

## FINDINGS: ACTION MEDIA WITH FISHERFOLK

KASENYI LANDING SITE

ENTEBBE, UGANDA

May 2014





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by Warren Parker, PhD

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## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
BMU	Beach Management Unit
CHC	Communication for Healthy Communities
FGD	Focus Group Discussion
FSW	Female sex worker
GOU	Government of Uganda
HIV	Human Immunodeficiency Virus
MoH	Ministry of Health
PLHIV	People living with HIV/AIDS
SBCC	Social and Behavior Change Communication
TB	Tuberculosis
USG	United States Government
VIPP	Visualization in Participatory Programs

## Background

The Communication for Healthy Communities (CHC) program supports the Government of Uganda (GOU) and the United States Government (USG) implementing partners to design and implement quality health communication interventions to contribute to reduction in HIV infections, total fertility, and reduction in incidence of maternal and child mortality, malnutrition, malaria and tuberculosis (TB).

CHC focuses on designing and implementing high quality health communication interventions; strengthening the capacity of the GOU and USG partners to design, implement, and monitor health communication interventions; increasing coordination and collaboration of health communication partners; and increasing the use of evidence, research and knowledge management to enhance health communication.

CHC is increasing capacity in Uganda to apply Action Media, a participatory research methodology that integrates the perspectives of local audiences in the development of health communication resources and tools. Action Media was developed with an emphasis on social-change thinking, and combines research on vulnerability with a consultative and participatory approach towards understanding communication in the context of health challenges. The approach has been used globally with diverse audiences across a spectrum of HIV and other health vulnerabilities, and with a particular focus on addressing the interface between marginalization, disempowerment and risk among key populations.

Through Action Media, researchers and participants collaborate to:

- determine health and development priorities;
- understand health vulnerabilities and risks;
- understand language and aesthetic preferences;
- understand appropriate and relevant communication mediums; and
- Develop social and behavior change communication (SBCC) materials and activities that are meaningful, relevant and context-appropriate.

As a product of the participatory process, an understanding emerges of the links between contexts of vulnerability and capacities to engage with change processes. Insights are also developed into decision-making processes and capacities to prioritize health.

### HIV in Uganda

Adult HIV prevalence in Uganda was estimated to be 7.2% in 2012, with approximately 1.5 million people living with HIV/AIDS.<sup>1</sup> Although the overall epidemic in Uganda is stabilizing and has declined in many sub-regions, declines are not uniform, and HIV incidence and HIV prevalence are increasing in some sub-populations. Incidence modelling estimates suggest that among adults aged 15-49, 43% of new infections occur in discordant monogamous relationships, while 46% occur among people with multiple partners. New infections among sex workers and their clients account for much of the remaining proportion.<sup>2</sup>

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<sup>1</sup> UNAIDS. (2013). UNAIDS Global Report. Geneva: UNAIDS.

<sup>2</sup> Wabire-Mangen, Odiit, M., Kirungi, W., Kisutu, D., & Wanyama, J. (2009). Uganda: HIV Modes of Transmission and Prevention Response Analysis. Kampala: Uganda AIDS Commission.

The main underlying drivers of the epidemic are multiple sexual partnerships, non-disclosure in the context of HIV discordancy, transactional and cross-generational sex, presence of STIs, lack of condom use, lack of circumcision among men, alcohol and drug use. Socio-cultural factors include behavioral disinhibition, economic inequality, gender inequality, and limited access to health services.<sup>3</sup> Levels of physical and sexual violence are also high.<sup>4</sup>

Recommendations for response include strengthening service provision, intensifying communication programs in support of HIV prevention with a focus on cohabiting and married couples, persons living with HIV (PLHIV) and key populations. Realignment with a focus on key populations was identified as a priority, while HIV counselling, testing and disclosure were identified as important cornerstones of response. High HIV prevalence groups also have substantial needs in relation to access to antiretroviral treatment (ART) and related support.

Female sex workers, fishing communities, uniformed services, mobile populations (including boda-boda riders and plantation workers) and people living with disabilities have been identified as vulnerable groups.<sup>5</sup> HIV prevalence is particularly high among female sex workers and their partners, with a recent study indicating HIV levels of 33% among female sex workers (FSW), and 18% among partners. HIV prevalence among fisher folk is also high, with a recent study in the Lake Victoria Basin indicating a prevalence of 22%.

### **Fisherfolk and HIV**

The elevated vulnerability of fisherfolk to HIV infection has been linked to occupational and lifestyle factors,<sup>6</sup> although the extent of vulnerability is uneven and heterogeneous. The main occupational categories of fisherfolk are: boat and equipment owners; fishing crew; fish traders; and fish processors (who smoke or salt fish). Fishing communities interact with other vulnerable groups—notably persons working in bars and hotels, and sex workers. Risk of HIV infection occurs among men and women involved in all occupational categories and related vulnerable groups, inclusive of their partners who mostly live in or near fishing communities.<sup>7</sup> While vulnerability is gendered in relation to direct and indirect links to the fishing trade (for example, among bar workers),<sup>8</sup> gender roles are not necessarily fixed to particular activities, and are changing over time.<sup>9</sup>

Risk factors that have been identified include fisherfolk:

- being mostly youth or young adults;

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<sup>3</sup> Uganda AIDS Commission. (2012). Global AIDS response progress report: Country progress report, Uganda. Kampala: Uganda AIDS Commission

<sup>4</sup> Osinde, M.O. et al. (2011). Intimate partner violence among women with HIV infection in rural Uganda: critical implications for policy and practice. *BMC Women's Health*, 11: 50; Kouyoumdjian, F.B., et al. (2013). Intimate partner violence is associated with incident HIV infection in women in Uganda. *AIDS*, 27: 1331–1338.

<sup>5</sup> Uganda AIDS Commission and National HIV Prevention Committee. (2011). The National HIV Prevention Strategy for Uganda: 2011-15. Kampala: UAC/NHPC.

<sup>6</sup> Baro, M & Mazzeo, J. (2004) Dynamics of HIV/AIDS in the fishing Communities of Benin and Uganda. Food and Agriculture Organization, HIV/AIDS Program. GTZ.

<sup>7</sup> Kissling, E., Allison, E., Seeley, J., Russell, S., Bachman, M., Musgrave, S., & Heck, S. (2005). Fisherfolk are among groups most at risk of HIV: cross-country analysis of prevalence and numbers infected. *AIDS*, 19: 1939–1946

<sup>8</sup> Te Lintelo, D. (2008). Food security, nutrition and HIV/AIDS in African fisheries: emerging evidence and research directions. A literature review. Regional Programme Fisheries and HIV/AIDS in Africa: Investing in Sustainable Solutions. The WorldFish Center. Project Report 1968.

<sup>9</sup> Choo, P.S., Nowak, B.S., Kusakabe, K., & Williams, M.J. (2008). Guest editorial: Gender and fisheries. *Development*. 51 (2): 176-179.



- being mobile (which is related to having unstable sexual partnerships);
- being involved in risky forms of work (which may support fatalism and bravado in relation to HIV risk);
- being relatively poor and marginalized (which may support assertive and risky behaviors and practices in relation to expressions of masculinity and femininity);
- being inclined towards alcohol use (as a coping strategy for occupational risks or in contexts of socializing); and
- being less able to readily access health services (as a result of mobility, or services being limited in some areas).

In some communities, women have been displaced from fish processing activities, with bar work or sex work providing livelihood alternatives.<sup>10</sup> Trading sex for fish has also been observed in some fisherfolk communities.<sup>11</sup>

A recent study of fisherfolk in Uganda found that 22% were HIV positive, being higher among women than men (25.1% vs 20.5%), higher among widows/widowers (40%) and divorced persons (32%). Over half of the study population (58%) were in a consensual long-term union (including marriage), and 16% were cohabiting.<sup>12</sup> Most fisherfolk are poorly educated, with 64% having only primary level education. Distribution of religion includes Catholics (38%), Protestants (36%) and Muslims (20%). Fisherfolk are also mobile—approximately 66% of survey respondents spent time away from home in the past 12 months, with 20% staying away from home from a month or more. Men stay away from home more often than women. Around a third of all study participants reported high risk sex in the past 12 months, with around half of this group reporting consistent condom use. More than half of those reporting high-risk sex in the past 12 months were in consensual long-term unions. Nearly half of all men, who had sex in the past year (46%), had sex with more than one partner, while 10% of sexually active men reported sex with a sex worker in the past year. And, fishing communities were found to be underserved by HIV services in comparison to other communities.

