

## **SOCIAL CONTEXT AND MODELING STRATEGIES FOR CONTROLLING THE SPREAD OF HIV/AIDS INFECTIONS IN FISHING COMMUNITIES OF LAKE VICTORIA. A CASE OF LUKUBA ISLAND IN TANZANIA**

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### ABSTRACT

*This paper describes social context of HIV/AIDS concurrently with efficacy of strategies geared at preventing the spread of HIV/AIDS infection in fishing communities of Lukuba Island, Lake Victoria - Tanzania. Findings indicated that HIV and AIDS infections in the study area stood at 20% far higher than the national prevalence 5.7% (TACAIDS, 2010) among the active population. Interventions on HIV/AIDS knowledge and awareness creation seems to have worked to a greater extent whereas 93.5% of respondents indicated to be knowledgeable on several matters pertaining to HIV/AIDS infections; mode of transmission, susceptible behaviors, control and prevention strategies. Despite of multiple prevention strategies to exist in the study area, fishermen were found to still engage in risk sexual behaviors; reluctance in condom uses, men and women taking bath openly along the lake shore, excessive alcoholism, cases of rape, sharing partners and presence of women commercial sex workers. It was found that messages on board were not exhaustive to alert people on all drivers fueling HIV infections on the Island. Other drivers include; excessive alcoholism, raping, non condom use and multiple sexual partners were not addressed at all. This compelled to recommend that messages for behavioral changes on banners, posters and even cinema should be exhaustive enough to uncover all risk behaviors practiced by all cadre on the Island; there should be sufficient and qualified health practitioners to cater for both PLWHs, VCTs and other needed health services with regards to HIV/ AIDS prevention and control.*

*Key Words: Fishing communities, HIV AIDS control, Lukuba Island and Lake Victoria.*

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INTRODUCTION: Globally the HIV and AIDS pandemic continue to be a public health challenge despite of ongoing control and prevention efforts. It is estimated that 33.3 million

people were living with HIV as at the end of 2009 with an estimated 2.6 million new infections (LVBC, 2010). However due to invention of Antiretroviral therapy (ART) which has been made available even in a poor country like Tanzania, a reduced number in the AIDS related deaths has been realized coupled with effective prevention and treatment of HIV infection. Although number of new cases of HIV infections continues to abate, fishing communities are amongst the population considered more susceptible to HIV infections and other sexually transmitted infections. FAO (2005) asserts that; because fishing communities lead a highly sexual life they are five to ten times prevalent to HIV infections compared to the general public. Several literatures have related fishermen Susceptibility and vulnerability to HIV as due to nature of their occupation which stems from complex, interacting causes that may include the mobility of many fisher folk, cultural norms, time fishermen spend away from home, their access to daily cash income and men dominance to means of economy in an overall context of poverty, lower economic status of women, ready availability of CSWs, higher ratio of men to women at fish landing beaches, the sub-cultures of risk taking and hyper-masculine behavior among some fishermen and excessive alcoholism (FAO, 2005; Kisslinga et al., 2005; LVFO, 2012; Kamanzi, 2012; Pickering, 1997).

Historically, cases of HIV/AIDS in Lake Victoria started to surface in 1990s during the Lakes fishery transformation from artisanal to commercial fishery (LVFO, 2005; LVFO, 2012). It was at this time when fishing communities witnessed influx of people from various areas to fisheries sector, rendering demoralization of community socio-cultural set up making most of the inhabitable Islands to resemble semi-urban areas. Since then, people living on such Islands became more vulnerable to HIV infections fueled by the lack of serious interventions in the control and prevention of HIV and AIDS infections. This study intended to assess efficacy of the designed strategies for control and prevention of HIV/AIDS in Lukuba Island referring to contextual challenges of HIV and AIDS. Specifically the study focused at; community understanding and perceptions on causes for HIV and AIDS; Knowing what are risky sexual behavior people exposed to, assessing effectiveness of available HIV/AIDS control and prevention strategies

## RESEARCH METHODOLOGY:

This study was conducted in 2012 at Lukuba Island located in the northern part of Tanzania in Musoma Rural District Mara Region. The Island bears characteristics similarly to several Islands in Lake Victoria occupied by fishing communities. The Bakwaya are the natives of the Island while other tribes are immigrants. These include Kurya, Jita, Luo and other tribes from different parts of Tanzania. The Island was selected purposively because of being reported as an incubator for HIV and AIDS cases and not being regularly intervened by HIV and AIDS control programs (Mgabo, 2009). Primary and secondary data were collected to extract information regarding community awareness and understanding regarding causes, care, treatment, control and prevention of HIV and AIDS, contextually strategies on the ground towards mitigating new infections, effectiveness of such strategies by assessing how are they interlinked with commonly understood causes for HIV and AIDS, and lastly the impacts that have made by the strategies on behavioral changes among islanders with regards to susceptible behavioral to HIV infections. Secondary data were obtained from published and unpublished material such as reports, office reports, books and magazines.

