HIV/AIDS in The Gambia: A Qualitative Assessment of Most-At-Risk Populations

A Report prepared for the National AIDS Secretariat

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Acknowledgements

A team led by Dr. Timothy Mah (Harvard AIDS Prevention Research Project) and Mr. Yusupha F.J. Dibba (University of The Gambia) conducted the fieldwork and writing of this report. The fieldwork was supervised by Mr. Ahmed Jaegan Loum (Sex Work Intervention Project, WorldView) and supported by the National AIDS Secretariat, namely Mr. Bai Cham (Deputy Director), Mr. Alieu Jammeh (Director), and Mr. Robert Ninson (Monitoring and Evaluation Specialist). We are grateful for the hard work and insight of the field teams who traveled the length of the country to conduct focus groups. We are also grateful to the agencies and organizations that shared with us their valuable time and knowledge.

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**List of Abbreviations**

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<thead>
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<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Abstinence, Be faithful and Condoms</td>
</tr>
<tr>
<td>ANC</td>
<td>Ante-Natal Clinic (Surveillance)</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GNTCA</td>
<td>Gambia National Transport Control Association</td>
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<tr>
<td>GPA</td>
<td>Gambia Ports Authority</td>
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<tr>
<td>HARRP</td>
<td>HIV/AIDS Rapid Response Project (World Bank)</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency</td>
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<tr>
<td>MARPs</td>
<td>Most-At-Risk Populations</td>
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<tr>
<td>MRC</td>
<td>Medical Research Council</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NAC</td>
<td>National AIDS Council</td>
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<tr>
<td>NACP</td>
<td>National AIDS Control Programme</td>
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<tr>
<td>NAS</td>
<td>National AIDS Secretariat</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NSP</td>
<td>National Strategic Plan (for HIV/AIDS)</td>
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<tr>
<td>SIP</td>
<td>Sex workers Intervention Program (Worldview)</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TDA</td>
<td>Tourist Development Area</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Joint Programme on AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

In September 2008, in preparation for the drafting of the National Strategic Plan for HIV/AIDS in The Gambia, the National AIDS Secretariat requested the AIDS Strategy and Action Plan service to commission this qualitative assessment on most-at-risk populations, in collaboration with UNDP and UNAIDS. The goal of the assessment was to document evidence needed for targeting and designing interventions for most-at-risk populations (MARPs) in The Gambia to reduce the incidence of HIV.

Ethnographic and qualitative methods – namely focus group discussions, key-informant and in-depth interviews – were used to document characteristics of several populations and behaviors that put them at increased risk for HIV transmission and acquisition. Five most-at-risk populations were examined: commercial sex workers, including male “Bumsters” and female sex workers, commercial vehicle drivers or truckers, men who have sex with men, fisherfolk, and uniformed personnel. After a review of the published literature and unpublished documents from The Gambia, a total of 23 focus groups and 20 interviews were conducted at sites throughout the country between September and October 2008.

The assessment concurred with previous findings that little to no research had been conducted on the most-at-risk populations in The Gambia, making it difficult for programs and policies to effectively prevent the spread of HIV in most-at-risk populations. Surveys from the 1990s indicate that HIV prevalence is significantly higher among certain commercial sex workers. However, no prevalence data are available for other populations.

Several distal factors and proximate behaviors were identified among the MARPs. Although knowledge of HIV appeared to be high, numerous myths and misconceptions indicated that there was a misunderstanding of the actual modes of transmission and preventative behaviors. The findings of this assessment also indicate that previous HIV prevention interventions and messages may have focused on behaviors that pose only small risks (e.g. the use of unsterilized blades in barbing shops), especially when compared to the risks associated with sexual transmission.

Among most MARPs, correct and consistent condom use was not widespread and multiple partners, particularly those outside of marriage, were more common than in the general population. Abstinence was not cited as an effective preventative measure among MARPs. HIV testing was variable among the MARPs, though all groups advocated the importance of knowing one’s HIV status.

Poverty was identified as a key driver of high-risk sexual behaviors, particularly among female fishmongers and commercial sex workers. Travel related to work and distance from families and communities were identified as additional factors for increased sexual risk behaviors. Intolerance of several MARPs (i.e. commercial sex workers and men who have sex with men) at political and societal levels, has led to increased discrimination and harassment. Several other most-at-risk populations were identified in this assessment, including tailors, taxi drivers and prisoners.
Based on this assessment, recommendations are set forth to guide the development of the prevention aspects, relating to most-at-risk populations, of the upcoming National Strategic Plan. Key recommendations include:

- Specific and explicit acknowledgement of and interventions for most-at-risk populations in the National Strategic plan;
- Conducting a biological and behavioral survey among most-at-risk populations;
- Increasing advocacy efforts to address the specific needs of marginalized and most-at-risk populations;
- Capacity building among non-governmental partners to effectively work with most-at-risk populations;
- Refocusing prevention efforts towards sexual transmission of HIV;
- Advocating for the increased tolerance of marginalized most-at-risk populations in order to effectively target HIV interventions.
Study Goals and Aims

In early 2008, a review of the HIV/AIDS National Response in The Gambia was conducted to “identify achievements, lessons learned, gaps, challenges, constraints and opportunities that will inform the development of a comprehensive new National HIV and AIDS Strategic Framework.” (Bannerman, Nyan, Jallow, Sarr, & Tchupo, 2008). A key finding of the comprehensive review was that there has been little to no research conducted on most-at-risk populations in The Gambia. The report states that “a high priority should be placed on the determination and mapping of high risk groups so they can be targeted for prominence in the design of intervention activities.” (Bannerman, et al., 2008, p. 8).

The current national response to HIV/AIDS in The Gambia lacks evidence to support policies and programs targeting most-at-risk populations (MARPs). Although some biological data (i.e. antenatal clinic prevalence data) are available, none are specific to MARPs. Additionally, very little behavioral data have been recently collected among MARPs as well as among the general population. The lack of behavioral data limits the interpretation of the HIV prevalence data and trends in The Gambia. This study aims to fill the gap by providing an evidence base for an appropriate HIV/AIDS response in The Gambia, through the identification and mapping of MARPs, as well as an ethnographic assessment of these populations. The study findings provide the foundation for recommendations of appropriate strategies for comprehensive and targeted HIV prevention programming.

The goal of this assessment is document evidence needed for targeting and designing interventions for most-at-risk populations (MARPs) in The Gambia to reduce the incidence of HIV.

This study involves two primary components: 1) identification and mapping of most-at-risk populations and 2) an ethnographic/qualitative study of identified MARPs and key actors associated with the populations.

The specific objectives are to:

- Identify HIV MARPs and the associated risks and vulnerability factors in The Gambia;
- Identify and map the location(s) of the MARPs;
- Estimate the population size of each of the high risk groups;
- Identify key actors, including gatekeepers, stakeholders, NGOs, and institutions, who impact (or may play a future role with) the various populations;
- Describe the context and nature of risk to HIV among the MARPs using qualitative research methods, namely focus group discussions and key-informant interviews.
Background

The Gambia

The Republic of The Gambia is located on the two banks of the River Gambia on the west coast of Africa and is surrounded by Senegal, except on the west by a 70 km coastline along the Atlantic Ocean. It is one of the smallest countries on the African continent encompassing a total area of about 11,300 km². It ranks 155 of 177 countries on the United Nations Human Development Index. (See Table 1).

