

STUDY REPORT

(AN AFARD STUDY)

KNOWLEDGE, ATTITUDE AND PRACTICE CONCERNING HIV/AIDS IN DEI FISHING VILLAGE, PANYIMUR SUBCOUNTY, NEBBI DISTRICT

A RAPID ASSESSMENT OF NEED FOR INTERVENTION



BY:
AGENCY FOR ACCELERATED REGIONAL DEVELOPMENT
(AFARD)



Investigation team:
Dr. Sam Orochi Orach
Wilfred Cwinyaai
Alfred Lakwo
May 2003

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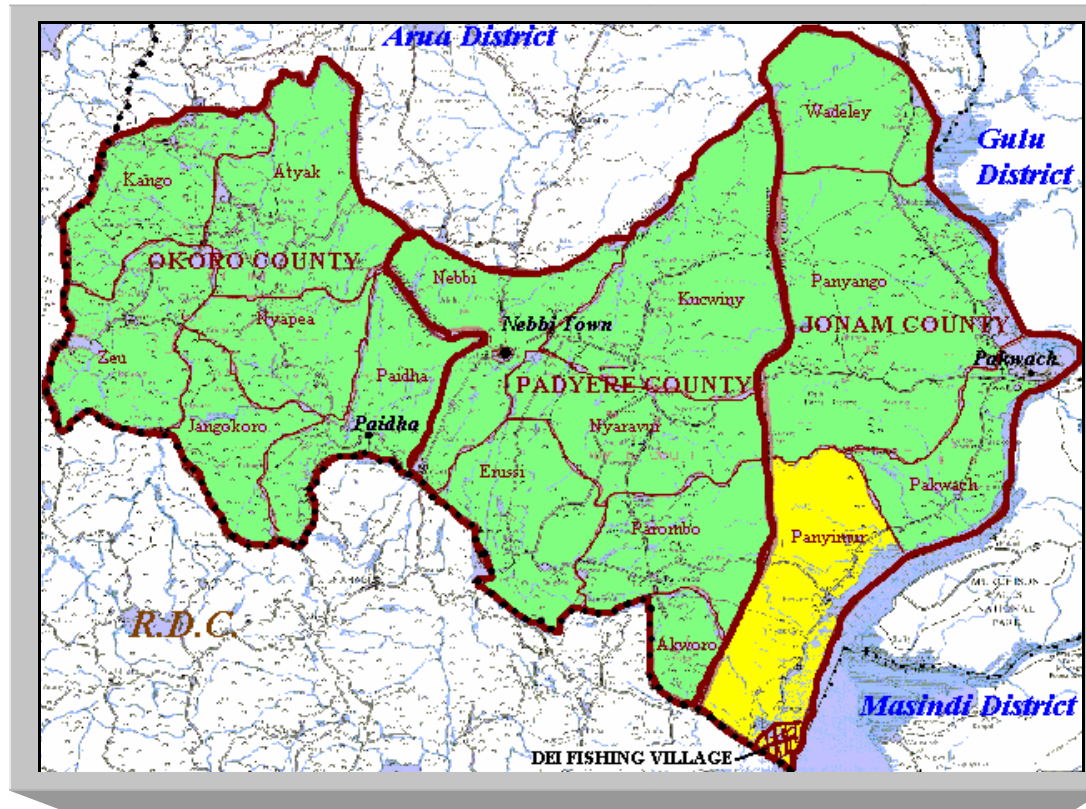
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Figure 1: Map of Nebbi district highlighting Panyimur sub-county



North



Fig. 2: Map of Uganda showing position of Nebbi district

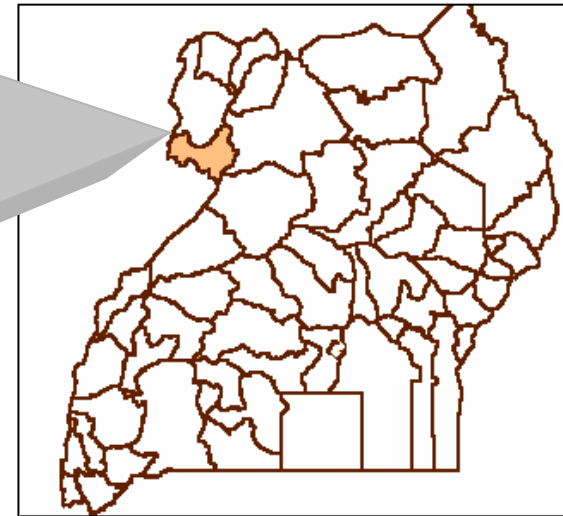


Fig. 3: Insert to show map of Panyimur sub-county showing position of Dei fishing village

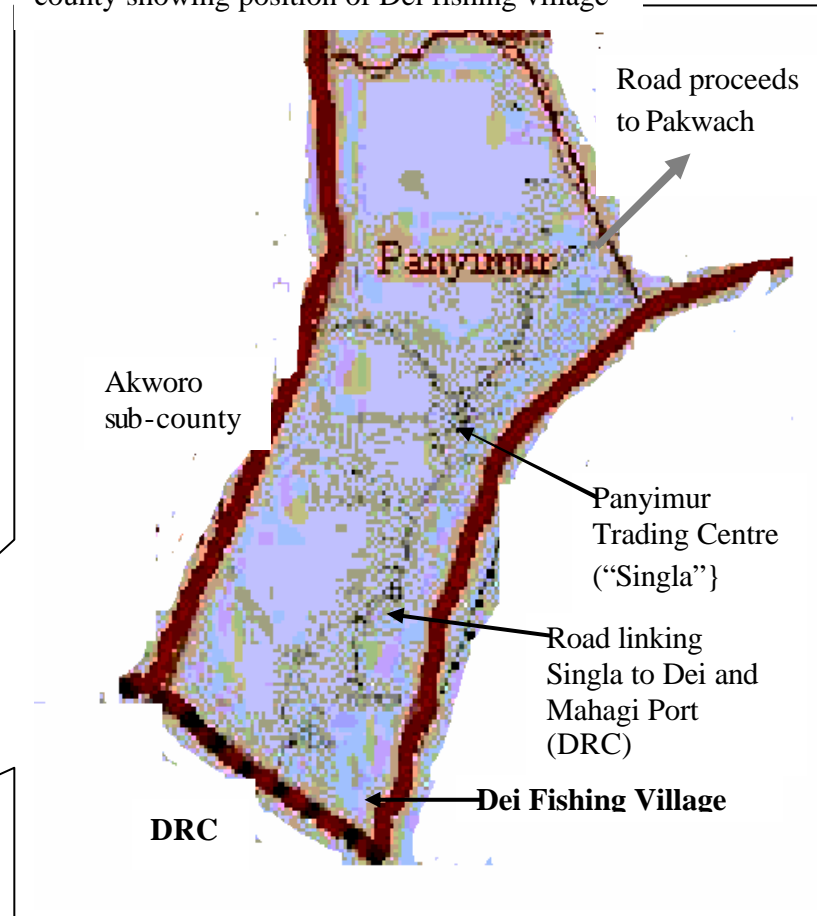
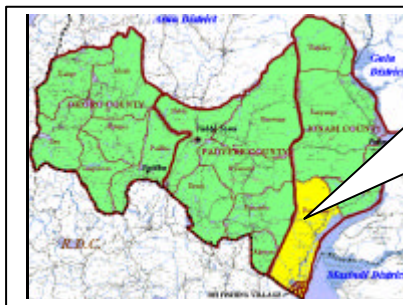


