

The Vulnerability of Elmina Fisher-Folks to HIV/AIDS Contagion

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Abstract

The work assesses the extent to which fisher-folks' livelihood influences their propensity to HIV/AIDS contagion. By making specific reference to fisher-folks at Elmina fishing community in the Central Province of the Republic of Ghana, it particularly challenges the proposition that fisher-folks are highly vulnerable to HIV/AIDS infection.

The study ascertains that the culture of risk denial does not extend to other dimensions of the lives of fisher-folks at Elmina. They are risk lovers owing to the risky, mobility and hard nature of their job. However, they are risk averse in terms of their social life style. Being risk averse, the study further argues that the fisher-folks at Elmina are highly likely to adopt a positive behavioral change. More so, it becomes easier to reach them with HIV/AIDS preventive measures.

Key words: Vulnerability, HIV/AIDS, fisher-folks, Elmina

Introduction

This paper seeks to determine the vulnerability of Elmina fisher-folks to the HIV/AIDS virulent disease. Owing to the nature of their work, there are indications that fisher-folks are too often susceptible to HIV infection. They spend longer days outside their home, engage in risky and hard work, and are also predisposed to unsafe sex and drug addiction. Recently, there have been reported cases of HIV prevalence in certain fishing communities around the world. For instance, Allison and Seeley (2004) reveal that 13-20% of marine fishing boat crews in Thailand tested HIV positive in the late 1990s; 8% of adults in 'Garifunda' coastal fishing communities in Honduras were HIV positive; 12% of People Living With Aids (PLWA) in the city of New Bedford in USA during 1990-1995 were fishermen; 24% of fish-folks on Lake Albert in Uganda were affected by HIV in 1992.

In Ghana, though information on the prevalence rates in the country as a whole are known (Ghana Aids Commission 2004), the prevalence rates in the fishing communities are not known. However, the rate of HIV infection in one of our important fishing regions, Central Ghana, is among the highest in the country (Martin and Logan, 2005). As there is a huge tendency for the sector directorate and other stakeholders to sit back and thrown into deceit by thinking that all is well with our fisher-folks as far as HIV is concerned, the information asymmetry can lead to production and market failures, if the opposite is proven. This is because the fishing communities may not be regarded as among high prevalence groups in the country and hence may be excluded from targeted HIV intervention measures in Ghana.

On the contrary, fisher-folks operating in Elmina fishing community, like their counterparts in the other fishing communities in the country, may be highly vulnerable to HIV infection due to their high mobility level, lack of social cohesion among them and their near neglect by relevant institutions of governance. During the lean season, fishers from Elmina migrate to other landing sites in Senegal, Ivory Coast, Winneba, Sekondi-Takoradi, Tema and the like, all places where it can be assumed that HIV/AIDS might be a problem (Bannerman et al, 2006). Thus fishers from Ghana consequently become heavily exposed to the epidemic during this migratory period. As this paper questions the extent at which fisher-folks at Elmina are at risk of HIV/AIDS infection, it particularly challenges the proposition that fisher-folks in general are highly vulnerable to HIV/AIDS infection due to the nature of their work, life styles and habits.

The rest of the paper is organized as follows: The next section provides an overview of the study background (Elmina and its fisheries), followed by a discussion of the theoretical underpinning and methodology sections. Subsequently the last two sections encapsulates the research findings and discussion of the results, and the conclusion of the paper.

2. Elmina and its Fisheries

The study site of this paper, Elmina, is the most renowned landing beach located in the Komenda-Edina-Eguafo-Abrem District within the Central Region and the second most important landing site in Ghana. It is sited on a river called Benya; mainly used by inshore vessels and canoes; and surrounded by two

landing quays and Mpoben (Note 1) fish market. Elmina town is a predominantly fishing community, inhabited by over 20,000 people. As of 2004, there were 2,632 fishermen and 231 canoes operating in the town (Bannerman et al, 2006). It is also cosmopolitan (Note 2), though the indigenous people are “Fantes”. As a heterogeneous community, many people immigrate there to seek job in the fisheries. Similarly, some native fisher-folks of the town also emigrate to other towns and countries during the lean season to work. Indeed, during the data collection period, the respondents confirmed they could travel for days, weeks and months to other fishing areas interior and exterior to Ghana in search of higher fish catch.

