Crew members also pointed out that abuse (physical, emotional and other types) was very common on board vessels. Despite the abuse

that crew members suffer at sea, not many complaints relating to fishing activities out at sea are laid. The police said that they rarely dealt with cases of criminality on board boats, which either means that these are seldom reported or that normal South Africa law does not seem to apply on board vessels. Even labour inspectors point out that current law does not empower them to go out at sea and inspect working conditions on vessels.

Umzamowethu is about 30km from Humansdorp, the nearest commercial and service centre. It costs R15 to get public transport to the centre. The only minibus being run from the community makes one trip a day provided that there are enough people to warrant the journey to Humansdorp. In cases of emergency, such as an illness, the few people who have private cars charge R150 to hire out their vehicles. The goods in the local spaza shops cost about 25% more than in normal supermarkets. Thus the cost of living and access to services such as hospitals and shops and so on is generally higher due to the distance from the nearest service and shopping centre. The nearest government senior-primary school and high school are also in Humansdorp. Thus in order to send children to senior-primary and high school, a household either has to arrange with relatives in towns and cities where there are schools, or needs to be able to afford the daily transport for their children. The latter is beyond the means of most households so if the first option cannot be arranged, the children are forced to drop out of school. The serious joke among community members was that even the nearest graveyard was in Humansdorp.

Women and other dependents not employed on the squid boats or at the processing factories in St Francis Bay had limited work opportunities. The only employment was domestic work during holidays when holiday-home owners were around (80% of the time, the holiday homes are empty).

Employment opportunities on the surrounding farms have declined since most farm owners have switched either to cattle or game farming. The only other employment opportunities had been through the Coastcare Programme or The Department of Public Works but according to most Umzamowethu respondents, both these programmes mainly employed people from St Francis Bay rather than from their community.

7. Ideally, a TB patient has to attend clinic every day for two months for TB treatment.

8. Although there is a resident nurse in Oester Bay who is supposed to administer daily medication to TB patients or ensure that patients take their medication, it is beyond her to do anything once the patients go to sea. Vessel owners are supposed to assist, through their skippers, in ensuring that TB patients carry and continue taking their medication while at sea, but there has not been much cooperation from vessel owners and skippers.



Most households have also been separated from immediate family members as a result of settling at Umzamowethu. Thus the help and mutual support that they could have enjoyed if relatives were nearby is not readily available. On the other hand, most still have to send money to their spouses or relatives at home. Those with children needing to attend senior-primary or high school have to send assistance to relatives taking care of their children, in addition to upkeep for their children. Most fishers who have migrated from other parts of the country without their spouses will usually have a girlfriend and/or take another wife locally. Extended family, children who stay with relatives in order to continue school, polygamy or extramarital relationships mean added burden on the fishers financially.

Children are taken out of school or leave school because they are not able to continue, and start to look for work on farms or fishing boats as soon as they reach an age when they can work. Their limited education, lack of skills and geographic exclusion means that this is repeated from one generation to the next. The inability to escape this trap results in an intergenerational transfer of poverty.

Thus this isolation results in social exclusion. This term refers to the break of social ties to family, friends, state services and institutions, or generally to society at large, that communities such as the one at Umzamowethu are likely to experience. Social exclusion also refers to exclusion from decision making within larger society and socio-economic services. Thus social exclusion resonates with the exclusion from institutional and social relationships in resource allocation and usage. Social exclusion may be also be linked to discriminatory forces, hierarchical power relations and so on, as being experienced by crew members within the fishing industry. The concept also has economic dimensions in the sense that isolated communities such that of Umzamowethu is excluded from economic opportunities that can be found in commercial districts such as Humandorp and Port Elizabeth, resulting in economic immobility.

Literature is replete with references to the absence of a saving culture and the incorrect use of money (spending it on alcohol, drugs, prostitution, for instance) among fishermen. As May (1999) argues, the ability of the poor to accumulate assets is a key determinant for upward mobility and escape from poverty. When some crew members in the squid industry come back from

a two- or three-week spell of fishing, they allegedly spend up to two days drinking continuously as compensation for the long tough days out at sea<sup>9</sup>. Thus they rarely save any of the money that they earn. Sending 'help' to extended family and family members left at home does not make saving any easier. Another problem among fishers is the lack of basic education, which in most instances might also translate into poor life skills and values. As one of the crew members pointed out, "Having little money or none at all is a problem. It is even a bigger problem if you do not use the little you have properly" (Goeda, pers. comm.).