Fig. 4: Map of Nebbi district showing position of Panyimur sub-county



Acknowledgement

Uganda has made unprecedented gains in the control of HIV/AIDS. But the decline in HIV prevalence is now showing some stagnation or very insignificant slope in the graph. At this point it is important that previously unattended to areas that deserve attentions be looked for and are given special attention. It is with this in mind that the agency for Accelerated Regional Development (AFARD) team looked at the special situation that seems to exist in fishing villages in Nebbi District. Special thanks go to all the team members who thought out this study and accepted to carry it out without any external funding.

The greatest thanks go to the residents of Dei fishing village who collaborated so well with the study team. In particular, the following are thanked: the sub-county representative to the District Council, the Local Council (LC1) of the 5 segments of Dei, the Youths, opinion leaders and household interviewees.

The District Director of Health Services is thanked by AFARD for providing technical assistance and accepting to work with the team in carrying out the study.

Acronyms

AFARD	:	Agency for Accelerated regional Development
BBS	:	Bunyoro Broadcasting Services
CBDAs	:	Community Based Distribution Agents
CBO	:	Community Based Organisation
DRC	:	Democratic Republic of Congo
HIV/AIDS:		Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
KPA	:	Knowledge, Attitude and Practice
PLWAs	:	People Living With AIDS/HIV
TBAs	:	Traditional Birth Attendants
UPE	:	Universal Primary Education
VCT	:	Voluntary Counseling and Testing

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EXECUTIVE SUMMARY

The Agency for Accelerated Regional Development (AFARD) carried out a rapid survey on 18th and 19th May 2003 to assess the knowledge, attitude and practices of the people of Dei, a fishing village, in regards to HIV/AIDS.

Dei is in the northern part of the Western rift valley in Nebbi district, Jonam County, in Nyakagei parish on the northwestern shores of lake Albert. Dei represents a unique challenge with reference to HIV/AIDS because as a fishing village the lifestyle of the people are atypical of the rest of the district; the population is dense with widely different socio-economic backgrounds and in constant influx as people from near and far conduct business in fish and general merchandise; as a village bordering another country, the DRC, the perception and beliefs of whose people have a large influence on the village. Also, the DRC is currently a country of conflict while Nebbi district is peaceful. Any meaningful intervention would, therefore, start with a systematic understanding of the situation

Results from this study, it was expected, would not only stimulate a more thorough study, but also underscore the need to broaden the inquiry to encompass other factors that can affect interventions that otherwise specifically target HIV/AIDS. The results and recommendations also might open eyes about what other things go on that affect health on in fishing villages in Nebbi district and in other districts as well that require intervention.

The general objective of the study was:

To establish the need for care, support and mitigation of effects and type of behaviour change needed in the control of HIV/AIDS in Dei fishing village, Panyimur sub-county in Nebbi district.

Specific objectives were to gain a deeper understanding about the following:

- ? Population and demography.
- ? Stability / dynamism.
- ? Household headship.
- ? Housing characteristics and sleeping patterns.

- ? Sources of income / economic activities in the village.
- ? Typical life of a Dei family.
- ? Knowledge, Attitude and Practice (KAP) in relation to causation / transmission of HIV/AIDS, control and prevention, care and support and mitigation of effects of HIV/AIDS in the fishing village – past, current or desired.
- ? Community perceived / expressed intervention needs.
- ? Current interventions, if any, and assess the efficacy of such interventions.

2. Make recommendations with regard to the need for, and type of, possible interventions for the fishing village.

Methodology:

The cross-sectional descriptive study used both quantitative and ethnographic methods. These were:

- 1) Household questionnaires
- 2) Focus group discussions
- 3) Observations
- 4) Literature review

Findings and Recommendations:

Dei exhibits its uniqueness as a fishing village. Many people move in and out of the village on a daily basis. There is a high rate of unprotected sex thus posing a high risk to spread of HIV. The negative attitude about safe sex reportedly derived from the Congolese women greatly increases the risk.

A pool of highly vulnerable group exists comprising of:

- ? The youth (*lither*) engaged in fishing
- ? The young girls that drop out of school early to start “speed” fish trade
- ? The women who have to travel at night to purchase fish inside the DRC etc

Poverty level is high which reduces ability of families to care / provide support for their affected members.

Lack of land for easy relocation of houses that forces more and more congestion and creates social life that increases exposure to risky behaviours

There is very low level of knowledge about prevention of HIV transmission in Dei.

Attitude about use of condoms is very negative. Use of condom is almost a taboo among the women of mainly Congolese origin and is viewed as “lack of trust”.

The need for intervention mainly focusing on HIV / AIDS prevention, care and support is glaringly great. The youth, school dropouts and especially girls, and women are special groups that need to be deliberately targeted.