![Map of The Gambia](image)

**Figure 1. Map of The Gambia**

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Total</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,709,000</td>
<td>2007</td>
</tr>
<tr>
<td>Population in urban areas (%)</td>
<td>56</td>
<td>2007</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>59</td>
<td>2006</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births)</td>
<td>114</td>
<td>2006</td>
</tr>
<tr>
<td>Gross national income, ppp, per capita</td>
<td>$1110</td>
<td>2006</td>
</tr>
<tr>
<td>Per capita total expenditures on health</td>
<td>$64</td>
<td>2005</td>
</tr>
<tr>
<td>UN Human Development Index (ranking)</td>
<td>155 / 177</td>
<td>2007</td>
</tr>
<tr>
<td>Net primary school enrolment ratio, male (%)</td>
<td>59</td>
<td>2006</td>
</tr>
<tr>
<td>Net primary school enrolment ratio, female (%)</td>
<td>64</td>
<td>2006</td>
</tr>
</tbody>
</table>

Table 1. Basic socio-demographic indicators, The Gambia (from 2007/08 Human Development Reports, UNDP)

Qualitative Assessment of Most-At-Risk Populations in The Gambia
The population of The Gambia is estimated to be 1.7 million (in 2008). The Gambia is diverse with four major ethnic groups and several minor ethnic groups: Mandinka (40%), Fula (19%), Wolof (15%), and Jola (11%). A majority of the population identify as Muslim (95%), with small minorities identifying as Christians and Animists.

**HIV/AIDS Context**

According to UNAIDS/WHO, approximately 8,200 [3,700-13,000] adults and children were living with HIV in The Gambia in 2007, with an adult prevalence of 0.9% [0.4%-1.3%] (UNAIDS, 2008). Since 2000, The Gambia has had an antenatal clinic (ANC) HIV surveillance program, with data collection at several sites beginning in 1993. In 2006, the adult (15-49 years old) ANC HIV-1 prevalence was estimated to be 2.8% [2.3%-3.4%] (National AIDS Secretariat, 2007). The HIV-2 prevalence was estimated to be 0.9%. The HIV-1 ANC prevalence ranges from a high of 4.8% in Brikama (Western Region) to 0.2% in Kuntaur (Central River Region). Several studies have reported on the ANC data (Maarten F. Schim van der Loeff, et al., 2006; M. F. Schim van der Loeff, et al., 2003).

While ANC surveillance suggests a low HIV prevalence among the general population, such data may not be indicative of the prevalence and trends among most-at-risk populations. ANC surveillance does not capture prevalence among commercial sex workers, truckers, uniformed personnel, nor men who have sex with men. Several studies in The Gambia and neighboring Senegal suggest significantly higher HIV prevalence among several most-at-risk populations. A 1988 study reported a HIV-2 prevalence of 25%, a HIV-1 prevalence of 0.6%, and a 1.1% prevalence of dual infection among commercial sex workers (Pepin, et al., 1991). A 2005 Senegalese study estimated HIV prevalence in the men who have sex with men (MSM) population to be 21.5% (Wade, et al., 2005). Despite the high HIV prevalence, the population-level impact of infection in the MSM population is unknown, since the population size has not been estimated. The 2005 study also found that a majority (94%) of the MSM reported sex with a woman in the past month. Therefore, high infection rates among MSM may affect a larger population than previously believed given this interaction. No directly measured prevalence data are available for other most-at-risk populations in The Gambia.

**Most-At-Risk Populations**

Several most-at-risk populations were initially identified to be included in this assessment. A brief review of these populations follows.

1. **Commercial sex workers.** The published and anecdotal evidence suggest that commercial sex work exists in various parts of The Gambia, predominantly in major urban areas and transit centers. In the early 1990s, a qualitative study by Pickering *et al.* (1992) found that both sex workers and their clients were highly mobile. Sex workers (n=248) were found to be moving frequently between a number of working locations in The Gambia and Senegal. CSW worked on average four days a week and had between two and three clients a night. Condoms were used in up to 80% of contacts. Clients (n=795) were found to be on average of low educational and occupational status. Half were non-Gambian and most were currently travelling or living away from home. No HIV data were collected as a part of this study.
Commercial sex in The Gambia exists in several forms. Female commercial sex workers are found in high concentrations in the urban areas of Western Region, including Banjul, Serrekunda, Brikama, and the Senegambia tourist area, as well as in other upcountry Regions, mostly at growth centers. Male sex workers (“Bumsters”) are found in the coastal tourist regions and cater to both male and female clients. A 2003 qualitative study on the sexual exploitation of children indicates that the use of children below 15 years as commercial sex workers is increasing (Government of The Gambia & UNICEF, 2003). The study states that “there is nearly universal agreement among various informants that children engaged in commercial sex work around the Senegambia Tourist Area near Banjul are predominantly underage, many as young as 12”. Commercial or transactional sex among these segments of the population occurs for many reasons, including economic difficulties and forced exploitation. Recent rates of correct and consistent condom use among commercial sex workers are unknown. Pickering (1992) reports that CSW used condoms with 80% of their clients, though the study was conducted in the early 1990s and consistent and correct use was not measured.

2. **Commercial vehicle drivers.** Several studies underscore the crucial role played by migrant populations, including commercial vehicle drivers in the spread of HIV/AIDS (Bwayo, et al., 1994; Rakwar, et al., 1999). Given their profession, commercial truckers, spend a significant proportion of their employment away from their homes and families, potentially resulting in higher number of sexual encounters with non-regular partners or commercial sex workers (Bwayo, et al., 1994). In The Gambia, important road axes cross the country allowing for the exchange of populations and goods within the region (e.g. Senegal, Guinea-Bissau, Mauritania and Guinea Conakry). Although no studies have been conducted on commercial vehicle drivers, anecdotal evidence suggests that the sexual behaviors of truckers may put them at high risk for HIV acquisition.

3. **Uniformed personnel.** Members of the military, police force and other uniformed services, including customs and immigration officers, in many regions are at increased risk of HIV and other sexually transmitted diseases (Ba, et al., 2008; UNAIDS, 1998b). In many countries, HIV prevalence in the uniformed services is higher than in the general population. The higher risks associated with uniformed personnel result from multiple factors, including:

   - Postings to various parts of a country, notably border areas, away from spouses or regular partners, possibly resulting in increased sexual encounters with casual or commercial sex partners;
   - Postings abroad in high prevalence regions, away from the social and cultural constraints of their home country;
   - Power dynamics in a civilian-uniformed interactions may affect sexual partnerships; placing both the uniformed personnel and civilians at higher risk for HIV infection;
   - A large proportion of the sub-population being young and sexually active men.

A 2008 study on HIV prevalence in African militaries reported a prevalence of 2.1% in the Gambian military, which is significantly higher than the prevalence among young
men aged 15-24, which comprises a large proportion of the military (Ba, et al., 2008). However, it is unclear how these data were collected or modeled.

4. **Men who have sex with men (MSM).** HIV disproportionately affects men who have sex with men (Parker, Khan, & Aggleton, 1998; UNAIDS, 1998a). In many African states, homosexual behaviours are illegal, taboo, and/or highly stigmatized. These conditions make it extremely difficult for public health efforts to target this population, particularly with HIV interventions. Several African states tend to overlook its existence (Johnson, 2007). In many cases, those who acknowledge its existence, view the practice or lifestyle as a deviant practice and condemn it, further making interventions difficult. Despite the lack of attention paid to MSM in Africa in general and in The Gambia particularly, sexual behaviours coupled with social marginalization put MSM at high risk for HIV infection (Laurence, 2007; Niang, et al., 2002; Parker, et al., 1998; van Griensven, 2007; Wade, et al., 2005). In The Gambia, no initiative has been carried out to date to address HIV in the MSM community. No HIV prevalence data are available in The Gambia for this sub-population.

A 2004 qualitative study found that MSM are present in The Gambia (Niang, Moreau, Kostermans, et al., 2004). It states “…both Senegal and The Gambia, the areas visited by tourists –Petite Côte in Senegal and beaches in The Gambia – attract high numbers of MSM involved in commercial sex”. Western tourists are believed to seek out young partners considered “virgins” and therefore uninfected with HIV. The study further indicates frequent contacts between MSM in Senegal and in The Gambia. Studies on Gambian MSM in other urban or rural areas have not been conducted.

