

# Project Briefing

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## Key points

- The lives of sailors are challenging, due to harsh working conditions, uncertainty and loneliness
- While their knowledge of HIV and AIDs appears high, their knowledge of HIV treatment is mixed, with persistent misconceptions and stigma
- Although reported HIV-risk behaviour is low, sailors in Bangladeshi and Indian ports do, nevertheless, visit sex workers and report low levels of condom use

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## Bangladeshi sailors – characteristics, working conditions and HIV and AIDS-related vulnerabilities

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Many authors have documented the particular HIV and AIDS-related vulnerabilities of fishing and sailing communities (see Ford and Chamrathirong, 2008; Huang, 2001; Jabbari et al., 2011; Kissling et al., 2005; Oriente, 2005; Samuels and Ndubani, 2005). Like other mobile populations, sailors are vulnerable for a variety of reasons: they are away from home, they see their spouses infrequently and they often seek the services of sex workers. In 2012, a study on Bangladeshi sailors moving between Bangladesh and India was carried out as part of a set of small-scale studies undertaken by EMPHASIS (Enhancing Mobile Population's Access to HIV and AIDS Information Services and Support), with support from the Overseas Development Institute. The study was carried out in two ports in Bangladesh – Mongla and Narayanganj inland river ports – and in the Indian port of Budge Budge.

Both quantitative and qualitative methods were used: in Bangladesh there were a total of 154 respondents in the quantitative study and 6 in-depth interviews (IDIs) and 7 key informant interviews (KIIs); in India, a total of 18 IDIs, 6 KIIs, 4 focus group discussions (FGDs) and 1 observation were undertaken. This briefing highlights some key findings from this study including a characterisation of the sailing industry; sailors' patterns of work and living conditions; their knowledge, attitudes, behaviours and practices related to HIV risk; their potential HIV and AIDS related vulnerabilities; and concludes with some possible recommendations.

Participant responses were confidential, but, given that the Sailor's Union (Bangladesh Noujan Srameek Federation) facilitated the

fieldwork and the extremely sensitive nature of the enquiry, it is likely that there was some under-reporting, particularly of sailors' involvement in sexual relations outside marriage.

### Characteristics of the sailing industry, ports and sailors

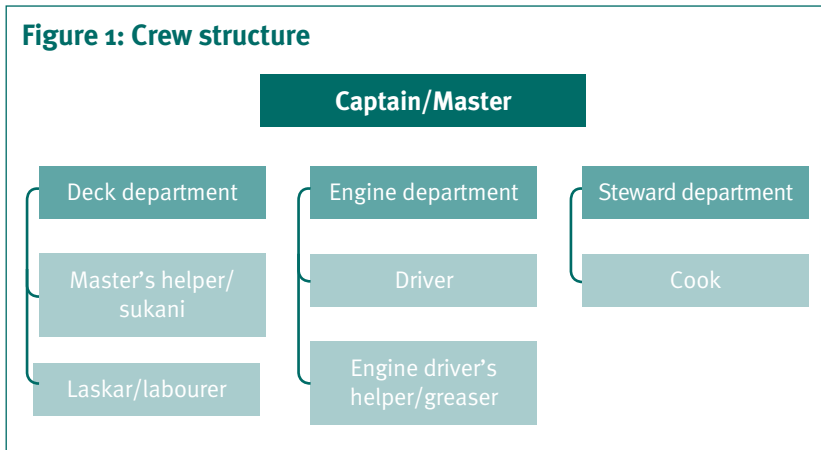
More than 300 vessels move from Bangladesh to India, West Bengal each year.<sup>1</sup> The vessels are crewed by, on average, 10 to 13 sailors, and are owned by private companies or individuals. They are mostly cargo ships bringing fly ash<sup>2</sup> from India to Bangladesh.

The ports are hives of activity, with a mix of sailors, contract labourers, passengers travelling to India, and (in the case of Mongla) tourists visiting the world's largest single mangrove forest. There are also a number of brothels in Narayanganj port and, despite police raids, sex work continues from hotel rooms, streets and small boats. In Mongla port the Banishanta brothel is still operational and KIIs reveal that sailors are its main clients.

