



A BROADER VISION OF SEAFARER WELLBEING:

SURVEY OF ITF MARITIME AFFILIATES ON HIV/AIDS, HEALTH AND WELLBEING





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Foreword

The ITF commends this report to our seafarer affiliates, and to everyone who is concerned with the welfare and wellbeing of seafarers and workers in general. There is a lot we can learn about how life on board and typical working conditions affect the seafarers' wellbeing.

This publication is the latest product of the ITF's global HIV/AIDS programme, in collaboration with the ITF seafarers' section, but unlike other HIV/AIDS activities, this survey broadened its reach and posed a range of questions regarding general health and wellbeing, from weight control and alcohol consumption to stress and depression.

The ITF conducted this research to identify the needs and concerns of seafarers and so that we can design and produce appropriate activities in response. The ITF is committed to continuing its activities for the prevention of HIV and protection of the health and rights of workers. The inclusion of general health issues is part of the ITF's more holistic approach to HIV/AIDS and not a dilution of our commitment. The survey findings show that many seafarers worry about HIV and that their knowledge and understanding about transmission and prevention has many gaps. It is especially concerning that there are a large number of seafarers from some countries that would be afraid to work with someone who has HIV, despite that person being fit for work. This is one of the priority areas we will focus on as we develop a HIV/AIDS, health and wellbeing programme for our seafarer affiliates and their members.

Jacqueline Smith
Co-ordinator, ITF maritime department

Executive summary

The ITF has worked systematically, sector by sector, to survey the knowledge, behaviour and needs of transport workers in relation to HIV/AIDS and to set up relevant action programmes. It has now undertaken a survey of seafarers, but this time - instead of limiting the survey questionnaires to HIV and AIDS — the ITF has broadened its approach and included general issues of health and wellbeing.

This report is based on the replies to two sets of questions, one from affiliated unions and one from a cross-section of individual members of those unions. It also takes account of a selective review of the literature. Replies were received from 34 unions in 30 countries in all regions. They made it clear first of all that for most of them HIV was still a risk and they wished to strengthen their work in this area with the help of the ITF. The other health issues they identified as areas of concern were nutrition and exercise, because of the trend towards obesity; alcohol use; mental health including depression; and sexually transmitted infections (STIs) apart from HIV.

A total of 615 officers and ratings replied to the knowledge, attitudes and behaviour (KAB) survey of individual members: 100 from India (all men), 100 from Madagascar (20 women), 124 from the Philippines (two women), and 100 from Ukraine (one woman). There were also web-based replies from 191 seafarers in the ITF network (23 women).

The replies were very revealing and should help lead to action as soon as possible. The survey showed where there are information gaps and, more worryingly, where myths and misconceptions have taken hold. It also showed high levels of anxiety about working with HIV-positive workmates, an attitude the ITF is committed to eliminating by ensuring that seafarers have correct information about HIV risk. There were also vastly varying attitudes to condom use, not always tallying with actual behaviour reported. As for other health issues, significant numbers worry about their weight, lack of exercise and alcohol use. They also report feeling anxious and depressed on board, often or sometimes. Between six and 41 percent, depending on country, knew workmates who had considered suicide. The unions and the individual members requested the ITF to take further action on HIV and health for seafarers.

The report ends by offering a set of recommendations for future action by the ITF and its affiliates. The key recommendation is that the ITF should put in place an HIV/AIDS, health and wellbeing programme tailored to seafarers' needs. More detailed points are made about the development of resource materials, such as the toolkits prepared for ports and civil aviation, about pre-departure training for peer educators, and about the development of a health and HIV module for maritime academies. Partnerships with employers are recommended, as is collaboration with organisations such as the International Labour Organization (ILO), which has its own programmes for seafarers as well as relevant standards such as Recommendation 200 on HIV/AIDS and the world of work.



Introduction

The ITF has made it clear that it's committed to HIV prevention, care and support as long as its members need it, and to opposing HIV-related stigma and discrimination. ITF general secretary Steve Cotton warns against complacency and 'AIDS fatigue', and stresses that AIDS is "still a very real threat ... to the rights, health and livelihoods of working people and their families." At the same time, the ITF understands that the epidemic is evolving and that instead global and national responses are changing. It is often more effective, and helps 'normalise' the epidemic, to include HIV prevention and care in general health and wellness services. For this reason the present survey, designed with and for seafarers, covers a range of health issues, as well as HIV/AIDS.

Background

The ITF's HIV/AIDS strategy is to work with affiliates across transport sectors in all regions to identify and respond to their specific needs. In 2007 the ITF undertook a mapping exercise with all affiliates to find out the impact of HIV/AIDS on transport workers and their unions. The replies showed that affiliates found that HIV and AIDS affected all transport sectors. This led to follow-up studies sector by sector to gain more detailed information and help decide what sort of HIV/AIDS programme was needed for the sector.

The first two studies - in civil aviation (2010) and ports (2011) - focused specifically on HIV/AIDS, but taking into account the evolution of the epidemic and the global response, the maritime section decided to take a broader approach with seafarers. The aim is to identify the main health issues of concern to seafarers and work out an integrated response that focuses on healthy living and general wellbeing as well as addressing HIV/AIDS.

Much research has focused on land-based transport workers, but evidence shows that seafarers often have higher rates of HIV than the general population. The ILO estimates that the global maritime industry faces an increasing risk of HIV infection in many regions.

Studies also suggest that seafarers have lower levels of knowledge about HIV transmission and risk factors. The last point is borne out by the experience of an ITF ship's inspector based in Mombasa, Kenya. "Few ships or port facilities provide even basic information on HIV and AIDS, let alone services such as voluntary testing", she told an ITF meeting. Ship visitors from the Philippine Seafarers Assistance Programme report that they worry about their incapacity to share proper information on HIV/AIDS.

The seafarer inhabits a unique world on board ship but is still shaped by his or her society and connected with the outside world. How does this seeming contradiction affect seafarers' health-seeking or risk-taking and their access to health services? First the ITF consulted with the affiliates by means of a short questionnaire. This was followed by a study of knowledge, attitudes and behaviour (KAB) among individual members of one union in each region, mainly from the major seafarer supplying countries. At the same time a short review of the literature was carried out.



I. Seafarers, HIV/AIDS and other health issues

A review of the literature reveals some interesting studies of relevant issues. Many of them are now quite old though not necessarily irrelevant. What is frustrating is that none of them were used as baselines to see whether behaviour changed over time as more information and improved services became available.

Early studies – a focus on Europe

An early survey (1989-1990) in Rijeka, Croatia, found that knowledge of HIV transmission was inadequate and advised that more education on AIDS should be given to seafarers – we have no way of knowing, however, what action was taken (see ncbi.nlm.nih.gov/pubmed/8727464).

In the early 1990s there were a number of studies of Europe-based seafarers, including work in Belgium, Spain and Denmark (see the Scandinavian Journal of Infectious Diseases informahealthcare.com/doi/abs/10.3109/00365549409008587 and ncbi.nlm.nih.gov/pmc/articles/PMC1671274/pdf/bmj00151-0060c.pdf for a letter to the British Medical Journal.)

Institutional programmes

In the course of the next decade we find a growing number of organisations set up for HIV prevention and health promotion among seafarers, as well as union programmes, and more information starting to come from these bodies. **The Philippines Seafarers Assistance Programme (PSAP)**, for example, was among the first to start HIV/AIDS activities (see psap-parola.org/?s=HIV%2FAIDS+), and by 2007 these were linked to the World Bank's **Transport against AIDS** initiative (see PowerPoint presentation at <http://goo.gl/NLmMZI>). The PSAP advocates for port-based education and training as part of a comprehensive programme of continuing education on HIV/AIDS, including the training of educators for shore and ship.

