

## The Knowledgeability and Susceptibility of Artisanal Marine

### Elmina Fisher-folks in Respect of HIV/AIDS in Ghana

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#### Abstract

This paper examines the HIV/AIDS knowledgeability of artisanal marine fisher-folks and their susceptibility to its infection. 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 susceptible to HIV/AIDS infection. The analysis thereof draws on elements from health belief, social cognition and diffusion of innovation theories that are deemed useful in a study of HIV/AIDS. The study finds that although awareness level among the fisher-folks is high, their understanding and knowledge of the facts of the epidemic are significantly low. It therefore argues that the prevailing knowledge gap could cause many of the fisher-folks to become victims of the epidemic. Also, this paper unearths the fact that the cumulative effectiveness of HIV/AIDS education in Elmina fishing community is doubtful.

**Key words:** HIV/AIDS, Fisher-folks, Elmina, Knowledgeability, Susceptibility.

#### 1. Introduction

Globally, it is estimated that fish provides an average of 15.9% of animal protein. In Africa, the proportion of animal protein from fish is above the world's average by 2.7%. For some countries in sub-Saharan Africa, the proportion is even higher by more than 50 percentage points. Also, exports of fish and fishery products generate huge foreign exchange. The export values from world trade went up by 377% from US\$15 billion in 1980 to US\$71.5 billion in 2004 (Food and Agriculture Organization (FAO), 2007). Again, in some countries, contributions from the fishery sector account for more than 20% of Gross Domestic Product (GDP). These underscore the importance of the role fisher-folks play in our society. Inarguably, without fisher-folks there would be no fish for consumption. And without fish, millions of the world's population would be malnourished and the enormous foreign exchange earnings from world trade of fish products would not be available for economic development. Consequently, as efforts are being made to conserve fish resources, it is imperative that we pay attention to the health and wellbeing of the fisher-folks.

This is more so because even though the epidemic is a global humanitarian disaster, fisher-folks are often identified as one of the high risky groups to its infection. Recently, there have been reported cases of HIV prevalence in certain fishing communities around the world. For instance, 13-20% of marine fishing boat crews in Thailand tested HIV positive in the late 1990s; 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 (Allison and Seeley, 2004). Besides these, as observed by FAO (2004:2), the impact of HIV/AIDS infection on the fishery sector is profound: "The effects of long illness and premature death... 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".

Owing to the severity of the effects of the epidemic on fisher-folks, there is the urgent need to execute aggressive efforts to halt its spread in the fisheries sector. In Ghana, though information on the prevalence rates in the country as a whole are known, the prevalence rates in our 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 throw

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.

This study is therefore essential as it seeks to examine the knowledgeability of fisher-folks and their susceptibility to HIV/AIDS infection in one of Ghana's artisanal marine fishing communities (Elmina). Specifically, this paper assesses the awareness of the disease and identifies the efforts that are being made to fight against the spread of the epidemic in Elmina fishing community. Consistent with the findings by Ghana Aids Commission (2004), more than 99% of Ghanaians have heard of HIV/AIDS. However, the study expects the research participants' understanding of the causes, effects, symptoms and prevention of the epidemic to be significantly low. Consequently, the paper challenges the proposition that fisher-folks are highly susceptible to the epidemic. The rest of the paper is structured as follows: background of the study area, theoretical framework, methodology, results and conclusion.

## **2. Research methodology**

This section discusses the methodology used in conducting the research. It specifically deals with research population and sampling, data collection methods, analytical tools and study limitations.

### **2.1 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 research participants were drawn from fishers, canoe owners, fishers associations, and fish mongers. A purposive sampling technique was therefore utilized in selecting participants.

### **2.2 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 interviewers 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 social cognition and diffusion of innovation theories that are deemed useful in a study of HIV/AIDS.

### **2.3 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 interviewers 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. While 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

### 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 health belief, social cognition and diffusion of innovation.

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 condoms 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).