1. INTRODUCTION

A rapid survey was carried out to assess the knowledge, attitude and practices of the people of Dei as a fishing village in regards to HIV/AIDS. The assessment was carried out from 14th through 19th May 2003. This study was prompted by the informal observation by the technical team of AFARD that a lot of dynamics appeared to occur in the lives of people in the fishing villages along the shores of the Lake Albert and River Nile that involve migrations from elsewhere, and traders of both sexes moving in and out daily that all could increase risks for the spread and development of HIV/AIDS; and yet there appeared to be no or little being done to focus on such relatively unstable dense populations in fishing villages.

1.1 Geographic location of the study

Dei is in the northern part of the Western rift valley in Nebbi district, Jonam County, in Nyakagei parish on the northwestern shores of lake Albert. It is bordered immediately to the south by the Democratic Republic of Congo's village of Kudi-koka of the Mahagi district, and to the East by the lake Albert that separates it from Masindi district in Uganda. (See Fig. 1, map of Nebbi district).

In the background is the escarpment of the Western Rift Valley in which the lake and the village lie.

Dei is in essence one village but because of the population size, it has been divided into 5 administrative villages or Local Councils (LCs) for ease of administration, thus Dei A, Dei B, Dei C, Dei Central and Dei. For the purpose of this study and report they are considered as one unit because the daily lives of all the people in the 5 Dei's are intertwined into one.

1.2 Infrastructure and Economy

Dei is connected to the rest of Nebbi district via Singla trading center in the neighbouring parish of Ganda northwards, the main commercial center in the sub-county, via a fairly well maintained but unpaved feeder road constructed by the district local government. However, if not well maintained this road can

Fig. 2: Part of Dei fishing Village as seen from the Lake Albert.



easily be damaged as it runs on unstable sandy soil typical of the rift valley basin. The road continues through an un-maintained connection to the nearest trading center in the DRC called Mahagi Port about 20 Km away southwards.

Fig. 3: Dei Health Centre (level II)



The village has a well-built primary school and a health center level II that provides only outpatients services. It was not yet operational by the time of the survey.

1.3 Health Situation

The general pattern of disease in Panyimur sub-county as seen from reports of Panyimur health center III is similar to the rest of Nebbi district with malaria being the commonest reported disease, followed by respiratory infections, then acute diarrhoeal illnesses. Schistosomiasis egg prevalence study carried out in 2002 by the district health department found a positivity rate of 65% among primary school going children.

The village has very poor sanitation with few households having latrines because of the congestion and the difficulty in constructing latrines in the land recovered from a swamp, hence very high water table. Thus, no wonder, while Nebbi district has had almost annual outbreaks of cholera, almost all these outbreaks have started in Dei fishing village. Also food handling is poor with a lot of food sold while placed on the ground. In 2002 there were 268 cases of cholera in the district out of which 192 were from Panyimur sub-county and over 50% of these were from Nyakagei parish where Dei is, and still over 50% of the Nyakagei parish cases were from the Dei area.

Fig 4: Mangoes being sold on mats, cloth sacks placed on the ground



Fig 5: Fish being cut open on the ground on the landing site



1.4 Population

The preliminary results for the 2002 census put the population of Dei fishing village (the original / wider Dei) as 2,982 split among the 5 sections as follows¹:

	Dei A	Dei B	Dei C	Dei D	Dei Central	Whole /original Dei
Male	244	278	462	214	262	1,460
Female	225	280	496	250	271	1,522
Total	469	558	958	464	533	2,982

Source: UBOS (2002).

Dei is in Nyakagei parish, the most populated (9,427) of the three parishes of Panyimur sub-county according to the August 2002 census provisional results. The other parishes are Ganda (5,454) and Boro (5,814) that respectively lie northwards along the River Nile. Total population of Panyimur sub-county was 20,695 in the August 2002 census.

2.0 RATIONAL FOR THE STUDY

HIV / AIDS is a known big problem in many African counties including Uganda although the prevalence has dropped in Uganda from 30% to 6.2% over the last 12 years. A lot of effort is needed to continue the downward trend of the pandemic from the current rather stagnated picture in Uganda.

Special understanding of the dynamic populations and, indeed, the unique characteristics of such populations are necessary in order to come up with appropriate interventions that will reinforce the downward trend of the pandemic. It is, therefore, expected that the findings and recommendations from this study will stimulate various health stakeholders and partners to develop initiatives to address HIV/AIDS situations in Dei and other fishing villages.

Results from this study may stimulate the need for even deeper understanding through more thorough studies. The results and recommendations also may open eyes about what other things go on that affect health on in fishing villages in Nebbi district and in other districts as well that require intervention.

¹ Planning Unit, Nebbi District Local Government

By the time of this study no previous community based study had been carried out in Nebbi district to understand the HIV/AIDS situation in the district, and particularly in such unique communities.

3. OBJECTIVE OF THE STUDY

3.1 General objective

To establish the need for care, support and mitigation of effects and type of behaviour change needed in control of HIV/AIDS in Dei fishing village, Panyimur sub-county in Nebbi district.

3.2 Specific objectives

These were to study or get information about the following:

- 3.2.1 Population Characteristics focusing at demography, stability / dynamism, and household headship.
- 3.2.2 Housing characteristics and sleeping patterns.
- 3.2.3 Sources of income / economic activities in the village.
- 3.2.4 Typical life of a Dei family.
- 3.2.5 Knowledge, Attitude and Practice (KAP) in relation to causation / transmission of HIV/AIDS, control and prevention, care and support and mitigation of effects of HIV/AIDS in the fishing village – past, current or desired.
- 3.2.6 Community perceived / expressed intervention needs.

Finally the study was to identify pertinent issues from the obtained information, and then make conclusions and recommendations with regard to the need for and type of possible interventions for the fishing village or the lack of such need.

4. METHODOLOGY

4.1 Study Design

It was a cross-sectional descriptive study that used both quantitative and ethnographic methods.

4.2 Study Area

Dei fish landing village was selected to represent a typical fish-landing village in Nebbi district. Particular and deliberately biased interest was developed in this village because of the population activities that also contribute to making it an annual epicenter for the outbreaks of cholera. Other fish landing sites have had cholera outbreaks but much less. It was felt the dynamics in such an area might also equate to its risks and need for intervention in other diseases, including HIV/AIDS. The whole of the village was selected.