In 2009 the World Bank published a *Synthesis of experience and best practice guidelines*, including a section on seafarers (see siteresources.worldbank.org/INTTRANSPORT/Resources/336291-1227561426235/5611053-1229359963828/tp-25-HIV-AIDS.pdf).

In 2011 the International Organization for Migration and partners including UNAIDS, Trucking Wellness and the ILO held a **regional workshop** on HIV Responses Among Seafarers and Port-based Communities in Southern Africa. The report of the meeting is a source of useful information, good practices and lessons learned, as well as practical recommendations (see southafrica.iom.int/publication/regional-maritime-sector-workshop-report/).

Later research – a broader focus

The Philippines is the world's largest supplier of seafarers (about 20 percent of the total): most male overseas workers are seafarers. Overseas workers account for about 20 percent of all HIV/AIDS cases in the country, with numbers rising since 2012, and seafarers make up over a third of them (35-40 percent).

The September 2014 newsletter of the United Filipino Seafarers reported that there had been an increase of 22 percent in the number of overseas Filipino workers (OFW) becoming infected with HIV between January and June 2013 compared to the same period in 2012 (see unitedfilipinoseafarers.com.ph/ofws-with-hiv-increasing-every-month/). The President of the Trade Union Congress of the Philippines, Ernesto Herrera, said that all were due to sexual transmission, just under half in sex between men. He called on the health and welfare authorities to make sure that every OFW who needs it can access cost-free antiretroviral therapy in accredited treatment hubs.

Three studies referring specifically to the Philippines, but with useful detail that has a wider relevance, are a study of the risks and vulnerabilities of female Filipino seafarers to HIV infection as well as other data on seafarers, in OFW global presence:

A compendium of overseas employment statistics, 2006, poea.gov.ph/stats/2006Stats.pdf; 'HIV prevalence, risks and vulnerabilities of Bohol, Cavite and Maguindanao OFW, their spouses and children' (with a strong focus on seafarers) by the Manila College of Public Health for the Joint UN Programme on HIV and Migration, 2010; and *Seafarers' knowledge, attitudes and practices (KAP), Vulnerabilities, and risks to HIV* in a 2008 report for the Asia Development Bank Technical Assistance project (RETA 6321), *Fighting HIV/AIDS in Asia and The Pacific: Strengthening country response to HIV/AIDS among high-risk groups*.

Attention tends to focus on Filipino overseas workers, including seafarers, because of their significant numbers, but a 2008 study published by the Guilford Press focused on Migrant Seafarers and HIV Risk in Thai Communities. Its objective was to investigate the context and motivation for sexual risk-taking through focus groups and in-depth interviews (see: guilfordjournals.com/doi/abs/10.1521/aeap.2008.20.5.454).

A retrospective study of HIV prevalence among Croatian seafarers (2010), based on data from 1985 to 2009, found that seafarers made up 9.4 percent of total HIV cases, which number 784. In spite of the low numbers, but taking into consideration the ways that seafarers may be a 'bridge' for HIV to the general population, the authors also suggest measures for preventing and managing HIV infection. (See ncbi.nlm.nih.gov/pubmed/21348014).

Another article from International Maritime Health, *Survey on HIV risk perception and sexual behaviours among seafarers*, reports the results of a 2011 survey to evaluate awareness of HIV risk and extent of risk-taking behaviour among the employees of an Italian shipping company. Most respondents had a good general knowledge of HIV/AIDS but in spite of this only just over half used protection in sexual intercourse with occasional partners – a finding borne out by the ITF's own surveys. The findings also suggest that prevention campaigns and more attention paid to seafarers' health are effective in

encouraging less risk-taking behaviour. (See ncbi.nlm.nih.gov/pubmed/21910117).

Other recent studies have included a focus on fishing communities (See *A meta-analysis and systematic review of HIV risk behavior among fishermen* AIDS Care 2013, tandfonline.com/doi/abs/10.1080/09540121.2013.824541#.VNnalC4YGSp) - and, at last, on women seafarers (See 'Sexual risk among female workers on cruise ships' (World Maritime University Journal of Maritime Affairs 2013, link.springer.com/article/10.1007%2Fs13437-013-0037-6#page-1).

Mental health

This short review has concentrated on seafarers and HIV, but reference should also be made to the growing literature on mental health and seafarers. A 2007 article on *Mental health care of Filipino Americans* (see ps.psychiatryonline.org/doi/full/10.1176/ps.2007.58.6.810) looks at some differences in attitudes to accessing mental health care between Asian and Western populations, while *The mental health of seafarers*' (2012) focuses on depression and suicide' (see ncbi.nlm.nih.gov/pubmed/22972547).

The website Seafarers' Mental Health (seafarersmentalhealth.org) aims to give masters the information needed to identify crew members at risk and help depressed seafarers on their ships. The journal Asia-Pacific Psychiatry published *Care for the seafarers: A review of mental health in Austronesia* in 2013 (see onlinelibrary.wiley.com/doi/10.1111/appy.12031/abstract) and the Seamen's Church Institute has a thoughtful article on its website at seamenschurch.org/article/seafarers-rights-mental-health-care.

Other health issues

It's outside the scope of this review to give a comprehensive picture of the literature concerning, for example, seafarers and back strain, obesity and alcohol. A selective look at documentation available



on the internet shows that several studies have pinpointed these areas as problematic. A study by the Working Lives Research Institute - *Seafarers in a global world: the changing needs of seafarers for advice, support and representation* (workinglives.org/library/n56817_3.pdf) - identified the lack of exercise and poor nutrition resulting in weight gain; various diseases linked to over-use of alcohol; mental health problems; back strain and back injuries. Accidents are outside the remit of this study but there are clearly more than in most workplaces. The authors concluded that “both charitable organisations and trade unions need to find new ways of working to respond to the increasingly global nature of the industry, both in operating more closely with other organisations and in finding **new ways of reaching out to seafarers**” (our emphasis). Norwegian insurance company Gard has produced a booklet for seafarers on preventing back strain in view of the high numbers (and costs) of back injuries (Look after your back during manual work, gard.no/ikbViewer/Content/20733695/Gard%20LPC%2008-12%20Look%20after%20your%20back%20during%20manual%20work.pdf).

As far as alcohol is concerned, countries and shipping companies increasingly impose limits and conduct tests. Even so, the long-term effects such as liver cirrhosis are still apparent, and not all ships are closely regulated. A 2009 study of French seafarers - *Alcohol and nicotine dependence in French seafarers* – found that over 11 percent of the seafarers drank alcohol every day, and that alcohol and nicotine dependence were closely linked (ncbi.nlm.nih.gov/pubmed/20205123).

“Seafarer health must be made a priority to tackle the rising tide of obesity among seafarers”, warns the International Maritime Medical Association (see shipmanagementinternational.com/imma-calls-for-action-over-seafarer-obesity-levels/). Concern is growing at the rise of obesity levels among crew. The Norwegian Centre for Maritime Medicine revealed that it withdrew the health certificates of more than 500 overweight seafarers in 2010. A 2011 study into obesity rates found 71 percent of male Danish seafarers were overweight, while severe obesity was most common among officers

aged 45-64 (see bimco.org/en/news/2013/02/27_feature_week_9.aspx). A 2014 study of Turkish seafarers found that as male seafarers get older, their body mass index (BMI) values rise progressively. After the age of 28, BMI scores exceed the acceptable level. (See czasopisma.viamedica.pl/imh/article/viewFile/IMH.2014.0036/27929).

Action by the ITF and partners

The ITF has played a key role in promoting seafarers’ health by posting useful information on its website and by entering into an alliance with the International Shipping Federation to create ISWAN, the International Seafarers Welfare and Assistance Network (see seafarerswelfare.org/).