Following the health belief model is cognition and behaviour. Individuals behave differently at different times and circumstances. The quest to elucidate why people behave the way they do gave birth to the Social Learning Theory (SLT). Realizing the need to enlarge the scope of the SLT, Bandura and Walters incorporated observational learning and vicarious reinforcement principles into the theory in 1963. Subsequently, in 1986, Bandura added the principles of self-efficacy and reciprocal determinism among others to the SLT. Owing to these advancements, Bandura adopted the Social Cognitive Theory (SCT) in place of his SLT concept (University of Twente, 2008; Stone, 2008; Bandura, 1986). SCT makes it plausible to construe, predict and design intervention measures for altering people’s behaviour. According to the theory, behaviour change revolves around the trio factors: people, environment and behaviour. It further posits that these three variables interact and influence each other (Bandura, 1986; 1987). As Glanz et al (2002) clearly indicates, behaviour is not just caused by the environment and the person, and in a similar fashion, the environment is not just caused by behaviour and the person. In short, “the fact that behaviour varies from situation to situation may not necessarily mean that behaviour is controlled by situations but rather that the person is construing the situations differently and the same set of stimuli may provoke different responses from different people or from the same person at different times” (Jones, 1989).

In the tripartite relationship, the interplay between the person and behaviour encapsulates an individual's thoughts, emotions and biological variables on one side and an individual's actions on the other side. In principle, an individual's beliefs, aspirations and goals in life inform his behaviour. In turn, the behaviour exhibited influences the person's thoughts and emotions. Secondly, the person-environment interrelationship arises when a person's beliefs and cognitive competencies are developed and modified by social influences and physical structures within a person's environment. Finally, in describing the interaction between the environment and behaviour, the brain behind the SCT argues that individuals are the produced as well as the producers of the environment in which they live. In making this statement, Bandura (1989; 1986) apparently makes reference to the fact that people have the right, among others, to decide which group or associations to belong, whom to interact with, and the kind of activities to be part of. The environment therefore offers wide options for individuals as well as prescribes the kind of behaviour to develop and stimulate.

The SCT is also based on the construct of vicarious capability. It is often said that "experience is the best teacher". That is, an individual attains optimal learning through personal experience. However, the vicarious capability construct asserts that, besides learning by experience, a person can equally learn through observation (Bandura, 1986). Observational learning creates room for one to acquire an idea through viewing the behaviour of another person, usually a model. It may take place through television shows, film, drama and comedy. Its merit is evident in the observer's propensity to save time, avoid trial and error and escape from making pricey bungles. In observational learning, the processes of attention, retention, production and motivation are crucial. First, one learns by paying attention to what is being shown. One's level of concentration is however influenced by the performance style of the model. Second, the retention capacity of an individual is seen in the person's ability to recall, through the formation of symbols, from the action observed and stored in the human memory (Stone, 2008). Third, production connotes the capability of the observer to appropriately utilize what has been learnt through observation. Acquiring and performing behaviour may not occur concurrently (Funderstanding, 2001). For this reason, a person may acquire a certain behaviour today but may model such behaviour tomorrow (referring to the future) when there is the necessity to do so. Finally, motivation underlies the need to provide incentives to compel people to act in a particular way. Individuals are more likely to model a particular behaviour when they are convinced the outcome will be valuable.

Next, the Diffusion of Information and Knowledge theory was popularized by Everett Rogers in the 1960s. It examines the manner in which a new idea (an innovation) reaches a target group in a social system. Within a particular time frame, it assesses change by determining the number of people who respond positively to a new idea or process. Diffusion of innovation is modeled on the assumption that an innovation is capable of modifying the nature of social settings. It also postulates that communication is indispensable in the spread of a fresh idea (Anderson, 2003).

Diffusion of ideas thrives on several variables. Researchers categorize these variables into four key components: characteristics of the innovation; communication channels; time dimensions and nature of social systems. As mentioned earlier, an innovation is a new idea or way of carrying out an activity. In the field of HIV/AIDS, it may be a new intervention method or process of educating a group of people. An innovation that is seen to be relevant by a target group diffuses quickly and easily, yielding the desired results. Features of innovation such as the way people understand and can rely on it and its compatibility with existing local beliefs, norms or culture are crucial and contribute to the success or failure of the diffusion process. The second component, communication, is the transmission of a message from one person to another (through space and time) in such a fashion that is mutually understood. Among the elements that are crucial in the communication process is the channel used. It may be non-interpersonal or interpersonal. Non-interpersonal media include pictures, film, radio, television, posters, billboards et cetera. Here it is vital to consider the literacy level and the language differentials of the target population. On the interpersonal level, researchers make reference to the distinctiveness of information disseminators. The point is that certain individuals, such as opinion leaders and professionals, are considered influential and trustworthy in a given society and therefore it is imperative to make them a pivotal force in spreading a new idea. The third component is time factor. This element relies on the fact that people adopt an innovation at different time intervals. Contributors of this theory categorize adopters of a new idea into: innovators (2.5%), early adopters (13.5%), early majority (34%), late majority (34%) and laggards (16%) (The Presbyterian Polis, 2006). Innovators