5. **Fisherfolk.** Several studies in sub-Saharan Africa suggest a higher prevalence of HIV among fishing communities (Gordon, 2005; Kissling, et al., 2005). A majority of fishermen, who stay in The Gambia, are foreigners (primarily from Senegal and Ghana). Many of them are believed to be married and often leave their families in their home countries. Data from Senegal reveal that the majority of fishermen are married and 33% of them have stayed abroad over the last 12 months (Conseil National de Lutte contre le SIDA [Senegal], 2007). The same study in Senegal indicates a HIV prevalence of 1%, compared to 0.4% in the general population aged 15 and 49. The study concludes, “Fishermen and truck drivers are truly a more affected group than the masculine population of Senegal.” The study also underscores that the mobility of fishermen increases the risk of having many sexual partners, coupled with a lack of condom use.

**The Gambian Response to the HIV**

In 1987, shortly after the first cases of AIDS was diagnosed in the country, the National AIDS Control Programme was created under the then Ministry of Health. In 2000, a multi-sectoral approach was adopted and the National AIDS Council and the National AIDS Secretariat were created. In 2003, a five-year national strategic framework was developed to articulate the strategic plan of the country to respond appropriately to the HIV/AIDS epidemic. The time frame for this strategic plan ended in December 2008.
Design & Methods

Methodology
The initial stage of research involved identifying and characterizing the most-at-risk populations in The Gambia. Discussions were held among various stakeholders, including staff of the World Bank, the National AIDS Secretariat, UNAIDS The Gambia, and Worldview The Gambia. A literature review was conducted to determine what, if any, previous research had been conducted in The Gambia among the identified high risk or vulnerable populations. Based on these discussions, a mapping exercise was undertaken to identify locations across the country that had concentrations of those populations. A comprehensive list was compiled that identified major sites throughout the country where the MARPs were located. From the comprehensive list of countrywide sites, a smaller sub-set of sites was identified by consensus for fieldwork. The sites include areas within the major urban centers, border crossings, transportation hubs, tourist development areas, and fishing areas. The sites are described in more detail below.

Sites
Based on the preliminary identification of the most-at-risk populations, several locations throughout The Gambia were selected as field sites for focus groups, key-informant, and in-depth interviews. They include areas with high concentrations of the most-at-risk populations. An additional site (Foni Bitang District, Western Region) was added to understand better the high HIV prevalence of the area, in the relative absence of known high-risk populations.

1. **Greater Banjul Area, Western Region.** The Greater Banjul Area includes the capital city of Banjul, the urban growth areas Serrekunda and Brikama, the Kanifing Municipal Area and the tourist areas of Senegambia, Fajara, Bakau and Kerr Serign. For the purpose of this study, Barra, located in the North Bank Region, opposite of Banjul, was included in this region. This highly urbanized area located near the Atlantic Coast is the governmental and economic hub of the country and is home to more than half of the country’s total population.

2. **Atlantic Coast, Western Region.** Several towns along the Atlantic coast, south of the Greater Banjul Area, are densely populated by fishermen. These locations include Bakau, Brufut, Tanji, and Gunjur. The Atlantic Coast in recent years has become more highly populated, partly due to its proximity to the Greater Banjul Area. Additionally, as the tourism sector has grown, hotels, bars and more transient populations have increased. Fishing centers are also located further inland along the River Gambia, but were not selected into this study because it was assumed that there was lower risk associated with artisanal fishing that occurs in those areas.

3. **Sibanor and Bwiam, Foni Bitang District, Western Region.** Although no traditionally identified most-at-risk populations are associated with this rural area, HIV prevalence remains high, compared to other rural ANC surveillance sites (National AIDS Secretariat, 2007). Therefore, data were collected to understand the potential drivers of the epidemic in this region and to determine if there were any most-at-risk populations in the region. Sibanor and Bwiam are located approximately 85 km inland on the south bank of the River Gambia.
4. **Farafenni, North Bank Region.** The busy transport depots in Soma, Lower River Region and Farafenni, North Bank Region are the major stopping points along the north-south transit axis that crosses The Gambia, approximately 150 km inland. Farafenni and the surrounding area have a population of about 20,000. The two large towns are located on opposite sides of the River Gambia. The axis is the main connecting road between northern Senegal and the southern Senegal region of Cassamance. Because the nature of risk and the populations of the two towns are similar, focus groups and interviews were primarily conducted in Farafenni.

5. **Basse, Upper River Region.** Basse is the largest town in the eastern-most region of The Gambia, approximately 400 km inland. The town is a stopping point for commercial and passenger vehicles traveling to Senegal and other regions of West Africa. The town has several bars, hotels and guesthouses. There are significant movements and concentrations of peoples from neighboring countries including Senegal, Guinea, Sierra Leone and Mali.

6. **Uniformed personnel Barracks/Stations.** Military personnel, police, customs and immigration officers are posted throughout the country. Research was conducted in several sites for each group: the Yundum Army Barracks (Western Region), Basse Army Barracks (Upper River Region), several police stations, the Amdalai Border Post (North Bank Region) and the Kerr Ayib Border Post (near Farafenni, North Bank Region).

**Focus Groups**

Focus group discussions were coordinated at each of the identified sites. A total of 23 focus groups were conducted: seven among commercial sex workers, one among Bumsters, four among truck drivers, five among fisherman and fishmongers, and six among uniformed personnel. The focus groups consisted of 5-14 participants from the identified MARPs. Participants were identified with the assistance of local “gatekeepers” or site supervisors in the case of uniformed personnel. Most groups were segregated by gender, though a small number of groups were mixed gender.

Prior to beginning the focus groups, twelve fieldworkers underwent a two-day training to familiarize them with the methods and content of the research, including how to moderate a focus group. Informed oral consent was sought and received from each participant in the group. Additional consent was sought to audio record the discussion.

**Key Informant Interviews**

Twenty (20) key informant and in-depth interviews were conducted with key stakeholders (health workers, program managers, and, local leaders) and members of the MARPs. The information gathered in interviews supplemented the data from focus groups and provided additional perspective on understanding and working with MARPs in The Gambia.

**Site Visits**

A majority of the major sites throughout the country were visited during the course of the research. The site visits included participant observation, validation of the locations and populations, informal interviews, and population counts.
Debriefing
After the fieldwork was completed, preliminary findings were presented to a small group of stakeholders, including the National AIDS Secretariat, UNAIDS, UNDP, and the Sex Work Intervention Project. An additional validation meeting was held with a larger group of stakeholders, including participants of the research, to solicit feedback on the findings, conclusions and recommendations of this report.
Findings

Population Estimates

Given the difficulty in accessing many most-at-risk populations, accurate or methodological estimates of population size are difficult to obtain. As an exercise, the numbers of MARPs were estimated using several methodologies. These methodologies are non-scientific, have no basis in the literature and may over- or under-estimate the population. Without rigorous sampling methodologies for censuses in these populations, the estimates cannot be confirmed. Some data, such as the population of uniformed personnel, may exist, but are accurate and/or directly confirmable estimates may not be available. The categories of MARPs are not mutually exclusive and therefore individuals may fall into multiple groups. The estimates are intended to be a starting point for prevention policies and interventions. Further methodological research into estimating the sizes of these populations is still needed.

<table>
<thead>
<tr>
<th>Population</th>
<th>Estimated Size</th>
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<tbody>
<tr>
<td>Commercial Sex Workers</td>
<td>3,100</td>
</tr>
<tr>
<td>Bumsters</td>
<td>150</td>
</tr>
<tr>
<td>Commercial Vehicle Drivers</td>
<td>5,000</td>
</tr>
<tr>
<td>Fisherfolk</td>
<td>6,000</td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>14,400</td>
</tr>
<tr>
<td>Uniformed Personnel</td>
<td>4,400</td>
</tr>
</tbody>
</table>

Table 2. Estimated population of most-at-risk populations in The Gambia

Commercial Sex Workers

Key Points

- Approximately 1,500 – 4,700 female commercial sex workers operate in The Gambia, predominantly in the urban areas.
- An estimated 100-150 male “Bumsters” operate in the tourist development areas along the Atlantic Coast.
- Economic distress (poverty) is the primary factor that influence men and women to engage in commercial sex work.
- HIV awareness is high, though accurate knowledge is lower among commercial sex workers.