Social problems within the Umzamowethu community include alcohol and drug abuse; TB is a big problem, partly due to the harsh working conditions and the use of dagga. According to health workers at KwaNozamo clinic in Humansdorp where most people from Umzamowethu get treatment, STIs and HIV/Aids are on the rise, too. As a result of alcohol and drug abuse, domestic violence was said to be common. There was no health facility in the community, with the mobile clinic visiting only once every month. One local health worker and a nurse living in Oester Bay holiday resort but officially working at the KwaNonzamo clinic in Humansdorp served the community, especially with regard to ensuring that those on TB treatment took their drugs as prescribed. This task is beyond them when it concerns men working on fishing vessels for two- or three-week periods at a time. In such cases, the vessel skippers are supposed to ensure that crew members on TB treatment are taking their drugs. It was alleged that, despite having been advised to stop smoking and drinking while on treatment, some crew members on TB medication continued smoking dagga, especially when out at sea, and drinking when on shore.

## Hondeklipbaai

The Northern Cape Province has 313km of coastline, which is rich in marine resources such as deep-sea hake, long-line hake, West Coast rock lobster and line fishing. Companies such as Premier Fishing and Oceana used to land and process their catch off the Northern Cape either at Port Nolloth or at Hondeklipbaai. However, since the 1990s, almost all commercial fishing companies have moved their shore activities to St Helena Bay and Saldanha Bay on the West Coast, even though they continue to fish the waters of the Northern Cape. This decision was mainly

9. In 2006, there were six shebeens and two taverns in the community

due to the distance, poor infrastructure, and the cost of landing fish in Hondeklipbaai and Port Nolloth, far away from markets and air-freight transport facilities. Other economic activities since the 1980s included copper and diamond mining (both offshore and on land) but mining has also declined in recent years. The closure of commercial fishing activities in the province and the decline of mining have resulted in reduced opportunities for formal employment and increased unemployment rates in the coastal communities of Hondeklipbaai and Port Nolloth. Because of the lack of infrastructure and the distance to markets, scope for developing the fishing sector in Hondeklipbaai is limited and mainly comprise of small-scale fishing activities. The Northern Cape government has identified the development of a fishing-and-mariculture sector in the province as one of a series of economic strategies for the renewal of coastal communities.

Hondeklipbaai is a fishing company town of approximately 1 000 people. The community used to provide labour to the fishing company Oceana and to De Beers and Transhex mining companies. The closing down of fishing activities by Oceana and the downscaling of mining activities of De Beers and Transhex have resulted in job losses. As a result of increased unemployment, more people switched to fishing as a source of livelihood. There are few tourism opportunities in the area as the province attracts mainly seasonal tourists, especially during the spring-flower season and the summer vacation. Furthermore, the land-based livelihood possibilities are limited due to the arid landscape and a lack of land ownership, since the community is surrounded by private land owned by De Beers. Thus, although people in the community see potential in some land-based livelihood activities such as cattle and sheep farming, they do not have access to land for such activities. There are some people involved in land claims in the area but most of the land had been utilised for diamond mining by Transhex and De Beers. There have been some initiatives to look into leasing land from De Beers to use for farming but this has not materialised as yet.

Due to the limited livelihood opportunities in the area, there is a strong dependency on government welfare – pension, disability and child grants as well as health grants such as the TB grant. There are cases of HIV/Aids in the commu-

nity and a few people have died from HIV/Aids-related illnesses – but the stigma attached to the disease prevents those who are HIV positive from disclosing their status. The nearest town is 93km away; transport to town is expensive and with no high school in the area, students have to travel to Springbok to attend high school. Transhex subsidises the transport of the high-school learners.

The community comprises mainly of people of the coloured race and culture, with Christianity as the dominant religious practice. The community is an ANC stronghold, although affiliations to the ID and the DA also exist. The most visible political office bearer within the community is the local councillor. Political issues centre on poverty alleviation, service delivery and HIV/Aids.

The social problems include alcohol abuse and, to a lesser extent, drug abuse, a high rate of teenage pregnancies, single mothers, domestic violence, a high rate of TB infection and escalating cases of HIV/Aids, according to health workers.

The limited health facilities and the fact that people's diets do not comprise of enough fresh produce are resulting in growing numbers of high blood pressure, diabetes and heart diseases.

The mariculture-park investment in Port Nolloth provides some alternative forms of employment to a few people in Port Nolloth. The government's (DEAT) social responsibility programmes ('Working for the coast' and the kelp project) are providing jobs for 50 people within the community. There are 50 fishers in Hondeklipbaai and they are all harvesting in the inshore zone for West Coast rock lobster, snoek (seasonal), hotnotsvis and some other linefish species. Those who do not have access rights are using the 'post office' or recreational permits to harvest snoek, hotnotsvis, and West Coast rock lobster (seasonal). Although the fishers are legally not allowed to sell the fish, they do this anyway – hence resulting in many 'illegal' activities in the fishing communities. The fishers do not see themselves as subsistence fishers because they feel they need to buy bread, pay for transport, school fees and clothing, and they cannot exchange ten snoek for a trip to Garries or one snoek for a bread. The profile of fishing rights in Hondeklipbaai in July 2006 was five right-holders for West Coast rock lobster (one with 1 000kg and other four with 500kg). The limited livelihood opportunities and jobs increase the dependence on marine resources for a livelihood.