An important collaboration took place in 2007 when the ITF made a joint statement on HIV/AIDS with the International Maritime Health Association (IMHA), whose aim is to help protect the rights and dignity of seafarers and all those living with the virus. This makes it clear that an HIV-positive status is not a danger on board ship and should not be a barrier to employment (more information in Agenda 2008, see itfglobal.org/media/1387/agenda_english_08-1-.pdf).

The numbers of ITF seafarers’ unions that have workplace HIV/AIDS programmes either on their own or jointly with others is increasing steadily. Some examples:

- The Associated Marine Officers and Seamen’s Union of the Philippines, which manages the Maritime Academy of Asia and the Pacific (MAPP), has introduced a module on HIV and other STIs into the curriculum to make sure all cadets have knowledge and understanding of the issues.
- The Mexican union Asociación Sindicale de Oficiales de Máquinas de la Marina Mercante Nacional has started an HIV awareness programme for cadets of the nautical school of Tampico, with plans to extend the same programme to nautical schools throughout Mexico.

- Kesatuan Pelaut Indonesia and the Norwegian seafarers' union organise predeparture education on HIV/AIDS. They also organise HIV/AIDS awareness sessions for seafarers' families.
- The youth committee of the National Union of Seafarers of India regularly stages HIV and health awareness campaigns in different parts of India.
- World AIDS Day activities are regularly organised by a number of ITF affiliates organizing seafarers. For example, every year on 1 December the Marine Transport Workers' Trade Union of Ukraine promotes safe sex among the 4,000 students at the Odessa National Maritime Academy.
- The Associated Marine Officers' and Seamen's Union of the Philippines has produced an educational comic book on HIV/AIDS, Shore Leave.

The International Labour Organization

The World Health Organization-(WHO-ILO) consultation on AIDS and seafarers in October 1989 was an important milestone in recognition of work-related HIV risk and the opportunities for workplace responses (see the Consensus Statement at extranet.who.int/iris/restricted/bitstream/10665/58174/1/WHO_GPA_INF_89.21.pdf).

There are now more structures and legal instruments designed to protect the health and rights of seafarers, chief among them the ILO's Maritime Labour Convention, 2006. This covers almost every aspect of work and life on board from wages and leave to medical care and health and safety. It establishes the right of seafarers to:

- a safe and secure workplace
- fair terms of employment
- decent working and living conditions on board ship
- health protection, medical care, welfare measures and other forms of social protection.

The convention does not make specific reference to

HIV/AIDS, but is generally understood to include it under health protection and medical care. It came into force in August 2013. The International Maritime Organization/WHO/ILO maritime guidelines, however, make it clear that the medical certificate for seafarers does not mean that they are free of all disease but that they are medically fit for their duties. It states that HIV-positive status is not a barrier to employment on board ship. (See the guidelines at ilo.org/wcmsp5/groups/public/@ed_dialogue/@sector/documents/normativeinstrument/wcms_174794.pdf).

The ILO has also sponsored research into HIV and seafarers, with a detailed 2009 study *Cost-Benefit Analysis of HIV Prevention Programs for Filipino Seafarers 2010 – 2015* (see www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_140905.pdf).

This assessed five prevention strategies: pre-departure orientation and pre-employment HIV testing, which are both currently being implemented, plus peer education with condom distribution on board, post-employment HIV testing and peer education for spouses, which are currently not being implemented.

Pre-departure testing (in any case forbidden by ILO Recommendation 200 on HIV and the world of work) was found to be cost-ineffective, but on board education was effective – the report recommended investment in improved materials.

The results suggest that the improved ... HIV [pre-departure training] module has the potential to prevent the largest number of infections at relatively low cost. ...The second best choice would be to spend funds on peer education for spouses. On board peer education and voluntary post-employment HIV testing would also produce better return than the current setting. Finally the large scale pre-employment HIV testing seems to produce the lowest return.

Source: Cost-Benefit Analysis of HIV Prevention Programs for Filipino Seafarers 2010 – 2015

² COMMENT RESPONSE DOCUMENT (CRD) TO NOTICE OF PROPOSED AMENDMENT (NPA) 2008-17C AND TO NOTICE OF PROPOSED AMENDMENT (NPA) 2009-02e for an Agency Opinion on a Commission Regulation establishing the Implementing Rules for the medical certification of pilots and medical fitness of cabin crew



II. Survey of ITF seafarer affiliates: policy and practices on HIV/AIDS and health

All affiliated unions organising seafarers were sent a questionnaire (see annex 1) and invited to express their views on the impact of HIV/AIDS, plus selected other issues of health and wellbeing. The response was excellent, one of the highest on record for a written ITF survey and the single highest concerning HIV/AIDS. Just over two-thirds of the affiliates believe that HIV/AIDS is already or is becoming a problem, and all recognise that the health of members is a legitimate concern for the unions. There is a universal interest in starting or strengthening health-related activities for members.

Replies were received from 35 unions in 30 countries (see below). All regions were covered: four replies were from Africa, four from the Americas, two from Arab states, 12 from 10 countries in Asia-Pacific, 12 from 11 countries in Europe. All major seafarer supplying countries responded – for example India, Indonesia, Myanmar, Philippines, Turkey, Ukraine – and we also heard from major beneficial ownership countries such as Germany, Italy, Norway, and South Korea.

ITF affiliates responded from Argentina (2), Bangladesh, Colombia, Egypt, Estonia, Fiji, Germany, Guyana, India (3), Indonesia, Iran, Ireland, Italy, Ivory Coast, Liberia, Madagascar, Myanmar, Netherlands, New Zealand, Nigeria, Norway (2), Philippines, Sri Lanka, South Korea, Spain, Sweden, Thailand, Turkey, Ukraine, UK (see Annex 3)

Health and wellness issues

When asked to identify the three main HIV, health and wellness issues for members, over three-quarters of the respondents included HIV and AIDS: 28 unions said HIV prevention, 19 other sexually transmitted infections (STIs), and 16 stigma and discrimination linked to HIV. Ten identified alcohol over-use, ten weight control, and six depression and mental health.

National AIDS policies

We then asked if the national AIDS policy covered the world of work and if labour legislation included HIV/AIDS and/or occupational safety and health (OSH). The world of work is included in the national AIDS policy of three of the countries in Africa (one don't know); two in the Americas; eight in Asia (two don't know); four in Europe (five don't know).

The labour code includes OSH in virtually every country (exceptions appear to be Myanmar and Estonia) though in one or two cases the respondent wasn't sure.

The reason for asking about OSH legislation, apart from its intrinsic importance, is that OSH codes and programmes lend themselves well to the inclusion of provisions on HIV and AIDS.

AIDS and wellness policies and activities for seafarers

It is interesting to note that in 24 of the countries at least one collective bargaining or framework agreement exists that includes seafarers' health and wellbeing and/or HIV/AIDS, with the greatest number in Europe (ten out of 12 responses). In nine of the countries the agreement does not include HIV, one of them surprisingly in Africa (Nigeria).

In terms of activities organised for seafarers outside the world of work – by national AIDS organisations and/or non government organisations – Asia is the best-served region with 10 programmes. There are also activities in all three countries in the Americas, with one in Africa, one in the Arab states and three in Europe. In every case the relevant union says it is involved, so it would be interesting to find out what exactly the union role has been.

Union policy and practice

It is encouraging to see that many unions already have some form of health programme, apart from occupational and safety activities: 24 of the 33 provide information to members, 14 education and training (including pre-departure training),

11 condoms, eight confidential voluntary testing for HIV, 11 other medical checks, and 10 have referral systems to ensure members have access to appropriate medical services. Of those who have activities on health, three specified that these did not include HIV/AIDS, while two did not include OSH.