All the sailors/seafarers are male; most in the qualitative study are aged 21-30, and 72% (111) of those from the quantitative study are aged 15-35. Most (85% of the quantitative sample and all of the qualitative) have attended school/can read and write; most (99.4% of the quantitative survey) are Muslim; and 62.3% of those from the quantitative study and 17 of the 24 from the qualitative studies are married.

A ship's crew has a clear hierarchy (see Figure 1). The salary levels vary from the 4,500 to 5,500 Bangladeshi taka earned by a labourer each month to the 10,000 to 17,000 earned per month by a ship's master.<sup>3</sup>

**Figure 1: Crew structure**



### Living and working conditions

During the journey sailors sleep on bunk beds in cabins containing 2-4 sailors; more senior staff (captain, driver) have separate rooms. Toilet facilities, drinking water and electricity are all available, although some respondents revealed that electricity is available only for higher grade staff, while lower grade staff rely on hurricane lamps. Seawater is used for bathing. Leisure time is spent mostly on board, particularly when in India, playing cards, reading newspapers and chatting with workmates. In all, 23 respondents in the quantitative survey and three in the qualitative reported visiting commercial sex workers in ports in Bangladesh and India.

Sailors work in shifts as the engine room and wheelhouse need to be staffed 24 hours a day. The total duration of a trip is usually around one month, with one-way travel time varying from five to eight days and with ships usually docked in Indian ports for 10-15 days, depending on the time taken to load goods. Sailors go home once or twice a month, usually staying for four to six days. Sailors can take leave while they are in the ports in Bangladesh.

Most junior crew members are on temporary contracts, while the more senior positions are permanent. Many sailors aspire to become a driver or master by passing tests and acquiring more experience. Networking also plays a key role in pursuing long-term employment on ships. Not only do higher positions allow for permanency and command higher salaries, but there are other associated perks, including the ability to earn money illegally (e.g. through selling ship fuel) and to take more leave days.

### Work-related challenges

The major challenges faced by sailors include: natural disasters; robbery and accidents; loneliness; unclear working hours, low pay and job insecurity for temporary workers; the inability to progress in a shipping career due to lack of networks; and restricted movement while in India and during the voyage.

*'[In] both Bangladesh and India it's like a prison and we are the prisoner...'* (Sailor).

### Experience in India

When they are in India, sailors cannot wander freely outside the port area without prior permission from the port authority in the form of a land-pass with an allocated time slot. If anybody goes beyond their allotted time span, action can be taken against them, including being taken into police custody. One KI reported that the authority in India provides only four land-passes for one ship at any one time, with the senior crew members, masters, drivers and the cooks (who buy groceries), having priority.

Sailors reported that they do not mix with locals in India, and that they leave the ships mostly to go shopping and tend to remain with their crew when on land.

### Access to health services

According to study respondents, common complaints such as fever, cold, head and stomach ache are dealt with on board, using the ship's first aid box, although some reported buying medicines themselves. If sailors are very sick while in an Indian port they can visit Indian doctors with a land-pass, or a doctor can be called to the ship; if the illness is very serious the patient can be taken to Kolkata for treatment. According to study respondents, Indian doctors treat them well and in the same way as their Indian counterparts. When in Bangladesh, sailors access government hospitals in the ports.

### Knowledge and perceptions about HIV and AIDS

While knowledge about HIV is high amongst respondents from both the quantitative and qualitative studies, misconceptions persist, with almost 60% of respondents from the quantitative study thinking it could be transmitted through mosquito bites and 35% through sharing a meal with an HIV-infected person (see Table 1).

**Table 1: Knowledge on HIV prevention/transmission (n=154)**

Category	Percentage agreeing with statement
HIV can be prevented through consistent condom use	62.3
HIV can be prevented by not having an unfaithful sex partner	29.2
HIV can be prevented through abstinence	52.6
HIV can be transmitted by using used needles/syringes	81.8
A healthy looking person can be infected with HIV	77.8
An HIV-infected pregnant mother can transmit HIV to her unborn child	68.0
An HIV-infected mother can transmit the virus to her new-born	67.3

Similarly, stigma persists, with 70.1% (108) of the quantitative respondents saying that they would not share a meal with an HIV-positive person, 49.4% (76) reporting they would not remain friends with an HIV-positive person and 16.9% (26) reporting that they would not reveal a family member's HIV-positive status. Finally, despite relatively high levels of knowledge about HIV, only three of the 24 qualitative and 3.2% (five out of 154) quantitative respondents knew about treatment available for those infected with HIV.