Annie Saal (pers. comm.) shared her personal experience with HIV/Aids when she took care of a cousin's daughter. She knows of five people who are HIV positive in her community and four who have died of the disease in recent years. Auntie Pokkie, as she is known, stated that the general trend is not to declare one's status. She felt that community mobilisation was imperative for dealing with HIV/Aids. The mobilisation process should target particularly the youth and women who tend to be at great risk. There is also a need to address the teenage-pregnancy rate, the promotion of condom use, and the promotion of ARVs. The culture of binge-drinking among males and females should be addressed in the context of a holistic community approach to effectively deal with poverty, TB, FASD, and HIV/AIDS.

## Elands Bay

Elands Bay is in many respects a typical fishing company town. The original settlement was based on farming, while the current village is based on the work available at the three rock-lobster factories. The village housing was also structured according to company lines, one area specifically for Engelbrecht Handelsmaatskappy, another area for Elandia and one for Daseeda. Since 1994, many households have been given RDP houses. Elands Bay has a population of 1 552 inhabitants and it forms part of the Clanwilliam District Municipality, together with Lamberts Bay, Graafwater, Citrusdal, Clanwilliam and Leipoldville. This coastal settlement is located 250km north of Cape Town, is rural and isolated. The species targeted in the local fisheries include rock lobster, line fish such as jacobever (*Helicolenus dactylopterus*), hottentot (*Pachymetopan blochii*), harder or southern mullet (*Liza richardsonii*) and snoek (*Thyrsites atun*), white mussel (*Donax serra*), and, to a lesser extent, the pelagic species sardine (*Sardinops sagax*) and anchovy (*Engraulis capensis*), and finally hake (*Merluccius capensis*), fished by long-liners.

The major sources of income include fishing, farming, government coast-care programmes and, to a lesser extent, tourism. The fishing and farming industries provide some permanent but mostly seasonal employment. The female population work on the potato farms or as packers in the fishing factories in the area. There is also a potato warehouse in Elands Bay, owned by the same family that owns the hotel, shops, lobster factory and potato farms. Other sources of income include remittance from family members who live in cities, and the opening of spaza shops, taverns and shebeens to supplement income. There are also informal credit schemes with high interest rates.

In Elands Bay the survival strategies include using the recreational 'post-office' permits to fish and sell their catches illegally. With this permit they are allowed to fish ten snoek per day and four West Coast rock lobster per day during season. The practice is explained like this: "We cannot eat fish for breakfast, lunch and dinner ... we need cash and that is why we sell it." In addition to these recreational permits, fisher households also depend on the government's welfare system in various forms such health, childcare, pension, foster-care and disability grants. Poaching is common amongst all categories of fishers: those who have formal rights, those linked to fishing companies and those using recreational permits.

The fishers of Elands Bay have no access to land or water, which makes it difficult for them to plant cash crops, graze cattle, and so on. If the land claims currently under way are successful, many indicate that they would want to plant cash crops, farm chickens, graze goats and keep cattle or pigs. Fishers are also switching between fishing and alternative activities such as farm work, construction work and tourism-support, depending on availability and viability. At times government public-works programmes such as 'Working for the coast' and the building of roads also provide temporary jobs. However, some complain that the contractors bring along outsiders do the work rather than using the local unemployed.

Another survival strategy of many households, is the government's social-welfare programmes. Many households receive grants for child- and foster care, health grants in the form of the TB grant or the HIV grant (which one qualifies for if one's CD4 count is below 200), as well as disability and old-age pensions. Fishers who were unsuccessful with the long-term fishing rights

applications are using recreational permits to fish and sell their catches. There are approximately 200 permits sold at the local post offices, mostly to fishers. Illegal fishing is on the increase because so many were not successful in securing long-term fishing rights.

The social disadvantages as described in Hogan and Maraldonha (2005) in this community, like many fishing and farming communities of the Western Cape, are characterised by structural poverty. In addition there is a high prevalence of alcohol and drug abuse, chronic unemployment, high-school drop-outs, physical abuse of women, single parenting and teenage pregnancies. As a result of these elements, the rate of illiteracy in the community is high. Most of the individuals who do succeed tend to leave the community. There is only one school in the town that goes up to grade 7. Parents wanting their children to get higher education send them to the nearest high school in Piketberg, almost 100km away. Many parents cannot afford the school fees and transport costs, resulting in high drop-out rates. Those who complete school often move to urban areas to find work, leaving the community with a lack of skilled individuals.