Future plans and requests for ITF assistance

All 34 unions who sent back the questionnaire said they would welcome ITF support in starting or strengthening a programme on general health and/or HIV. Eight unions wished to focus on general health and wellbeing (six in Europe, one in Asia and one Arab state), and 27 wanted to develop an integrated programme including HIV. The health issues they wish to include in a union programme – apart from HIV – are nutrition (24 affiliates) and exercise (19); alcohol use (19) and mental health/depression (20); and other STIs (16).

The questions about mental health were quite broad, but several affiliates have spoken separately to the ITF about their concerns over psychiatric illness, including higher than average rates of suicide among seafarers. Some evoke the phenomenon of *calentura*, known at sea for centuries, that is an irresistible impulse to jump overboard. The ITF will use the opportunity of the survey to look into this more deeply.

In terms of the type of support affiliates would find useful, the preferences were as follows: 27 chose resource materials (including policy and technical guidance) and 27 general information materials such as leaflets and articles; 25 training materials; 23 training for trainers and officials; 20 education and training for members; and 16 would appreciate assistance in linking the union with potential partners.

Concluding comments

A rapid search of the literature (see section II) reveals a number of studies on seafarers and AIDS, but most are some years out of date; indeed, two of the most detailed studies date back to 1999. Clearly there is much information on occupational safety and health, but less on general health and still less on mental health. At the same time, unions clearly have concerns about the health of their members, the services available to them and the risks they may face. The resource materials available, such as those produced by ISWAN (International Seafarers Welfare and Assistance Network), are becoming outdated and in any case require monitoring to assess their fitness for use. Emerging issues include mental health, increasingly seen as an area needing attention: some affiliates wrote about the numbers of seafarers committing suicide in certain situations.

The short survey of affiliates is useful in identifying the health preoccupations in different countries and regions, and in raising questions which the second more detailed survey will hopefully help answer. It helps us see the importance of connecting the various issues, perhaps within a broadened OSH framework.

The survey replies also reinforce the vital contribution of ITF support and provide preliminary strategic guidance: for example, it would be useful to find out more about the provisions of the collective bargaining and framework agreements mentioned, to rethink some of the traditional approaches to OSH, and to share examples of good practice. The ITF is well-placed to assist affiliates in these and other key areas of HIV, health and other wellbeing issues. Indeed it has already started working with affiliates to introduce modules on HIV/AIDS and wellbeing in national maritime schools in Asia and Eastern Europe.



III. Survey of HIV/AIDS knowledge, attitudes and behaviour among individual members of ITF seafarer affiliates

Introduction

Four countries were selected for the second, more detailed survey: India, Madagascar, Philippines and Ukraine. ITF affiliates in these countries arranged for questionnaires (see annex 2) to be translated and distributed to a cross-section of their members to gather more detail on the knowledge, attitudes and behaviour (KAB) of workers in relation to HIV/AIDS and health generally. The questionnaires were anonymous and self-administered, accompanied by detailed instructions to the unions about procedures.

In addition, the ITF took advantage of its own international social networks and those of ISWAN to put the same questions to seafarers online through the use of Survey Monkey. These respondents came from a cross-section of regions and countries, and we capture their replies under the label 'cross-regional'. These questionnaires too were anonymous and confidential.

The questionnaires were divided into five sections:

- Part 1. Background information on respondents
- Part 2. Knowledge about HIV/AIDS, health and wellness
- Part 3. Attitudes and beliefs
- Part 4: Behaviour
- Part 5. The workplace and the union

The following numbers of questionnaires were received out of a total of 615 officers and ratings:

India: 100 (all men), Madagascar: 100 (of whom 20 are from women), the Philippines: 124 (two women), and Ukraine: 100 (one woman); cross-regional: 191 (23 women). Under background information we asked the sex of seafarers and found that only in Madagascar were the numbers of women significant (20 out of 100 as against no

women from India, two from Philippines and one from Ukraine). There were 23 women among the 191 cross-regional respondents, but unfortunately individual answers weren't disaggregated. The maritime sector is still heavily male-dominated so these numbers weren't surprising, but please note that the ITF women's department is conducting a women-only health survey of seafarers. For reasons connected to current employment practice we did not add a transgender option, but would be happy to receive feedback on this point.

We also asked the seafarers to say what type of ship they work on. The distribution was as follows:

India: two-thirds worked on container ships, one-third on tankers. Madagascar: most worked on cruise ships, container ships or tankers; all the women worked on cruise ships.

Philippines: the majority worked on tankers, with smaller numbers on container ships and cruise ships, and a few on ferries or Ro-Ros.

Ukraine: the majority worked on container ships, others on tankers and a few on cruise ships.

Cross-regional: the four largest groups worked on cruise ships, bulk carriers, container ships and tankers (in that order).

Summary of findings

Part 2. Knowledge about HIV/AIDS, health and wellness

The questions started with a specific HIV focus. There were basic factual questions first about aspects of the disease and then about transmission and protection. Table 1 captures a selection of these questions. The replies remind us how easily inaccurate knowledge can lead to discriminatory attitudes. For example, if people believe that HIV can be transmitted through shared food and drink, they will of course be afraid of eating with workmates who have or could have HIV. Similarly, if people believe that only homosexuals and drug users have HIV, then these individuals will be stigmatised and rejected. Finally, if they don't believe that condoms provide protection, they won't use them! Also very worrying is the persistent belief that if someone looks healthy he or she can't have HIV.

Table 1 sets out replies to factual questions related to HIV and its transmission:

	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross- regional (186)
HIV is most often transmitted during unprotected sex (true)	85	96	92	78	96
A healthy-looking person cannot have HIV (false)	18	21	36	21	11
AIDS can be cured (false)	17	19	41	27	15
HIV can be transmitted through shared food or drink (false)	46	16	40	32	15
Correct use of a condom provides almost 100% protection against HIV and other STIs (true)	17	63	72	47	73
If a woman is faithful to her husband she will not contract HIV (false)	35	50	78	36	42

Table 1. Knowledge and understanding of HIV and AIDS (percentage of respondents who agreed with the statement, whether true or false – the correct reply is shown in brackets by each question)

A fairly high percentage of seafarers agreed with false statements, for example 46 percent of respondents from India and 40 from the Philippines said that HIV can be transmitted through food and drink, and 41 percent from the Philippines think AIDS can be cured. In India only 17 percent of the men seem to believe in the effectiveness of condoms, also the case with 53 percent from Ukraine and nearly 40 percent from Madagascar.

These are disappointing figures, given the amount of information available on HIV, and it will be useful to find out what information and education the seafarers actually receive (see Table 3 below). Given that the spouses of seafarers are known to be a high-risk group, the belief that a woman is safe as long as she remains faithful – without taking account of the behaviour of her husband while

away – is seriously dangerous. Especially worrying are the figures from India, and also the Philippines, given that it supplies 20 per cent of the world’s seafarers. Hopefully the unions concerned can follow up with some urgency.

The next set of questions turned to broader health issues, and sought to find out how confident the seafarers felt in terms of managing, or at least understanding, their own health. We asked them to assess their knowledge and understanding in the following areas:

- correct weight,
- safe alcohol limits,
- preventing tooth decay,
- reducing the risk of heart attack,
- reducing the risk of diabetes,
- preventing back strain.

We also asked if they knew where to access health services.

In some countries respondents showed a fair level of confidence across the board, but in others gaps emerge, for example tooth care in Madagascar and alcohol levels in India. The replies from women seafarers in Madagascar revealed that a higher proportion of them than men were also unsure how to reduce the risk of heart attacks, diabetes and back strain. Ukraine shows a more worrying profile across the board, and yet 83 percent say they know where to access health services. This raises questions it would be useful to pursue: Do the health services not provide information or encourage health promotion? Do the seafarers know where health services are but meet barriers in accessing them?