1 The category “Men who have sex with men” includes individuals who may or may not identify as “gay,” “straight,” or “bi-sexual”.
• HIV testing was relatively high among the sample sex worker population, though may be much lower among other segments (i.e. street-based) of the population.
• The primary areas for intervention include Kanifing Municipality (including the tourist development areas), Banjul, and upcountry transit towns (including Farrafenni, Soma, Bansang, and Basse).

Site Descriptions

Six sites of commercial sex workers were covered throughout the country: one each in Banjul, Brikama, Barra, Farafenni and two in Serrekunda. The following site descriptions are representative of the range of locations where commercial sex work occurs. Brothel-based sex work is only one type of sex work that occurs in The Gambia. Street-based sex work and sex work that occurs in private compounds are not described. A rise in street-based sex workers make them a critical sub-population to engage, though accessing this population may prove to be challenging. The prevalence of sex work that occurs in private compounds is unknown and access to this sub-population for interventions or research may be extremely difficult. (Note: The names of the establishments have been changed).

XY Brothel is located in Banjul, near the ferry-crossing terminal for passengers traveling to and from Senegal and other parts of the Gambia on the North Bank of the River Gambia. Banjul has an estimated population of 35,000 residents and it is the governmental and economic hub of the Gambian economy. The lodge is a two-story building with 12 rooms that are rented by guests and CSWs at the rate of D400-500 per night per room. Approximately 8-12 commercial sex workers can be found at the lodge/brothel on an average night. The area near the ferry terminal is the busiest part of the city, with a high concentration of large commercial/wholesale shops, shopping centers and markets. Additionally, it is close to the government’s main administrative area, with the Customs Headquarters Office, The Gambia’s Port Authority (GPA) Headquarters Office, and the Gambia National Transport Control Association (GNTCA) Headquarters Office. The Ferry Services Terminal and several taxi garages connect passengers to destinations throughout the country. Given its strategic location as a transit location and for socio-economic activity, transient populations from within The Gambia and the sub-region, including truckers frequent the brothel.

Fatou’s Bar is located on a side street in Fajikunda, a densely populated area of Kanifing Municipality (population 24,000), along the main highway that traverses the south bank of the Gambia River. The Bar and attached lodge are located in a residential area, and consists of two main buildings – one housing the bar and the other the seven rooms that can be rented for 30 minute intervals. The lodge is non-residential, implying that commercial sex workers are not to stay at the lodge permanently. On an average weekend night, 10 to 20 sex workers are present at the bar/lodge. Rooms at the lodge are rented for D50 per 30 minutes, which is paid for by the client of the sex worker. The average charge to the client for the sex worker is D100, not

2 At the time of the research in 2008, the foreign exchange rate was approximately: 1 US Dollar = 23 Gambian Dalasi.
including the room rental fee. It was estimated that each sex worker had five to six clients during an average weekend night.

The Senegambia Tourist Development Area (TDA) is located on the Atlantic Coast and is the hub of the tourist industry. A high concentration of hotels, restaurants and bars cater to tourists, who come primarily from November – April. Approximately 20-50 bumsters operate within this tourist area. The bumsters operate on the two main streets of the TDA and approach tourists as guides and “friends”. Bumsters also frequently work from the bars and clubs located in the area, alongside the street-based female sex workers.

Description of the Population

There are several types of commercial sex work that occurs in The Gambia: female brothel-based, female street-based and male “bumsters”. Female brothel- and street-based sex work occurs predominantly in the urban areas of the Greater Banjul Area and transit towns further in country. (Bumsters are discussed in the next section). Based on field observations and an unpublished census conducted by the Sex Work Intervention Project, a conservative estimate of 1,500 brothel-based and street-based female sex workers operate in The Gambia. Mobility of the street-based sex worker population, coupled with the fluidity of the population within and outside of The Gambia makes an accurate count of the population difficult. This number was obtained by using counts of sex workers at every establishment listed as a commercial sex work site on an average night. Since the list is not exhaustive, the estimate is most likely an underestimate.

Another method to estimate the sex work population is to use behavioral and census data. According to the 2005 Behavioral Surveillance Survey, 1.2% of women aged 15-49, report having received money in exchange for sex over the last 12 months. If this is extrapolated to the entire population and commercial sex work is defined as receiving money in exchange for sex, based on the 2008 Census, there are approximately 4,700 female sex workers in The Gambia. This method is extremely crude and entails numerous assumptions that may not be valid. This number should therefore be interpreted and used cautiously. One study found that in West Africa, the percent of female sex workers ranged from 0.7% to 4.2% of women, aged 15-49, in capital cities (Vandepitte, et al., 2006). The lower estimate of 1,500 CSW falls below this range, while the estimate of 4,700 CSW falls in the mid-range.

The nationalities of commercial sex worker include Gambian, Senegalese, Sierra Leonean, Nigerian, and Guinean. Historically, the population was believed to be predominantly Senegalese. Recent demographic and economic changes have resulted in larger numbers of Gambians to engage in sex work. One key-informant stated that it was estimated that in 2007, 65% of female commercial sex workers were Gambian, 15% Senegalese, 15% Nigerian and 5% Other. However, other sources indicated that Gambians were still made up a minority of the sex worker population, though it was steadily growing.

A majority of the Gambian sex workers reported that they worked in areas away from their families and “home” communities, though frequent returns to their families occurs for some. In general, the population is highly transient, with foreign sex workers frequently traveling in and out of The Gambia. The conservative social, cultural, and religious norms that govern sexual behaviors prevent most women from disclosing to their families that they are engaged in sex work.
work. Many women expressed fear of isolation from and discrimination by their families and community members. While sex work is rarely discussed by the women with their families, some women stated that their trade was implicit, given the amounts of money that they were able to bring to their families. One woman stated,

“Obviously our mothers should know that it is not possible to work for 3 days and be paid that amount of money...”

Therefore, the social stigma associated with commercial sex work could be avoided for some by not discussing the topic openly, while providing needed economic assistance to their families.

The age range of sex workers varies depending on the site, though on average the women ranged in age from 20-40 years. A previous study has reported that the sex work industry includes girls aged as young as 12 years (Government of The Gambia & UNICEF, 2003). Several informants indicated that young girls (under the age of 15) are involved in commercial sex, particularly because of the preference of some clients, but that the practice was not widespread. The prevalence of child prostitution could not be confirmed.

A large proportion of the sex workers operate from brothels in urban areas and transportation hubs throughout the country. However, increasingly, the sex worker population is becoming more street-based. This trend makes it more difficult to access, develop and maintain relationships with sex workers for both research and interventions.

**Motivating Factors for Sex Work**

Economic distress and poverty were the primary reasons mentioned for engaging in commercial sex work. Several women reported engaging in sex work as a means to provide an opportunity for their family to break from a cycle of poverty. One woman stated,

“It is not our wish to be into this kind of business but we have no way out as we do not have money and life has to go on; this is all poverty.”

High proportions of sex workers reported that they had been previously married and have children to support. Divorce in The Gambia often results in social exclusion, whereby women are not welcome in her former husband’s family, or in her own family. Without familial, economic support and a lack of education and skills, many women enter into sex work to support themselves and their children. Most of the sex workers reported that the income derived from sex work were used to take care of their parents, children’s school fees, other economic responsibilities, as well as personal problems for some. One woman stated,

“I [have] married twice in life and have children, both my parents are dead and my relatives are not prepared to assist me with my children so this is why I am into this business. I don’t like it...but I have no choice. I [would] prefer to leave a decent life with my family.”

However, economic distress or poverty was not always expressed as the need to fulfill basic needs, such as food and housing. Several women cited the need to keep pace with the increasing Westernization and modern life, requiring things such as cell phones and better or more modern fashion. This is a similar phenomenon that has been previously described in southern Africa as...
the “continuum of needs,” (Leclerc-Madlala, 2003) ranging from items commonly associated with poverty – food, shelter, school fees, One young sex worker stated,

“As a young girl when you see your age mates well dressed with expensive materials that you admire but cannot get, you will be tempted to be sleeping with men in payment for money. This is all due to poverty as we said before.”

