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Differentiated Service Delivery for Fisherfolk in Sierra Leone: A Formative Assessment

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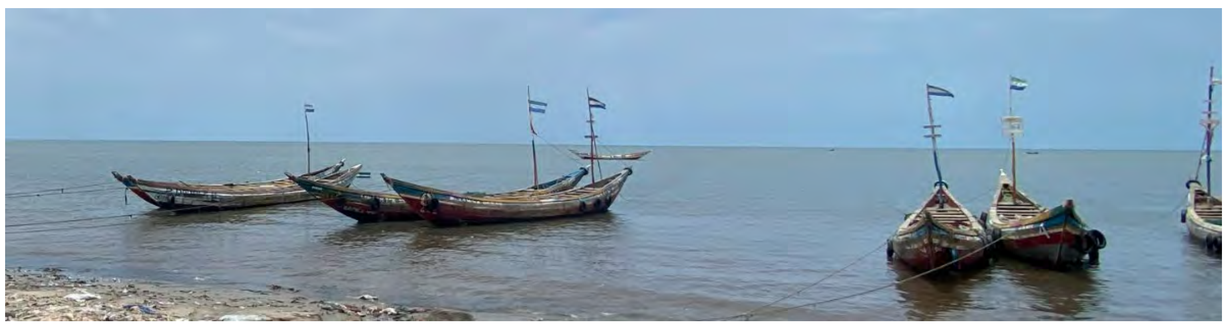
BACKGROUND / INTRODUCTION

Fisherfolk, including fishermen, fishmongers, fish traders, fish processors, and community members engaged in the fishing economy as brokers and sex workers, face structural, cultural, social, and economic factors that affect HIV risk, and many fishing communities are characterized by relatively high HIV prevalence. The Ministry of Health and Sanitation (MoHS) identifies fisherfolk as a priority group for the national HIV response.

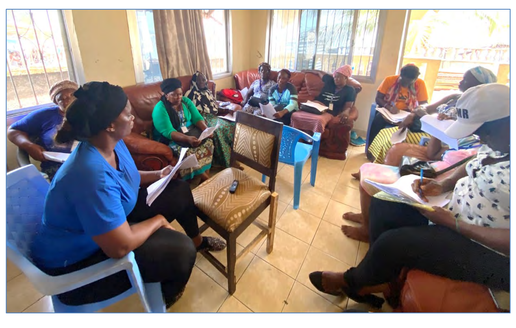
In 2022, ICAP at Columbia University partnered with the National AIDS Control Program (NACP) at MoHS, the National HIV and AIDS Secretariat (NAS), the Ministry of Fisheries and Marine Resources (MFMR), and the Unions of Artisanal Fishermen to conduct a policy-relevant formative evaluation to assess knowledge, attitudes, and preferences for differentiated health and HIV services amongst fisherfolk in Sierra Leone.

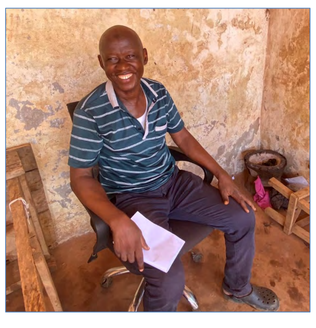


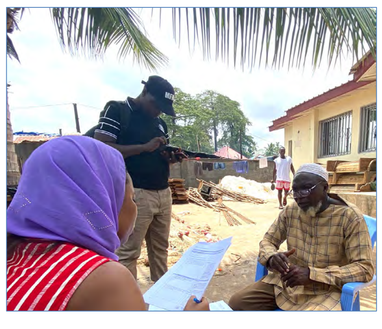
METHODS

Following ethical approvals from the Sierra Leone and Columbia University Institutional Review Boards, data collection took place in May 2022 and included 12 focus group discussions (FGDs) and 113 interviewer-administered surveys with fishermen, fishmongers, and other adults in the fishing community at two landing sites.

Descriptive statistics were analyzed using SPSS. FGD recordings were transcribed, and qualitative data were analyzed using Dedoose software to perform thematic coding and content analysis.







RESULTS

Participant demographics:

The 113 fisherfolk included 37 fishermen, 38 fishmongers, 9 fish processors, 15 sex workers, and 14 other professions. 56% were female, median age was 40 years; 64% had a primary education or less; and 71% were married. Participants were highly mobile, with 20% reporting being away from the community for more than one month at a time in the past year.

Health and healthcare:

Two-thirds of participants reported having health issues, 72% reported receiving healthcare services in the past year, and 20% said that their current health was poor or very poor. They perceived the most common health issues in the community to be upper respiratory infections, tuberculosis, pneumonia, musculoskeletal pain, and malaria/fever; almost half reported ever having a sexually transmitted infection. Fisherfolk had access to both public and private healthcare services, which were within a 60-minute distance for 77% of respondents. Private healthcare services were perceived to be higher quality.

RESULTS, CONTINUED

HIV knowledge: All respondents had heard of HIV, mainly through radio/media and community workshops/campaigns. While they had some knowledge of condoms as a prevention strategy, participants in 4/12 FGDs had misconceptions about HIV transmission. Many fisherfolk were aware that HIV treatment exists, helps HIV patients live longer and the drugs are free. In contrast, only 8% of survey respondents had ever heard of PrEP.

Self-reported HIV risk: Sixty-nine percent of fisherfolk described themselves as at no or low risk of HIV and only 42% had been tested for HIV. However, when asked specifically about personal risk factors, these were common, with 66% reporting sex without a condom in the past four weeks, 61% unaware of the HIV status of their regular partner, 36% having more than one partner in the past month and 3.5% using injection drugs within the past three months.

Self-reported HIV status: Despite the perception that HIV was rare in the fishing community, 13 fisherfolk (12%) reported that they themselves had been diagnosed with HIV. Only two reported currently being on ART; 10 said the main reason why they were not on ART was due to feeling healthy and one said they were not taking ART due to stigma.

Preferences for HIV service delivery models:

- **Who:** Most respondents preferred to receive HIV testing, prevention, and treatment services from healthcare workers rather than community health officers or peer educators.
- **Where:** Fisherfolk preferred to receive HIV services at health facilities in the nearby community rather than on the beach (via fixed or mobile outreach) or at more distant sites. They cited the balance of privacy and convenience and concerns that services at the landing site itself would be stigmatizing.
- **When:** Wait time and “wasting time” was a primary concern, with respondents prioritizing efficient services.
- **What:** Respondents were eager to receive more healthcare services in general and more HIV prevention, testing, care and treatment services specifically. Once PrEP was described to the 100 respondents who reported being HIV negative, 57% said they would be interested in using it.

DISCUSSION

Although current HIV prevalence amongst fisherfolk in Sierra Leone is unknown, 12% of participants in this small study reported having been diagnosed with HIV. Participants reported limited awareness of prevention strategies, relatively high levels of HIV risk behaviors, very low uptake of ART, and stigma and discrimination towards people living with HIV. These findings strongly suggest the need for additional research and active outreach to fishing communities to provide information, education, and health services designed for their needs and preferences.

Fisherfolk are eager to receive more healthcare services in general and more HIV services specifically. They are clear about healthcare barriers such as mobility, cost, and perceived low-quality public sector health services, and open to participating in the optimal design of HIV service delivery. Working with fishing communities to design DSD strategies will be an important part of expanding access to HIV testing, including provider-initiated testing, self-testing, index testing, and social network testing services, linkage to prevention, including PrEP, for those testing negative, and linkage to treatment for those testing positive.

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