The "tot system"<sup>10</sup> is a form of enslavement put into practice on farms and fishing communities.

In some families in Elands Bay, Foetal Alcohol Spectrum Disorder (FASD) is intergenerational. Many of the FASD sufferers are exposed to sexual abuse, and due to low brain function they are often associated with lack of responsibility and more promiscuous sexual behaviour. They are thus vulnerable to the infection of HIV. The tot system results in an increase in alcohol intake and sexual activity and is often associated with vulnerability to intergenerational poverty. Although the tot system is illegal, it manifests itself in different forms in the community. The shebeens on some the farms are owned by the farmers, and there is a migration of more people (the "week-end alcoholics") to farms during the weekend. Other problems include a high rate of tuberculosis (TB) and a rapid increase in cases of HIV/Aids. Zelda Fortuin (pers. comm.) indicated that TB, FASD and HIV/Aids are common occurrences problems in farming communities. According to the health workers, there were 27 recorded cases of HIV/Aids in Elands Bay by 2006. According to the Health Care Unit and community healthcare workers, more women than men are affected and in smaller communities there is a stigma attached to the disease, hence the secrecy about suffering from TB, which is associated with HIV/Aids. According to health workers, 80% of children at Engelbrecht Primary School suffer from FASD<sup>11</sup>.

### Constraints to livelihood opportunities in communities

#### Economic exclusion

- Lack of access to finance or capital to apply for access rights
- Lack of communication skills (low numeracy and literacy skills) to submit applications
- Inadequate business skills to set up small companies, draw up business plans, manage budgets and so on
- Limited economic opportunities in the communities

#### Social exclusion

- Disenfranchised by the reallocation process because of lack of social capital.
- Due ethnic or political identities seen as coloured group who do not support new regime
- Local elite monopolise on economic opportunities

#### Class exploitation

- Patron-client relationship between factory owner and fisher, local elite and fisher, boat owner and fisher
- Most fishers belong to lower socio-economic tiers in society and are exploited by the elites and those that are better placed socio-economically

#### Political disempowerment

- Lack of political voice due to "wrong" political affiliations
- Not part of the decision-making processes of allocation of fishing rights
- Powerful local elite acting as protagonists of the fishers to access rights

10. Also known as the "dop system". This practice originated in the era when South African slaves were paid with alcohol and minimum cash. Later this system was applied to workers in fishing and farming communities. FASD is still present in these communities.

11. Mrs Jacobs (Principal of Engelbrecht Primary), pers. comm.

**Bohle Mndaweni (pers. comm.), an Elands Bay community health worker, states the following:**

- Most TB patients do not finish their course of medication.
- Most people do not want to use condoms.
- There has been a call from the community for a workshop to raise awareness on these issues.
- We need to form alliances with NGOs and institutions conducting awareness programmes, who can conduct the workshop in Afrikaans and at the level of the community.
- Educational talks should take the form of informal discussions (especially with young people), using pictures, stories and demonstrations.
- There is a need to build relationships with people (for example young people) before starting the training or intervention – it is also a tool to determine at which level to pitch the intervention.
- When looking at interventions, we need to inform men and women, young and old separately, as some cultures do not allow us to talk about sex openly.
- Our community has a satellite clinic on Tuesdays and Thursdays only, and the doctor comes Thursdays. We need health care during other days.
- The clinic carries out HIV tests but does not raise any awareness in the community. There is no other place within community where one can get information on HIV/Aids.
- We need to train a group of local people within the community (for example development workers) to be able to provide information, training and counselling on HIV/Aids.

Besides the economic and social exclusion of many households in fishing communities, the class exploitation situated in slavery, colonialism and apartheid is that of the patron-client relationship. This paternalist relationship between farmer and worker transforms into the relationship between factory owner and worker, or vessel owner and crew member in the squid industry. The factory owners are known as 'visboere' (fish farmers) because they are also farm owners who diversified into establishing fishing companies through the support of the apartheid regime. Most squid-vessel owners also came from a farming background. This meant that the workers were moved from working on farms into the fishing industry – that is, women would be doing domestic work and processing in the fishing factory while men would be harvesting fish, mainly lobster and squid. During farming and fishing harvesting season, workers would be working on the farm and in the factory. The owners would provide housing, food, schooling (mainly primary) and alcohol. Since the early 1990s, owners have outsourced workers and employed them on a casual and seasonal basis. In the squid industry, crew members are only offered short-term contracts for the duration of each fishing trip. The negative impact on labour of outsourcing and casualisation has been widely recognised and documented (Mills 2004; Du Toit & Ally 2003). Outsourcing is associated

with widespread retrenchments, reduced wages, reduced employment benefits and employment security. Workers are more vulnerable to exploitation as a result of losing protection from the law and from trade-union membership. According to Booi Blakenberg (pers. comm.), "before the farmers used to give us work – but now, they say if you are a fisherman you are not reliable, as soon as the fish bites, you leave us and we need to find others. In the early days when we done with working on the boat you immediately had to move to work on the farms..."