A significant proportion of the sex workers stated that engaging in sex work was beyond their control. Many stated that if they had better opportunities they would not have gone into the sex trade. One woman stated,

“I sit down and reflect my memories and get unhappy with myself of what I am into. Imagine even in the Holy month of Ramadan, when I should be fasting and praying to Allah for forgiveness, business [has] to go on or else I and my family will not survive...”

**Clients of Sex Workers**

There is large diversity in the characteristics of the clients of sex workers. Several nationalities from the West African sub-region were mentioned, including Gambians, Mauritanians, Malians, Senegalese and Guineans. Several sex workers, particularly those that work in the Tourist Development Areas mentioned *toubobs* (i.e. European/Whites) as clients. The sex workers – reported a wide age range from young, high school ages boys to older men.

Sex workers made a distinction between their customers and boyfriends, though some men transcend the distinction, moving from customer to boyfriend. Some sex workers, particularly those who work in the Tourist Development Areas interact with bumsters, who often serve as “pimps,” giving them access to wealthier tourist clients. The bumster will often require payment from and/or sex with the sex worker to grant them access to clients.

**Knowledge about HIV/AIDS**

Commercial sex workers are nearly universally aware of HIV/AIDS and basic knowledge about HIV transmission and prevention appears high. Many sex workers who participated in this study have had previous exposure to sensitization programs educating them about HIV transmission and prevention. This may be the result of selection bias, since recruitment occurred primarily at locations where the Sex Work Intervention Project had worked. The sex workers also indicated that they had previously heard HIV prevention messages on the television and radio. General knowledge, such as modes of transmission and basic preventative measures were easily recalled by many focus group participants. A majority of the sex workers reported that the cause of disease was a virus, which could be transmitted through via unprotected sex, multiple sex partners, blood transfusion, injections, the use of razor blades and other cutting instruments.

Despite the apparent high knowledge of HIV, many misconceptions still exist, indicating that there is a lack of underlying knowledge regarding HIV transmission. For instance, several respondents stated that HIV could be acquired by stepping over dog urine, sharing hair combs. Denial of the existence of HIV/AIDS was also stated to be common among sex workers and the general population. One woman stated,
Here many people believe that it’s only people who are slim that are sick; but someone can be fresh and good looking while carrying the virus…”

Knowledge about HIV and risk appeared to reflect the emphasis of previous HIV education campaigns in The Gambia, notably those developed and funded during the HIV/AIDS Rapid Response Program (World Bank) as well as cultural and social inhibitions related to speaking about sex. For instance in several interviews and focus groups, discussions about transmission were initially focused on transmission via unsterile injecting and cutting instruments (i.e. needles, razor blades, circumcision tools). While there is some risk associated with such modes of transmission, the risk is minimal particularly when compared to sexual transmission.

Given limited access to street-based sex workers, it could not be determined what the knowledge among these women was. Several factors, including limited access to HIV education programs, would indicate that knowledge is lower.

Condom Use

The use of condoms for protection against HIV was commonly and openly discussed in all focus groups with sex workers. In general, the sex workers believed that condoms were effective in reducing their risk of acquiring HIV and other STD. However, some women expressed concerns about the effectiveness of condoms, commonly citing condom failure and sabotage by the client. One woman stated,

“The men we meet with [who] are not our boyfriends...we asked them to use condom, but...sometimes you will be in the middle of sex and some of them would want to remove the condom.”

A majority of the women stated that they used condoms during every encounter with clients. Many women confirmed that men often would offer double the standard payment to have unprotected sex. In each group, several women stated that they would never accept double payments for unprotected sex because of the fear of acquiring HIV or other STD. One sex worker stated,

“I charged a man D400, but when we went into the room he offered me D1,500 to sex without condom and he told me if I want he can even increase it, but I told him that I know the D1,500 can do a lot of things for me but my life is more important and all I need is the D400 I charge you.”

However, some women stated that their economic situation required them to take the risk, accept higher payments, and forego condom use. Women were less forthcoming admitting this, indicating a stigma associated with accepting higher payments for increased risk, described as “greediness” among sex workers.

Condom use was also often dependent on the type of partner. Many sex workers stated that they had boyfriends, who they regularly had sex with. In these relationships, condom use was rare, even if the sex worker did not believe her partner was completely monogamous.

At one brothel, the gatekeeper stated that all sex workers were monitored to ensure that they used condoms with every client. The monitoring was done by condom counts as well as monitoring
conversations amongst clients who claimed to have unprotected sex with women at the brothel. Additionally, the brothel required all its sex workers to have health cards, certifying that they were free of HIV and other STIs. The system in place resembled the health card system found in Senegal. This system was not in place in any other brothel that was included in this research, though it may be an effective model to follow and should be examined further.

**HIV Testing**

A majority of women in the Greater Banjul Area stated that they had gone to the Medical Research Council (Fajara) and/or the Royal Victoria Teaching Hospital on several occasions for HIV testing. Testing among sex workers (i.e. those in Farafenni and Basse) away from those two testing sites was less common. The most common reasons cited for going for an HIV test was to know about their health status and to protect themselves from contracting the virus or transmitting the virus to others. One of the sex workers stated,

“For me I don’t joke with the test and I do the test, but maybe some of our colleagues don’t go for the test because they fear the test. In Senegal, we have our own doctors and every time we will be tested and he will give us drugs and injections. Wherever we are we pray to God to protect us.”

There were several commonly cited reasons for not testing for HIV. One was the fear of stigmatization and discrimination associated with a positive test result. The sex workers also expressed a fear of involuntary disclosure and a lack of confidentiality in the hospital or clinical setting. Some respondents also stated that a positive test result would lead to psychological trauma (“knowledge of a death sentence”).

**Sex Workers and Community Interactions**

In a majority of the focus groups, sex workers described the relationship with the community as good, except with police and immigration services. One woman stated,

“The police are our problem they keep raiding us and take money from us and sometimes sex, but apart from that the community is very peaceful.”

Another woman stated, “When uniformed personnel arrest us, they use us... I remember it happen[ed] here to one of my friends, who was arrested...She was taken up to Independence Drive and was used by the officer, then left free to go back home. This is most of the time done by the young officers.”

The relationship between sex workers and the uniformed personnel was described by one key informant as an ebb and flow. Declarations by politicians and other high ranking officials against commercial sex leads to increased harassment of commercial sex workers by the police and immigration officials. When such declarations ceased, harassment of sex workers subsided. One high-ranking police officer disputed the harassment claims, stating that raids on brothels only occurred when pornography, paedophilia or community complaints were reported.

**Bumsters**
“Bumsters” is a Gambia-specific term referring to young men who have traveled to the urban area to engage informally with the tourism sector. Bumsters are often viewed (by other Gambians) as male commercial sex workers, though not as explicitly as female sex workers. Bumsters are not typically paid an hourly rate, but rather seek remuneration in the form of gifts, meals, longer-term relationships with tourists, and in some cases trips abroad. The bumsters engage both female and male tourists, though more commonly female tourists. Bumsters present themselves as local boys who want to assist tourists, acting as tour guides and providing an “insider’s perspective” of Gambian life.

Informal associations of bumsters exist in the major tourist development areas, specifically in Senegambia and Bakau. Based on physical counts of bumsters in two major gathering points, an estimated 100-150 bumsters operate in the tourist development areas. The main reason stated for being a bumster was a lack of adequate economic opportunities. Many bumsters interact with tourist as sex partners and serves as intermediaries between tourists and sex workers. The focus group and interviews found that many young men were primarily interested in meeting the one woman who might lead to better economic prospects for themselves and possibly their families. It was widely perceived that individuals who were able to develop a relationship with a foreign woman would be rewarded economically. Bumsters identified their clients as primarily Western/European foreigners in The Gambia coming for holiday, notably from the United Kingdom, Holland, Germany, Spain, Denmark, Norway, Finland, Sweden, and Italy.