Basic HIV/AIDS knowledge was found to be high among fisherfolk, and the vast majority knew where to access condoms. However, less than half had ‘comprehensive HIV knowledge’ as defined by the survey. HIV/AIDS information was mainly received via radio (78%), followed by health workers (44%), friends (15%), teachers (13%) and newspapers/magazines (10%). Community-level sources of information (e.g., local leaders, religious leaders, drama, posters, etc.) were minimal. Prominent messages recalled included limiting partner numbers and staying faithful (32%), condom use (31%), abstaining (9%), testing for HIV (8%), and being faithful (5%). Misconceptions about HIV/AIDS were low, and most people held caring attitudes towards PLHIV.

Fishing activities in Uganda are clustered around the inland lakes (Victoria, Albert, Kyoga, Edward, George) and the Nile River. Fishing is estimated to contribute to around 12% of the gross domestic

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<sup>10</sup> Allison, E., & Seeley, J. (2004). HIV and AIDS among fisherfolk: a threat to ‘responsible fisheries’? *Fish & Fisheries*, 5:215-234

<sup>11</sup> Opio, A., Mulumba, N., & Muyonga, M. (2010). HIV sero-behavioural study in the fishing communities along Lake Victoria in Uganda. AEC/AMREF Lake Victoria Partnership Program. Kampala: EALP.

<sup>12</sup> Opio et al., 2010.

product (GDP) of Uganda, and 15% to export earnings.<sup>13</sup> Fisherfolk employ largely traditional, small-vessel based and labor-intensive approaches, and were estimated to account for nearly one tenth of the country's labor force in 2003. Related activities include fish processing and trading, as well as net making, boat-building, equipment maintenance and general labor.

HIV/AIDS impacts fisherfolk in relation to their types of work – for example, boat-based fishermen may be unable to work if their health declines, whereas boat owners can still earn an income. Women involved in fish preparation may face stigmatization and discrimination, while youth whose parents have died or are ill may be more inclined to take up fishing at a young age. Loss of income through productive work may contribute to sale of assets including boats and equipment, reducing capacity for sustained income.<sup>14</sup>

While lifestyles of fisherfolk include HIV vulnerabilities, it has been highlighted that generalizing and stereotyping of risk should be avoided as this may foster fatalism.<sup>15</sup> For example, a recent study found that some fisherfolk who tested and found they were HIV negative believed the HIV tests to be inaccurate based on having been told that they were at high risk of HIV (and thus assuming they were HIV positive and surprised to find themselves HIV negative).

“They have checked my HIV/AIDS status and told me I am HIV negative but when counsellors leave the landing site, they say there is a lot of HIV/AIDS at the landing site; are those machines really in a good working state?”<sup>16</sup>

A study of HIV prevalence and risk factors in eight Ugandan fishing communities found overall prevalence to be 26.7%–32.6% among women, and 20.8% among men. Prevalence among fishermen was 22.4%, housewives was 32.1%, farmers was 33.1%, and bar/lodge/restaurant workers was 37%.<sup>17</sup>

A study on VCT among fisherfolk found that common reasons for HIV testing included perceived lifestyle risks, having HIV symptoms or signs, perceptions of risky behavior of a partner or death of a partner. Barriers to testing included fear of results, low prioritization of testing or not having time.<sup>18</sup> Fisherfolk who tested HIV positive were reluctant to disclose their status to their partners and maintained pre-diagnosis risk behaviors, particularly if they perceived their relationship ties to be weak.<sup>19</sup>

Mobility of fisherfolk affects ART adherence,<sup>20</sup> and strategies for ensuring regular access to ART among fisherfolk are needed and require further research.<sup>21</sup>

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<sup>13</sup> Grellier, R., Tanzam, N., Lamberts, D., & Howard, C. (2004). The Impact of HIV/AIDS on Fishing Communities in Uganda. Marine Resources Access Group / DFID.

<sup>14</sup> Nunan, F. (2010). Mobility and fisherfolk livelihoods on Lake Victoria: Implications for vulnerability and risk. *Geoforum*, 41(5):776-785.

<sup>15</sup> Westaway, E., Seeley, J., & Allison, E. (2007). Feckless and reckless or forbearing and resourceful? Looking behind the stereotypes of HIV and AIDS in “fishing communities”. *African Affairs*, 106(425):663-679.

<sup>16</sup> IPSOS. (2014). Presentation of draft findings on a study conducted on behalf of CHC. Powerpoint presentation.

<sup>17</sup> Kiwanuka, N., Ssetaala, A., Mpendo, J., Wambuzi, M., Nanvubya, A., Sigirenda, S., et al. High HIV-1 prevalence, risk behaviours, and willingness to participate in HIV vaccine trials in fishing communities on Lake Victoria, Uganda. *Journal of the International AIDS Society*, 16:18621

<sup>18</sup> Mugisha, E., van Rensburg, G., Potgieter, E. (2010). Factors influencing utilization of Voluntary Counseling and Testing Service in Kasenyi fishing community in Uganda. *Journal of the Association of Nurses in AIDS Care*, 21(6): 503-511

<sup>19</sup> McArthur, M., Birdthistle, I., Seeley, J., Mpendo, J., & Asiki, G. How HIV Diagnosis and Disclosure Affect Sexual Behavior and Relationships in Ugandan Fishing Communities. *Qualitative Health Research*, 23(8):1125-1137

<sup>20</sup> Seeley, J., & Allison, E. (2005). Overcoming barriers to delivery of effective health services for fisherfolk. *Exchange on HIV/AIDS, Sexuality and Gender*.

<sup>21</sup> Seeley, J., & Allison, E. (2006). HIV/AIDS in fishing communities: Challenges to delivering antiretroviral therapy to vulnerable groups. *AIDS Care*, 17(6)

Approaches suggested for supporting HIV prevention and care response among fisherfolk include: workplace-based programs; group and peer education; implementing prevention toolkits; providing health services focused on fisherfolk, including mobile services; providing nutritional support to fisherfolk who are PLHIV. HIV mitigation strategies include: saving schemes; livelihood diversification; programs for orphans; and exploring livelihood safety nets for fisherfolk communities.<sup>22</sup>

It has also been suggested that: 1) peer education ‘champions’ be identified; 2) beach management units (BMUs) be included in response; 3) fatalism be addressed; and 4) fishing communities be included in the response.<sup>23</sup>

### **Objectives of the Action Media Sessions with Fisherfolk**

In support of addressing gaps in communication development among vulnerable groups in Uganda, the objectives of the Action Media sessions with fisherfolk were:

- Improving understanding of contexts of risk and design of appropriate communication strategies and resources for action to support HIV prevention among fisherfolk in Uganda, and
- Developing SBCC resources for fisherfolk in Uganda.

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<sup>22</sup> Food and Agriculture Organisation. (2005). Impact of HIV/AIDS on fisherfolk communities: Policies to support livelihoods, rural development and public health. Rome: FAO

<sup>23</sup> Opio et al., 2010. See also Moeniebe & Mafaniso. Mainstreaming of HIV and AIDS into South African Fisheries Policy. Institute of Poverty, Land and Agrarian Studies. School of Government, University of the Western Cape, Cape Town, South Africa.

## Approach

The Action Media methodology was developed in response to approaches to health promotion that perceive communities as ‘target audiences’ towards whom messages and imperatives about health should be directed. Such approaches overlook important aspects of the relationship between knowledge and context, and fail to adequately draw in systems of meaning for affected communities. Furthermore, such communication may include value-laden ‘calls to action’ that overlook indigenous, contextually relevant solutions.

In the context of HIV prevention, for example, the capacity to make choices towards risk reduction may be constrained by socio-economic circumstances or disempowerment in relationships. Insights into processes for negotiating pathways through vulnerable circumstances thus require a sound understanding of potential solutions. Audience engagement is therefore a central step in the cycle of communication development.