4.3 Study population

Fifty, (50) households were randomly selected out of about 400 households in the larger or original Dei village as one entity for administration of questionnaires but occupants of only 42 of the selected households were found available to answers the questionnaires. The definition used by the Uganda Bureau of Statistics for household was adopted in this study i.e. “a group of persons who normally LIVE and EAT together.”²

A small sample was used as this was intended to be a rapid survey to give insight into the problems and probably stimulate or guide more detailed studies.

The interviewees representing the 42 households were fifty four percent females. 35.7% of interviewees were male heads or husbands while 33.3% were wives. Children comprised 14.3% and widows were 4.8% while the rest were other people living in the households.

Fig.6: Focus group discussion with elders, local leaders and opinion leaders.



² UBOS; 2002 Uganda Population and Housing Census Provisional Results; November 2002.

There were two focus groups selected, the first composed of and attended by elders, local council leaders, and opinion leaders from Nyamugei, Munduryema, Olando, Luli and Dei A, Dei B, Dei C, Dei Central, and Dei Villages.

The second was composed of a group of youths who spend their livelihood on the shores of the lake fishing or doing work related to fishing. In Dei there are some youths who spend their lives independently from their parents. They live in groups surviving on petty activities for which they are paid, often sleep in groups or spend the nights fishing. They have no boats and nets of their own and so hire out their labour to do fishing for those who own the boats and / or fishnets. They are locally commonly referred to as “*Lither*” or “*Gweno Songa*”.

The third was observation of activities. AFARD technical team members took all photographs during observational study and during focus group discussions. For the household questionnaires selection of 50 households was done randomly taking the larger or original Dei village as one entity.

4.4 Study tools and data collection

Four tools or methods were used to in the survey, vis:

- i) Household questionnaires
- ii) Two Focus group discussions. Guiding questions / checklists were used to ask questions. Most of the questions were open ended.
- iii) The third was observation of activities. All photos used in this report were taken during the observational study and during focus group discussions.
- iv) Literature review. Review of literature was done on the background information on Dei e.g. population (Demographic disaggregating was done later made based on information from the survey itself).

4.5 Study Team

Both the questionnaires and focus group discussions were conducted and recorded by a team of persons from AFARD experienced in field studies (see profile of AFARD). The principal investigator was incorporated from the District Health Department, being a technical person. AFARD is a local non-governmental organization whose main purpose is to build local capacity to own and participate actively in sustainable development. Among other things it

carries out action-oriented, mainly participatory, researches results of which it ploughs back into the community to stimulate development initiatives and planning.

4.6 Limitations

The limitation of this study was that it was, by design, only a rapid survey to offer only an overview picture of the situation. Neither does it explore other factors that are linked to the study issue. In addition, although Dei may represent other fishing villages along the River Nile in Nebbi district, a more representative picture would have needed sampling of other such villages further down away from the border with the D.R.C border. Nonetheless the effort was made to make the study as insightful as possible and many fishing communities will find their own situations mirrored in the findings.

5. RESULTS

5.1 Population Characteristics

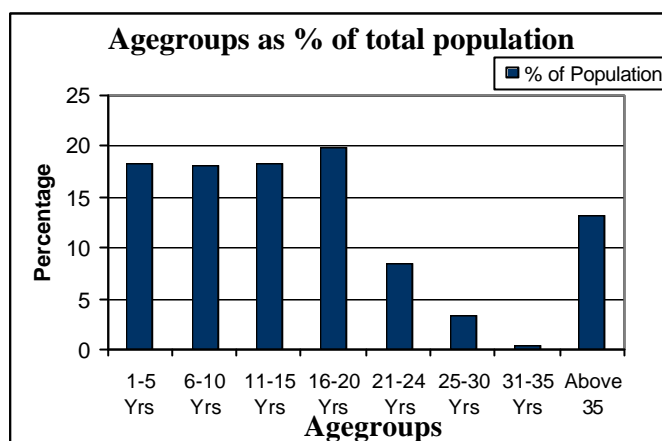
5.1.1 Demography

Of the people in the surveyed households the demography for was as below which may be taken to reflect the demography of the whole of Dei fishing village:

Table1: Population distribution in Dei Fishing village by age group

	1-5 Yrs	6-10 Yrs	11-15 Yrs	16-20 Yrs	21-24 Yrs	25-30 Yrs	31-35 Yrs	Above 35 Yrs	TOTAL
Total	50	49	50	54	23	9	1	36	272
Ave. / household	1.2	1.2	1.2	1.3	0.7	0.2	0.19	1	6.5
% of total population in village	18.34	18.01	18.34	19.85	8.45	3.31	0.36	13.23	

Fig. 7: Bar Chart showing population distribution by age groups in Dei Fishing village.



The population in Dei is generally young with 54.69% being 1-20 years. Within the school going age of 6-15 years the female out-number the males. However females drop in number and percentage very sharply within the age bracket of 16-20 years indicating that probably most of them get married out as early as this age.

5.1.2 School age population

Table 2: Female as a proportion of the population within the school going and the teenage groups.

	6-10 Yrs	11-15 Yrs	16-20 Yrs	Total
Total in age group	49	50	54	153
Female in age group	33	26	14	73
Females as % of age-group population	67.3	50.2	25.9	47.7

Table 3: School enrolment rate among school age and teenage groups in Dei

	6-10 Yrs	11-15 Yrs	16-20 Yrs	Total
Total in age group	49	50	54	153
Number enrolled or going to school	47	43	10	100
% in age group going to school	95.6	86	18.5	65.4

There is high enrolment of children in school between 6-10 years. However this reduces with age and a very sharp drop occurs for the age group 16-20 years. This pattern is similar to the sharp reduction in population of girls of this age group from the village and could mean that the majority of school dropouts at this age are girls getting married out.

5.1.3 Dynamism of the population

The morning hour population of Dei, like other landing sites in Panyimur, is higher than in the afternoon or night. This is because a lot of people go from the DRC to sell fish while others from upland Nebbi district go to buy fish and / or sell food in the morning and return home in the afternoon.

The majority of the population in Dei is indigenous (see 2.2.2 below), the externally originating population is not stable. Some of the household members who have originated from other parts of the district or the DRC sometimes leave the village for weeks to return temporarily to their places of origin. Some of the household members reportedly own houses in which they live only when they come to buy and dry fish, which they return upland to sell for many days. Usually such people leave somebody to take care of the house in their absence.