Despite its heterogeneity, the Elmina fisher-folks (including the immigrants) do not lack community initiative. Group membership and participation are not uncommon among the fisher-folks. From the research findings, 62.5% of the respondents are members of at least one of the following associations: Ghana National Canoe Fisheries Council, Ghana Inshore Fisheries Association, Elmina Community Based Fisheries Management Committee, Fish Mongers Association, Religious Organization and Ghana Private Road Transport Union. Only 37.5% are non-members of any group. Statistically, the number of fisher-folks who are active participants in one or more associations is significant. This indicates that fisher-folks at Elmina are inter-interdependent and do not lack social cohesion. By being interdependent, they confirm the words of Herman Melville (Note 3): “We cannot live only by ourselves. A thousand fibers connect us with our fellow men”. Ultimately, the fisher-folks share values, challenges and opportunities. They also gain the ability to achieve their highest personal and collective aspirations and goals (The European New Towns Platform 2005, Jeannotte & Sharon, 2001, Canda et al, 1998). To sum up, Elmina is a heterogeneous community with mobile people who on one side can be vulnerable to HIV/AIDS. On the other hand community initiatives and social cohesion seem to be important, which can reduce this vulnerability.

The peak season at Elmina begins from July and ends in September, while the off-peak period spans between January and June each year. During the peak seasons, the fisher-folks are permitted to work every day except Tuesdays, according to the traditional custom of Elmina. In clarifying this, one of the respondents re-iterated “You can go to fishing on Tuesdays but you cannot land here otherwise you will be arrested”. They use Tuesdays to rest and also to mend their nets.

3. Theoretical Framework

Theories are ideal types, not real versions. They are fundamentally accepted principles that provide explanation to the actions of a particular entity. The premise underlying such actions can be one or several and may at times overlap. However, the type of theory to use is directly correlated with the aim at hand. In lieu of this, this section presents a framework built on elements from the theories of risk and health belief.

In our everyday activities, we all face risk in diverse ways. It may occur naturally or arise from our life style. The concept of risk is therefore inevitable in human lives. As Beck (1999, 1998 and 1986) argues, risk and the global economy are alarmingly becoming inseparable. In Elliot (2002:295), Beck (1991:22-23) contends:

“The historically unprecedented possibility, brought about by our own decisions, of the destruction of all life on this planet ... distinguishes our epoch not only from the early phase of the Industrial Revolution but also from all other cultures and social forms, no matter how diverse and contradictory. If a fire breaks out, the fire brigade comes; if a traffic accident occurs, the insurance pays. This interplay between before and after, between security in the here-and-now and security in the future because one took precautions even for the worst imaginable case, has been revoked in the age of nuclear, chemical and genetic technology. In their brilliant perfection, nuclear power plants have suspended the principle of insurance not only in the economic but also in the medical, psychological, cultural, and religious sense. The ‘residual risk society’ is an uninsured society, in which protection, paradoxically, decreases as the threat increases”.

What then is risk? The philosophy of risk has several definitions across several fields. Although some scholars attempt to draw a distinction, the terms risk, uncertainty and hazard are often used interchangeably. In business, risk refers to the uncertainty of future outcomes. That is, the likelihood that future outcomes may not happen as desired. As such, the outcomes can be favorable (called upside exposure or ‘speculative risk’) or unfavorable vis-à-vis expectation (also called downside exposure or ‘pure risk’) (ACCA, 2007 and CFA, 2007). Unlike business which looks at risk from both the positive and adverse sides, other disciplines view risk only from the angle of negativity. In law, it means ‘possibility of danger’ unlike ‘actual danger’. In health, risk is the chance that an entity may be adversely affected by a hazard (Note 4). Thus in the context of this work, risk is the possibility that a person may be infected or affected by HIV/AIDS.