Action Media offers a methodical approach to explore audience perspectives relevant to improving health, including fostering critical thinking and problem-solving which can, in turn, inform the development of health communication strategies and resources. The methodology was developed in South Africa in the 1990s with an initial focus on addressing the emerging HIV epidemic,<sup>24</sup> and has been used globally with diverse audiences to address health and social vulnerabilities. The extent of vulnerability and marginalization of prospective audiences is determined through research and analysis of national or sub-national data, as well as strategic priorities.

Action media integrates perspectives of audience representatives through a step-wise process that allows for deep reflection around issues that affect their lives and health, while at the same time integrating cultural systems of meaning into emerging products. The methodology also engenders an interest in community mobilization among the participants, and this impetus can be harnessed in subsequent activities. Action Media fits with processes of participatory engagement, through which *‘people, not as recipients, but as knowing subjects, achieve a deepening awareness both of the socio-historical reality that shapes their lives and of their capacity to transform that reality’*.<sup>25</sup>

Action Media leads to a number of outcomes:

- Researcher/facilitators obtain insights into contexts of vulnerability relevant to broader research and planning for health-related interventions. While conventional qualitative research interactions are of short duration and one-offs—for example, focus group discussions (FGD); Action Media’s longer engagement through dialogue deepens understanding of participant knowledge, experiences, and perspectives on factors underlying vulnerability and insights towards solutions. Dialogues and other data are systematically documented.
- Through dialogue and reflection, participants learn more about focal health issues.

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<sup>24</sup> Parker, W. (2009). Action Media: Consultation, Collaboration and Empowerment in Health Promotion. In T. Gokah, (ed). Contemporary Discourses on IE&C Theory and Practice, London: NovaScience.; Parker, W. (1997). Action Media: Consultation, Collaboration and Empowerment in Health Promotion. Africa Media Review, 11(1):54-63

<sup>25</sup> Freire, P. (1970). Pedagogy of the oppressed. New York: Herder and Herder.

- Participants learn how to think critically and collaboratively and have an opportunity to work together to craft solutions to health challenges.
- A focus on harnessing creativity provides insight into creative capacities among participants, including potentials to develop their own low cost communication products.
- Collaborative work contributes to motivation for further engagement, including involvement in downstream community mobilization activities.

## **Recruitment**

Fisherfolk working in and around the Kasenyi Landing Site near Entebbe, were recruited to participate in Action Media sessions. Recruitment was through the BMU Kasenyi Landing site supported by Regional Communication Officer Central, and focused on purposive selection of a spectrum of fisherfolk with variations in occupation and gender. Ten men and two women, ages early 20s upwards, participated. The group comprised four fishermen, five fishmongers, two fishing equipment traders, and one fried fish vendor. Two of the participants were additionally engaged in fish transportation. Constraints to potential participation were mainly related to not being able to be drawn away from day-to-day work.

## **Venue**

Action Media sessions were held at a conference center in Entebbe. The research team also travelled to Kasenyi for informal interviews with fisherfolk and photographic documentation.

## **Ethical considerations**

Action Media is a formative research activity guided by ethical principles and guidelines.<sup>26</sup> At the outset of the Action Media sessions, participants were made aware of their rights to participate freely, and their rights to privacy. It was clarified that contributions made would not be linked to any person's name, and that participants should respect the right to confidentiality of group members as a whole.

It was noted that photographs and video recordings were intended to be made during the sessions, and participants were asked to consent (via a signed form) to the use of such materials for purposes of describing the research process, including informing CHC's reporting. Session components were also recorded via digital audio recorders and translated and transcribed to aid the research process. Participants were provided with refreshments and meals during sessions and received a small cash sum to cover costs.

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<sup>26</sup> AFREA. (2007). African Evaluation Guidelines - Standards and Norms. Accra: AFREA.

## Findings

The sessions were guided by a lead facilitator supported by six co-facilitators—four from the Uganda Ministry of Health (MoH) and three from CHC. The co-facilitators had been trained during a workshop prior to the sessions, and were participating and observing to strengthen their skills in applying the methodology. Usually, Action Media requires a minimum of two facilitators.

An artist and photographer/videographer also formed part of the research team. The artist observed all sessions and was involved in translating emerging concepts into communication prototypes. The photographer/videographer documented proceedings.

It was established at the outset that Luganda was the preferred language of communication and translation was provided by the co-facilitators for larger group sessions. All small group sessions were conducted in Luganda. Consensus was reached on 'rules' among participants including respect for points of view of all participants, confidentiality of personal information, attendance and timekeeping, guidelines for participation, and roles of the research team. Photographic, audio and video documentation of the forthcoming sessions was also clarified, including signing of consent forms.

During the sessions, it was established that participants would like to include an opening and closing prayer, and Christian and Muslim prayers were integrated.

Co-facilitators were familiar with Visualization in Participatory Programs (VIPP) methodologies, and VIPP materials were available, including colored stickers, colored cards, and press-stick.<sup>27</sup>

### Session 1

The focus of the first session was to introduce the CHC Project and the purpose of the Action Media process.

An introduction game was conducted comprising pairs of participants and co-facilitators drawing an image of their partner, obtaining their name and finding out a few details about their work, background and family life. Participants then introduced each other to the group. The exercise provided background information and contributed to a light-hearted atmosphere among participants and facilitators.

An overview was provided of the forthcoming process and was followed by a general discussion of the situation in the community including in relation to HIV. Findings were organized using VIPP cards.

Key points included:

- **Health-related challenges:** Inadequate hygiene and sanitation; poor overall health; dense population; poor housing; low literacy; large school drop-out rate among girls; less focus on people living in fishing communities (especially those living on islands); limited HIV education; limited access to radio (fishermen prefer to listen to music on MP3 players, with folk media seen as effective).
- **Psychosocial challenges:** Poor education; lack of community cohesion; sense of ongoing risk in daily life; fatalism.

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<sup>27</sup> UNICEF. (1993). VIPP: Visualisation in participatory programmes: a manual for facilitators and trainers involved in participatory group events. New York: UNICEF.

- **Aspects linked to fishing:** Movement and waves on the water make fishing dangerous; fish stocks declining; small profits.

The participants were divided into two teams of six, with each group including one female participant. The mapping task was then described – to develop a map of Kasenyi Landing Site highlighting hotspots where there were HIV or other risks, and also indicating safe spaces. Participants were asked to present their maps on flipchart sheets. Orange and green stickers were provided to mark high and low risk places.

The emerging maps both identified similar hotspots and safe spaces and provided a good visual representation of the Landing Site.

Hotspots mentioned by both groups included places where sex work occurred (bars named were Eco Resort, Hajati's Place, Kirasha, Ibrahim's and lodges); Latino disco place; video halls; gaming and betting areas. It was noted that one 'root of HIV infection' was 'Kanoonya's place' [not clear whether this is a bar or a brothel? An area called 'Buwanga' where marijuana was smoked was also identified. Overcrowding in houses was noted to be a problem contributing to HIV, and the lake was identified as a dangerous place as a result of the risks of drowning while fishing or commuting on the water.

Safe spaces included the beach, taxi parking area, boda-boda stations, the market area, restaurants, the police station, shops and fish loading area. A flower plantation and the Wagagayi Health Centre were also noted.

## Session 2

The focus of the second session was to stimulate critical thinking and creativity. An energizer was conducted at the start of the session.

Participants were asked to share what made 'hotspots' risky and safe spaces safer.