Both qualitative and quantitative data collection methods were employed whereby qualitative data were obtained through formal and informal conversations with the fisher folks, clinical officers, community leaders, using different methods such as questionnaires, interviews, and focus group discussions. The collection of quantitative data involved the use semi-structured questionnaires. Data collection exercise was backed up by a cross-sectional research design whereby respondents were asked questions once at a given point of time. The sampling frame comprised a list of all fishermen declared residents in village roaster whereby among them a sampling unit was drawn to make a sample size of 92 respondents. The sample size selection based on a criteria of individual fishermen who have stayed on the Island for not less than three months bearing in mind that these were the people more acquainted with the social context of HIV/AIDS in the study area. Other information was extracted from groups of individuals; fishing crews, boat owners, fishmongers, women, youths, village elders, businessmen and community members. Purposive sampling was employed to get key informant; Coordinator of District HIV and AIDS Programme, Health care services providers in the area, the Village Executive Officer

(VEO) and Private health providers. The collected data were edited, coded and entered into a computer spread sheet ready for analysis using SPSS version 16.

#### THEORETICAL AND CONCEPTUAL FRAMEWORKS:

High prevalence of HIV/AIDS among the fishing communities is influenced by various factors. One of the main factors is non-use of condoms (Karukuza and Bob, 2005; Mgabo, 2009). The ecological health model looks at the spread of HIV as an interaction between the [host] individual, [the social environment] which may include among others; culture, beliefs, lifestyles, myth, knowledge, attitudes, presence of CSWs, fishermen accessibility to daily cash, availability of condoms and personal behaviors and [the agent -HIV virus] (Novick, 2010). In preventing HIV risk, condom use is seen as one of the most effective and easiest measure to combat HIV/AIDS among other means, yet condom use among fishermen is reported to be low (Karukuza and Bob, 2005, Mgabo 2009). Although studies have shown that fishermen are aware of the HIV/AIDS and its gravity (Karukuza and Bob, 2005; Mgabo, 2009; Kamanzi, 2012) what is striking is that still some fishermen don't fear HIV/AIDS (Mgabo, 2009:44; Kamanzi, 2012:74-77). This gives an impression that what has not well been addressed is what is behind desire to unsafe or unprotected sex among fishermen or negligence to susceptibility and severity of HIV.

If HIV has to be prevented, then the social environmental factors need to be altered through a high level of effective condom use. This is through enhancing communication for behavioral change intended to lower down people's susceptibility to sexual risk behaviors. Thus socio-cultural and environmental factors fueling risky sexual behavior spreading HIV will be readjusted if not conquered eventually blocking the interaction between the host and the agent. Furthermore, in order to initiate changes in the susceptibility behaviors of individuals to HIV risks, the ecological health model gives an emphasis to corresponding changes in the individual sexual behavior and the social environment factors susceptible to HIV infections, and for the entire community including those who are potentially at risk of HIV infections. From this perspective, individual health practices are viewed as subjective and shaped by physical and social environmental which include: social expectations, cultural norms, economic conditions,

life styles, living conditions, and individual [personal] characteristics. As a result, for HIV prevention programs to be effective, it requires targeting more healthy lifestyles that include healthy changes in personal habits and decisions within the prevalent socio-cultural norms and beliefs in relation to sexual behaviors. The role of individuals and personal lifestyle and choices stand as important determinants of vulnerability to HIV risk.