In real life, individuals have different tolerance for risks. Some are risk averse, others are risk lovers and there are individuals who are risk avoiders. Risk averse persons prefer to take lower risk. However, such individuals undertake higher risk if they believe the respective expected reward (or return) will be higher to compensate. Cued from this, a person may decide not to use condom during sexual intercourse with a casual

partner if s/he believes there is greater excitement in having unprotected sex than protected sex. Risk lovers are also risk takers. These are people who are not afraid to take risk. They do not fear the outcome of their decisions or actions. The opposite of the latter are risk avoiders. Clearly, individuals make a choice with regard to their risk tolerance level. Hence, risks 'always depend on decisions – that is, they presuppose decisions' (Beck 1997:30).

As the likelihood of suffering from harm is inescapable in human's daily lives, there have evolved strategies of managing it. Risk management thus involves the state of understanding and developing practical measures necessary to eliminate or reduce risk (ACCA, 2007). This can however be challenging considering the fact that: first, different people have different value judgments- and risk perception; and also, people's value judgments and risk perception are dynamic and as such keep changing with changes in circumstances (HSE, 2001). Nonetheless, as we live in a world that could destroy itself in theory, Elliot (2002) argues that risk management and monitoring play crucial role in the formulation and calculation of social action. In support, recent studies have shown that mankind has been embedded with inbuilt mechanisms capable of giving it the capability to deal with life's uncertainties. From this view, it appears however that people naturally develop strategies sufficient in handling risk. As this assertion is rare in reality, it then becomes necessary for institutions to involve themselves in the mechanisms of risk monitoring and control. From its perspective, HSE (2001:7) contends: "Those who create risks from work activity are responsible for protecting workers and the public from the consequences. Thus, the HSW Act places specific responsibilities on employers, the self-employed, employees, designers, manufacturers, importers, suppliers and people in charge of premises. Associated legislation places additional duties on owners, occupiers, licensees and managers".

As in any business venture, cost-benefit analysis plays a crucial role in the deployment of risk reduction strategies. As pointed out by HSE, "A prime consideration is the amount of resources (time, money, etc) that should be devoted to introduce measures to control the hazard, relative to the total detriment suffered by society in the event of the hazard being realized". But, Annan (2001:1) admits "The cost, whether measured in human misery today, or in loss of hope for tomorrow, is simply too high. We have to turn and face it [HIV/AIDS] head on". In 'HIV/AIDS and the food crisis in sub-Saharan Africa', FAO (2004:2) captures the adverse impact of the epidemic clearly:

"It (HIV/AIDS) stands apart from diseases like malaria due to the scale of morbidity and mortality among persons aged between 15 and 50 years, as well as its pattern of contagion. The effects of long illness and premature death amongst these age groups have profound implications for the agricultural sector, causing acute labour shortages at household and community levels; altering established technical relations between labour, land and capital; causing irreversible depletion of rural household assets; triggering the adoption of adverse, hard-to-reverse response strategies; weakening community structure and straining community safety nets; diminishing the resilience of farming and livelihood systems; reducing the capacity of household and communities to recover; and intensifying their vulnerability to food shortages. In aggregate terms, the epidemic produces new mechanisms of impoverishment and thus creates new patterns of poverty and livelihood insecurity. The outcome is the emergence of a new category of poor people".

It follows then that the gains from reducing the spread of the epidemic is significantly higher than the amount of resources that has to be utilized in the fight against the HIV/AIDS. This calls for intensification of ongoing measures meant to curtail the disease as well as the development of more innovative monitoring and control mechanics.

As part of the risk theory framework, the health belief model was conceived by social psychologists (Hochbaum, Rosenstock and Kegels) in the 1950s. Drawing much inspiration from psychology discipline, the theory aims at providing explanations and postulations to health related behaviors by making reference to individual's attitudes and beliefs (Dheimann, 2003). From the theory's perspective, a person will, for instance, use condom if s/he is convinced that s/he is protected against the AIDS virus infection. Thus an individual may not use condoms or may decide not to take a health related action if he has ill-conceived idea about the action to take.