We also asked where the seafarers get most of their information on health and HIV. In general most people, wherever they lived, get it from newspapers, magazines and TV, plus public posters in Madagascar. We were especially interested to know how much information is available at work and through the union and seafarers’ centres, and turn back to this in Section 5. The next table focuses on these sources of information:



	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross- regional (186)
Company/ employer	5	26	56	0	29
Manning agent	0	17	55	2	20
Union	25	41	58	38	21
Seafarers' centre	0	28	73	3	37

Table 2. Sources of information at the workplace
(percentage of total)

From this we can see the importance of the union across the board, especially in India and Ukraine. At the same time, the fact that other players are involved in every country means that it would be even more useful to collaborate with the company and others to bring health programmes to seafarers.

Part 3. Attitudes and beliefs

We've looked at knowledge for its own sake and as the basis for attitudes and behaviour. So what do we learn about seafarers' attitudes from the next set of questions? Once again we look first at HIV and then at other health issues. Of special interest are attitudes to people living with HIV and also to health risks. We have separated out replies on HIV specifically and on health more generally.

Table 3 sets out attitudes relating to HIV:

	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross- regional (186)
Afraid to work with someone who has HIV	95	39	70	64	40
Believe only homosexuals and drug users get HIV	17	11	33	4	9
Agree that you should use a condom unless you're sure your sexual partner doesn't have HIV or another STI	96	81	73	63	83

Feel that condoms spoil sex	26	38	57	71	34
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Table 3. Attitudes relating to HIV prevention and people living with HIV (percentage of total who agree with each statement)

Sadly, this is not the first survey that has revealed high levels of fear and suspicion concerning workmates living with HIV. Even where there is a fair level of knowledge generally, myths and misconceptions continue. The figure from India is very worrying and could be a priority for action by the union. Only in Madagascar is the figure below 50 per cent, meaning that all over the world seafarers with HIV are likely to meet with stigmatisation and exclusion. The extremist statement about homosexuals and drug users should have had people answering 'false', but sadly some seafarers from all countries agreed with this view thus encouraging both stigma and discrimination.

The questions about condoms received both encouraging and worrying replies. Over 80 percent of the cross-regional seafarers and those from Madagascar and India agreed that that you should use a condom unless you're sure your sexual partner doesn't have HIV or another STI. Under half the same respondents felt that condoms spoil sex, but the figure was 57 percent in the Philippines and 71 per cent in Ukraine.

Table 4 refers to health more generally:

	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross- regional (186)
Worry about their weight	84	41	61	16	49
Worry about their drinking	78	27	54	28	36
Worry about lack of exercise	54	45	65	31	76
Feel anxious, hopeless, depressed while on board					10
- often	21	6	13	25	63
- sometimes	63	37	40	39	
Know work mates who are depressed	12	48	75	45	66

Know work mates who have considered suicide	6	17	41	19	26
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Table 4. Attitudes to own health, physical and mental (percentage of total who agree with each statement)

In terms of physical health, seafarers seem to be most concerned about their weight and lack of exercise - as high as 76 percent among cross-regional respondents (exercise) and 84 in India (weight) but fewer than average in Ukraine. About a third worry about drinking except in the Philippines where it's over half and India where it's about three-quarters. Nearly half of the women seafarers from Madagascar worry about their weight. The ITF and affiliates can use these data to tailor resource materials and guidance.

We thought it important to emphasise depression and give respondents the chance to express themselves, as several affiliates and some studies have raised the issue. Their view is that the problem is growing and not enough is being done to provide care and support.

The numbers revealed in the survey must be cause for concern. If we add together the respondents who are depressed sometimes or often, we have over 50 percent for each country except Madagascar. And those who have workmates who are depressed confirm this picture, especially in the Philippines. The numbers who have considered suicide are very significant. Here it is clear that we are not just talking about short periods feeling lonely or blue but deep despair. The ITF and all its affiliates must respond with urgency.

Table 5 invites the seafarers to identify the possible causes of depression, thus helping the union develop the right responses:

Feelings of depression are the result of:	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
- loneliness	56	31	48	31	63
- long separation from home and family	54	60	47	54	72
- temporary/ insecure contract	9	44	48	26	52
- long hours	49	52	50	36	66

Table 5. Attitudes concerning depression (percentage of total)

The long separations from home and family weigh most heavily on the majority of seafarers responding. This is not new – and it applies to many forms of transport – but it is worth the ITF continuing to raise the issue and bringing practical suggestions to employers. It would also clearly be useful for the union to look at contractual arrangements and working conditions. The data here may help give them a basis for negotiation.

It's noticeable that while only about a quarter of men from Madagascar complain of loneliness almost half the women do. Three-quarters of the women from Madagascar experience depression often or sometimes, compared to under half the men. Both women from the Philippines also report loneliness.

Part 4. Behaviour

The other ITF surveys, as well as a range of other studies, reveal the gap or contradiction that may exist between people's views and what they actually do.

The first set of questions concern sexual behaviour, as set out in table 7:

	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
Have sexual partners when they're away from home:					
- regular partners	85	33	40	37	25
- casual partners	17	41	23	17	26
Used a condom at last intercourse with non-regular partner	88	55	41	43	51
Are having or have had a same-sex relationship	no replies	4	15	7	16

Table 6. Sexual behaviour with implications for transmission of HIV and other STIs (percentage of total)

The fact that relatively high numbers of the seafarers have partners away from home and tend not to use condoms puts them and their partners at double risk. Among the women from Madagascar, however, as many say they systematically use condoms as say they have partners away from home.



It’s also necessary to remember the spouse at home who may suffer the consequences of this unprotected sex. There have been many successful condom campaigns and this should be included in ITF activities not just on HIV but to help prevent other STIs.

We move from sexual to other behaviours that can impact negatively on health. Table 8 focuses on three habits which can have health consequences and may even become addictions. The fourth question is different in nature, as it is not a deliberate life choice, but we have included it because it is clearly an important issue which may be easily remedied or may have long-term consequences if not:

	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross- regional (186)
Drink alcohol every day	19	7	15	6	2
Use recreational drugs	0	7	10	31	2
Smoke regularly	32	34	30	61	23
Have back/ joint pain often or sometimes	29	78	52	67	64

Table 7. Behaviour with implications for other health conditions (percentage of total)

What opportunities do the seafarers get for health testing? We asked if they had had any of a selection of common tests in the five previous years. The tests concerned were for blood pressure, diabetes, eyesight, dental health, TB, HIV and other STIs; for women only we included cervical and breast cancer. In all countries and the cross-regional group around half or well over half had taken the tests listed. More women had had a cervical smear than a mammogram, which may reflect procedures in different countries linked to the age at which women start to be offered a mammogram. It’s always necessary to remember the different health needs of women and to build these into programmes.

There was a seeming contradiction with the 17 from India who reported having taken an HIV test and the 77 who said that the company provided HIV testing pre-departure. As only 17 thought these tests should be provided, we can assume that the uptake of HIV testing was low – or that the test is compulsory, and the majority object to this (compulsory testing goes against ILO standards

as well – see Recommendation 200 on HIV/AIDS and the world of work)

Finally we asked if they would like the tests listed and found some results that are not easy to interpret, but hopefully the union can clarify. In the Philippines virtually no respondents asked for the tests listed to be available. Is this because they feel they already have access to all necessary tests? In Madagascar fewer than half the respondents who had not had these tests were seeking them – except in the case of eye testing. The women, however, were almost all keen to have the range of tests listed, and half requested screening for cervical and breast cancer. The answers from the cross-regional group were similar, but the exception was a dental check. The picture changes with Ukraine where those who hadn’t been tested in most cases wanted to be, though with fewer seeking tests for TB or HIV. In India, for example, under 20 per cent had undergone a test for HIV but none asked for one to be available. It may be that more dental checks should be available for seafarers from India.

Because of the limited space on board for activities and the repetitive nature of much work, mealtimes are significant social occasions and food is hopefully a source of pleasure as well as essential to good health. We asked about the quality of food on board and if dietary requirements - from halal to vegetarian food – were met.