Colonialism, apartheid and the paternalistic relationship between boss and worker add to the structural nature of poverty on fishing and farming communities. Situated in these practices is the exploitation of workers where industries do not respect new revised labour laws. The government and the workers face the backlash of democracy – evictions, retrenchments and no benefits. Owners or managers largely do as they please with the workers, with the full awareness that workers have few or no employment alternatives in the area. Anyone who challenges the owner's decisions runs the risk of losing their job. Race is an important factor in the worker-owner relationship – as coloured workers are seen as the preferable workers and Africans are marginalised. The current allocation of fishing

rights has created new power relationships between fishers. The race relations between black and coloured workers in Oester Bay, Hondeklipbaai, and Elands Bay should be viewed in the broader political and historical context. Coloured people had work preferences over Africans in the Western Cape. Since democracy, such preference is illegal and coloureds have to share these jobs, fishing rights and all other economic opportunities with Africans. The fact that Africans are in the national majority is seen as a big threat. Therefore, to many coloured people in the fishing communities, a better life for all has meant that they are worse off than before the democratic elections in 1994.<sup>12</sup> In the end, the coloured fishers feel more vulnerable as a result of the democratic change and the fisheries reform processes.

Research into HIV/Aids portrays women as transactional sex workers at landing sites, attracted to the independent lives of lodging, drink, food and sexual services. Women are perceived as the usual suspects that transmit the HIV to men. The subordinate economic and social position of women in many fishing communities, especially in low-income countries, make them even more vulnerable to HIV infection (Allison & Seeley 2004).

However, in South Africa's fishing communities one needs to understand the situation of women in the context of the patriarchal systems of colonialism and apartheid, which preferred men for permanent labour and women as casual labour in the processing sector. Their access to credit was limited due to tenure insecurity, lack of access rights, lack of access to housing and de-

pendency on men to provide for them economically, materially and emotionally.

The long-term impacts of dominance and the exploitation of men in the workplace in fishing communities often converted to the exploitation of women at the home front. The subordinate position of the male worker at the workplace reflects in his lack of agency, voice and power. With the high unemployment rate and the worker's dependency on his work for his livelihood, the lack of voice and power could translate in exploitation through controlling and dominating the worker. When the worker gets home, the subordinate status of the woman (due to her lack of agency and voice because she is economically, materially and emotionally dependent on her partner) meant that the roles were reversed. The woman's subordinate position at the home front makes her vulnerable to abuse by the husband or partner.

The abuser labourer's low status and weak agency can be explained in the fatalistic ideologies of resignation and inevitability of their situation. These individuals tend to resort to acts of fatalism by abusing drugs and alcohol. Binge-drinking sprees over weekends are common.

### Squid fishermen

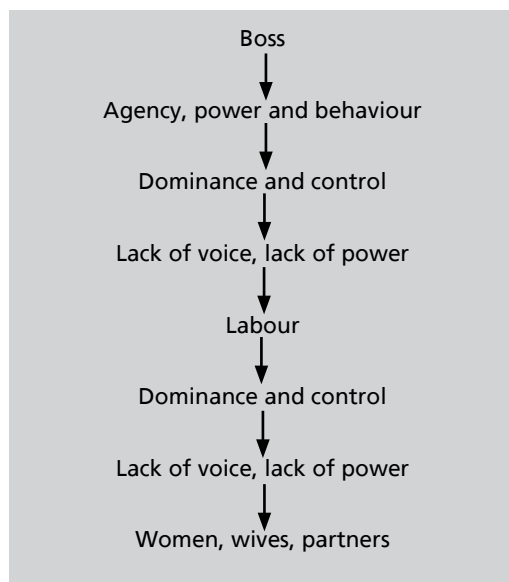
In Tokyo Sexwale near Oyster Bay, home-based care is available for TB and HIV/Aids patients. There has been an influx of people into the community due to the building boom.

Because of the conditions at sea and the amount of time spent there, the life of the fisherman is not the same as that of an ordinary worker. Time at sea ranges from three to 28 days.

After they return from sea, their first stop tends to be the bottle store, the second stop is for drugs, the third to take the family shopping and then they spend all night in the shebeen.

They also have big spending sprees and often engage with prostitutes.