But even among the young boys who live and hire themselves out to provide fishing labour, presence in the village is not very constant as some may occasionally return to their places of origin for days or weeks on end.

5.1.4 Household heads

The majority of the households were found headed by males (80.9%). The majority of the household heads were indigenous to Dei (53.7%) and 17.1% came from other parts of Nebbi district. But also up to 26.8% were people from the Democratic Republic of Congo (DRC). Only 2.4% came from other districts of Uganda.

5.2 Housing

The majority of households in Dei lived in either only one house or just two houses. Where the houses were two, in almost all cases the second one was a kitchen. Houses are congested within the small space with most of them being within an area reclaimed from a swamp. Where households had two or more houses, the distance between them was only 1 metre in 23.8% and 2 metres in

50% of cases. The few others, mainly those further away from the swamp ranged 3 to 9 meters apart. Average distance between houses of a given household (if they are 2 or more) was only 2.38 meters. The implication is that in houses that are poor and not soundproof, children and adults sleep close together, increasing the risk of children learning from adults' sexualities. In one case a family had a big house with 4 rooms but 3 of the rooms were being rented out to also 3 other families.

In 43.2% of surveyed households it was reported that all family members slept in same house (43,2%). This was commonest with those having young children. However, in many cases a mixture of sleeping arrangements existed. In 17.6% of households only the very young or under five years children slept all together with parents. In 12.8% of households the children slept in separate houses from parents but the boys and girls slept in the same house. Bigger boys and girls in 23.1% of cases slept separately but within the family houses. Some of the boys or girls from 10.3% of households chose to combine with peers from other families to sleep separately together. Some of these boys live in groups (*gweno songa*). We have chosen to call them "*free-landers*" because they live anywhere on the lakeshore within the village without specific housing. Often they use a roughly constructed shelter called *kuteta* as seen in the figure 3. This shelter is used also for playing cards, drinking throughout the day and for sleeping by those who have returned from fishing in the morning. Some of them live like this for years and may return to the original family life when they want to get married and settle.

Some families (16.2%), apparently to protect the girls, had the girls sleep within the family houses while the boys moved out to share sleeping rooms with other peers. In very rare cases (2.7%) the opposite occurred. Also, occasionally (5.7%) households had some of their children sharing sleeping houses with the grand parents; these were usually the under-fives or girls.

Young men and boys who hire their labour out to fish for owners of boats are locally called *lither*. They include both the *free-landers* and others who live with their parents but perform this job.

Fig. 7: Shelter used by *lither* and *free-landers* on the shore of Lake Albert, Dei fishing village.



Fig. 9: *Free-landers* and other youths crowded to play cards for money (gambling) and drink locally brewed alcohol known as "*nguli*".



5.3 Sources of income

Hiring out of labour

22% of those interviewed reported earning part of their living by getting hired to prepare fishing nets and do the fishing for the richer ones. The majority (55.5%) of those who practice this were between 10 to 24 years of age. 22% had their own boats and / or fish nets that they either used for fishing or more often hired the *lither* to fish with. These were almost uniformly spread among age groups from 10 to 34 years. Discussion with opinion leaders / elders indicated that these young men or *lither* get their earnings from the fish they bring back. As they arrive at the landing site they take away fish for their immediate consumption e.g. for breakfast. They call this part of the harvest “*sot*”. Later they take of fish for the day’s meals and sell the rest. From the sales they recover money for fuel for the next fishing episode and for their pay (about 10 – 20% of the sales) and give the rest to the owner of the boats and nets. Usually each “*boss*” or owner of the boat and / or net has about 4-5 young men who regularly work for him. Most of the *lither* keep their important documents like graduated tax tickets with their *bosses*. They also look to the *bosses* for advice, which is often to do with the fishing business and general conduct.

Fast Trade in fish (“Speed”)

Trade in or the purchase and quick resale of fish within the fishing village to residents or fishmongers from elsewhere was practiced by 52.4%. It was the commonest form of daily living especially for the youth and women. This form of trade is locally referred to as “*speed*” because the little money is got and spent fast. It is this sort of money that is used for drinks and gambling by the *freelanders*.

Trade in shops

Shop keeping, albeit in small scales, was being practiced by only 12.2% as most focused on activities related to fishing.

Agriculture

Despite the fact that many did own land, up to 42.9% practiced some subsistence agriculture. Those owned no land, (often immigrants) hired pieces of land on yearly basis.

Other petty trades and businesses

Other petty sources of income included:

- ? Brewing and selling of local alcohol (17.1%),
- ? Sale of cooked food like *anyoya* (17.1%), sales of other types of food e.g. beans, bananas, green vegetables etc. (12.2%) and
- ? Other businesses e.g. timber, evangelization, carpentry etc. *Anyoya* is a mixture of cooked and fried maize and beans.

Trade in alcohol

Although only 17.1% of household reported brewing and / or selling alcohol, and although up to 75.6% of households denied having anybody who drank alcohol in the family, a number of groups of people were seen within the village already drinking alcohol by 10.00 a.m. It was also reported in the focus group discussion with the leaders that many people, especially the youth drank alcohol much of each day.

5.4 Typical family lifestyle

A Typical 24-hour lifestyle in Dei

The typical socio-economic life in Dei fishing village is summed up in the “typical 24 hour life of a household” as described by the local councils and elders focus group as thus:

“Lifetime management is rather difficult to ascertain since it starts differently for different people. Overall, a woman’s time starts at 3.00 to 5.00am when she moves out of the house to walk to the landing sites, especially those far off sites in search for fish to buy (to Kolokoto and Aruko in the DRC). She returns home at about 11.00 a.m. She sells the fish or part of it to cater for the day’s needs while the rest may be processed for sale in the afternoon or even later, on big market days. The family meal is ready by 2.00pm. Thereafter, she moves to the market to sell the fish she preserved in the morning either by fire curing or sun-dried after salting. Some women will have gone to sell in far off markets.

Fishermen go fishing either during the day or in the night. Those on day fishing entourage leave between 6.00 am and 9.00am depending on the type of net and return by 5.00 -6.00 pm, sell their fish and resort to leisure activities such as playing cards, video shows and drinking joints. Those who fish at night, leave at 4.00 -5.00pm and return the following day at 6.00 -8.00am and sell their fish. As they sell the fish, rest/sleep, wait for food and departure time, their colleagues who did not go fishing and the free landers will spread the nets to dry and return the nets into the boats ready

for the next fishing errand. After 3 to 4 nights fishing, the Lither is ready to rest from fishing and if the 4 days were lucrative, he will enjoy himself till the money is finished.