are educated, have access to diverse sources of information and are also risk lovers. Early adopters are also educated, renowned and social leaders. While the early majority group relies on diverse informal contacts, the late majority group belongs to a lower economic class system. Finally, laggards obtain information mainly from friends, are afraid to take risk, and are often disadvantaged and marginalized. In the end, social systems are complex, dynamic and unique. As such, diffusion of ideas has to consider the distinct environment and culture of the target population.

The last theory this paper considers is empowerment. As it focuses on the community level, empowerment is closely related to the diffusion of innovation model. To empower means to give power or authority to enable an entity achieve set goal(s). Empowerment is therefore “a process by which individuals and groups gain power, access to resources and control over their own lives. ... they gain the ability to achieve their highest personal and collective aspirations and goals” (Canda et al, 1998:91). It is centered in the local community, encompassing mutual respect, critical reflection, caring and group participation (Cornell Empowerment Group, 1989). Individuals in the community consequently tend to appreciate and understand the environment in which they live (Checkoway et al, 1992). As community members come together to discuss issues of common interest, collective decisions, which set the pace for a particular course of action, can be reached. Through empowerment, participants gain the opportunity to enhance their knowledge and skills. They become self-conscious, assume personal responsibility, build self-efficacy and are able to educate and inform the general public about societal ills. The concept of empowerment functions effectively through individuals association with groups such as Community Based Fisheries Management Committees, Fishmongers Association, Inshore Fishers Association, and Canoe Fishers Association.

#### **4. Research Findings and Discussion**

Having discussed the research methodology in the previous chapter, this section details the main research findings of this paper. Thereafter, the findings are discussed in relation to the theoretical elements presented earlier.

##### **4.1 Research Findings**

The data gathered from the field work at Elmina are packaged into awareness and education.

###### **4.1.1 Awareness**

Questions were asked in order to determine the knowledgeability and the level of understandability of HIV/AIDS issues among the fisher-folks. These questions spanned from sexually transmitted infections (STIs), relationship between HIV and AIDS, symptoms, causes, preventability/curability of the epidemic and one's HIV status. All the participants interviewed admitted they have heard of HIV/AIDS. Indeed, when asked to mention examples of STIs, each of them included HIV among the list of STIs mentioned. Other STIs mentioned include gonorrhoea and syphilis. However, non-STIs such as tuberculosis, stroke, hypertension and diabetes were mentioned. With regard to the relationship between HIV and AIDS, 12.5% of the respondents admitted there is a difference, 37.5% said they do not know, while a majority of 50% said HIV and AIDS are the same.

In finding out participants knowledge about attitudes and habits which could make a person contract the disease, all the respondents mentioned sex with an infected person. They mentioned other factors such as blood transfusion, using contaminated blade, biting, and injection with an infected needle. On preventability/curability, all the participants admitted the epidemic can be prevented. However, 25% of them said it can be cured. When probed further about preventive measures, their responses centered on behavioral change towards condom use instead of having unprotected sex with an unknown partner, avoiding casual sex, abstinence, having a single partner, marriage, having HIV test before marriage and using one's own blade. Irrespective of this, 12% of the respondents could not mention a single way of preventing oneself from getting the disease, while 50% were only able to mention 1 to 2 preventive mechanisms. Among those who had some ideas about the preventive measures, the use of condom and having one sexual partner appeared most in their responses.

On HIV testing, 37.5% of the respondents confirmed they have had HIV test at least once. However, a greater percentage of 62.5% of them said they have never had HIV test before. For those who have had the test before, one

respondent explained the reason for undertaking the test to be: 'I was suffering from hernia problem so I had to check if it was AIDS'. But, these are what some of those who have not had the test before had to say:

- "I have not done the test before because I am not a womanizer"
- "I just don't want to do it because I am with my wife"
- "You are the one who's telling me. I didn't even know there's something like that"
- "I don't have time for it"
- "There has been no signs"

#### **4.1.2 Education**

Education leads to the attainment of earthly wisdom and positive life's skills. It also has the propensity to prolong and prosper a person's life. The Oxford Dictionary (2005:217) concurs: education is "the process of training people's minds and abilities so that they acquire knowledge and develop skills". Educating individuals about the epidemic may take the form of film shows, inspirational talks, songs, and story telling. As information dissemination revolves around the above means, questions were developed to ascertain the diverse sources from which the fisher-folks receive such educational information.