	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross- regional (186)
Food on board is varied and healthy	82	69	73	39	70
Food on board includes enough fruit and vegetables	83	49	48	46	56
Food on board meets the dietary needs of most seafarers	14	48	65	37	50
Is available:					
- halal food	84	65	60	16	57
- alternative to pork or beef	72	91	81	30	82
- kosher food	79	54	49	27	44
- vegetarian food	87	68	79	43	81

Table 8. Views about food on board ship (percentage of total)

Over half the seafarers from most regions were satisfied with the food on board in a general way, but when we asked about the provision of fruit and vegetables, and of dishes to meet special dietary needs – religious or otherwise – the replies revealed more dissatisfaction. In most cases under half the seafarers felt that food on board meets their dietary needs – The respondents from Ukraine seem to feel particularly poorly catered for. The Indian seafarers seemed highly satisfied with most aspects of their diets but said it did not always meet dietary requirements. The union will be able to clarify.

Part 5. The workplace and the union

Having asked earlier where seafarers obtain health information, we aimed in this section to obtain more detail about materials and activities provided at the workplace and by the union. We started, however, with asking about stigma and discrimination at the workplace, given that these are major barriers to health promotion and prevention programmes, and of particular concern to unions.

Workers who had experienced HIV stigma or discrimination	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
- by the management	7	11	46	6	18
- by the medical service	7	14	52	7	19
- by a work-mate	6	14	51	9	17

Table 9. Workers who had experienced, witnessed or heard of a discriminating or stigmatising action at the workplace in relation to HIV (percentage of total)

According to the replies, nowhere is free of stigma and discrimination but the ITF and relevant affiliates need to take up the situation of Filipino seafarers with particular determination. It is disturbing that the medical service is among the more frequent sources of discrimination – hopefully affiliates can bring this to the attention of relevant officials of the company. But unions must note too that there is persisting stigmatisation by co-workers.

The workplace should provide:	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
- information on HIV/AIDS	100	88	85	33	72
- information on health and wellness (and testing where necessary)	90	86	85	45	78
- testing for HIV	17	62	81	56	69
- support for workers with depression or suicidal feelings	91	65	84	59	71

Table 10. Provision of health information and services on board or on shore – seafarer’s wishes (percentage of total)

Where information is provided it is generally both pre-departure and on board, while more testing takes place on shore and more support for workers with depression – where available – on board. There is clearly a gap between the level of services provided and what seafarers feel they need. This is especially the case for those from Madagascar and the cross-regional group. The service that is most needed, as felt by respondents from all groups, is support for workers with depression and suicidal feelings.

No clear pattern emerges from the replies as to whether seafarers prefer to receive information and education on shore or on board. It would be useful to follow up on this, as it could make a difference to the outcome of activities, though it will probably emerge that certain activities are more suitable pre-departure (or even post-return) while others work better on board.



The union should provide:	India (100)	Madagascar (100)	Philippines (122)	Ukraine (100)	Cross-regional (186)
- information	95	81	90	57	97
- education and training	55	84	81	57	95
- referral to health services in the community	58	61	80	56	94
- health tests including HIV	47	60	77	60	97
- messages through social media	74	76	74	52	95
- peer counsellors to inform and support co-workers	28	79	77	66	99

Table 11. Provision of health information and services by the union (percentage of total)

In view of the gaps and needs revealed by the survey, could the union play a greater role? Before seeking guidance on types of information and activities, we first asked whether or not the union should provide information and activities on HIV, health and wellbeing specifically geared to seafarers. The response was generally positive: Madagascar 92 percent, Philippines 76 percent, Ukraine 47, cross-regional 76 percent. For Ukraine, although the number was lower, only 22 respondents said ‘no’, and in answer to the following question about types of information and activities that might be useful, over half said that they would find everything on the list useful, including health tests and most especially a peer counsellor. The seafarers would like access to relevant information and activities pre-departure and on board.

On the list of health options, responses were generally positive across all categories, perhaps surprisingly also including testing, but a bit less in the case of Madagascar. In a number of cases, especially among the cross-regional group, the union is the preferred provider rather than the company. It is especially significant that so many seafarers selected a peer counsellor as being most useful. The replies send a very clear message that the union is strongly urged to provide information, education and training, and health/HIV testing where needed, as well as trusted to do so. It is also clear that unions are among those best placed to select and set up networks of peer counsellors.

IV. Conclusions and recommendations for future action by the ITF

The picture that has emerged of the health and wellbeing of seafarers is not universally positive. Levels of depression are relatively high, so are the numbers of people with suicidal feelings, and levels of satisfaction with working conditions and aspects of life on board (eg nutrition) are relatively low. But it is encouraging that seafarers are looking to their unions to help improve the situation, though inevitably expectations will be higher than what unions are realistically able to deliver. The ITF should take into account in its planning that in spite of the general availability of information materials the survey still reveals a lack of knowledge on HIV and other health issues, and a lot of concern by seafarers over their health. It is important to work out why previous efforts did not fully reach the target population and how the situation can be improved. We should also be aware that in all countries with figures, suicide rates are higher among men than women, especially men of working age. The ITF now has the opportunity to develop a comprehensive health strategy and programme of action by taking into account the survey replies, and by drawing on its proven experience and expertise, especially in relation to HIV and AIDS.

Recommendations

It is recommended that the ITF:

1. Establish an integrated HIV/AIDS, health and wellbeing programme for seafarer affiliates

The ITF should respond to the needs expressed by affiliates and individual members by planning and implementing a strategy and programme for the seafarers, in consultation with the affiliates concerned. It will also be necessary to consult with safety and health officials to ensure that there is a co-ordinated approach.

Its main focus would be to offer guidance on promoting action in two main areas:

- i) negotiating collective agreements or workplace policies and programmes that promote health,

wellbeing and HIV prevention, protect rights, and combat stigma and discrimination; and

- ii) providing education and support for workers by developing information, education and training to promote health and wellbeing and through the establishment and support of a network of health counsellors on board ship.

Guidance materials should be prepared for the affiliates to help them address the gaps, fears and risks identified in the KAB survey and develop a health promotion strategy. These materials could include toolkits, such as those prepared for civil aviation and dockworkers, which have been well received, and a module on HIV/AIDS, other STIs, and general seafarer wellbeing. It would also be beneficial to develop a specific module on HIV, health and wellbeing for maritime academies, so contributing to the education and influencing the behaviour of young seafarers. At the same time the ITF should consider additional means of distributing materials, in addition to its and ISWAN's own channels.

In view of the strong response of seafarers to the idea of peer educators/counsellors, the ITF should give thought to a pre-departure training programme for interested seafarers.

2. Work in partnership with employers and other interested parties, especially the ILO, WHO and UNAIDS, to develop relevant activities, perhaps including further research. A particular focus should be on collective agreements and workplace programmes across the sector and for specific companies and ships; in this and other areas the ITF should work with the organisation of shipowners, as well as other global unions at international, regional and local levels.

3. Benefit from and contribute to the implementation of key international standards and agreements such as ILO Recommendation 200 concerning HIV and AIDS in the world of work (2010), UNAIDS Strategic Priority Action Area no. 10 (2009) promoting corporate social responsibility and workplace action, and paragraph 85 of the UN General Assembly Declaration on HIV and AIDS (June 2011) which “calls on employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care and support”.



Annex 1

HIV/AIDS AND WELLBEING IN THE MARITIME SECTOR: SEAFARERS

INTRODUCTION

The ITF wishes to conduct a survey with the seafarer affiliates in the maritime sector to establish the needs of their members in relation to HIV/AIDS and wellbeing.

The replies to this survey will provide valuable information not only to increase understanding but to assist with the planning of future activities.