Men get up to a lonely morning the women having gone much earlier for 'speed'. The farmers would go to the garden after making their own coffee, and farm until 12.00pm and are lucky if they find their wives are back home. However, few households live solely on farming because of land scarcity and unreliable weather. Life thus continues to gravitate around the water.

At least those who own nets wake up together with their wives. But the wives may also be involved in 'speed' although at least for such women, their husbands' boats are a primary and assured source of fish for resale. Their husbands have the "softest" life. They wake up in the morning and go to the landing sites to inspect their nets/boats and the catch of the day, and finally come back home at 11-12.00pm. They too, like other men, tend to have their breakfast from the landing site.

One woman remarked, 'there is no life here without the water'. It is mainly women who are engaged in fish mongering both within the landing site ("quick fish business") and in outside markets in Nebbi, Paidha, and Arua."

Even the men who do not have nets or boats go daily to the fish-landing site in the hope of procuring some fish for consumption. In the past relatives and friends would give such people fish even without their asking but today that fellowship is gone. It was replaced by the habit of giving, say, sh. 2,000 to the boat owner who would then give a generous number of fish, again as a social gesture. But today it is the lithers who sell fish and because their stake is 40% of total sales, they will not allow the boat owner to give anything away for free.

Under the circumstances described above, children from most families are left to fend for themselves especially in the morning. There is no one to ensure that they go to school in a learning mode. At 8 - 10 years of age small girls are already being initiated into survival strategies. They are sent to sell food items, even buy fish at the expense of being in school. They start moving with adults but soon they are able to move on their own or in peer groups. These are times when they discover the many uses of money, the difficulty of earning money but of even greater significance, that they too can earn their own money. That is when they become prone to the machinations of the lithers and free landers. By the time the breasts begin to peep from her chest, the parents have no control over her and she would most likely have had first sex, usually with older boys.

5.5 Knowledge, Attitude and Practice in relation to HIV / AIDS

People in Dei knew a number of factors that cause or predispose to transmission and acquisition of HIV infection but they did not know a number of critical facts about the transmission and prevention of HIV. Many people still had a number of myths or misunderstandings about HIV and its transmission and prevention.

KAP in relation to Transmission / Spread

? *Myths / misunderstandings*

- ? 7.3% of households interviewed still believed that the sharing of clothes or eating utensils could cause transmission of HIV.
- ? 2.4% of household respondents expressed belief that use of contraceptive pills could prevent transmission of HIV infection.

? *Level of positive knowledge*

All household interviewees, no matter the age group, and all members of the leaders and youth focus groups admitted having heard about HIV/AIDS and having seen someone said to be having HIV/AIDS in the family or in the village or somewhere else. The leaders / elders focus group said within the villages about 10 people were confirmed dead of this pandemic and there is a general acknowledgement that it is deadly and needs a special attention. “If there is any drug that can be used to cure AIDS, kindly bring it to all of us here because we are not sure of ourselves” said the area district councillor. Firm or accurate information based on data is missing in the community.

Also, 90.5% of all interviewees knew that HIV was spread through sex, a view also expressed clearly by the focus groups. However, a man who said he was “an Evangelist” and admitted knowing about HIV instead said he did not know the causes spread of HIV and he was not ready to hear or talk about it. This is a public figure who is well placed to teach the community but has a “denial” tendency or a “puritist pretence” that denies the people of Dei the opportunity for counsel and awareness creation, contrary to the spirit of openness that has contributed to the drastic drop in HIV/AIDS in the country.

The following were considered the causes or predisposing factors to the spread of HIV / AIDS in the fishing village:

- ? Frequent visiting of landing sites by fish mongers from far and wide within and outside Uganda but without unknown history.
- ? High rate of drinking among men who soberly spare no women and freely share any girl as long as she is willing to say yes to all – ‘free range rotation of women’. One elder said, “If you (referring to the AFARD team) were women, all this time you have spent here you have been torn up into pieces the way fish knocks to break a lump of food”, meaning when a new woman arrives into the village many men struggle to have sex with her the same day one after another.
- ? Defensive attitudes of attaching the disease to witchcraft yet the persons infected continue to spread the disease in the community.

- ? Camouflage by women who migrate to the landing sites with the intention of 'prostituting' under the cover of sales of beer business.
- ? Competitive buying of fish makes it hard for women to assert themselves in case the fishermen demanded for sex as a precondition for accessing sales of fish. And since women who come from far off do it freely aware that nobody from their true homes know, it has created a loss of respect for even women from within the landing site villages. In some instance, women have displaced demands on them to their daughters and urged them to offer sex even at earlier ages to boys/fishermen. This has also resulted into makeshift homes commonly called "Ngangeyo?" (Meaning, "who knows?").
- ? Closeness of houses to one another increases temptation when people of loose lifestyle stay together. It was remarked, 'a fisherman lives like a hunter. His lifestyle is difficult to predict. He does what he wants anyhow without due regards for whoever, including children'. Even within the same house, in the absence of space, parents sleep with their children in the same room (and at times on the same papyrus *-kolo-* mat) which means children are exposed early to sexual activities, which they learn by observing from their parents. Further, in some instances, children are compelled to share rooms with their peers in the vicinity and this leads to peer pressure. This agrees with the observations from the household questionnaire about housing.
- ? Low level of education in the community limits information access and utilisation. Even with UPE, education is seen as a force by the parents because they are expected, without compulsion, to buy uniforms, books and pay school dues. In the event that parents neglect their roles, the children fallback to fish and shun away education. It is even worse for girls who are easily lured by short-term cash from the boy fishmongers into dropping out of school and teenage marriage. The early departure of parents fro home, especially the women, before children wake up, denies them the opportunity to encourage the children to prepare and go to school.
- ? A lot of transmission could be taking place through unsafe deliveries of expectant mothers. Many women deliver at home attended to by the few trained traditional birth attendants and at times the unqualified clinic and drug shop operators because the health facilities are either too far or very unfriendly. The nearest maternity unit is about 9 kilometres from the village. Construction of a new health centre level II in the village is completed awaiting the district health department to hopefully soon open it for use. But this is not designed to provide maternity services.