Knowledge about HIV/AIDS and STDs, like other commercial sex workers, appeared to be fairly high. Bumsters were able to explain common modes of transmission as well as appropriate preventative measures. Abstinence and monogamy with a partner were mentioned among bumsters, which was different from the brothel-based sex workers. However, attempts to find the “right” partner precluded both prevention methods. Correct and consistent condom use among bumsters appeared fairly low, though access to condoms was less of a problem compared to other commercial sex workers. One bumster stated simply, “I am not interested in using condoms.”

During the research, there were conflicting reports of bumsters engaging in male-male sex. In one interview, a bumster denied that same-sex activities occurred among bumsters, citing religious, cultural and legal barriers and intolerance. However, informal and casual conversations as well as the focus group with bumsters indicated that same-sex intercourse occurred, among both Gambians and foreign tourists. This is done clandestinely out of fear of stigma and abuse by peers and the police. Several men stated that bumsters engage in same-sex activities for two primary reasons: economic gain and/or a lack of interest in sex with women. Some interviewees identified other bumsters as bi-sexual – noting that sex with other men was primarily for economic reasons and was therefore more acceptable than being “gay”. The bumsters also stated that many MSM also have girlfriends.
Uniformed Personnel

Key Points

- Multiple partners and low condom use among some uniformed personnel put them at high risk for HIV. These proximate behaviors are influenced by being posted away from families and their own community, having more power over vulnerable populations such as traders and sex workers.

- The power that is afforded individuals in uniform is sometimes used for sexual gains, as indicated by the reference to a “last car” officer – who provides accommodations in exchange for sex and goods.

- Basic HIV knowledge is high among uniformed personnel. However, self-perceptions of HIV risk do not accurately reflect the actual risks faced by uniformed personnel.

- Members of the police force and army face mandatory HIV testing during recruitment. HIV positive individuals are not allowed to serve.

Description of Population

Estimates for uniformed personnel (i.e. the army, police, customs and immigration) could not be gathered for security reasons.

The Gambian national army frequently deploys officers and soldiers to participate in regional and international peacekeeping missions, including Bosnia, Kosovo, Democratic Republic of Congo, Sierra Leone, Eritrea, and East Timor. In 2003, The Gambia contributed 150 troops to Liberia. In 2004, it contributed nearly 200 members to the UN Peacekeeping Mission in Darfur, Sudan (US Department of State, 2008). Based on these estimates, approximately 10-15% of the national army has been deployed to foreign countries. Although HIV is not highly endemic in most countries to which Gambian troops have been deployed, several contextual factors likely increase these soldiers’ risk of HIV acquisition.

The uniformed services are primarily made up of young men, though women are increasingly being recruited into several areas, specifically the police force. A majority of low-ranking soldiers or officers have not completed their education. However, most mid- and high-level officers have completed secondary education. Among all the uniformed services, men and women are often posted away from their communities. One police officer described being posted to several areas in the past four years, including the urban area of Serrekunda, Amdalai, and further upcountry. This high frequency of post changes appeared to occur in all branches of the uniformed services.

Site Descriptions

Research on uniformed personnel was conducted in several sites for each group: the Banjul and Serrekunda Police Stations, the Yundum Army Barracks (Western Region), Basse Army
Barracks (Upper River Region), Amdalai and the Kerr Ayib Border Posts near Fass Njagachoi and Farafenni respectively, in the North Bank Region.

The Banjul Police Station, the main police station in the country, is located along Liberation Avenue in Banjul. Serrekunda Police Station is located on Serrekunda Main Street, near the central market. Serrekunda is about 11 km south of Banjul, with an estimated population of 19,000 people.

Yundum Army Barracks is the main Army Camp and headquarters of the Gambia Armed Forces. The Barracks are located in the peri-urban New Yundum along the country’s main trunk route from Banjul to Basse on the south bank of the River Gambia, approximately 30 km southwest of Banjul. The Barracks are in close proximity to Brikama and the urban settlements in Kanifing Municipality.

The Amdalai Border Post is located in the North Bank Region, about 12 km north of Barra and Banjul. Amdalai is the main border post linking the urban areas of The Gambia with Senegal and Dakar. The border town has an estimated population of 1,400 inhabitants, though this estimate does not include the population of Karang on the Senegalese side of the border. The border post is the busiest in The Gambia, with large numbers of travelers and cross-border traders passing through daily. Officials from the Police, Immigration and Custom services are posted in Amdalai.

The Kerr Ayib Border Post is located along the northern border with Senegal, approximately 2 km north of Farafenni. Kerr Ayib village is located in Senegal and no village exists at the border on the Gambian side. Police, Immigration and Customs Officers work at the border, however, all officials are posted and live in Farafenni. The Kerr Ayib Border Post is the main north-south transit crossing point in the eastern part of the Gambia, approximately 150 km east of Banjul. The crossing is a major transit point for goods coming into the Gambia and for those crossing between northern Senegal and the Cassamance Region of southern Senegal.

**HIV Knowledge**

Knowledge about HIV/AIDS was highest among the uniformed personnel, compared to other MARPs, in part due to education programs during training as well as mandatory HIV testing among some personnel upon entry into service (i.e. police and army cadets). Most focus group respondents were able to identify correctly basic modes of transmission and preventative strategies. However, misconceptions were reported and personal risk perception differed greatly from actual risk. As was reported in other focus groups, the risks associated with unsafe injections, sharing of sharp instruments for circumcision and barbing, and blood transfusions were mentioned as frequently as unsafe sexual intercourse, even though the actual risk is vastly different. One respondent stated,

“If you have new bruise [and] somebody who is infected, his/her blood touches your wound and the two bloods fused, then you can also be infected with HIV/AIDS.”

Another officer stated that policemen are at more risk than the others are because they frequently deal with criminals who may be HIV positive. While occupational risks are present for some officers, they are extremely rare occurrences. The skewed perception of risk may be the result of
a lack of appropriate education relating to HIV risk or an unwillingness to speak openly about sexual risks. While uniformed personnel are at increased risk, the factors that impact this risk are predominantly related to sexual transmission, not occupational hazards. Some respondents were willing to speak about sexual risks. One immigration official stated,

“Yes [we are at risk] because we follow girls a lot and they follow us too. This is a border post and many people pass by here. So we have all opportunities to meet many sex partners.”

**Power Differential and the “Last Car” Officers**

A frequent theme among the focus groups was the perception of uniformed personnel within the community and the power dynamics that are associated with wearing a uniform. Most men described relationships with the community as good; however, some men reported that community members perceived them as “always bothering people”. This perception may be the result of harassment by soldiers or officers at border posts and checkpoints in towns and along major transit roads.

The power dynamics that underlie interactions between uniformed personnel and civilians also impacts the sexual relationships between those groups – both voluntary and coerced. Men in uniform were perceived as having more power and often more money than many civilians have, which gives them more control in negotiating sexual interactions. It was reported among uniformed personnel themselves and other groups and informants, that some men and to a lesser degree uniformed women abused this power. Some informants referenced the terms “last car” and “last ferry”. Both terms are names that uniformed personnel give to their colleagues who take advantage of women who have missed the last ferry or car and are stranded at a border post or ferry terminal. The men use this opportunity to provide them with accommodation in exchange for sex and/or goods. It was reported, particularly at border crossings, that traders were held at the border, where often adequate lodgings do not exist except for the homes of uniformed men. In such situations, women were powerless to fend off sexual advances or to negotiate condom use.

While in most cases, uniformed men retained the power to negotiate sex, some informants spoke about the power women had or gained by having a relationship – either casual or regular – with a uniformed man. For instance, uniformed men were assumed to have more money, since they would have a stable job. Additionally, uniformed men could provide safety, protection, or ease of passage for a woman and her family, if required. Therefore, a sexual relationship with a uniformed man would be beneficial.

The major risk factor among the uniformed personnel is unprotected sex with multiple partners. As was described previously, most uniformed personnel are posted away from their communities and in some cases spouses. One soldier stated,

“We are soldiers and we are sometimes away on missions and we need to satisfy ourselves sexually. So we cannot abstain, be faithful, but we can use condom. So provide us with good condoms.”

