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**THE ROLE OF MIGRATION IN THE SPREAD OF HIV/AIDS
INFECTION AMONG FISHERMEN IN BONDO DISTRICT.**

BY

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ABSTRACT

Like all sectors of the Kenyan economy, fisheries sector has not been spared the scourge of HIV and AIDS. The fisher folk have been described as among the 'most vulnerable to HIV infection' but exact prevalence data, especially in Kenya, have not been produced. Hence, even in Kenya where so much is being done to address the HIV pandemic, there are crucial gaps in the knowledge base regarding HIV/AIDS and the fishing communities, especially those found along the shores of Lake Victoria in Nyanza Province.

The general objective of this study therefore, was to find out the relationship between migration and HIV/AIDS. In this paper, I have tried to find an answer to the question why migrant fisher-folk are vulnerable to HIV infection (or how mobility and migration increases their vulnerability to HIV infection). The study was guided by the following three specific objectives:

1. Assess whether migration is a risk factor for acquiring HIV among the fisher folk regardless of origin.
2. Document the existing conditions and social interactions that predispose migrant fishermen to HIV infection.
3. Identify the cultural and socio-economic factors that contribute to the migration of the fisher folk.

The research project was conducted among the fisher-folk living in two beaches within Bondo District. The primary tool for data collection during this study were questionnaires. Other tools such as interview schedule and observation were also employed. Purposive sampling technique was used to select a total of sixty two households considered as migrants during the introductory stage of the research.

Data was sourced from the household members engaging in fishing activities and also from the beach leaders within the study sites. Both qualitative and quantitative methods of data analysis were used during the data analysis process

There were several findings which came out of this study. Changes in individual characteristics due to migration and exposure to a new physical and social environment played a major role in the construction of certain perceptions of risk and eventually had an effect on the actual sexual behavior of migrants. The study revealed very high incidences of sexual activities at the beaches with over 76% of the respondents confessing having had sex during the past six months. Many of the migrant fisher-folk (23%) tended to have sex with regular partners with whom they 'trusted'.

The research also revealed that migration prevented the formation of stable relationships. Migrants led lives of contingent encounters and short term relationships. This encouraged high risk sexual behavior.

Migration also exposed the fisher-folk to the risk of HIV infection as 37 out of 64 respondents who had changed residence in the past six months had an STI infection during the same period. This not only meant that they engaged in risky sexual encounters but they were also twice susceptible to HIV infection than those without STI infection.

Alcohol abuse was found to be a major problem at the beaches with 58% of the respondents confessing being drunk the last time they had sex. This increased the risk of HIV infection as it compromised safer sex practices.

Seventy percent of the respondents who confessed that they had a regular sexual partner at the beach, still engaged in casual sex outside that partnership. Out of the total number who were unfaithful to their partners, 29% had sex with sex workers, 43% with a casual partner and 28% with other secret girlfriends.

Interestingly, even though the HIV/AIDS awareness level among the respondents was fairly good, this did not translate to meaningful behavior change. Most respondents who reported sexual activity during the past six months (76.6%) still had sex without protection with their regular partners and sometimes even with sex workers.

Another important finding of this study was the fact that even though puppetry, drama and music performances were the most popular sources of information for the migrant fisher-folk accounting for 56%, they left the least impression (12%). On the contrary, friends and peer counsellors which accounted for only 18% as sources of information left the highest impression (76%).

While condom usage was mentioned as a means of protecting oneself against HIV infection by 70% of the respondents, a larger proportion of the respondents (i.e., 40 out of the 64 respondents) did not use a condom during their most recent (past six months) sexual contact. Almost all the respondents (67.2%) mentioned that they migrated to the two beaches under study in search for cash income and improved livelihood source. Another 15.6% and 17.2% migrated to the beaches to sell fish and escape the difficult living conditions at home respectively.

According to the study findings, 45% of those interviewed talked of their new found freedom and excitement as a factor that contributed to their new sexual relationships. The social structures and hierarchies that constrained sexual behavior in their home communities were not applying in the context of the new beach lifestyle where social ties were based on economic relationships, rather than kin, religious leaders, elders and other figures of authority.

From the above findings, it is evident that migrants are more vulnerable to HIV infection than those who do not move. This vulnerability is not the direct result of migration. It is via circumstances and events related to the migration process and situations at the point of destination that high risk of HIV infection is caused. In other words, being mobile in and of itself is not a risk factor for HIV infection. It is the situations encountered and the behaviors possibly engaged in during and after migration that increase vulnerability and risk regarding HIV/AIDS.

As a recommendation for policy action, the Kenya government need to mobilize and coordinate the activities of civil society organizations working along the beaches in order to scale up community level interventions and ensure community participation. It should also improve infrastructure, develop 'by-laws' that will guarantee minimum fish supplies for local women traders to eliminate the 'sex for fish' practice and regulate the operations of bars and sex workers.

Finally, for further research, there is need for bio-medical research (including HIV testing) to be combined more frequently with social science research in order to come up with more conclusive outcomes and quality results.