A man in the focus group narrated a story that befell him. He said, "*On the fateful day, my wife was in labour and I took her to the health centre. While there, the child had started to appear but in a wrong position with the legs coming out first. The midwife was*

called to come help save the situation. She referred and blamed the delayed delivery on fear of my wife. The midwife took her own time and came grudgingly while abusing my wife. Finally, when she came, she helped the woman deliver but the baby was too tired and finally died in her hands”.

This event circulated in the village and now women prefer to deliver near home and with people they know and trust. After all they argue, “*mon nyol kud mon wa’gi*” (literally meaning women deliver with the help of their fellow women).

However, even the few TBAs are “ill equipped although they encourage every person to use and not to share needles, delivery kits”.

- ? The leisure hours of the people are spent on dancing to music from small radio cassettes mainly at drinking joints although disco is not common; and watching video. It is only when there is a religious night gathering that people use the occasion to do other things.
- ? The changing but declining meaning of and values attached to marriage. Young women now assure their husbands that since they are also making money, they are in a position to repay the dowry, and lead their own lives. This implies that the man should not control her. She should do what she wants without any complaint.
- ? The elders’ focus group sighted the non-use of condoms. The use of condoms is almost considered a taboo in this village. “Almost all sexual acts here are unprotected” an old man remarked. But another remarked, “*lak kwer yang iboyo kan icidho ifuri?*” meaning, “do you have to cover the blade of your hoe when you are going to the garden to dig?” And still another said, “How can you get the taste of a covered sweet?” Also, condoms are not commonly used by the people because of Dei because of (i) the larger portion of the women married in Dei are from Democratic Republic of Congo (DRC) who never want its use and if one desire and wants sex with them then there is no way other than doing it “live”. The suggestion by a man to use condom in sexual act is commonly interpreted to mean either “the man does not trust the woman which implies the woman is a prostitute” or the man is not sure of his cleanliness and could be infected.” This makes even possibly infected men have sex without condoms simply to avoid implying they are infected; (ii) the lack of belief in the condom as they commonly say “the Americans have put AIDS in the condom and one is likely to get it from the condom; (iii) lack of accessibility to both information and provision points. The youths said many times boys meet girls in “emergency” circumstances that make preparation to use condom difficult. Such ‘emergency’ sex is carried out in the football field, on the lake shores, and sometimes in houses temporarily hired or rented.” Others said it is feared the condom may fall out and remain inside the woman.

Girls also do not want condoms because the primary reason for sex to them is reproduction and it is useless to have sex with a man who does not want them to reproduce.

- ? Male youths believed girls, because of poverty, were encouraging promiscuity and polygamy. They:
 - ✍ Lack money for essential needs like clothing, payment of rent, trade etc. They need to be 'prepared' with Shs.5, 000 and above at any moment to entertain friends and buy drinks. "The girls now like going around with boys from Kolokoto (neighbouring village in the DRC and Baganda).
 - ✍ Like money but do not have means to generate income
 - ✍ 'Run' around with many men at the same time to expand the income base.
- ? Youths said the age of first sex contact for girls was early at 12 years when they start to sell food items at the 'centre', referring to the village market. "They start with any man because the priority objective is getting money".
- ? Even some older women who do not have husbands were reported to exchange sex for fish from the *Lither*. Women who got married while leaving "on the shores", meaning unstable life in the village, reportedly also continued to practice this. Exchange of sex for fish reportedly occurred more among girls and women who go at night to Kolokoto and Aruko. It was also alleged that some people who went for night prayers ("saved")³ and women who were saved but had "unsaved" husbands sometimes go out with other "saved" men.
- ? Defence of women's rights is seen as a threat. When a woman misbehaved socially and the husband tried to discipline her, she would go to Police who would restrain the husband. This encourages sexual or social misbehaviour. Some married women reportedly made their husbands get drunk so that they could get out to other men.

However, the focus groups only vaguely knew about other methods of transmission e.g. mother-to-child transmission and its prevention and only 2.4% of the household interviewees accepted that transmission from mother to child occurred during delivery. This was acknowledged by the age group of 34 – 39 years. None of the household interviewees knew that HIV could be transmitted from mother to child through breast-feeding.

Also, only 17.1% acknowledged that the use of unsterile materials like syringes and needles contributed to transmission of HIV/AIDS. This was spread along

³ "Saved" and "unsaved" refer to those who claim to have committed their lives to Christ and vice versa.

almost all the age groups. Similarly, only 9.8% of respondents acknowledged that contamination of open wounds with secretions from infected persons(s) could cause transmission of HIV.

KAP in relation to prevention of HIV

Of all those who said HIV was transmitted through sex, only 37.8% said it could be prevented by use of condom. Those who expressed knowledge or ignorance of the importance of the use of condom in prevention of HIV ranged from age of 14 to 65 years.

Overall, 46.2% considered that abstinence or sticking to one sexual partner was important in preventing or controlling the spread of HIV / AIDS. Although not explicitly asked, 4.9% of respondents expressed that avoiding early or premarital sex was important.

Only 17.1% of household expressed knowledge that the use of sterile instruments e.g. syringes or needles and avoiding use of used or unsterile instruments could prevent transmission of HIV.

The existing prevention initiatives and practices:

These are few and were said to include:

- ? No sharing of unsterilised materials. “Everyone must use her/his injection needle, razorblades, etc.” was the norm mentioned by the elders and youths. This is practiced in all the local drug shops that even provide injection drugs.
- ? Parents to a limited extent talk to their children to be safe other than being clean.
- ? Politicians also talk to people on the scourge.
- ? Married men tend to use condom when they have extramarital sex
- ? Night discos have been banned in the village although people still dance to radio-cassette music at drinking places
- ? Attendance of night video shows by girls has reduced
- ? Religious counseling – this is having big effect especially in reducing night dances and videos.
- ? There is Voluntary Counseling and Testing (VCT) provided in the county by Pakwach Health Centre level IV about 40 Km away. The people in Dei had heard about it but not yet accessed it.

Capacity and Practice of Providing Care and Support

Practice

It was reported people living with HIV/AIDS (PLWAs) were usually not openly segregated by the local community and were taken care by the relatives. However there were little the relatives did to look for treatment in health facilities. Also, there was unspoken stigmatization.