For a behavior change to occur, health related attitudes and beliefs depend on four key variables in the arena of perceived threat and net benefits: perceived susceptibility (the opinion of a person as regards the risk of becoming infected with HIV); perceived severity (one's perception about the seriousness and impacts of contracting the disease); perceived benefits (what a person will get in return if an advice to reduce risk is implemented); and perceived barriers (possible factors that obstruct change, including costs).

In practice, the above four variables are regarded as depicting the preparedness of individuals to act. The added concept – cues to action – is believed to be the activating force to propel people to act on their preparedness. Besides the cues to action concept, an addition to the variables of the health belief model has been the concept of self-efficacy. This refers to a person's confidence in been able to take a positive action successfully. It, for instance, reflects one's easiness in been able to use condom well (University of Twente,

2008).

To sum up the above theories, elements from the risk theory help us to understand or predict how individuals with different risk tolerance levels are likely to behave at a particular time, place and circumstance. The health belief model, discussed as a subset of risk theory, relies on people's attitudes and beliefs to postulate their health related behavior.

4 Research methodology

This section discusses the methodology used in conducting the research. It specifically deals with research population and sampling, data collection methods and analysis, and data validity and reliability.

4.1 Research Population and Sampling

The population for this study is the artisanal marine water fishing communities in Ghana. In Ghana, these communities can be found in three out of ten regions: Greater Accra, Western and Central. This study focused on a major fishing community in the Central Region: Elmina. The 200 research participants were drawn from fishers, canoe owners, fishers associations, and fish mongers. A purposive sampling technique was utilized in selecting participants.

4.2 Data Collection Methods and Analysis

In carrying out research, some scholars contend that there is no right or wrong method (Silverman, 2005). However, as Miles and Huberman (1984:42) put it, 'knowing what you want to find out leads inexorably to the question of how you will get that information'. Consequently, this work relies fundamentally on primary data sources. As known, there are several ways of collecting data from primary sources. Nonetheless, the methods for this research were selected based upon their appropriateness to the research topic, the degree of success on the field and ethical considerations. Summarily, the techniques of interview and observation were utilized.

Interview is often regarded as a conversational encounter between an interviewer and an interviewee with the ultimate idea of acquiring information from the latter by the former (Silverman, 2005). The interview was executed through questionnaire administration. It consisted of open-ended and close-ended questions. The open-ended questions were framed with the aim of soliciting deeper information which would otherwise be difficult to obtain. To make it helpful, the interviews were conducted in a semi-structured form. Owing to this, the interviewers were able to ask further questions based upon the respondents' responses. The close-ended questions were structured. This technique was mainly used to collect the respondents' demographic data. Lastly, the observational research tool was used to capture the embodied knowledge as well as to supplement the information gathered through the interview process (Funderstanding, 2001). To achieve the above purposes, the research team observed the core research participants at Elmina as they carried out their routine activities.

Analysis of the data collected was basically done using elements from risk and health belief theories that are deemed useful in a study of HIV/AIDS.

4.3 Validity and Reliability of Data

Since the analysis relies on the collated research data, the respective findings therefore are affected by the validity and reliability of the research data. Consequently, strenuous efforts were made to ensure the responses from the respondents are as dependable as possible. First, due to the tendency for them to give misleading responses, the respondents were made aware of the academic intent of the exercise. Second, since majority of the respondents are illiterate and therefore do not understand English, it became necessary to interpret the English framed questions in their local language – "Fante". As the research team belong to the same tribe – "Akan" - as the respondents, this did not generate any problem. Third, owing to the sensitive nature of some of the interview questions, each respondent was separated from people and interviews conducted in such a fashion that no other person heard the conversation that went on during the interview process. This also contributed to make the respondents give sincere responses as possible.