#### RESULTS AND DISCUSSION:

Socio-economic profile of respondents- This study involved a total of 92 respondents whereby males constituted 56.5% and females 43.5%, and both were aged between 15-54 years while majority were of the age category 25-34 years (57.6%). A significant proportion of respondents indicated to have ever engaged in marital relations whereas married individuals accounted 43.5% followed by widow/widower 7.6%, separated 4.3%, divorced 3.3%, and those who were single accounted 41.3%. It was further revealed that, of all married respondents only 30.4% live as couples (wife and husband) while 69.6% does not stay with their partners in the Island. A big proportion of respondents had ever attended primary school education 69.6% followed by secondary education 8.7% and only 1.1% had attended college education. About 20.7% of respondents had attended informal education enabling few of them to read, write and count. Fisheries sector stand as the main economic activity on the island whereas majority of inhabitants engage in fishing and ancillary activities. These includes businessmen and women (non food and beverages) 25%, food vendors 15.2%, bar maids 14.1% and house wives 4.7% as indicated in Table 1. The geographical features of Lukuba Island favor fishing operations whereas it acts as a hub for fishermen both involved in Nile perch and Sardine fisheries. Owing to this, the Island attracts influx of fisher folks from various areas remarkably making the Island of high population compared to other nearby Islands. The major ethnic tribe is the Bakwaya while other Lake zone tribes are found in varying proportion.

Community's social context to risky sexual behavior - People's knowledge and awareness on HIV and AIDS denoted an influence in determining efficacy of HIV and AIDS control strategies. Although majority of respondents had only attended primary education, basic issues pertaining to HIV/AIDS are not new to them, and these includes modes of transmission, ways to avoid

contracting the infection. About 93.5% indicated to have lengthy knowledge on HIV and AIDS plus its severity, and 6.5% indicated to have little knowledge and awareness on HIV/AIDS. Of all respondents, 52.2% associated unprotected sexual intercourse with an infected person as major drive for HIV/AIDS. Respondents identified protective gears to exclusively refer to men and women condoms. According to Dispensary records in 2012, Sexually Transmitted Infections (STIs) ranked third after malaria and dysentery (Lukuba Dispensary Records, August, 2012). The records indicated further that, there is minimal use of condoms to both male and females which perpetuate the spread of HIV/AIDS. Five (5) condom disposal areas have been established in five hamlets on the Island namely Isalilo, Isalu, Seng'enge, Kinyonjoi and Mionyo. These condoms are being distributed in guest houses, fishing camp and hamlet. However, About 61.0% of males reported to have ever used condom while 52.8 of females reported to have ever had sex with men who used condom, 19.0% of males reported to have ever had sex with females who refused to use condom while 13.9% of females reported to have ever used female condoms. While 44.8% of males reported to have used condom in their last sex while 31.8% of females had used condom in their last sex. This marks that condom use is still low. This confirm what was revealed by Karukuza and Bob (2005), Thaxton (2005) and Mgabo (2009).

Respondents mentioned other modes of transmission to include; mother to child transmission, unsafe blood transfusion, sharing tools that have sharp points like razorblades and needles. From this perspective, it was noted that a big proportion of respondents were aware and knowledgeable about the prevalence of HIV/AIDS, but still most of them didn't show much fear in engaging into sexual risky behaviors such as sharing partners, exchange sex for money and fish, etc, as detailed in following subsections. About 18.5% of total respondents cited heterosexual as sex risky behavior while 15.2% of respondents mentioned alcoholism and rape as factors enhancing to unprotected sex. Excessive alcoholism was associated to people's failure in making sensible decision on having safe sex and normally ends up in negotiable sex act and or rape. In this study, cases of women unwillingly forced into having sex with men were reported to occur numerously when both are drunk. Antonia (1991) asserts that alcohol consumption by men is likely to enhance the likelihood of sexual assault to women especially if a woman also is drunk. This is fueled by the tradition of female reluctance and male persistence which makes it easy for men to



ignore the woman's "no" and force sex on a genuinely unwilling partner. Antonia regards this as a case of rape since sexual intercourse occurs without verbal consent, or force is used to obtain sex against the woman's will, then what happened is legally defined as rape. Commercial sex workers were also reported to exist on the Island although women involved were not ready for interview. However, it was discovered that commercial sex work is mostly done by women who are not native to the study area. They normally arrive at the Island during peak fishing season or during moonlight when sardine fishermen are on leave. Normally women involved in sex commercial work are labeled as prostitute making them liable to stigma associated with prostitution. Timber-walled guest houses normally host the commercial sex work.