Uniformed men frequently suggested that men had an innate need for sex, which could not always wait to be satiated if they were posted away from their wife or regular girlfriend. Several
participants indicated that they had multiple regular partners – including a wife and a girlfriend, however this did not seem to be the norm. Unmarried service men indicated that they had sex with their girlfriends as well as with commercial sex workers.

Responses about condom use among the uniformed services were mixed, with some claiming to use condoms all the time and others indicating that they never used condoms. One individual stated,

“You should understand that this is nature and we have to satisfy our sexual desire and it is left to the individual how he/she do it whether to use condom or not.”

Access to condoms was indicated as a problem, particularly for the police and army soldiers. Regardless of access issues, some men reported that condom use is low because of a preference for flesh-to-flesh sex, as well as limited time for sexual intercourse and therefore condom use. There was no indication that condom use was more frequent with casual or commercial sex partners.

**HIV Testing**

HIV testing is common and in some cases mandatory for uniformed personnel. Respondents indicated that it was very common among the soldiers, police and immigration officers to go for medical test/examination as part of the recruitment process. Individuals who are HIV positive are not accepted into several uniformed services. Additionally, soldiers and officers who go on peacekeeping missions are mandatorily testing for HIV. Within the army, annual medical testing now includes an HIV test.

The reasons given for uniform personnel being tested were to recruit the most healthy and able men and women to carry out the responsibilities required of them. It was commonly assumed that HIV positive individuals would not be able to carry out such responsibilities. One informant also indicated that a majority of donor blood in The Gambia is given by the Army and to ensure a safe blood supply, soldiers had to be mandatorily tested.

**MSM and Uniformed Personnel**

When asked about men who have sex with men, a majority of respondents denied that it occurred among uniformed personnel. Participants gave three primary reasons for the absence of men who have sex with men in the armed forces as well as in The Gambia in general: 1) it is against the proscriptions of Islam, 2) it is against the laws of The Gambia, and 3) the President has made pronouncements, threatening MSM with arrest and death. Several participants stated that homosexuality exists within the hotel industry, primarily catering towards foreign tourists and is a poverty-driven activity.

**Commercial Vehicle Drivers**

**Key Points**

- Truckers in The Gambia are highly mobile and spend between two weeks and two months away from their home at any given time.
• Masculine perceptions of an innate need for sex was used as an explanation for engaging in multiple partnerships outside of marriage or regular partnerships.

• Truckers carry large amounts of cash with them on trips, enabling them to pay women for sex.

• Condom use among truckers was reported to be variable. Many misconceptions about the effectiveness of condoms exist and issues of access to condoms most likely reduce the frequency of consistent condom use.

Description of Population

The trucker population in The Gambia is almost exclusively made up of men. A majority of truckers based in the Greater Banjul Area are Gambian, however, further in country, many truckers are Senegalese.

Accurate records of the number of trucks that stop or stay over at this Truck Park were not available. The offices of the National Transport Control Association issues manifests for all trucks departing Banjul. Counts of the manifests issued on three randomly selected days were 18 manifests on 11 July 2008; 18 manifests on 14 July 2008; and 25 manifests on 24 June 2008. These counts represent the number of trucks departing Banjul for other regions of the country. However, it does not represent the number of trucks that are idle at any given moment in Banjul.

Because of their work, truckers spend substantial periods of time away from their homes and families. Participants stated that depending on their final destination, traveling times could range between two weeks and a month for domestic routes and over one month for international/regional routes.

Site Descriptions

Within The Gambia, there are approximately five-seven major truck parks, located in/near ports, main towns and border crossings. At these locations, trucks await, load and unload their goods, wait for other trucks for convey across borders, and sleep. Four sites were included in this research: the Banjul Ferry Terminal Truck Park, which is also the headquarters for the Gambia National Transport Control Association Office (GNTCA), the Barra Ferry Terminal Truck Park, the Farafenni Truck Park and the Basse Truck Park. From these locations, trucks bring goods to/from the port in Banjul to other regions of The Gambia as well as to other countries in the sub-region.

Banjul Truck Park is located in Banjul near The Gambia Port Authority Headquarters. The Banjul Truck Park is the busiest in the country and is the staging point for goods entering The Gambia. Trucks can spend up to a week or more in Banjul waiting for goods to be brought in from the port. Some truckers stay at several hotels and brothels, while others have rented compounds in the Banjul area, some shared with other truckers and some family compounds.

Barra Ferry Terminal Truck Park is located in Barra and is an important crossing point for goods coming from Senegal or heading north for Senegal or for the eastern regions of The Gambia along the north bank. Trucks frequently have long idle times while waiting for one of
several ferries that cross the River Gambia. Since the ferry does not operate on a 24-hour basis, trucks often spend the night in Barra.

Farafenni Truck Park is located in the center of Farafenni, located 150 km east of Banjul and is the major stopping point on the north-south axis crossing The Gambia. Farafenni is a growth center and transit point for people traveling to and from within the country and Senegal. A majority of trucks crossing Farafenni are Senegalese trucks, bringing goods into The Gambia or carrying goods across The Gambia from/to Cassamance from/to northern Senegal.

Basse Truck Park is strategically located in Basse at the main garage for transporting goods within the eastern parts of the country and the sub-region. Basse is the final staging point for trucks before leaving The Gambia at the eastern-most end of the country. Several hotels and bars exist in the town.

HIV Knowledge

Responses to questions about HIV and other STI knowledge ranged widely, with some participants demonstrating a high degree of knowledge related to HIV transmission and prevention and other demonstrating a low level of accurate knowledge, including the belief that HIV could be transmitted through mosquitoes or by stepping over dog urine. One respondent stated that one cause of STD was through a lack of cleanliness, particularly in what one eats. Several respondents indicated that they had participated in previous HIV education workshops lead by NGOs in the country, including the Sex Work Intervention Project. Focus group participants identified the best preventative measures as the ABCs of prevention as well as the avoidance of blades and cutting materials used by those infected with the virus. In several groups, the cultural practice of wife inheritance was noted as a possible mode of transmission.

Another respondent stated,

“We should have our own way and educate the people about it so that we can cure AIDS because the white man solution is for the whites”.

Condom Use

Responses about condom use varied, though a majority of truckers stated that they used condoms consistently. However, informal conversations and interviews with truckers indicated that condom use was infrequent, particularly given problems with accessing sufficient supplies of condoms or having a condom on hand at the point of intercourse. One trucker stated,

“When I see a woman in certain position, whether I am with condom or not, she will not escape me. Let whatever might happen later, but I have to sex with her.”

Condom use among casual or commercial sex partners is more frequent than condom use with regular or spousal partners.

Despite knowledge about condom use as a preventative method, several participants believed that they were ineffective or even the cause of the problem. One participant stated,
“We believe that God is the one that gives HIV/AIDS. If you eat what you should not eat you will be sick, so if we want to treat AIDS we must first have faith in God, because this condom...cannot prevent you; only God can prevent you.”

Another participant made a causal link between condoms and HIV, stating,

“To me this HIV/AIDS is brought by use of condoms because in those days there was no condom and you never heard of AIDS, but when condoms came AIDS became plenty.”

Because of these misconceptions about the effectiveness of condoms, it is likely that condom use is not consistent among many truckers.

**Multiple Partnerships**

A majority of truckers freely acknowledged that they or their colleagues engaged in multiple partnerships while travelling away from their homes and families. Men stated that they were incapable of waiting for sex during the long periods between seeing their wives or regular girlfriends. One focus group participant stated,

“The more we drive, the more the engine becomes hot and our body becomes sexually active. In fact, when I was driving I take along women with me.”