During these encounters condoms are normally not used because both partners are often intoxicated.



12. Focus-group interview with 20 members of the Noodvroue Vereniging in Elands Bay on 8 February 2000.

Fishing in itself is a risky activity and since they are uncertain whether they will return from sea, they find pleasure and enjoyment in alcohol and engaging in risky sexual behaviour without condom use. The drinking sprees are situated in the tot system of dominance, control and dependence. Many women continue to drink alcohol during pregnancy, resulting in high rates of FASD among children. Heavy drinking behaviour lies in the despair of poverty, cultural modes of masculinity, being young, away from home and having cash to spare (Allison & Seeley 2004:221).

Due to the weather conditions, fishermen contract TB – and those that have TB have access to government grants. Many fishers do not com-

plete their medication and the TB reoccurs again and again. They also know that, as long as they have TB, they will continue to receive the grant. In all fishing communities there is a high rate of teenage pregnancies. Most mothers raise their children without any maintenance or support for child-rearing from the father. According to Siphon Mthathi (pers. comm.), if there is a high rate of teenage pregnancy and STD infection within the communities, it means that the community members are engaging in risky sexual behaviour and intervention is needed. What services are being provided by the health department? How are marginalised communities affected by the inadequacy of services?

# Current legislation on HIV/Aids

Experience in most countries indicates that there is need for greater attention towards HIV/Aids in fishing communities in order to translate emerging lessons into actions on the ground. The Ugandan experiences shows that a multi-sectoral and multifaceted approach involving a wide range of partners including the affected communities has potential for positive results in reducing vulnerability and susceptibility to HIV in fishing communities. The link of interventions at different levels and across different technical sectors can be done through mainstreaming of HIV/Aids into policies, with the development of mainstreamed policies involving the communities at each and every stage to ensure practical strategies and buy-in.

Recognising that HIV/Aids is one of the main challenges facing the country, the South African government unveiled a five-year National Strategic Plan (NSP), from 2007 to 2011, for HIV/Aids and STIs in March 2007. The plan outlines the country's multisectoral response to HIV/Aids and draws on lessons learned in responding to HIV/Aids in the preceding decade. The plan is meant for use by all relevant institutions, within and outside government, in order to achieve a focussed, coherent and nationwide approach to fighting HIV/Aids.

According to the Ministry of Health (2007:21), "the challenge of HIV requires an intensified comprehensive multisectoral response that:

- addresses the social and economic realities that make certain segments of the society most vulnerable
- provides tools for prevention of infection
- provides services designed to mitigate the wide-ranging impacts of the epidemic."

## **Findings and interventions for possible mainstreaming of HIV/Aids by DEAT: MCM in marginalised fishing communities**

According to the South Africa National Aids Council (SANAC), all government departments and levels of civil society are expected to use the NSP framework for the development of tailored

strategies and operational plans. The interventions under the NSP are set under four priority areas: (1) prevention; (2) treatment, (3) care and support; (4) human and legal rights, and (5) monitoring, research and surveillance. In terms of the fisheries sector, the following is a summary of the findings and some of the relevant priority areas within the NSP that DEAT: MCM can latch onto within mainstreaming. The relevant priority areas within the NSP have been **bolded** under each summary of research findings:

### **Poverty, TB and HIV/Aids: linkage to disability grants**

TB is increasingly associated with HIV/Aids. One needs to question why many TB patients purposefully default on their medication to avoid being removed from the disability grant while this is a curable disease. Siphso Mthathi (pers. comm.) stressed the need for poverty alleviation programmes to link directly to the national HIV/Aids crisis facing poor communities.

### **A need for a chronic disease grant**

Currently, there are no TB or HIV/Aids grants. People receive a disability grants only when they are incapacitated by these diseases. According to Siphso Mthathi (pers. comm.), HIV/Aids NGOs are lobbying and advocating for a chronic-disease grant. HIV/Aids would fall into this category. This can only happen through activism and pressure on government, since the government is not keen on creating any more grants.

### **The subordinate position of women within fishing communities makes them vulnerable to abuse and exploitation**

Gender inequality, high levels of domestic violence and poverty create an environment in which women are increasingly vulnerable to being drawn into sex work and are unable to insist on condom use.

High unemployment and a lack of alternative livelihood opportunities forces women within fishing communities into short-term survival strategies such as transactional sex.