Taking bath openly on lake shores was also mentioned by respondents as among the risky sexual behavior. It was observed that it is a common scenario for women to take bath openly and or walking full naked in daytimes along the lake shore while at the same time men continues with fishing activities in nearby areas on the same lake shore. Of all respondents, 10.8% directly linked open bathe to a stimuli for seducing a woman. A respondent in one of the hamlet argued that:

Women taking bath on the shores during day time is very common here, almost 90% of both men and women take bath on Lakeshores. Sometimes a distance from where they bath is less than 70metres; it is easy to see each and every thing. This makes men to be sexually stimulated and attracted by women as a result, compelled to seduce each other”

During a focus group discussion, some men similarly contented by narrating that, “a motive to seduce a woman comes not only from women facial attraction but how a woman is morphologically endowed”, and men get acquainted with women morphology through observing them while taking bath along lake shore.

Strategies for preventing the spread of HIV infections on the Island- While it was evident that fishing communities in Lukuba Island were highly susceptible to HIV infections, still there were no serious initiatives for prevention, treatment and mitigation of the epidemic. In such particular negligence, it was noted that people at all age cohort are considered more prone to sexual risky behaviors that renders to HIV infections. The immediate aftermath of such

negligence is noted by FAO (2005) to include the incapacitation of household to earn income from fisheries or spending it to improve their household food security. FAO (2005) estimates that in such scenario, communities with no serious control programmes, the HIV/AIDS epidemics tend to range from five to ten times higher than the general population. Seeley and Allison (2005) reports that, fisherfolks are among those untouched by planned initiatives to increase access to anti-retroviral therapies in the coming years; a conclusion that might apply to other groups with similar socio-economic and sub-cultural attributes, such as other seafarers, and migrant-workers including small-scale miners, and construction workers.



Multiple prevention strategies were identified to exist in the study area: Behavioral and Biomedical interventions. The behavioral intervention focused at education campaigns for changing people's behavior towards getting rid off sex risky behaviors, while the later focuses at treatment and care for people affected by HIV/AIDS. These are made possible by operations of three organizations fighting against the spread of HIV and AIDS. These organizations include, TACAIDS, ELCT and UWASAMU. These organizations are working as collaborative stakeholders in fighting against HIV and AIDS on the Island through Lukuba Dispensary. The following interventions were found to operate on the Island; Voluntary Testing and Counseling (VCT), Providers initiated Testing and Counseling, Prevention Mother to Child Transmission (PMTCT); Outreach to People Living with HIV (PLHIVs), Gender and rights based approach mainstreaming, Capacity Building to Socio - Economic Disadvantaged Group (Women, Widows, Girls and Youth), Condom provision, Information Education and Communication Materials information (IECs) e.g. sign boards and cinema as have been employed by the above agencies in preventing HIV and AIDS on the Island.

Effectiveness of HIV/AIDS Education and prevention campaign- Findings show that the fight against spread of HIV/AIDS is possible through a combination of strategies ranging from people's sexual behavior changes to biomedical intervention as detailed in following subsections;

Voluntary Counseling and Testing (VCT)- Voluntary counseling and Testing play an important role in a fight against the spread of HIV epidemic among different age cohort. Shangula (2006) observe that VCT gives someone a stance to know his or her health status. Whether positive or negative the counseling do the rest whereas it prepares someone's mind to live healthy with his or her status. Although people in the study area are encouraged to visit the available dispensary for checking their HIV status, little influx was noted as per Dispensary register of 2012. Several reasons were cited by respondents as behind their reluctance for VCT services. One female barmaid asserted that "its awkward checking for HIV status in the dispensary since the personnel normally don't confide someone's status and unluckily enough if you are declared positive, the information spread like gasoline flame and people will start pointing fingers towards you".

With such assertion, there should be a need for health personnel and other family members to understand that counseling and HIV testing must be confidential and voluntary because the vice versa impact negatively on the uptake of VCT services. In a focus group discussion, a number of respondents indicated to have ever tested for HIV status but strikingly the testing was not done at Lukuba Dispensary, and when they were asked reasons for opting to far away health centers, they asserted similar complaint as above. However in a revamp to counteract aforesaid discrepancy, HIV testing is currently provided using the Mobile VCT which moves around in all fishing camps on the Island. The mobile VCT seemed to have worked well since the service is done by health personnel who are not native to the area and people are more confident of their results. About 67.4% of respondents showed willingness to visit the mobile VCT facility while 32.6% of respondents showed to hesitate for HIV testing. In another scenario, people tend to check their health status HIV being inclusive. This is when the customer visits the health center for other health problems but due to the advice given by the health personnel the patient becomes convinced and willing to check his/her HIV status. However, if HIV care and treatment are available could instill hope and encourage more people to go for HIV testing.