Thank you for completing it as fully as possible and returning it to us within three weeks.

You can write on this file and save it before sending it to us. Please also attach a report of your HIV/AIDS activities if you have any and a copy of relevant publications

Name of the union: _____

Name of person completing the questionnaire:

Contact details: _____

1. How serious a problem is HIV/AIDS for the seafarers you organise? Choose one.

- ☐ There is a generalised epidemic which affects the maritime sector and your union
- ☐ The epidemic is mainly concentrated in vulnerable groups (such as intravenous drug users, commercial sex workers)
- ☐ HIV prevalence is low but generally rising in your country and sector
- ☐ HIV is not issue for us

2. What are the main HIV and wellness issues for the seafarers you organise? Choose no more than three.

- ☐ HIV/AIDS prevention
- ☐ HIV/AIDS stigma and discrimination
- ☐ Other sexually transmitted infections
- ☐ Balanced nutrition and weight control
- ☐ Too much alcohol
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Depression or other mental health condition

3. Does your country's national HIV/AIDS policy include provisions for the world of work?

- ☐ Yes ☐ No ☐ Don't know

4. Does the national labour code or law include?

i. Occupational safety and health?

- ☐ Yes ☐ No ☐ Don't know

ii. HIV/AIDS?

- ☐ Yes ☐ No ☐ Don't know

5. Is there a collective bargaining or framework agreement with any company which?

i. Includes the health and wellbeing of seafarers?

- ☐ Yes ☐ No ☐ Don't know

ii. Includes HIV/AIDS?

- ☐ Yes ☐ No ☐ Don't know

6. Are any HIV/AIDS activities in place for seafarers in your country?

- ☐ Yes ☐ No ☐ Don't know

If yes, has your union been involved in them?

- ☐ Yes ☐ No

7. Does your union run:

i. HIV/AIDS and wellness activities for your members?

☐ Yes ☐ No

ii. Occupational and safety activities

☐ Yes ☐ No

8. Do your union's activities include:

i. Information (such as leaflets, newsletter articles)

☐ Yes ☐ No

ii. Education and training (including pre-departure training)

☐ Yes ☐ No

iii. Condom provision

☐ Yes ☐ No

iv. Confidential voluntary testing for HIV

☐ Yes ☐ No

v. Other medical checks (such as blood pressure, blood sugar, eyesight)

☐ Yes ☐ No

vi. Referral if necessary to appropriate medical services

☐ Yes ☐ No

9. Do you think it would be in your members' interests to start activities

i. On HIV/Aids?

☐ Yes ☐ No

ii. On other health/wellbeing issues

☐ Yes ☐ No

If yes, which issues would be useful?

Please choose as many as required

Nutrition ☐

Exercise ☐

Sexually transmitted diseases ☐

Depression ☐

Alcohol use ☐

Other issues related to physical health ☐

(Please specify)

10. What type of support would you like to receive from the ITF to help you run programmes for members on HIV/AIDS and well-being?

i. Seafarer-specific resource materials, for example policy and technical guidance

☐ Yes ☐ No

ii. Training materials)

☐ Yes ☐ No

iii. Education & training for trainers and officials

☐ Yes ☐ No

iv. Education & training for members

☐ Yes ☐ No

v. Information materials (eg leaflets, articles)

☐ Yes ☐ No

vi. Linking the union with potential partners

☐ Yes ☐ No

i. Other ☐

(Please specify) _____

**Please return via email to altaf_asif@itf.org.uk
or via fax to +44 (0) 20 7357 7871**



Annex 2

ITF survey on HIV/AIDS and wellness in the maritime sector

Thank you for agreeing to fill out a confidential and anonymous questionnaire distributed by your union on behalf of the ITF. Its purpose is to help the ITF and all seafarer affiliates/unions understand the impact of HIV/AIDS on seafarers and your needs concerning this and other health issues. Together we will then be able to plan activities that will promote the wellbeing of seafarers and their families and make ships a safer healthier place to work.

The survey asks questions about knowledge, attitudes and behaviour concerning HIV/AIDS and other health risks. It is completely anonymous and confidential – you will not write down your name and the questionnaires are not numbered. Once completed, the replies will be kept in a sealed envelope and only seen by the person counting the figures and analysing the replies. You will also receive an information sheet with facts relevant to HIV/AIDS and healthy living.

THE QUESTIONNAIRE

Where the questions offers a choice in the form of boxes, please choose ONE and mark your choice clearly, UNLESS the question asks you to choose more than one.

Part 1: Background information

Your age

- ☐ 16 – 24 ☐ 25 – 34 ☐ 35 – 44
☐ over 45

Your sex

- ☐ male ☐ female

Your marital status

You are married or live with a long-term partner

- ☐ yes ☐ no

Your occupation

You work on a:

- ☐ container ship
☐ cruise ship
☐ tanker (☐ crude ☐ chemical ☐ bulk ☐ LNG/LPG)
☐ ferry/RO-RO
☐ other [specify]

Part 2: Knowledge about HIV/AIDS, health and wellness

You will be given a fact sheet after the survey which contains the correct information. Please note that 'HIV-positive' means infected with HIV and 'HIV-negative' means no infection.

2.1 What is HIV?

HIV is a virus which weakens the body's immune system (its defences against illness)

- ☐ true ☐ false

2.2 What is AIDS?

AIDS describes the condition of people who have had HIV for a number of years and now suffer frequent infections

- ☐ true ☐ false

2.3 Are the following statements true or false?

a) A healthy-looking person cannot have HIV:

- ☐ true ☐ false

b) AIDS can be cured:

- ☐ true ☐ false

c) Only homosexuals and drug abusers get HIV:

- ☐ true ☐ false

2.4 How can a person become infected with HIV? Please choose true or false

a) HIV is most often transmitted during unprotected

sexual intercourse (sex without a condom) where one partner is HIV-positive

☐ true ☐ false

b) HIV can be spread by mosquitoes

☐ true ☐ false

c) HIV can be caught by sharing food or drink with a person who is HIV-positive

☐ true ☐ false

d) HIV can be transmitted through infected blood (for example blood transfusion, sharing an infected syringe)

☐ true ☐ false

2.5 How can HIV be prevented? Please choose true or false

a) If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV from each other

☐ true ☐ false

b) If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

☐ true ☐ false

c) If a woman is faithful to her husband she will not contract HIV

☐ true ☐ false

d) If people receive treatment for other common sexually transmitted infections (STI), this helps protect them against HIV transmission

☐ true ☐ false

2.6 Do you know? You don't need to explain how, just say if you think you have enough information in each case to make decisions about your health

a) Do you know how to decide if your weight is about right?

☐ yes ☐ no

b) Do you know how much alcohol is unhealthy?

☐ yes ☐ no

c) Do you know how to prevent tooth decay?

☐ yes ☐ no

d) Do you know how to reduce the risk of a heart attack?

☐ yes ☐ no

e) Do you know how to reduce the risk of diabetes?

☐ yes ☐ no

f) Do you know how to prevent back/ muscle strain?

☐ yes ☐ no

g) Do you know where to access any health services you may need?