Points related to hotspots included:

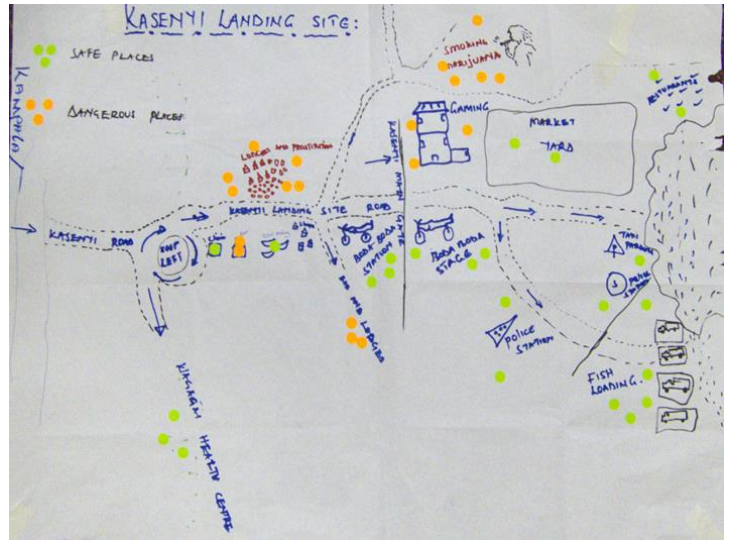
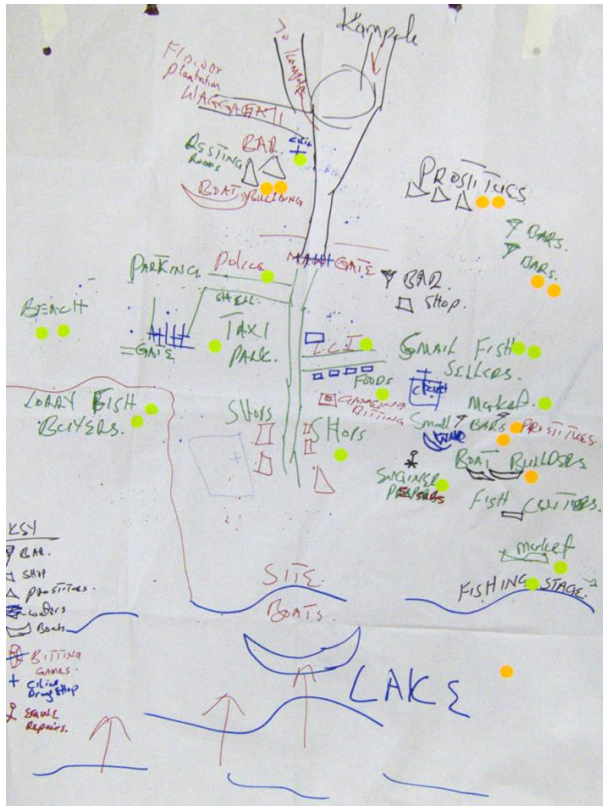
- Attending bars and other places where alcohol is consumed leads to 'bad ideas' including having unsafe sex and stealing.
- It is cold on the water and fishermen 'need warmth when they return.' This is accomplished by gathering to smoke marijuana as well as spending time with sex workers.
- Widows who are living with HIV depend on men for money, and provide sexual favors in return.
- Night time was a more dangerous period; fisherfolk had finished their day's work and there were more people around the Landing Site. Alcohol consumption, fighting over women and



*Participants' introductory drawings*



thefts contributed to a general sense of personal risk.



Maps of HIV and other risk hotspots and safe places in Kasenyi Landing Site.

In relation to safe spaces it was noted that:

- Police helped to curb crime and also actively addressed criminal elements, including thieves and rapists.
- Boat building was seen as a safe activity and a place where there was income generation. Repairing boat engines fell into a similar category, and youth could learn skills for employment. Boat builders also contributed to assisting in rescues in the lake.
- The beach was secure as it fell within the fenced off and gated area, and there was protection provided by guards and police. The BMU regulates various work in the area including ensuring illegal nets are not used and also overseeing safety.
- The health center was noted to be privately run. This inhibited access.
- It was observed that neither group had identified places of worship/religion as safe spaces on their maps. This prompted discussion which highlighted that while there was encouragement of moral values, religious leaders did not always set a good example and were not role models. There was also politicization that occurred during religious services. Fisherfolk did not have time to attend religious services, a product of not being able to delegate their work. As one participant observed: *“You have to make a choice. Eat or go to church”*. Another observed that



although people in the community prayed “all the time,” to “achieve good business,” witchcraft was preferable because results were delivered quickly, whereas “God takes a long time.

- A brief general discussion was conducted on HIV risks. Participants were tasked with clarifying what could be done to prevent HIV, and how to make dangerous places safer.
- Points raised for improving HIV prevention included: HIV testing; awareness-raising; use of condoms; marriage; monogamy; abstinence; counseling; visiting PLHIV; accepting HIV infection; and male circumcision. Youth who smoked marijuana could also be counseled.



*Participants explore HIV prevention and community safety strategies*

In exploring what could be done to make dangerous places safer, emphasis was placed on regulatory approaches. They included abolishing brothels, restrictions on age of alcohol consumption and times that bars stayed open, limiting the number of people per household, limiting the number of people ‘behind the gate’ in the landing site, addressing corruption, beefing up security, improving lighting in public areas, regulating dress codes (for example, no mini-skirts), forcing men who sleep with young girls to marry them; and criminalizing adultery.

Other aspects mentioned included a focus on saving money through savings clubs, widening the scope of employment opportunities, and praying to help reinforce moral values. It was also mentioned that religious facilities should be made more ‘attractive to people’. Counselling could also be provided to address “sexual addiction.”

There was some discussion about the high-risk environment of fisherfolk, particularly fishermen who face life-threatening circumstances while fishing on the lake, which led to a sense of fatalism. In this context, the threat of HIV was deemed less high risk and certainly less immediate, since one could live for a long time with the disease:

*Life jackets. Not having life jackets. It is a problem for AIDS. So with a life jacket people can feel safe, and say okay. I can survive on the water. So when they are at the landing site,*

*they will say, I can survive. If they can be safe in the water, it is easier for them to adopt condom use.*

This view highlighted that improving safety on the water would make the prospect of a long life more tangible, and this would contribute towards internalizing HIV risk. One participant mentioned an association of boat owners in Kasenyei that addressed safety on the water. This group also discussed other aspects of safety including HIV risk.

There was some discussion regarding the suggestions put forward for strong social regulation or law enforcement, and it was felt that such approaches would be difficult. For example, sex workers were organized and were able to engage authorities in relation to their rights. It was felt that, since most fishermen were not married, it would be better to focus on condom promotion.

The potential for self-regulation was also raised. For example, saving one's money rather than squandering it on alcohol and sex. As one participant observed: *"One can't achieve change without sacrifices. Some people may be affected. But in time, they will appreciate. They will have some savings. They will have homes."*

Changing community 'rules' and norms requires involvement of local leaders, given that 'it is hard to initiate things if you are peers.' It was also said that it would be valuable to learn more about how such challenges had been addressed in other communities and countries.

#### **Field visit**

Following the first two sessions, a field visit was conducted by the research team to deepen understanding of the context of fisherfolk in Kasenyei Landing Site. This included a few informal discussions at the Site, moving between the various points identified through mapping by participants, as well as photographic documentation of the Site to aid development of communication concepts.

It was noted that conditions on the nearby islands were considerably worse off than the mainland, and HIV risks were less controlled. While sex workers at Kasenyei were strongly motivated to use condoms, this was less the case on the islands.

A selection of photographs are included below.







### Session 3

The focus of the third session was to continue teamwork and critical thinking linked to stimulating creativity in relation to HIV communication.

The session was initiated with a discussion and demonstration on how to use a female condom, based on requests raised the previous day.

A range of printed health communication materials were displayed, and participants were asked to select an item that caught their eye for further discussion. The materials were then discussed.



*Participants discuss existing health materials*

Comments raised focused on the illustrations and how people dressed, the use of English text, and other representations, for example, a focus on black people only. This point prompted a longer debate about race and HIV, and led to a question “Do Russians have a cure for AIDS?”

When the reason for this question was discussed, it was observed that Russian men were known to have sex with local women, and children were born out of such relationships, leading to the conclusion that condoms were not used. Participants were then asked what else they did not understand about HIV.