Prevention of Mother to Child Transmission (PMTCT)- Mother-to-child transmission (MTCT) is by far reported by UNAIDS (2010) the largest source of HIV infection worldwide in children below the age of 15 years. According to TACAIDS (2010) 70% of pregnant women living with HIV received ARVs for PMTCT in 2009; this stands in stark contrast to the approximately 51% of HIV-exposed infants that were reached with ARVs for PMTCT. However such statistics are not reflected in rural communities such as those inhabited in Lukuba Island where there is inadequate health facilities and personnel specifically to cater for PMTCT services to pregnant and breast feeding women. In some instances, because of the lack of confidentiality among health personnel, some pregnant women seemed discouraged to test for HIV status from a particular dispensary. In some occasion it has led to women giving birth at home to avoid the stigma associated with HIV positive. However in efforts to protect unborn infant from HIV infections, health education is provided to pregnant women by Lukuba Dispensary in collaboration with Butiama District Hospital which is running a project on HIV/AIDS advocacy at the Island.

Outreach PLHIVs Care and Treatment Linkage- Though the stigma to people living with HIV still prevail in Lukuba Island, the situation is much lesser now compared to a decade ago, as it was narrated by one of the dispensary personnel. For a person interacting with someone claimed or medically tested HIV positive it is no longer a stigma. This is because of health education campaigns on HIV and AIDS that has impacted awareness that life continues normally even after contracting the disease. OTA (1995) reports that HIV may remain in the body for up to ten years or more without causing any apparent symptoms, and an individual may be HIV seropositive for many years without being diagnosed as having HIV disease or AIDS. The availability of ARVs and other therapies in the Island's dispensary has substantially encouraged people to check for HIV status. Through a focus group discussion it was noted that, initially many people in Lukuba Island were reluctant to be checked for HIV status because care and treatment services were not offered. Currently ARVs and counseling services are offered by Lukuba dispensary personnel aided by Village Multi-sectoral AIDS Committee (VMAC) which has been established and 15 VMAC members have been oriented on their Roles on HIV Prevention. Four home based care (HBC) providers have been engaged from Butiama District Hospital for PLHIV Clients tracking for community ART/ARVs up take. Five HBCs have been engaged in Community Home Based Care provision in PLHIV Client Tracking. However, the ARV provision has not started working efficiently; these providers have been prepared for the work once the service starts.

Condom provision and use campaign- In the study area, five condom dispensing areas were found in each hamlet (Isalilo, Isalu, Seng'enge, Kinyonjoi and Mionyo), and other condoms are supplied in lodging including the common timber-walled guest houses. The aim is to allow community members have easy access to condoms whenever intent for sexual intercourse arises. The consistent and perfect use of condoms are reported by (WHO, 2009) to be highly effective in preventing HIV and other sexually transmitted infections (STIs) especially male latex condoms that have an 80% or greater protective effect against the sexual transmission of HIV and other STIs (WHO, 2010; UNAIDS, 2001). About 61.0% of males reported to have ever used condom while 52.8% of females reported to ever had sexual intercourse with men who used condom, 19.0% of males reported to ever had sexual intercourse with females who refused to use condom while 13.9% of females reported to had ever used female condom. While 44.8% of males reported to have used condom in their last sexual intercourse while 31.8% of females had used condom in their last sexual intercourse. These findings marks that condom use is still low in the study area as it was revealed in previous studies (Karukuza and Bob, 2005; Thaxton, 2005; Mgabo, 2009).

The study went further scrutinizing information behind condom use reluctance and the following were the views from people who were interviewed; 13.5% of men condom users declared that they use condoms for sexual intercourse and ejected condoms before the end of the sexual intercourse; 21.0% of men respondents shared information to have used condoms in first days of relationships but during their later meetings, condom use was skipped with a belief that both partners now know each other. But to those who showed reluctance in condom use, over half of them related unwillingness to condom use to the assertion that normally during sexual intercourse condom tend to break in the middle of the act denying a person the intended sex pleasure while others linked with low sex pleasure or erection loss. In other responses, some women showed reluctance in using condoms with a claim that condoms make sex uncomfortable and even painful, while others claimed that condoms tend to flip off into women genital parts during sexual intercourse which it may even need a health practitioner to remove it, while to other women the proposal for using condom was perceived as sign of infidelity to her partner. The following below is a narration from a group of women in one hamlet;

“Condoms are being distributed but some of us do face some genital rashes caused by oils on condoms. This discourages us from using condoms during sexual intercourse, but we also hear rumors that condoms are brought by white people with HIV viruses being put inside to decimate the generation of black people”.