Finally, irrespective of this, it is not an unknown fact that HIV/AIDS and sexuality are sensitive issues. Thus, some respondents might have been too shy to give the correct answers. Whiles not disputing this possibility, an attempt was made to conduct the interview in a professional manner with the aim of avoiding this setback. Having said this, one could confidently say that based on the interviewer – interviewee discourse at Elmina, the responses given by the respondents were as sincere as possible.

5 Results and Discussion

The relevant issue analyzed in this section embrace vulnerability. The Sustainable Fisheries Livelihood Programme (SFLP, 2005) defines vulnerability as "people's exposure to risks, the sensitivity of their livelihood

systems to these risks and limited assets to cope with and adapt to them". Fisher-folks are perceived to be susceptible to HIV/AIDS infection owing to three key factors: high degree of mobility, risky and hard job; near neglect by relevant institutions of governance; and lack of social cohesion (Tanzarn & Bishop-Sambrook, 2003). While this section discusses the first factor mentioned above vis-à-vis the research findings from Elmina fishing community, the last two factors were briefly discussed in the second section under: Elmina and its fisheries.

Due to the nature of their work, fisher-folks are exposed to health hazards. Some scholars have consequently characterized them as risk lovers. In theory, risk lovers are also risk tolerant. Individuals with such characteristics are not afraid to take risks. So, is there a link between the dangerousness of fisher-folks' job and their susceptibility to HIV/AIDS? Indeed, in Uganda, Tanzarn & Bishop-Sambrook (2003:6) asserts that owing to the hazardous and physically unpleasant nature of their work, fishing crews indulge in sex:

"We cast the nets in the night and collect the catch very early in the morning. Throughout the night, the wind is blowing and the water is very cold. We have no warm clothing and yet the kind of fishing gear and boats we use necessitate that we stand in the water for long periods. By the time we leave the lake, we are freezing and the alternatives to warm up in order of preference are a woman, alcohol or a fire"

However, as it is well known, the causes of the epidemic include having unprotected sex with a casual partner and multiple sexual partners. If a person stays faithful with one sexual partner and refuses to have unprotected sex, then, all things being equal, that person is not likely to get infected. As the social cognitive theory postulates, an individual's aspirations and goals in life inform his behavior. Again, supporters of the health belief model contend that for a behavior change to occur, an individual's attitudes depends on such factors as perceived susceptibility (the opinion of a person as regards the risk of becoming infected with HIV) and perceived severity (one's perception about the seriousness and impacts of contracting the disease).

From the research findings, 100% of the respondents claimed they do not have multiple sexual partners (Note 5). Again, although 25% of the participants said they have used condom at least once during the past one year, the 75% majority said no because they have been staying with one partner or have abstained from sex. Among the 25% who have used condom during the last one year, some said they used condom "out of fear" and others said "because of the health of children". Clearly, although the fisher-folks at Elmina choose to take higher risks in their work, they claim not to extend the same risk attitude to their social life. Agreeing with Beck (1997), risks always depend on decisions. As such, an individual might make a decision to take higher risk in say "scenario A" but that same person might be a risk avoider in "scenario B". Therefore, contrary to expectations and based upon the respondents' responses, the study argues that fisher-folks at Elmina are risk averse and not risk lovers. That is, they undertake higher risk if they believe the respective expected reward (or return) will be higher to compensate.

Unlike the prevailing situation in other fishing communities (Gordon, 2005), the culture of risk denial does not extend to other dimensions of the lives of fisher-folks at Elmina. Using similar methodology, Tanzarn & Bishop-Sambrook (2003) and IRIN PlusNews (2008) opine that fisher-folks in Uganda see their job on the lake to be riskier than HIV. The fisher-folks therefore rubbish HIV/AIDS campaigns and frequently indulge in casual sex with commercial sex workers. Clearly, the Ugandan fisher-folks are risk lovers, while their Ghanaian counterparts at Elmina are risk averse (Note 6).

Being risk averse, the fisher-folks at Elmina are significantly likely to adopt a positive behavioral change. It also becomes easier to reach them with HIV/AIDS preventive measures. As one of the health belief model proponents asserts, people who see themselves to be at risk of contracting diseases are most often than not likely to accept a preventative action (Rosenstock, 1974).