Emerging questions included:

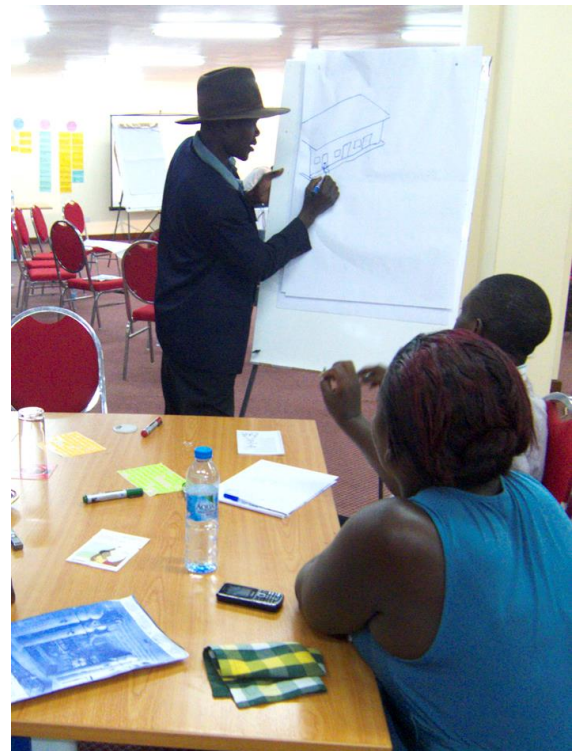
- How can a man be positive, yet his wife is negative?
- How can an HIV positive woman give birth to an HIV negative baby?
- Why do people develop different signs and symptoms of HIV?
- Why can you have sex with an HIV positive person and not get HIV?
- Is it true that circumcised men do not get infected?
- We have heard that there is a gel that you can put on your genitals to prevent HIV. Why have we not seen more about this?

Participants were encouraged to provide some inputs into possible answers, although the extent of discussion needed, including translation, indicated that too much time would be spent providing answers directly. It was agreed that co-facilitators would answer questions during the lunch break.

Participants were asked about media channels used, and radio, television and newspapers were mentioned. Sources of HIV information included TASO Uganda, MRC Masaka, YAVA, during antenatal visits, through school programs, from parents and through engaging with PLHIV.

### Poster development

The task of developing a poster or mural including an image and slogan/proverb that would support HIV prevention among fisherfolk was the task that the two teams pursued separately in their group. Participants then returned to the larger group to present their concepts.



Poster development

### Poster 1

The first concept depicted two men in the midst of bars and lodges in the community. In conversation, one indicates to the other 'you must use a condom,' while the other, looking sickly says 'value for money'—inferring that he had saved money by not using a condom. The main slogan is 'Wugguka' which relates the concept of 'when you see a pothole ahead, you must swerve.' The bottom of the poster includes the slogan 'what you sow is what you reap.'

During the small group discussion (which was transcribed from the digital recording) another scenario was also put forward. This was to have the one friend tell the other "Turn or you will get hooked." Participants felt that this would appeal to youth and was linked to the 'Wugguka' concept. It was also highlighted that this illustration need not refer to sex workers, but to 'girlfriends,' with the point being made that sex workers were strongly inclined to use condoms, whereas sex with 'girlfriends' was less likely to involve condom use. It was also suggested that attention be given to improving condom distribution points in the area. One participant noted: *"Do you know that condoms cannot save you from HIV? It is not 100% safe."*

In discussing the final concept with the larger group (see Poster 1 below), it was observed that the poster was appealing and would be informative. It was suggested that the risks of going to alcohol venues could have been part of the discussion between the two friends, i.e., avoiding going to a bar in the first place.



Poster 1 developed by the groups



Poster 2 developed by the groups

## Poster 2

The second poster depicted a couple walking from a night club to a lodge, with condoms clearly in hand. It was noted that fisherfolk needed 'time out' and needed some 'ecstasy' through sex. It was said that this was an acceptable activity, but only if one used a condom. For that reason the condom was depicted. The emphasis was on the concept of 'always being prepared.'

Comments on the poster suggested that the night club should be smaller and more characteristic of clubs in Kasenyi. It was noted that the message could be used in many communities, not just Kasenyi. The situation was the same elsewhere. It was noted that while it was important to promote avoiding risk, the focus on condom promotion was a good one.

In discussing this activity, it was noted that participants should avoid the sense that the development of ideas was a competitive process. Rather, the group as a whole was exploring and building new ideas.

## Conceptualising logos

Participants were introduced to the concept of symbolic logos that were used to brand communication products—for example, the MoH logo. Participants were asked to conceptualize logos relevant to fisherfolk in their small groups, and then present them to the larger group.

Both groups developed logos that incorporated symbols of death. Group 1 suggested a skeleton holding a red ribbon to indicate that 'AIDS kills.' Group 2 suggested a coffin accompanied by an eye looking over

the coffin suggesting the deceased was speaking to the reader. The accompanying slogan was ‘Take care of yourself, don’t be like me.’

Both images were said to evoke strong emotions and were motivating for HIV prevention. As one participant put it: “When you imagine yourself good looking and healthy, and you see the image, you become motivated to look after your life. When people see it, they will get the fear.”

A discussion of fear-based imagery ensued, and the facilitator asked why images of death were used, when many people with HIV were living healthy lives through taking ART. Participants responded that if images were not contextualized, people might ‘miss the message.’ Such contextualization could be done through mobilizing people to come to a central place to discuss the logos.

#### **Session 4**

The fourth session focused on developing slogans. In introducing the exercise, it was noted that apart from HIV prevention, it was important to recognize the rights of PLHIV and also to indicate care and support towards PLHIV. Slogan development would thus focus on slogans or proverbs for HIV prevention as well as for care and support of PLHIV.

A few of the emerging concepts were suggested by both groups, and the following is a composite list of slogans/proverbs developed by both groups.

HIV prevention concepts included:

- ❑ *Kyosiga Kyokungula* (What you sow is what you reap)
- ❑ *Sekamuli kansaze nga gwe okagagambudde* (If you don’t bother it, it won’t cure you)
- ❑ *Ndiwulira* (If you do not take heed of advice, you end up in trouble)
- ❑ *Nantabulilwa ya sabala gwa bumba* (If you do not take heed to advice, you end up in trouble)
- ❑ *Mbulira gw’oyita naye nkubulile empisa zo* (Birds of the same feathers flock together)
- ❑ *Sibuli kitemagana nti zaabu* (Not everything that glitters is gold)
- ❑ *Omuyembe okunyirila kungulu tekigugana kuvunda munda* (Not everything that glitters is gold)
- ❑ *Atalaba nyina nga mutto yagamba nti taata bamubba* (He who never saw his mother in youthful age may say the dowry was paid in vain)
- ❑ *Akwata Empola* (Slow but sure)
- ❑ *Ebirungi Biri mu masaso* (Good things are ahead)
- ❑ *Beera mu class* (Get informed)
- ❑ *Tomala gagenda* (Do not be easily swayed)
- ❑ *Wekuume* (Protect yourself)
- ❑ *Ekiraga obusajja siba demu* (Manhood is not determined by having many sexual partners)

Slogans to promote hope among PLHIV included:

- ❑ *Sigwe Asoose* (You are not the first)



- ❑ *Toli Wekka* (You are not alone)
- ❑ *Ensi yonna eri kuddagala* (The whole world is sick, you are not alone)
- ❑ *Wesige Mukama* (Trust in God)
- ❑ *Togwamu Ssubi* (Don't lose hope)
- ❑ *Kisoboka* (It's possible)
- ❑ *Zilaba muzaale* (Its only the living that suffer)
- ❑ *Tewali mbeera ya luberera* (There is no permanent condition)

Following discussion, participants were asked to use stickers to indicate their first and second preference for slogans/proverbs, and also their least favourite concept.

Most preferred prevention concepts in order of preference were:

- ❑ Sibuli kitemagana nti zaabu / and / Omuyembe okunyirila kungulu tekigugana kuvunda munda / both of which mean "Not everything that glitters is gold"
- ❑ *Ndiwulira* (If you do not take heed of advice you end up in trouble)
- ❑ *Ekiraga obusajja siba demu* (Manhood is not determined by having many sexual partners)
- ❑ *Nantabulilwa ya sabala gwa bumba* (If you do not take heed to advice you end up in trouble)
- ❑ *Kyosiga Kyokungula* (What you sow, is what you reap)

The least preferred proverb was:

- ❑ *Atalaba nyina nga mutto yagamba nti taata bamubba* (He who never saw his mother in youthful age may say the dowry was paid in vain)

The most preferred concepts for motivating PLHIV, in order of preference, were:

- ❑ *Togwamu Ssubi* (Don't lose hope)
- ❑ *Ensi yonna eri kuddagala* (The whole world is sick, you are not alone)

The least preferred proverb was:

- ❑ *Zilaba muzaale* (It's only the living that suffer)



*Participant indicating slogan preferences*



## Development of songs

Following this discussion, participants were asked whether the slogans could be translated into songs, poetry or a similar format. It was agreed that they could be used in songs. A short informal discussion led to each group presenting a song. The primary format of the emerging songs was rap and included a mix of lyrics in Luganda and English.