From the data collected, the common avenue from which the fisher-folks receive information on the epidemic is through the radio (31%), followed by the television (25%). The district assembly, friends, mobile van, religious groups and newspapers are the least available sources to them. Through observation, there were no bill boards or posters containing information on the epidemic in Elmina, although there were countless number of them depicting and/or advertising corporate names and products.

On the issue of effectiveness, most of the respondents were of the view that the campaign against the epidemic would be much more effective if it includes, as one of the respondents puts it, 'the show of an infected person'. This is what another respondent also has to say: "...They have to give prior notice to the public so that people will attend. They also have to bring someone with the disease so that it will be real". Commenting on ways of making the education reach majority of fisher-folks, one respondent contends: "the Directorate of Fisheries should meet the people during fishing days so that there will be mass education and also during market days".

As the saying goes, "united we stand, divided we fall", individuals who join associations have the unique opportunity of sharing their knowledge and experience with others. They support each other and in the end better their lives. Consequently, participants were asked to indicate any association (s) for which they belong. It was found that 62.5% of the participants belong to at least one association, while the remainder (37.5%) are not members of any association whatsoever. For those who belong to an association, 80% of them said they receive information on HIV/AIDS from their association, the other 20% however responded in the negative. The associations mentioned include: Ghana National Canoe Fisheries Council, Ghana Inshore Fisheries Association, Elmina Community Based Fisheries Management Committee (CBFMC), Fish Mongers Association, Religious Organization and Ghana Private Road Transport Union.

#### **4.2 Discussion of Findings**

The relevant issues discussed under this sub-section embrace awareness and education.

##### **4.2.1 Awareness**

With Beck's (1999 and 1998) admission that risk and the global economy are alarmingly becoming inseparable; and as it is evident from recent global developments, it has become clearer that humans are inescapable from risk. Indeed HIV/AIDS does not discriminate. All persons, whether black/white; male/female; professor/student; specialist/labourer; fisher-folk/non-fisher-folk, are at risk of getting infected if they expose themselves to the epidemic. As noted from theory, although recent studies have shown that humans have been embedded with inbuilt mechanisms which pave way for mankind to deal with the uncertainties in life, Elliot (2002) posits that risk

management and monitoring play critical roles in the formulation and calculation of social action. What makes the difference therefore is one's willingness and ability to adopt a positive behavioral change. But how can behavior change occurs without the accumulation of wealth of knowledge? As the saying goes: knowledge is power; people therefore perish for lack of it. This section therefore discusses the knowledgeable and awareness of HIV/AIDS issues among Elmina fisher-folks.

From the data gathered, all the respondents said they have heard of HIV/AIDS before. This is consistent with the Ghana AIDS Commission's findings about the awareness level in Ghana. However, knowledge goes beyond mere hearing. Traditionally, knowledge connotes "justified true belief". It is also described as "the sum or range of what has been perceived, discovered, or learned" (Farlex, 2008:1). So which facts and principles about the epidemic are known to the respondents?

#### a. Knowledge of STIs

It has been established that STIs and HIV/AIDS have some bearing. An individual's ability to identify STIs is therefore important. Clearly, from the findings; HIV, gonorrhea and syphilis ran through the examples of STIs given by the participants. However, the inclusion of other health problems such as tuberculosis, stroke, hypertension and diabetes among the list of STIs undermines their know-how about diseases that can be transmitted sexually.