Capacity

The capacity here refers to resources or sources of livelihood that determine how much or how easy it can be for the community to support PLWAs. The village has a health center level II that is yet to become operational. There is good road connection to the nearest working health center III about 9 Km away. However, there is no regular vehicle to provide public transport from Dei. Other than using bicycles, sometimes people are transported on the lake by motorboats to either Panyimur HC III or Mahagi Port in the DRC.

While poverty level was said to be high, this was assessable only by some proxy. For instance, 66.7% of households said they owned some land although mainly in small sizes for part of the subsistence.

Although this is a fishing village, only 19% of households reported owning fishing boats and 28.6% owned fishing nets. However, fish-related economic activities were said to be the main source of income. It means the majority either works for others or participate in the secondary fish trade (*speed*) that provide the small daily easily expendable income.

Radios were owned by 59.5% of households. 45.2% of households used eating utensils like clay or porcelain plates. 40.5% of households owned bicycles while up to 66.7% owned mattresses and / or beds.

However there was no family that had all or most of the above household facilities e.g. 62.5% of those who had owned fishing boats also had bicycles while among those who did not own boats only 35.2% owned bicycles. But since only 19% owned fishing boats it means only a small proportion of the community owned bicycles that can be used for first level referral of patients.

5.6 Community Expressed Intervention Needs

Desire for the following were expressed by both focus groups:

- ? Blood testing services to be made accessible-VCT services be availed.
- ? General awareness creation by:
 - ✍ Video.
 - ✍ Drama shows to educate the people on the diseases.
 - ✍ Radio talk shows on Bunyoro Broadcasting Services (BBS FM).
 - ✍ Making PLWA talk to people on the pain of and their experiences of HIV/AIDS.
 - ✍ Facilitation of Local Councils to provide Communication for Behaviour Change.
- ? Counsellors are trained for the community.
- ? Counselling services for the infected and affected to be carried out by the trained Counsellors.
- ? Maternity ward to be constructed to reduce unsafe deliveries
- ? Skills establishment and upgrading for youth, parents and local councillors as (peer) communicators.
- ? Counselling clubs for women to train them on collective parenting.
- ? Youth sports club be established to provide avenue for talking to them so that they are able to practice what they know.
- ? Owners of houses being rented to be advised to discourage use of their houses for the so-called “emergency” sex acts.
- ? Strengthening the meaning of marriage and family.
- ? Condom promotion.
- ? Family planning initiatives – can be provided both through community based providers and the health centre.
- ? Provision of “seed-money” for Income Generating Activity to alleviate poverty especially among the youth and females.
- ? Home based care and support.

6. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1 Is there a situation that needs intervention in Dei?

Yes. Dei shows its uniqueness or that of fishing villages. It has a dynamic population that is to some extent unstable. There are many people who move in and out of Dei quickly with high rate of unprotected sex thus posing a high risk to spread of HIV. The negative attitude about safe sex reportedly derived from the Congolese women greatly increases the risk. The youth (*lither*), the young girls that drop out of school early to start “speed” fish trade, the women who have to travel at night to purchase fish inside the DRC etc are all special risk groups. They provide a pool of highly vulnerable groups.

Poverty level reduces ability of families to care / provide support for their affected members.

Lack of land for easy relocation of houses forces more and more congestion and creates social life that increases exposure to risky behaviours

There is very low level of knowledge about prevention of HIV transmission in Dei.

6.2 Could it be possible to have a successful HIV/AIDS control programme in Dei?

Dei is geographically a small place that can easily be managed with an intervention project. The local leaders also indicated they would be very committed and willing to give support to any intervention project on control of HIV / AIDS

Existence of private drug shops that can be engaged as condom distributors and they can be trained as Community Based Distribution Agents (CBDAs) for more than just condoms.

The health centre built in the village that will soon become operational and can be used for condom distribution, and provide care to the sick and as a centre for activities that need to be institution based.

Poverty is one of the factors making the youth and women in particular very vulnerable. Presence of fishing as the main activity in the village may be strengthened as income generating activity.

The opportunity for such success exists in:

- ? The *lither* that fish and spend much of their time together providing a target group that could be used to form a CBO among whom peer educators can be trained.
- ? The youth / *lither* are clearly identified and provide a clear risk-group that can be targeted as some of the terminal beneficiaries of the intervention. However, the *lither* appear to be only loosely held together by the common nature of livelihood. This requires a strategy that carefully attracts them to get involved without making them appear to be loosing on their primary reason for being in the village or on the lake shore, making quick easy money. The lack of other properly organised community groups can be addressed. Working with the *lither* can provide the entry point.
- ? The current government policy strategy favours interventions for and through such at-risk group members themselves
- ? A lot of condoms are already available in the district health department the distribution of which can be enhanced.
- ? Technically qualified persons exist in the health department who can provide partnership in implementing intervention in the village e.g. in training.
- ? There is good road access to the village

However, any intervention also needs to take early note of the unstable nature of the population. The unstable nature of part of the population may make it difficult for some of them to effectively participate in intervention programmes. Also, the unstable security situation in the neighbouring DRC may continue to bring in refugees in bigger numbers that will make the population unstable and at greater risk. Nonetheless, these provide some of the uniqueness that a fishing village or Dei in particular has that calls for special designs in an intervention initiative.

In conclusion, Dei provides a picture of unique and dynamic population that exists in a fishing village, especially at the border with the DRC. The risk factors for spread of HIV and occurrence of AIDS in the village are very fertile but intervention is lacking. There is great need for such interventions in the village.

It is recommended that Interventions should mainly focus on HIV / AIDS prevention, care and support and that interventions started in Dei be scaled up to cover other fishing villages in Panyimur sub-county. However, it is important in a setting like in Dei to broaden the scope of the intervention to include other selected interventions that target serious health problems like the annual outbreak of cholera that can affect the success of the main interventions. An

occurrence of cholera outbreak, for example, could easily lead to loss of key local players in the interventions. Yet preventing cholera outbreak has more to do with provision of safe and adequate water, improvement in home and environmental sanitation and personal hygiene.

It will definitely also be interesting to carry out a more representative study that looks at other common health problems that face such a community, including the cholera mentioned already.

References

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