*Groups 1 and 2 present their songs*

### Group 1 lyrics

AIDS Kills, let us wake up and fight  
We need to work together to stop HIV  
I have moved all over and found no hope  
I have met people with HIV  
They need help  
Let us help each other  
We need to work together to overcome the AIDS scourge  
Let us save the children  
Let us save the future  
Together with CHC, together we can  
Ministry of Health, please help us.

### Group 2 lyrics

This is the supersky corner... with the deadly STD...AIDS  
The deadly STD AIDS  
Ladies and gentlemen...take care too  
This is not a joke...it is a real killer  
Like my sis, brother, mother,  
so...so...so...

Oh man

Wuguka, Beera mu Class. (Avoid danger, get informed)

The presentation of the songs rounded off session 4. Participants were then briefed on the forthcoming review session and were reminded that they could obtain information on their unanswered questions over lunch.

## Session 5

### Review of artist rendered poster prototypes

Between session 4 and 5, the artist rendered the concepts developed by the participants. These were produced in digital form and displayed via a projector.



Poster 1



Poster 2

### Poster 1 Discussion

It was felt that Poster 1 brought out its message clearly, indicating that the one person was worried that he had not used a condom.

The slogans were said to fit with the image, although it was indicated that the bottom slogan *Kyosiga Kyokunula* [What you sow is what you reap] could be moved upwards. *Wuguka* – which relates to avoiding potholes in the road, could be omitted. It was also said that it might be confusing. It was better to be more direct. What was depicted was also not directly related to ‘avoidance’.

There was some debate about whether the poster should depict one friend reminding the other about condom use to prevent HIV infection as they were looking at the couple walking to the lodge, in comparison to the present scenario, where it is 'after the fact' of not having used a condom.

### Poster 2 Discussion

There was an overall positive response to the poster and slogans. The top text reads *Beera Steady* [Be alert], and the bottom text *Mwana okwerinda si butti* [Cowards live longer].

Comments on the poster were minimal. It was felt that the colors were good, red representing danger, and that the buildings depicted were characteristic of the community.

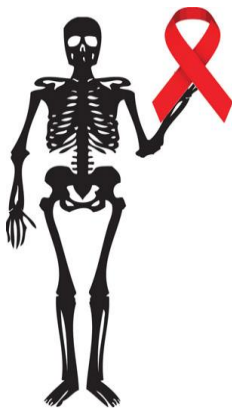
### Logos

Artist renditions of the two logo concepts developed by participants were presented.

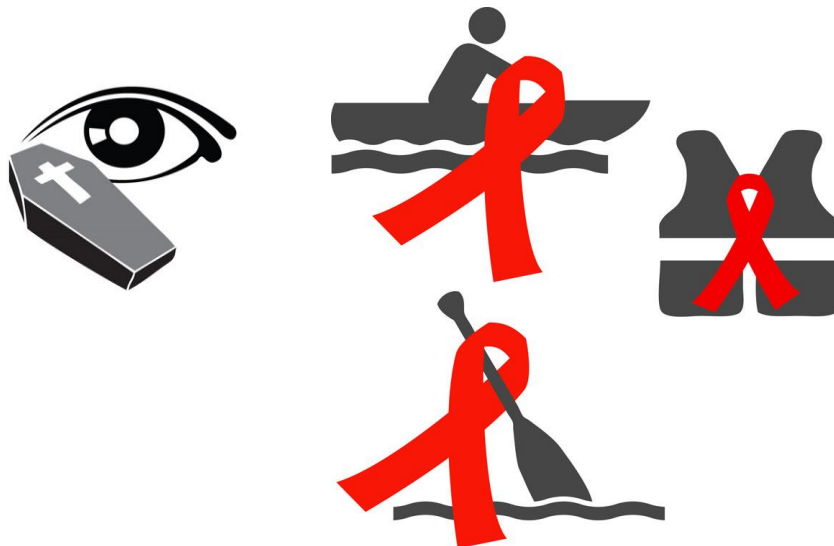
Participants preferred the skeleton image, as it was more directly related to making people realize that HIV could lead to death.

Participants were asked if there were other symbolic ways that they depicted AIDS. These were illustrated by participants including pulling one's shoulders together upwards, to indicate one is 'slim', the other was blowing one's cheeks outward to suggest illness.

It was noted that while the power of images of death produced fear, it was also important to give hope



*Participant defined logos*



*Alternate logos*

and take into account that HIV was a manageable disease. For this reason, a few alternative logos had been developed. These included a link to fishing.

Of the three logos, the boat was most preferred. It was felt that this made sense because of the links to fishing. It was suggested that wording could be added to highlight the link to HIV – for example, the message 'Everyone is right to fight HIV' could be used with the logo.

It was mentioned that there was not strong widespread knowledge of the red ribbon and this might lead to the logos being misunderstood. It was, however, also noted that it would be easy to share the meaning of the red ribbon within the community.

### Slogans supporting PLHIV

Participants were asked to share ideas about how the slogans intended to give hope to PLHIV could be illustrated. The two favored slogans were *Ensi yonna eri kuddagala* [The whole world is sick, you are not alone] and *Togwamu Ssubi* [Don't lose hope]. It was said that *Togwamu Ssubi* could be illustrated by showing a man caring for his partner. This could include an illustration of medication, or alternately, any person visiting a sick person.

### Potential for peer activities

Participants were asked how they could continue to be involved in the HIV response. Points raised included speaking to others, sharing slogans, talking to people from other communities, and becoming organized as a group. It was felt that organizing as a group would allow for engagement with health officials and community leaders.

Regarding integration of some of the concepts into mobilization processes, it was agreed that slogans could be painted at areas near the BMU, and also on boats, following negotiation with boat owners. It was also said that songs could be recorded with music.

Participants were asked if they could share slogans and other information via cellphones. It was said that they did not always have airtime, and that this format of sharing would be costly.

Participants wanted to know how long it would take for further development of the concepts and whether they would see the results. It was noted that participants could move ahead with some of the ideas they had shared during the sessions, including working together as a group. It was pointed out that items such as t-shirts would be useful if they were to be involved in peer or community mobilization activities. It was indicated that they would remain points of contact for further linkages, that the materials would be shared locally, and that other fisherfolk communities would also be reached.

In concluding the discussion, there was further exploration of the possibility of accessing life jackets, including making them locally.

### Reflections on process

Action Media comprises a series of participatory research sessions that are guided by a standardized methodology that has been validated through implementation in a wide range of settings. Adaptation is however also necessary to adjust to the dynamics of various settings and participating groups. A late start on the first day, as a product of some participants arriving up to 40 minutes after the projected start time (8:30 am), resulted in the first day's activities being truncated. The extent of time available was further impacted by the need for direct translation from Luganda to English for some activities. Some of the time was recovered by extending the planned end time to 13:30. Attendance for all other sessions was prompt and reflected the interest and commitment of participants to the process. This situation is a fairly common circumstance in implementing Action Media sessions, and in addition to ensuring flexibility in timing of first-day activities, could be addressed by improving transport logistics on the first day. Once participants are aware of the exact venue, and fully understand the process, attendance is typically prompt.

An even distribution of male and female participants, with a view to deepening an understanding of gender in relation to the life circumstances of fisherfolk, was also planned. While only two women were

able to attend the sessions, they were active participants and also contributed to leading discussions and small group feedback presentations. Notwithstanding, the emerging concepts more closely reflect the perspectives of the majority of participants, who were male.