### Risk behaviours

From the quantitative survey, of the 57% (88) of sailors who had a sexual relationship in the previous 12 months, 32% (49) had sex with a non-regular or commercial partner. Of these, 11% (17) had more than one commercial sex partner. In all, 11% (17) had bought commercial sex in a Bangladesh port, 1.9% (3) had paid for sex in an Indian port and 2.6% (4) in their home village. Among the 14.9% (23) who visit sex workers, 52% (12) are labourers, 17.5% (4) are masters and 4.34 % (1) is a driver (see Table 2).

Men-who-have-sex-with-men (MSM) behaviour is reported by 8.4% (13) of the quantitative respondents, with 1.9% (3) reporting it during the previous 12 months. While respondents in the

qualitative study did not report any MSM experiences, they referred to other fellow sailors having such experience: according to one respondent he had seen his colleagues sharing beds and according to a key informant: 'one master of a ship lost his job because of his MSM practice'.

In terms of condom knowledge and use, most sailors had heard about condoms. While their use is low with regular partners, it is higher with commercial and non-regular partners (see Table 3). One reason for not using condoms with commercial or non-regular sexual partners is because sailors 'do not like them' or 'do not think they are necessary'.

In the qualitative study, six out of 24 qualitative respondents mentioned having sexual relations outside marriage, with three having sexual relations with a commercial partner. KIs reported that high-risk behaviour is more common among masters and drivers as they are more powerful and earn more – labourers' salaries are only sufficient to cover their living costs and send money home.

*'When I was 18 years old, I first had sex with a commercial sex worker. I did sex with six/seven commercial sex workers at Narayanganj and Mongla. I did this around five times with one of them and I did not use a condom' (Driver).*

**Table 2: Distribution of commercial sexual involvement**

Position	Frequency	Percentage
Labour	12	52
Cook	2	8.7
Engine	2	8.7
Wheel	2	8.7
Driver	1	4.4
Master	4	17.5
Total	23	100

**Table 3: Condom use**

Category	With regular sex partner	With commercial sex partner	With non-regular sex partner
Number of respondents having sex in the past 12 months (n=154)	65 (42.2%)	23(14.9%)	26 (16.9%)
Number and percentage that used a condom during most recent sex (n=no. of respondents having sex in the past 12 months)	9 (13.8%)	12 (52.1%)	9 (34.6%)

### Conclusion and recommendations

While most Bangladeshi sailors in our study did not report engaging in risky behaviours and this may be an under-estimation, vulnerability to HIV remains. First, condom use is not practiced by all those who do visit sex workers. Additionally, not all sailors have a complete knowledge of HIV and, together with stigma, this can make sailors (and the sex workers they visit) particularly vulnerable. Like other migrants, they are away from home for relatively long periods of time, may suffer loneliness and boredom, face relatively harsh working and living conditions when on their ships, and may start to engage in risky behaviour.

Paradoxically, relatively harsh living and working conditions may hinder junior crew members from engaging in risky behaviour, with salaries that are often insufficient to pay for sex. However, presumably, as and when they are promoted, the likelihood of visiting sex workers increases. Their restricted movements in Indian ports also prohibit sailors from visiting sex workers, though when restrictions are relaxed, according to one informant, it can give them the opportunity to visit sex workers and brothels when in India. Finally, while MSM behaviour is reportedly very minimal because it remains so hidden in Bangladeshi society (with MSM not identifying themselves as such) this does not mean that there is no risk of HIV.