#### b. Dichotomy Between HIV and AIDS

Although HIV and AIDS are often mentioned together in our every day speech and writing, medical research dichotomizes the two terms. The former is a subset of retroviruses. It gets access to the human body through the mucous membranes(blood to blood contact), attacks and destroys the immune system until the system is no longer able to fight infections. The latter is therefore the aftermath of this lengthy process. The process is lengthy and perilous in the sense that it can take between five to ten years before an HIV positive person will start to exhibit signs of AIDS. Owing to this, the researcher tried to ascertain the participants' orientation about the dichotomy between HIV and AIDS. With the responses (see research findings) ranging from "I do not know" (37.5%) to "they are the same" (50%), the findings portray the naivety of most of the respondents on this subject matter. This naivety significantly increases the probability at which the fisher-folks might assume individuals without signs of AIDS are HIV negative also.

#### c. Knowledge of the Causes, Symptoms and Prevention Methods

Not unknowingly, blood to blood contact is the only path through which people get infected. The causes of this are however varied. The participants' ability to mention causative factors such as: sex with an infected person, blood transfusion, using contaminated blade, and injection with an infected needle show they have ideas about how one can get infected. More than half of them, however, have limited information with respect to this subject in that they could only mention the first causative element.

It is believed that the causes and prevention of the epidemic are related. Knowing what causes the epidemic obviously helps a person to know how to prevent it. On the contrary, as evident from the research findings, half of the respondents could mention only 1 to 2 preventive mechanisms, whereas 12% of the respondents could not mention a single way of preventing oneself from getting the disease. While this is a stub at the back, the participants' admission that the epidemic is avoidable is laudable. By this, they perceive themselves to be susceptible and with some understanding about the severity of getting infected, the fisher-folks can adopt a positive attitude. Nonetheless, the cruciality of self-efficacy cannot be ignored. As noted from theory, Bandura (1994:1) defines self-efficacy as "people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave". It thus reflects a person's confidence in been able to take a positive action successfully. Although fisher-folks can build self confidence through experience and modeling, social persuasion is one vital source through which they can develop a can-do-attitudinal spirit. Through a positive social persuasion, they can receive morale boost that they can succeed in getting un-infected. The fisher-folks will also develop requisite skills and a sense of personal efficacy.

#### 4.2.2 Education

How are the fisher-folks being educated about the epidemic? From whom and where do they receive HIV/AIDS information? Are these sources effective? Which strategy suits them most?

In the corporate world, communication is widely characterized as the 'life blood' of every organization. Intuitively, firms will cease to function effectively without communication. This situation is not much different in HIV/AIDS education. As information delivery passes through a medium, the channel used is equally important. As mentioned in section three, Everett Rogers' diffusion of innovation model examines the manner in which a new idea (called an innovation) reaches a particular group in the social milieu. Under the model, certain key variables are essential to the diffusion of ideas: communication channels, features of the innovation, time dimensions and nature of social systems. This model has inspired the paper's approach to the above mentioned questions.

From the research findings, the modes of information diffusion are radio and television. Indeed, with more than ten television stations and over twenty-five radio channels, the Ghana AIDS Commission and similar other organizations consistently carry out adverts on the epidemic in different languages. The message basically revolve around the ABC (Abstain, Be faithful, Condom use) methods, with emphasis, most often, on the latter method. Since almost every home has access to at least a television or a radio set, it becomes easier to reach out to many of the fisher-folks. Again, the dissemination of information through different languages makes it plausible for majority of the people to understand the message been carried across.

Although there are more than twenty different types of newspapers, most of which carry information on the epidemic, it is one of the least patronized sources among the respondents. One possible reason could be that it is expensive. Another reason could be that they do not have time to read. However, with particular reference to the research area, the well-known reason is language barrier. In the newspapers, the queen's language is mainly used all the time. Owing to the high illiteracy rate among the fisher-folks, it becomes impossible for them to patronize the newspaper source. This buttresses the fact that literacy level is a critical factor to consider in HIV/AIDS education at Elmina.

Further, billboards are one of the widest used outdoor tools in spreading information throughout the world. It is particularly good for those who do not have time to listen to radio, read newspapers or watch television. Unlike radio and television (TV), it is not time bound. Therefore, one can have access to it most of the time. Researchers have however found that a combination of radio, TV, and billboard are very much effective in idea diffusion. Through observation, there was not a single billboard capturing information on the epidemic at Elmina. On the contrary, billboards advertising different products such as Guinness, Coca-cola, hotels, herbal products, et cetera were available. In this regard, Elmina fishing community seems derelict because an observation through the principal streets of Cape Coast, Accra, Kumasi and other major towns and cities reveal the presence of HIV/AIDS billboards.