- **Accelerate poverty reduction strategies and strengthen the safety nets to mitigate the impact of poverty**
- **Accelerate programmes to empower women and educate men on women's rights. Support national efforts to strengthen social cohesion in communities and to support the institution of the family**
- **Reduce the vulnerability of women and girls to HIV infection by reducing poverty**
- **Ensure that existing laws and policies protecting women and girls from gender-based violence are implemented**
- **Ensure that laws, policies and customs do not discriminate against women and girls**

### **Link between HIV/Aids, TB and FASD in fishing and farming communities; Drug and alcohol abuse increase vulnerability to TB, FASD and HIV/Aids**

The health department has accepted the link between TB and HIV/Aids and all TB cases diagnosed need to take a compulsory HIV test. However, one needs to go a step further and link these to gender violence, and drug and alcohol abuse (the latter usually lead to FASD).

- **Scale up coverage of the comprehensive care-and-treatment package**
- **Ensure effective management of TB/HIV co-infection**
- **Strengthen the health system and remove barriers to access**
- **Develop a comprehensive package that promotes male sexual health and that addresses gender issues and gender-based violence**
- **Introduce programmes to mitigate the impact of alcohol and substance abuse**
- **Introduce programmes and strategies to address stereotype gender identities that contribute to gender-based violence**

### **Marginalisation of rural communities and services**

In the Western Cape, complacency has kicked in because of the perception that the province

has the lowest prevalence of HIV. This is resulting in marginalisation of some communities in the province. In addition, the stigma in the rural communities around disclosure impacts on the quality of services targeting these communities. The geographical and structural and institutional isolation of communities such as Hondeklipbaai and Oester Bay means that these communities have a paucity of health-services attention, resulting in neglect. Urgent attention needs to be given to whether ARV roll-out is taking place and whether those infected have access to services in such marginalised rural communities. Through support structures and networking with other NGOs, communities could possibly help get others onto treatment.

- **Develop behaviour-change curricula for the prevention of sexual transmission of HIV, adapted to different target groups.**
- **Scale up positive prevention in HIV-negative people.**
- **Increase roll-out of prevention programmes for higher-risk populations.**
- **Increase roll-out of prevention programmes for marginalised and isolated fishing communities.**
- **Engage in advocacy and lobbying on behalf of fishers and fishing communities for interventions, including access to ARVs, that specifically target the needs of these groups.**
- **Develop, in conjunction with national regulatory bodies, a coherent programme of HIV/Aids education and prevention messages, to be provided at community level by peer educators and trainers drawn from fishing crews and communities, and put in place at sites used by fishing crews when they're not working, for example shebeens.**

### **There are high levels of stigma against HIV-positive people within fishing communities**

There is a need to increase levels of knowledge, awareness and support in order to deal with the stigma attached to HIV and Aids.

- **Human and legal rights – stigma and discrimination continue to present challenges in the management of HIV/Aids. This priority area seeks to mainstream these efforts in order to endure conscious implementation programmes to address them.**

### **Symbiotic relationship between research and policy**

There is need for a symbiotic relationship between researchers and government to enable research results to feed into policy making and decisions. According to Auntie Pokie of Hondeklipbaai, local communities feel that research in HIV/Aids and poverty should be more

action-oriented and be reported back to them (Annie Saal, pers. comm.)

- **All government departments and civil-society sectors shall be involved in the fight against HIV/Aids (from 'Broad Framework for HIV & AIDS and STI Strategic Plan for South Africa, 2007–2011').**

# Chapter 4:

## Recommendations

- Identify and develop champions within fishing communities for peer-to-peer education. Peer educators should be community members that can identify with others of the same age and social group within their community
- Carry out a detailed survey to quantitatively establish the extent of HIV prevalence in fishing communities (regionally and nationally) and in relation to the general community so as to work out the required infrastructure and services necessary to tackle the problem
- Tackle the root causes of risk behaviour in fishing communities, namely poverty, vulnerability and the 'risk environment'. In this context, DEAT: MCM should ensure that fishery management and development interventions contribute towards reducing poverty and vulnerability of fishing communities to HIV/Aids
- Find ways of tackling fatalism in fishing communities by promoting positive attitudes about life
- Find strategies and practical solutions to address moral judgement of fisher behaviour or HIV status, which tend to drive them away from awareness campaigns and programmes dealing with HIV/Aids issues
- Overcome institutional barriers between different professional groups ( medical professionals, other government department such as DEAT:MCM, NGOs working with and in fishing communities, and so on) that inhibit collaborative efforts in dealing with HIV/Aids issues in fishing communities
- Address inequalities between men and women in terms of access to and ownership of assets, income-earning opportunities, power relations and negotiation of sexual relationships within fishing communities
- Promote economic and social empowerment of women through the development of supplementary and alternative economic opportunities, skills training, sources of capital for small businesses, market-access products and support groups
- Investigate, adapt and apply positive approaches and solutions for dealing with vulnerable and mobile groups from other sectors, to fisheries
- In line with the recommendations of the NSP, appoint a fully trained senior member of staff who could initiate action-based change and policy development in relation to HIV/Aids issues in fisheries and fishing communities. Such a person would work with health-sector staff and other stakeholders in developing appropriate prevention, care and mitigation responses targeted at the fishing sector
- In collaboration with the health sector; make health services more easily accessible to remote fishing communities (for example improving infrastructure for disbursement of routine treatment such as ARVs and TB drugs, treatment for sexually transmitted infections and the prevention of mother-to-child transmission); improve access to testing, advice and care facilities by adapting them to the mobility and irregular working hours in fishing communities; and develop prevention-oriented interventions directed at fishing communities.
- In developing responses, involve the fishing communities, as they will be best placed to define the changes that will reduce their vulnerability to HIV/Aids.