☐ yes ☐ no

2.7 Where do you get most of your information about HIV and AIDS? You can choose more than one answer

☐ newspapers, magazines

☐ radio

☐ TV

☐ public posters, leaflets

☐ health workers

☐ teachers

☐ religious leaders

☐ family or friends

☐ company/employer leaflets, printed materials

☐ the manning agent

☐ the union

☐ the seafarers' centre



Part 3: Attitudes and beliefs

3.1 Which of the following statements do you agree with? This is not about what you know but how you think and feel – please mark 'yes' for every statement you agree with

a) I would be afraid to work with someone who has HIV:

☐ yes ☐ no

b) You should use a condom if you have sex with someone unless you're sure they don't have HIV or another STI:

☐ yes ☐ no

c) Condoms spoil sex:

☐ yes ☐ no

d) I worry about my weight:

☐ yes ☐ no

e) I worry about my drinking:

☐ yes ☐ no

f) I worry about lack of exercise:

☐ yes ☐ no

g) I feel anxious, hopeless, depressed while on board:

☐ often ☐ sometimes ☐ never

h) These feelings are the result of work pressures and conditions:

loneliness

☐ yes ☐ no ☐ I don't know

long separation from home and family

☐ yes ☐ no ☐ I don't know

temporary/ insecure contract

☐ yes ☐ no ☐ I don't know

long hours

☐ yes ☐ no ☐ I don't know

other (please specify)

i) I know work mates who are depressed:

☐ yes ☐ no

j) I know work mates who have considered suicide:

☐ yes ☐ no

Part 4: Behaviour

You may find it difficult to discuss personal behaviour, but please try to answer honestly. The answers will remain anonymous and only be used to design new education programmes.

4.1 How many sexual partners have you had within the last 12 months?

☐ none ☐ one ☐ more than one

4.2 Do you have sexual partners when you're away from home?

Regular partners:

☐ yes ☐ no

Casual (non-regular) partners:

☐ yes ☐ no

4.3 How often have you used condoms within the last 12 months?

☐ at every sexual intercourse ☐ sometimes

☐ never

4.4 Did you use a condom at your last sexual intercourse with a non-regular partner?

☐ yes ☐ no

4.5 Are you having or have you had a same-sex relationship?

☐ yes ☐ no

4.6 Which statements do you agree with?

a) I drink alcohol every day:

☐ yes ☐ no

b) I use recreational drugs (e.g. marijuana, amphetamines)?

☐ yes ☐ no

c) I am a smoker:

☐ yes ☐ no

d) I have back/ joint pain:

☐ often ☐ sometimes ☐ never

4.7 Have you been tested for any of the following within the last five years If not, would you like to be? Please note that the ITF can't immediately arrange these tests, but will work with your union to access or refer you to appropriate services.

a) Blood pressure:

☐ yes ☐ no ☐ I would like this service to be available

b) Blood sugar (diabetes):

☐ yes ☐ no ☐ I would like this service to be available

c) Eyesight:

☐ yes ☐ no ☐ I would like this service to be available

d) Dental check-up:

☐ yes ☐ no ☐ I would like this service to be available

e) Tuberculosis (TB):

☐ yes ☐ no ☐ I would like this service to be available

f) HIV:

☐ yes ☐ no ☐ I would like this service to be available

g) Other STI:

☐ yes ☐ no ☐ I would like this service to be available

For women seafarers:

h) Cervical smear:

☐ yes ☐ no ☐ I would like this service to be available

i) Mammogram:

☐ yes ☐ no ☐ I would like this service to be available

4.8 Food and nutrition

a) Food on board is varied and healthy:

☐ yes ☐ no

b) Food on board does not include enough fruit and vegetables:

☐ yes ☐ no

c) Food on board does not meet the dietary requirements of many seafarers:

☐ yes ☐ no

Halal food:

☐ available ☐ unavailable

Alternative to pork or beef:

☐ available ☐ unavailable



Kosher food:

☐ available ☐ unavailable

Vegetarian food:

☐ available ☐ unavailable

Part 5: The workplace and the union

5.1 Have you experienced, witnessed or heard of a discriminating or stigmatising action at the workplace in relation to HIV?

by the management:

☐ yes ☐ no

by the medical service:

☐ yes ☐ no

by a work mate:

☐ yes ☐ no

5.2 Does your workplace provide any of the following?

a) information on HIV/AIDS:

☐ yes (☐ pre-departure ☐ on board) ☐ no

b) testing for HIV:

☐ yes (☐ pre-departure ☐ on board) ☐ no

c) information on health and wellness

(mental and physical):

☐ yes (☐ pre-departure ☐ on board) ☐ no

d) testing for other health conditions:

☐ yes (☐ pre-departure ☐ on board) ☐ no

e) support for workers with depression or suicidal feelings?

☐ yes (☐ pre-departure ☐ on board) ☐ no

5.3 The workplace should provide:

a) information and education on HIV/AIDS:

☐ yes (☐ pre-departure ☐ on board) ☐ no

b) voluntary confidential HIV testing and treatment:

☐ yes (☐ pre-departure ☐ on board) ☐ no

c) information on other health issues and testing where necessary:

☐ yes (☐ pre-departure ☐ on board) ☐ no

d) support for workers with depression or suicidal feelings:

☐ yes (☐ pre-departure ☐ on board) ☐ no

5.4 The union should provide seafarer-specific information and activities on HIV/AIDS and wellness

☐ yes (☐ pre-departure ☐ on board) ☐ no

If yes, what would be useful? Tick as many as you like

a) Information materials (eg leaflets, articles):

☐ yes ☐ no

b) Training materials:

☐ yes ☐ no

c) Education and training programmes:

☐ yes ☐ no

d) Resource materials to guide union policy:

☐ yes ☐ no

e) Referral to relevant health services in the community:

☐ yes ☐ no

f) Health tests including HIV:

☐ yes ☐ no

g) Use of social media:

☐ yes ☐ no

h) A resource person or peer counsellor to
offer information or active support to his/her
co-workers:

☐ yes ☐ no

**That's the end of the questionnaire – thank you
very much for giving your time to fill it in!**



Annex 3

List of unions who have filled out questionnaire 1

- **Argentina:** Centro de Capitanes de Ultramar y Oficiales de la Marina Mercante
- **Argentina:** Sindicato de Obreros Maritimos Unidos
- **Bangladesh:** Bangladesh Seamen's Association
- **Colombia:** Unión de Marinos Mercantes y de Pesca Colombianos
- **Egypt:** Egyptian Seafarers Union
- **Estonia:** Estonian Seamen's Independent Union
- **Fiji:** Fiji Maritime Workers' Association
- **Germany:** Ver.di
- **Guyana:** Clerical and Commercial Workers' Union
- **India:** National Union of Seafarers of India
- **India:** Maritime Union of India
- **India:** Forward Seamen's Union of India
- **Indonesia:** Kesatuan Pelaut Indonesia
- **Iran:** Merchant Mariners Syndicate
- **Ireland:** Services, Industrial, Professional and Technical Union
- **Italy:** Federazione Italiana Trasporti - CISL
- **Ivory Coast:** Syndicat des Marins Ivoiriens au Commerce
- **Liberia:** United Seamen Ports and General Workers Union of Liberia
- **Madagascar:** Syndicat General Maritime de Madagascar (SYGMMA)
- **Myanmar:** Independent Federation of Myanmar Seafarers
- **New Zealand:** Maritime Union of New Zealand
- **Netherlands:** Nautilus International
- **Nigeria:** Merchant Navy Officers' and Water Transport Senior Staff Association
- **Norway:** Norwegian Union of Marine Engineers
- **Norway:** Norwegian Seafarers' Union
- **Philippines:** Associated Marine Officers' and Seamen's Union of the Philippines (AMOSUP)
- **South Korea:** Federation of Korean Seafarers' Union
- **Spain:** Federación de Servicios para la Movilidad y el Consumo
- **Sweden:** Facket för Service Och Kommunikation
- **Sri Lanka:** National Union of Seafarers Sri Lanka
- **Thailand:** Seafarers Association
- **Turkey:** Deniz Çalışanlari Dayanisma Dernegi
- **UK:** Nautilus International
- **Ukraine:** Ukraine Maritime Transport Workers Trade Union



Annex 4

List of unions who helped us to get KAB questionnaires filled out by individual seafarers

- India, National Union of Seafarers of India
- Madagascar, SYGMMA
- Philippines, AMOSUP
- Ukraine Maritime Transport Workers Trade Union



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