Figure 1: One of the guest houses mostly used by fishermen on the Island.

Health education- According to UWASAMU education on HIV and AIDS is being provided on the Island through Seminars, cinema and Sign Board which have HIV/AIDS message. Seminars provided covered various themes related to prevention from HIV and AIDS. This included proper use of condoms, how to positively live with people who are HIV positive. A total of 3,456 people were reached by this education whereby males were 1,867 and females 1,589 in Musoma Rural district. This includes Lukuba dwellers (UWASAMU, 2012). Cinemas carrying HIV and AIDS messages have been shown during nights. This approach was positively received by the community members and majority of them attended the cinema show. The challenges facing the Cinema show was little participation of men due to fishing activities which are in most cases done during night time. Following this challenge, the solution was to show Cinemas when the fishing activities have been suspended especially during the moonshine when sardine fishermen



have seized their activities locally called “okutegeruka”. In another scenario, some respondents associated cinema shows as one of sexual risky events;

“The cinema shows are mentioned as a catalyst for the spread of HIV/AIDS. This is because they are being showed during night hours giving a chance to sexually risky behavior to take place. These include alcoholism leading to unprotected sex; also people use the cinema shows places as the meeting point for people who are seducing each other. Said one of the fishermen during FGDs”

Behavioral Change Communication-In attaining this, several initiatives have been done. This included developing sign boards. 4 sign boards have been developed with a message reads “Kubadili tabia inawezekana, Pima Afya yako, “Nunua samaki, Usinunue VVU, Uza samaki Usiuze VVU, sambaza Dagaa, usisambaze VVU”. Literary meaning “Behavioral Change is Possible, Do clinical Test, Buy Fish not HIV, Sale Fish not HIV, Scatter sardines[dagaa] not VVU’ as see hereunder. These sign boards have designed by ELCT TACAIDS and LVFO. Comparing the message on the sign board and the targeted audience, fishermen and women are targeted by the message. Fishermen and women who are directly or indirectly involved in fishing sector are the ones blamed to fuel the spread of HIV and AIDS among fishing communities (Gordon, 2005; Karukuza and Bob,2005; Mgabo, 2009). Fishermen have money and they can even buy sex from women who deal with fish processing especially for Nile perches (Sangara) and those who scatter sardine to dry on sun and most of them also involve in commercial sex sometimes they exchange fish with sex. The message on sign board-Buy Fish not HIV, Sale Fish not HIV, Scatter sardines [dagaa] not VVU’ is trying to urge them from unhealthy behavior and practices with can lead to encountering HIV infections.



Figure 2: Sign boards found on the Island



The displayed post signs above convey messages on behavioral change in a single drive; “Buy Fish not HIV, Sale Fish not HIV, Scatter sardines not VVU” is trying to urge them from unhealthy behavior and practices which can lead to encountering HIV infections. The message on the sign board is not strong and exhaustive to alert people on all drivers fueling HIV infections. Since the island is noted to be a hub of HIV infections, strong messages to other drivers seems to be fueling HIV infections need to be strongly addressed. These other drivers include; excessive alcoholism, raping, non condom use and multiple sexual partners.

#### CONCLUSIONS AND RECOMMENDATIONS:

Despite of many efforts in curbing the spread of HIV/AIDS infections in Lukuba Island, a significant proportion of inhabitants are yet still more prone to contract the disease. People are knowledgeable about HIV and AIDS its severity plus its modes of transmission, as an outcome of sensitization and awareness creation campaign that have been done. Presence of sign boards with behavioral change messages, easily accessible treatment and care services for people living with HIV, availability of free condoms, peoples improved education on all matters pertaining to HIV and AIDS infections, all these have led to a considerable behavioral changes. But strikingly a significant number of people still involve into risky sexual behaviors that make them more vulnerable to HIV infections. This compelled to recommend that messages for behavioral changes on banners, posters and even cinema should be exhaustive enough to uncover all risk behaviors practiced by all cadre on the Island; there should be sufficient and qualified health practitioners to cater for both PLWHs, VCTs and other needed health services with regards to HIV/ AIDS prevention and control. Furthermore, evaluation on designed participatory strategies should be undertaken regularly so as to improve on the applicability, efficiency and sustenance of the strategies.

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