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# Appendix I

## Key informant interviews conducted for this project

Dawid Goeda, Oester Bay
Sipho Mthathi, Cape Town
Zelda Fortuin, Cape Town
Mrs Jacobs, Elands Bay
Dr Kurt Maart, Cape Town
Bohle Mndaweni, Elands Bay
Booi Blakenberg, Elands Bay
Andries Tarentaal, Oester Bay
Annie Saal, Hondeklipbaai
Simon Ruiters, crew member, Oester Bay
Petrus Baartman, crew member, Oester Bay
Zenzele Wilson Majamani, crew member, Oester Bay
Kallie Cympher, shore skipper, St Francis Bay
Sister Strydom, KwaNozamo Clinic, Humansdorp
Camen Demingo, KwaNozamo Clinic, Humansdorp

## Workshop participants – May 2006

Participant Name	Organisation	Telephone no.	Fax no.	E-mail address
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Marisa Kashorte	MCM			

# Appendix 2

LOCATION	DATE	AUDIENCE								SUBJECTS DISCUSSED + REVIEWED																		
		Health professionals	NGOs	Unions	Marine and Coastal Management. Local authorities, police	Home-based carers, com-dev. workers	Primary healthcare units	Community leaders – teachers, principal, church leaders,	Fishers	Total number of persons interviewed	Vulnerability to HIV/Aids in fishing community	Occupational mobility (labour movement)	Geographical mobility	Livelihood strategies	Services provided in fishing community esp. rural	FASD, TB and HIV/Aids linkages	Risk-taking behaviour (acts of fatalism)	Gender and HIV/Aids	Poverty and HIV/Aids	Power and HIV/Aids	Race and HIV/Aids	Culture and HIV/Aids	Methodological approaches	HIV and Aids prevalence in fishing community	HIV and Aids impacts and fishing community	Vessel working conditions and HIV/Aids	Employment benefits and HIV/Aids	
Activities																												
Jeffrey's Bay	Nov 05								59																			
Port Nolloth	Feb 06								10																			
Hondeklipbaai	Feb 06								6																			
Elands Bay	Feb 06								24																			
Jeffrey's Bay	Feb 06								43																			
Elands Bay	April 06								10																			
Methodology workshop	May 06								15																			
Port Nolloth	May 06								15																			
Hondeklipbaai	Jun 06								25																			
Jeffrey's Bay	May 06								15																			
Elands Bay	Jul 06								39																			
Port Nolloth	Jul 06								10																			
Jeffrey's Bay	Aug 06								24																			
Review-related literature on key themes	Nov 06 –Dec 06																											

# Appendix 3

Review related literature on key themes in SA policy environment (provincial and national)	January-March 07			Health professionals
				NGOs
				Unions
				Marine and Coastal Management. Local authorities, police
				Home-based carers, com-dev. workers
				Primary healthcare units
				Community eaders - teachers, principal, church leaders,
				Fishers
		15		Total number of persons interviewed
				Vulnerability to HIV/Aids in fishing community
				Occupational mobility (labour movement)
				Geographical mobility
				Livelihood strategies
				Services provided in fishing community esp. rural
				FASD and TB and HIV/Aids linkages
				Risk-taking behaviour (acts of fatalism)
				Gender and HIV/Aids
				Poverty and HIV/Aids
				Power and HIV/Aids
				Race and HIV/Aids
				Culture and HIV/Aids
				Methodological approaches
				HIV and Aids prevalence in fishing community
				HIV and Aids impacts and fishing community
				Vessel working conditions and HIV/Aids
				Employment benefits and HIV/Aids
				Review the national health strategy, provincial interventions
				Review local and international fisheries policies on mainstreaming of HIV/Aids
Field research visit to field site (Port Elizabeth, Oester Bay, St Francis Bay, Humansdorp, Jeffreys Bay and fisheries in the squid industry;	February 07			
Drafting of policy brief on mainstreaming HIV/Aids	March 07			
Meetings with director and deputy-director on what the project is about, the work conducted, progress reports	January-March 07		5	