For reasons of gender balance and time, it was not possible to more deeply explore relationship and family circumstances of participants. Such exploration would have provided an opportunity to explore life-stages more extensively, as well as potentially understanding whether a sense of responsibility to partners, wives, children and other family members could be drawn upon to understand the dynamics of fatalism versus hope for the future.

Although it is likely that PLHIV were included in the group of participants, for reasons of privacy, it was not possible to actively draw on the perspectives of PLHIV during sessions. While rights of PLHIV were raised by the facilitation team during discussions, including questioning the potential impact of linking images of death to HIV infection, it was not possible to conduct an extensive discussion related to PLHIV perspectives.

While the above issues can be considered to be limitations of the Action Media approach, it should also be stressed that the approach focuses on drawing out perspectives of homogenous, often marginalized sub-groups, within communities. While fisherfolk are represent an important sub-population in relation to HIV response in Uganda, there are numerous vulnerable sub-groups among fisherfolk. For example, fishermen, sex workers, PLHIV, women who are partners of fishermen, among others.

The present Action Media study provided insights into the lives and vulnerabilities of men in the fishing industry, with emerging products and concepts focusing on HIV prevention, while also adding perspectives relevant for other sub-groups (e.g., PLHIV). The findings represent an important foundation for initial communication approaches and products, which can be expanded upon through further Action Media sessions with other sub-groups of fisherfolk. There is also potential to conduct a further session including participants from the present group to further explore family circumstances. This could involve one or two additional sessions (rather than the full Action Media methodology) and would harness the skills already developed in group work and communication development. An additional benefit would be the potential to provide feedback on the progress of communication product development, and to further explore the role of the group in community mobilization to address HIV in Kasenyi Landing Site.

## Conclusions

The Action Media sessions with fisherfolk were designed to support the development of a communication brief for similar communities throughout Uganda. Fisherfolk comprise a range of occupational categories related to fishing including boat building, boat ownership, equipment supply, fish processing, trading, manual labor and transportation. Fisherfolk communities include other sub-populations, notably sex workers, persons working in bars and lodges, formal and informal traders, and service providers (for example, boda boda and taxi drivers).

Communities surrounding landing sites such as Kasenyi serve as extended workplace environments. These include landing sites on the mainland as well as communities on various small islands on the lakes, the latter of which are considered to be more marginalized, in many respects, because of their isolation.

### **Sense of fatalism**

We found that the health and well-being of fisherfolk was affected in two main respects: 1) fishing or commuting on the lakes includes the risk of drowning when boats or ferries capsize, and 2) HIV risk is elevated as a product of the mix of work-related and leisure activities occurring within communities.

Participants were fatalistic with respect to their health prospects, and for those who spend time on the water, fatalism is deepened by the danger of drowning. This moderates prioritization of HIV risk, given that the potential for illness and death through HIV is a longer-term prospect and therefore not an immediate risk. The sense of fatalism was evident in a number of discussions during Action Media sessions, including in relation to the emerging communication concepts.

We did pursue discussion on the use of life jackets, and although these are available for sale at stores in Kasenyi, the price is considered too high. Our site visit illustrated that life jackets were not being used by fisherfolk, and did not appear to be available on commuter boats.

Apart from living conditions being generally poor, there was a sense that fishing communities, including island communities, had not been prioritized in relation to HIV, and that there was not much community cohesion in general. Economic pressures of declining fish stocks and profits were contributing factors.

### **Mapping of hotspots and safe spaces**

The Kasenyi Landing Site is a high-density area with a mix of 'hotspots' and 'safe spaces' with respect to HIV. The main HIV risks were perceived to relate to exposure to alcohol, gaming and betting, smoking marijuana and sex work. The general picture was that of a largely mobile community, which drew more people to the area at night, with the mix of leisure activities contributing to exposure to sex work. There was less focus on the links with identified risk areas (hot spots) and the family life, or unsafe sex among couples.

It was said that sex workers on the mainland had a strong orientation towards consistent condom use with clients, while protected sex was less likely with a 'girlfriend'. Sex workers on the islands were said to be less committed to consistent condom use. Mention was made of sex with widows, with condom use not being a feature of such relationships. Access to condoms wasn't raised as a particular challenge for participants and we observed condoms being distributed during our visit to the Landing Site.

The community appears well regulated, with police and security guards who address criminal activities such as theft or violence and the BMU, which regulates various aspects of fishing. Boat building and



engine repair are linked to gainful and regular employment, with community-beneficial activities also being taken on, for example, assisting in rescues.

While most of the participants aligned with Christian or Muslim faiths, there was a sense that religious facilities were not strongly focused on providing moral guidance, nor focused on engaging with some of the psycho-social challenges or health risks of fisherfolk. It was noted that more could be done to make religious facilities more attractive to people, with emphasis on the need for leaders to serve as role models.

When we asked what could be done to make hotspots safer in relation to HIV, prominent responses related to introducing regulatory approaches such as adding security, abolishing brothels, banning sex workers, regulating dress codes, enforcing monogamy, and restricting access to alcohol (by age and times venues stayed open). Broader approaches included limiting the numbers of people per household, and improving lighting at night.

These points of view softened during discussion, including considering whether any of these measures would be practical or accepted in the community. Alternatives to regulation were considered and suggestions included encouraging fisherfolk to consider engaging in different activities and/or changing current behavioral patterns. These comprised saving money through savings clubs instead of spending it all on entertainment, avoiding alcohol venues, expanding employment opportunities, praying to strengthen moral commitments, providing counseling and support to vulnerable persons, and engaging with PLHIV.

It was felt that engaging with HIV would need to include meetings with local leadership including the leadership of organizations that had an interest in community health and safety. The boat owners association is one such support entity. The BMU could also play a support role, and religious leaders could be drawn into reflecting on their potential roles.

### **Orientation of key communication concepts**

Participants were initially strongly oriented towards fear-based messaging with a particular emphasis on HIV prevention, and notably less sensitivity to the needs and perspectives of PLHIV. Throughout the various activities, participants were challenged to reflect on the fear orientation, as well as to consider the perspectives and rights of PLHIV. In relation to the latter, two slogans emerged—*Togwamu Ssubi* [Don't lose hope] and *Ensi yonna eri kuddagala* [The whole world is sick, you are not alone].

The song composed by group 1 highlights concern for PLHIV, with a focus on inspiring community members to work together to address HIV, both through prevention and through being supportive of PLHIV. As the lyrics illustrate:

AIDS kills, let us wake up and fight  
We need to work together to stop HIV  
I have moved all over and found no hope  
I have met people with HIV  
They need help  
Let us help each other  
We need to work together to overcome the AIDS scourge

HIV prevention was largely conceptualized as using condoms. This was clearly the most practical approach for participants (who were mainly fishermen or mobile men). While promoting and reinforcing condom use was emphasized, there was less reflection on other approaches, for example, knowing one's HIV status, addressing relationship obligations such as monogamy, or giving consideration to possible discordancy.

Prevention proverbs included an orientation towards admonishing people for failing to adequately address HIV risk, for example, *Ndiwulira / Nantabulilwa ya sabala gwa bumba* [If you do not take heed to advice, you end up in trouble]; and *Kyosiga Kyokungula* [What you sow, is what you reap]. The other two proverbs – *Sibuli kitemagana nti zaabu* and *Omuyembe okunyirila kungulu tekigugana kuvunda munda*, both of which mean [Not everything that glitters is gold] suggest that one should not be blind to the implications of one's choices (with reference to having casual sex or engaging sex workers). The remaining preferred slogan addresses norms of manhood – *Ekiraga obusajja siba demu* '[Manhood is not determined by having many sexual partners].

The song composed by group 2 reflects an orientation towards positioning HIV as deadly and fearful, and sets out an appeal to men, women and families.

This is the supersky corner... with the deadly STD...AIDS

The deadly STD AIDS

Ladies and gentlemen...take care too

This is not a joke...it is a real killer

Like my sis, brother, mother,

so...so...so...

Oh man

Wuguka, Beera mu Class. [Avoid danger, get informed]

With regard to the poster concepts, the strong focus on prevention in relation to condom use in the context of casual sex/sex work was largely a product of the occupational orientation of the male participants. This focus may have been expanded if it had been possible to include more women in the sessions. A more balanced gender mix may also have opened up opportunities for reflecting on family life and life stages in relation to HIV. Such orientations were not totally ignored. For example, the song composed by group 1 highlights the importance of family and hope for the future [*Let us save the children, Let us save the future*].