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A number of recommendations emerge from the study, mostly concerned with increasing knowledge and information around HIV and AIDS:

- *Bilateral cooperation* – given that sailors cross the Bangladesh and India border, and while cross-country protocols exist around the movement of ships and their cargoes, further cooperation between the governments of the two countries is needed to deal with potential HIV-related risks. This could include ensuring that services and information, such as referral information, are provided to both sailors and others at risk, e.g. sex workers, at different points in sailors' journeys.
- *Advocacy by NGOs, networks and others raising awareness of the potential HIV-vulnerability of sailors is important* – this would allow sailors to be included in government and other programmes targeting vulnerable groups. At the same time, however, it is critical that their identification is sensitive and stigma-free to prevent the stigmatization of such populations, which could potentially have legal and economic ramifications.
- *HIV and AIDS awareness programmes are needed* – targeting both sailors in ports and their spouses and home communities. While

general health services are available for the sailors in India and Bangladesh, there are no programmes focusing on HIV. Such programmes should also contain modules for dealing with stigma.

- *HIV and AIDS information should be provided* – in appropriate written and verbal formats for sailors; this should include information on condom promotion and where to obtain condoms in both Bangladesh and India.

While the study provides interesting insights into the lives and working conditions of Bangladeshi sailors, further research is necessary on their HIV-vulnerabilities, particularly as clients of sex workers and as potentially engaging in MSM behaviour. This is important, given accounts by the research team of possible under-reporting of HIV-related risk behaviours. Similarly, it would also be interesting to carry out research among the sex workers catering for sailors and other clients in these port areas.

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## References, endnotes and project information

### References

- Ford, K. and Chamrathirong, A. (2008) 'Migrant seafarers and HIV risk in Thai communities'. *AIDS Education and Prevention*, 20(5), 454–463, 2008.
- Huang, M. (2001) 'HIV/AIDS among fishermen: vulnerability of their partners', in Proceedings of the Global Symposium on Women in Fisheries, (Sixth Asian Fisheries Forum), Kaohsiung, Taiwan Province of China, November 2001, Asian Fisheries Society and ICLARM, World Fish Centre.
- Jabbari, H., Aghamollaie, S., Esmaeeli, D. G., Sedaghat, A., Sargolzaei, M., Seyedalinaghi, S., Rasoolinejad, M., Mohraz, M. (2011) 'Frequency of HIV Infection among Sailors in South of Iran by Rapid HIV Test'. *AIDS Research and Treatment*, Volume 2011, Article ID 612475 .
- Kissling, E., Allison, E. H., Seeley, J. A., Russell, S., Bachmann, M., Musgrave, S. D., Heck, S. (2005) 'Fisher folk are among groups most at risk of HIV: cross-country analysis of prevalence and numbers infected'. *AIDS*, Vol. 19, Issue 7, p1939-1946.
- Oriente R, (2005) 'HIV and AIDS and Pacific Island Regional Fishers and Seafarers; Information Education and Communications Needs and Available Resource'; proceedings of the 31st Annual Conference: Rome, Italy, October 10 – 14, 2005. Fort Pierce, FL: International Association of Aquatic and Marine Science Libraries and Information Centers.

Samuels, F. and Ndubani, P. (2005) 'Water, Wine and Women': Baseline assessment of a fishing community in Kabala, Kazungula District, Southern Province, Zambia. Brighton: International HIV/AIDS Alliance.

### Endnotes

1. Under an Inland Water Transit protocol between India and Bangladesh, both governments make mutually-beneficial arrangements for the use of their waterways. This includes the transport of Indian goods from one city in India to another city in India via the waterways of Bangladesh.
2. Fly ash is defined in Cement and Concrete Terminology as 'the finely divided residue resulting from the combustion of ground or powdered coal, which is transported from the firebox through the boiler by flue gases.' It is a by-product of coal-fired electricity-generating plants.
3. Approximate dollar value of Bangladeshi taka (BDT) is \$1=78 BDT.

### Project information

These studies were conducted as part of Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support (EMPHASIS), a five-year operations-research project, providing interventions to Bangladeshi and Nepali migrants at source, transit and destination sites in India. The project is funded by the Big Lottery Fund, UK, which is implemented by CARE in Nepal, India and Bangladesh. For more details, visit: [www.care-emphasis.org](http://www.care-emphasis.org)