6. Conclusion

As the immediate preceding section presented a discussion of the research results, this section summarizes the significant issues and findings encapsulated in this paper. As clearly stipulated in the initial chapter, the main object of this work was to challenge the hypothesis that fisher-folks has a risky behavior and also determine the extent to which their livelihood influences their susceptibility to HIV/AIDS infection. The study mainly focused on, and therefore is limited to, small-scale marine fisher-folks at Elmina fishing community in Ghana. The analysis of the research findings was done by drawing on elements from the theories of risk and health belief which are deemed useful in a study of HIV/AIDS.

With respect to group membership and participation, a significant proportion of the fisher-folks belonged to at least one association: Ghana National Canoe Fisheries Council, Ghana Inshore Fisheries Association, Elmina Community Based Fisheries Management Committee, Fish Mongers Association, Religious Organization and Ghana Private Road Transport Union. Again, the findings reveal that majority of those with association memberships receive HIV/AIDS information from their respective associations. This could possibly account for

the risk averseness of the Elmina fisher-folks (Note 7). Since the receipt of HIV/AIDS information from community associations has a greater chance of boosting the awareness level of the fisher-folks, it is likely to positively influence their risk perception about the epidemic. This position is buttressed by Zoe et al (2001) who find that there is a link between awareness and risk perception. The issue in contention could have been further strengthened if the correlation between membership and disease rate are known. Notwithstanding this, the contrasting phenomenon in Uganda's fisheries adds more fresh to the findings of this paper. In Uganda where the fisher-folks are risk tolerance, Tanzam & Bishop-Sambook (2003) find that fisher-folks on Lake Victoria lack community initiatives and are independent of each other. Thus group participation and empowerment are vital and have the chance of influencing fisher-folks' risk level. This is consistent with the assertions of Canda et al, (1998) that by been a group member, a person gains power, access to resources and control over his/her own life. Canda et al stress further that through caring and participation, the members discuss issues of common interest and also get the opportunity to enhance their knowledge and skills to the disadvantage of non-group members.

On vulnerability, the initial research expectation was that fisher-folks at Elmina are highly susceptible to HIV/AIDS infection. However, the evidence collated does not comprehensively corroborate this. First, in respect of mobility, risky and hard job, the study shows that although the fisher-folks choose to take higher risks on their job, they do not extend the same risk attitude to their social life. More so, irrespective of their high mobility level, a significant number of them claim not to indulge in multiple sexual relationships. This is however subject to data validity as pointed out in the methodology section.

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Notes

Note 1: Mpoben is the given name of the fish market at the harbour

Note 2: Cosmopolitan/heterogeneity are used synonymously to indicate the diversity of people at Elmina. This diversity is seen in terms of differences in backgrounds and origins. HIV positive persons moving to Elmina could spread the disease in the community; and in a similar fashion, non-HIV positive immigrants could acquire the disease from Elmina and send it to their origin.

Note 3: <http://www.brainyquote.com/link/index.html>

Note 4: The use of hazard in this context is conceptually different from risk as against the view of many authors who use the two terms interchangeably. In this case, hazard refers to the potential for harm arising from an intrinsic property or disposition of something to cause detriment (HSE, 2001).

Note 5: This is merely a claim. There are actually good reasons to doubt this. For detailed discussion, refer to the methodology section.

Note 6: Although the data veracity of the for this study was collated from a smaller sample size as compared with those of Tanzarn & Bishop-Sambrook (2003), that could not necessarily adversely influence the findings thereof. However, as discussed in the methodology section, the respondents' responses could account for the divergence between the two scenarios. At present, there seems to be no statistics or other sources that actually point in another direction. As a matter of fact, we need further information before we can be quite sure that this conclusion can be drawn.

Note 7: In the preceding chapter, it was found that fisher-folks at Elmina are not risk lovers, but are rather risk averse. That is, the culture of risk denial does not extend to other dimensions of their lives. This part attempts to provide possible elucidation to their risk averseness.

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