On the issue of effectiveness and preference, as envisaged from the data gathering, most of the respondents called for the use of HIV/AIDS positive persons in the campaign. Since learning by experience is illogical in this case, through his vicarious capability construct, Bandura (1986) emphasizes the use of observational learning in such a scenario. Sometimes, campaign messages become too theoretical. As one respondent says "seeing is believing", the show of infected persons make the epidemic real. Since more than 60% of the respondents claim not to have seen an infected person before, their call for the use of People Living With Aids (PLWA) in the campaign is not out of place. This will pave way for the people to better understand and know that HIV/AIDS is real, non-fiction, and non respecter of persons.

To sum up, even though the use of radio and TV as communication channels is vital due to their wider coverage and patronage, the non-availability of HIV/AIDS bill boards in Elmina creates a loophole in the dissemination of information on the epidemic. A combination of the three channels would be expeditious. It is also expedient that PLWA are involved in the campaign process.

#### 5. Conclusion

As the immediate preceding section dealt with research findings and analysis; this chapter summarizes the significant issues and findings encapsulated in this paper.



As clearly stipulated in the initial section, the main object of this work was to examine the knowledgeability of fisher-folks as well their susceptibility to HIV/AIDS infection in one of Ghana's artisanal marine fishing communities. 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 were done by drawing on elements from social cognition and diffusion of innovation theories that are deemed useful in a study of HIV/AIDS.

In concordance with Ghana AIDS Commission's claim, the study finds that all the participating fisher-folks have heard that there is a disease called HIV/AIDS. However, their understanding and knowledge of the facts of the epidemic are significantly low. The fisher-folks did not only mention gonorrhoea, syphilis and HIV as examples of STI, but they also mentioned other health problems such as tuberculosis, stroke, hypertension and diabetes as infections transmitted sexually. The participants are also naive in terms of the dichotomy between HIV and AIDS. This naivety significantly increases the probability at which the fisher-folks might assume individuals without signs of AIDS are HIV negative also. The results also show that more than half of the fisher-folks know very little about the different causes of HIV. With majority of them knowing only one causal factor: having unprotected sex with an infected person, the findings show that the fisher-folks are ignorant about other causes such as blood transfusion, injection with an infected needle and using contaminated blade. This further exposes their knowledge gap. As the power of knowledge is indispensable in the fight against the epidemic, its lack thereof could cause many of the fisher-folks to become victims of the epidemic.

Still on knowledgeability, although the fisher-folks admitted that HIV is avoidable, some of the participants could not mention at least one way of preventing oneself from getting infected. For those who did, more than half could mention only 1 or 2 preventive measures. This is a stub at the back because knowing that HIV is avoidable without having a thorough conception of how to avoid it is tantamount to failure. Again, this clearly shows that the Abstinence, Be faithful and Condom use (ABC) campaign strategy has not stuck in the minds of some of the fisher-folks. It follows that a more proactive strategy that would create a niche in the minds of the fisher-folks has to be developed.

In terms of HIV education, training the minds and capabilities of people helps them to attain wisdom and acquire positive life skills. On the sources of receiving educational information about the epidemic, the results show that the common channels through which the fisher-folks receive HIV/AIDS information and education are radio and television. The least available sources to them are the district assembly, friends, mobile van, religious groups and newspapers. Despite the merit of billboards and posters, the research shows that Elmina fishing community cannot boast of a single billboard or poster spreading information on the pandemic. Instead, all the billboards in the community show the advertisement of corporate names and products. In this regard, Elmina fishing community seems derelict because an observation through the principal streets of Cape Coast, Accra, Kumasi and other major towns and cities reveal the presence of HIV/AIDS billboards. On the subject of effectiveness, the results again show that the fisher-folks will be more enthused when HIV positive character(s) is/are involved in HIV campaign. Intuitively, including a HIV/AIDS positive person in campaigns will pave way for the fisher-folks to better understand and know that HIV/AIDS is real, non-fiction, and non-respecter of persons. Knowing that the epidemic is real could compel them to positively alter their behavior. As the situation stands now, the cumulative effectiveness of HIV/AIDS education in Elmina is doubtful. This is owed to the non-availability of billboards, non-usage of infected persons and non-targeted intervention measures. In sum, the small scale marine fisher-folks in Elmina fishing community are susceptible to HIV/AIDS infection.

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