Although not selected as among the favorites, the slogan *Ebirungi Biri mu masaso* [Good things are ahead] reflects a forward looking orientation that is paralleled by the lyrics. There was also an appeal to CHC and MoH to be part of this process. Group 2's song also highlights the implications of HIV in relation to family in the line *Like my sis, brother, mother*.

The fear-based construction of HIV was most evident when the participants were asked to consider logos that could be used to support HIV communication in the community, with one group using a skeletal image, and the other a coffin. Discussion of these symbols indicated a strong affinity to motivation for HIV prevention derived from the reminder of death as a consequence of HIV. There was less concern with the potential contradiction with present ART regimes and that HIV is no longer inevitable illness and death. HIV infection was still strongly linked in participants' minds with symptoms of illness and death. For example, when participants were asked if there were hand signs or other ways



of conveying HIV infection without words, pulling one's shoulders upwards to convey the imagery of 'slim' was the main response. This suggests that there has not been sufficient communication in the community with regard to HIV testing or ART.

Notwithstanding these perspectives, participants expressed interest in the alternate logos presented for review. The most preferred variant was the combination of the red ribbon and a fishing boat. The addition of the suggested slogan 'Everyone is right to fight HIV' links to concepts of validating the importance of addressing HIV among fisherfolk, as well as supporting community mobilization on the issue.

When participants were asked what they did not know about HIV, a number of queries pointed to a lack of knowledge about transmission of HIV. These included HIV discordancy and how couples could remain discordant; how a child could remain HIV negative when the mother was HIV positive; why HIV infection led to different co-infections; and why sex with an HIV positive person did not uniformly lead to HIV infection. Such questions require quite complex explanations through dialogue. Clearly, fisherfolk do not have access to health or community workers who can convey such information. Similarly, misperceptions seem to have emerged from some HIV communication. For example, uncertainty about whether circumcision provided full protection from HIV and whether there were gels available to prevent transmission (which seems to be linked to communication about microbicide research).

Radio, television and newspapers were mentioned as mass media sources of HIV information, while NGOs, health services, schools and engagement with PLHIV were among other sources. It was also noted that fishermen listened to music on MP3 players rather than radios while at work.

## Recommendations

The Action Media findings are informing the development of a communication brief and further activities to support HIV prevention and mitigation among fisherfolk.

### Pre-testing of prototypes

Recommendations for prototype resources are as follows:

- **Logo:** The fishing boat has potential to support HIV communication in fisherfolk communities. The logo should incorporate the slogan ‘Everyone is right to fight HIV’ translated into Luganda.
- **Posters 1 & 2:** The design of Poster 1 can be retained as is, while Poster 2 should be adapted to incorporate comments made by participants, i.e., moving the bottom slogan to the top and removing *Wugguka*.
- **Stickers:** Stickers comprising the following slogans/proverbs and logo have potential for placement in fisherfolk communities. Slogans viable for inclusion in this format are:  
*Nantabulilwa ya sabala gwa bumba* [If you do not take heed to advice you end up in trouble];  
*Ekiraga obusajja siba demu* [Manhood is not determined by having many sexual partners];  
*Wugguka, Beera mu Class*. [Avoid danger, get informed]; *Togwamu Ssubi* [Don’t lose hope]; *Ensi yonna eri kuddagala* [The whole world is sick, you are not alone]; *Let us save the children, Let us save the future* [Luganda version]. A sample illustration is included below.



- **Pre-testing:** Prototype versions of the above concepts should be pre-tested with representatives of fishing communities where Luganda is spoken, e.g., other landing sites in the vicinity of Entebbe. Pre-testing should explore opportunities for placement of posters and stickers, and the potential to translate the concepts into other mediums, e.g., murals, signage, painting on boats, etc.

### Expanded approach in Kasenye with Action Media participants

The Action Media participants obtained insights into HIV in the context of their community as well as developing skills in developing communication concepts.

It is recommended that an additional one or two sessions be conducted with the group to explore the implications of HIV in the context of relationships, family life and concerns about children. The focus would be to understand communication strategies for addressing risks of HIV transmission to partners (e.g., responsibility for preventing HIV transmission to girlfriends, wives etc.) as well as exploring the

impact of HIV on families and children. The sessions would lead to an expanded repertoire of slogans/proverbs, as well as informing understanding of contexts of risk and support strategies. To simplify logistics and minimize costs, follow-up sessions could be conducted at a venue near the Kasenyi Landing site.

The FAO (2005)<sup>28</sup> identified a number of HIV support activities for fisherfolk including workplace-based programs, group and peer education, and implementation of toolkits, while Opio et al. (2010)<sup>29</sup> suggested 1) Identify peer education ‘champions’; 2) Include BMUs in response; 3) Address fatalism; and 4) Include fishing communities in response. The Action Media findings align with these suggestions, and the emerging products are relevant for supporting community-level response.

The utility of the prototype concepts developed through Action Media should be further explored with the Kasenyi group in relation to how they could be used to support peer education, how BMUs could be drawn into the response, and what else could be done to mobilize fishing communities to more fully engage with HIV prevention, treatment, care and support. This process would inform development of further communication resources, as well as potential for utilizing existing materials such as HIV toolkits and curricula.

Items such as branded T-shirts, caps, badges and key rings are important for supporting peer engagement and mobilization as they support group identity and fostering individual identification with key messages and roles within the HIV response at community level. The particulars of such items would need to be explored.

Attention should be given to the components of the ‘Integrated Campaign Platform’ being implemented by CHC in relation to potential mobilization activities, and identifying:

- Direct and indirect influencers
- Small doable actions
- Available services
- Skills, motivation and norms
- Support through communication resources and activities.

### **Action Media with other vulnerable fisherfolk sub-groups**

Fisherfolk communities comprise a number of vulnerable sub-groups. The present Action Media sessions derived concepts focused mainly on prevention from the perspective of men. While the emerging concepts (logo, posters and slogans) are relevant to all fisherfolk, perspectives of other vulnerable sub-groups would help to expand the range of communication resources.

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<sup>28</sup> Food and Agriculture Organisation. (2005). Impact of HIV/AIDS on fisherfolk communities: Policies to support livelihoods, rural development and public health. Rome: FAO.

<sup>29</sup> Opio et al., 2010. See also Moeniebe & Mafaniso. Mainstreaming of HIV and AIDS into South African Fisheries Policy. Institute of Poverty, Land and Agrarian Studies. School of Government, University of the Western Cape, Cape Town, South Africa.

Groups to be considered for further Action Media research include female sex workers (FSW); PLHIV; and women (who are not FSW). It would also be useful to conduct one to two FGD with community leaders (religious leaders, BMU managers, and community leaders) to obtain perspectives on how they could be involved in the HIV response, including how emerging communication materials and concepts could be utilized to support leadership and mobilization.

Recruitment of participants for further Action Media research in additional sub-groups should occur at other Landing Sites or fisherfolk communities. Participants in Action Media sessions develop a sense of team work as well as an interest in becoming 'champions' for ongoing peer mobilization. Drawing additional participants from the same community runs the risk of creating parallel groups of 'champions' that might work at cross-purposes to each other.

Further Action Media sessions and FGDs could be undertaken at venues close to fisherfolk communities to facilitate timely attendance of participants and reduce costs.

### **Life jackets**

One aspect of the fatalistic attitudes among fishermen was the sense of immediate danger posed by drowning in the course of their work. Our observations indicated that life jackets were not used by fishermen and did not appear to be available on commuter vessels. Participants linked such fatalism with downstream influences on HIV, notably that the danger of HIV to long-term health was far less threatening than the immediate dangers of drowning, and the pleasures derived from risky leisure activities (alcohol consumption, sex) outweighed concerns about HIV. Costs of life jackets were perceived to be too high. In addition, it would be necessary to popularize their routine use. It would therefore be relevant to explore the merits of social marketing of life jackets to improve the survival prospects of fisherfolk, both in relation to risks of drowning and to reducing the extent of fatalism which demotivates interest in HIV prevention.