Many men similarly indicated that they innately had to have sex on a regular basis – whether or not it was with their spouse or regular partner. The participants classified the sex partners that they met on the road as girlfriends and one-night casual encounters. However, the participants stated that they could not differentiate between commercial sex workers and women who just wanted money as a transactional aspect of an encounter. One participant stated,

“A lady you buy food from can agree to have sex with you, a young girl you buy fruits from can agree to have sex with you and a lady you find in a hotel, motel or guesthouse can agree to have sex with you. So we don’t know if they are sex workers.”

Truckers who acknowledged that they had multiple partners outside their marriages stated that their families did not know about their other partners. However, some truckers stated that their current wives were former girlfriends whom they met while on the road and therefore had to know about their “indiscretions.”

**Economies of Sex**

A common perception among women was that truckers were wealthy and carried large sums of cash with them on their trips. Most of the truckers indicated that truckers were not rich, but that their occupation required them to carry cash. The money was used for truck repairs, food, payments at checkpoints and border posts, and lodging costs. With disposable amounts of cash, several truckers indicated that they were able to assist women when they stopped at night, but in return wanted sex. One man stated,

“The bad things we do is that...we go to a village and demand for our social needs, in the process we do use money to influence women and we end up making love with them.”
The truckers considered themselves to be at high risk given the nature of their work and that they are always meeting different people in different areas with money on them at all times. One participant stated,

“As a driver we do not stay in one place. You can be here now and in the next two hours be somewhere else far. When we go up-country or outside the country, we sometimes stay over and obviously, we do relax. In the process, we meet with different types of women and this is what makes our work very risky...”

HIV Testing

Based on responses in the focus groups, it is uncommon for truckers to get tested for HIV. Some of the reasons included stigma and discrimination as well as psychological hardship associated with a positive test result. A majority of the participants indicated that they had never been tested for HIV.

Men Who Have Sex with Men (MSM)

Key Points

• Accessing MSM is extremely difficult given current political and cultural proclamations against homosexuality.

• A large proportion of MSM are reported to have girlfriends and wives and are therefore not exclusively sexually active with other men. These men do not necessarily identify themselves as gay.

• MSM are at very high risk for several proximate and distal reasons, including low condom use, lack of lubrication for anal intercourse, high vulnerability associated with secrecy, and stigma and discrimination.

• Political and cultural stigma and discrimination targeted at MSM are a barrier to working with the MSM population and as such, no interventions in The Gambia have specifically targeted MSM.

Description of Population and Risks

In The Gambia, as in much of West Africa, same-sex sexual behaviors are highly stigmatized and illegal. Access to the population for this research was difficult and as such, no focus groups were arranged. However, several interviews were conducted with Gambian MSM living in the Greater Banjul Area, which served to inform this research. An in-depth ethnographic study on MSM in The Gambia has been previously published – see Niang et al (2004).

In May 2008, the President of The Gambia declared all homosexuals persona non grata, threatening them with decapitation if they remained in the country (Gambia Now, 2008). As a result of these proclamations and others, MSM in The Gambia are forced to remain in hiding.
One participant indicated that he was told to leave his family’s compound because they assumed he was a homosexual.

Unlike other MARPs, a formal social network does not exist among MSM in The Gambia. Very few Gambian men openly identify themselves as homosexuals. While some MSM know about other MSM, many keep their sexual identities secret. Men stated that most MSM have wives and girlfriends, sometimes to conceal their MSM activities.

Informants stated that a majority of MSM social activity occurs in the towns in the Greater Banjul Area and consist of infrequent sexual liaisons with casual partners. Several participants stated that some Gambian MSM frequently went to the Tourist Development Areas, notably the Senegambia area, to find other men – both tourists, Gambians, and other Gambian residents (e.g. Senegalese, Nigerians). The interviewees stated that there was no central location (e.g. a meeting point, bar, market) at which MSM could be easily identified. The Gambian MSM indicated that there were some individuals who traveled to Dakar to interact with MSM there, though the degree to which sexual partner exchange occurs between the two populations is unknown.

Several interviewees indicated that condom use was not particularly high among MSM and that not all MSM understood the increased risk associated with anal sex. Lubrication for intercourse (to reduce anal tearing) was unknown to some MSM and those who knew what lubrication was, stated that it was unavailable in The Gambia.

Although there were no focus groups conducted with MSM, several focus groups (i.e. among uniformed personnel and bumsters) discussed MSM behaviors. Field teams, who led these groups, stated that there was widespread denial about MSM and homosexuality among focus group participants. Among the uniformed personnel, participants denied that it occurred among their ranks and there were several incidences of threatened violence if the participants ever found out about a peer engaging in same-sex sexual activities. MSM were acknowledged to exist among bumsters, but primarily because of economic forces. Many groups also indicated that homosexuality was a foreign phenomenon brought to The Gambia by foreigners, primarily tourists.

**Fisherfolk**

**Key Points**

- Approximately 6,000 individuals are directly employed and 25-30,000 people are indirectly employed in the fisheries sector in The Gambia.

- “Fish for sex” is a common phenomenon in the coastal fishing centers, is driven primarily by poverty and puts both men and women at risk for HIV.

- Few HIV prevention interventions have previously targeted fisherfolk in The Gambia.

- Fishing communities are made up of a wide spectrum of nationalities – including Gambian, Senegalese, and Ghanaian.

**Description of Population**

*Qualitative Assessment of Most-At-Risk Populations in The Gambia*
In The Gambia, the fisheries sector is divided into two sub-sectors: Industrial or commercial fisheries and artisanal fisheries. In general, though not exclusively, industrial fishing occurs in villages along the Atlantic Coast and smaller artisanal fisheries exist along the Atlantic and the River Gambia. In 2006, it was estimated that approximately 6,000 people were directly employed by the fisheries sector in The Gambia (Food and Agriculture Organization of the UN, 2007). Approximately 25-30,000 people were indirectly employed by the fisheries sector, including individuals such as fishmongers, processors, and fish smokers and driers. The fisheries sector in the Gambia contributes only about 3% to the annual GDP, though post-harvest production and activities are a “critical entry point for poverty alleviation” (Food and Agriculture Organization of the UN, 2007, p. 8). Additionally, fish remains the main source of animal protein in most Gambian diets, with a higher than average per capita consumption (25kg/year in The Gambia versus 8 kg/year for Africa). While a majority of those primarily employed by the fisheries sector (i.e. fishermen) are men, women account for 60% of the workforce in post-harvest activities such as fish drying and smoking and selling. Along the Atlantic Coast, fishing is a major economic activity. Recent influxes of populations from other parts of the country have created a scarcity of farmland, further increasing the reliance on the fisheries sector for economic development.

Fishermen in the various fishing sites along the Atlantic Coast are from various countries from the sub-region. While in several sites, Gambians are the major population group among fishermen, in Tanji a majority are Senegalese and in Brufut, a majority are Ghanaian. Throughout all the sites surveyed however, a majority of fishmongers were Gambian. Many of the foreign nationals who are involved in the fisheries sector are young, unmarried men. However, increasingly, foreign nationals are permanently settling in the Gambian communities and integrating themselves. Though high-risk fisherfolk – a term used to describe all individuals involved in the fisheries sector including fishermen and fishmongers – are a heterogeneous population with regards to nationality, age, gender, and other demographic characteristics, economically and geographically, they are fairly homogenous.

Site Descriptions

Commercial fishing in The Gambia occurs primarily along the Atlantic Coast, with several smaller sites further inland along the River Gambia. For this survey, four fishing centers along the Atlantic Coast were selected: Bakau, Brufut, Tanji and Gunjur.

Bakau fishing center is located in the Kanifing Municipal Area, approximately 11 km south of Banjul, with an estimated population of about 33,000 people. Currently, approximately 425 licensed fishermen operate at the site in Bakau. Bakau, unlike the other fishing communities along the Atlantic Coast, is a large community whose economic activities are not exclusively linked to fishing. It is a peri-urban Tourist Development Area, with other MARPs.

Brufut is located in Kombo North District, about 15 km south of Banjul along the Kombo Coastal Road axis, and has an estimated population of about 12,000. Brufut is a fishing community with approximately 400 licensed fishermen working at the landing/fishing site. Ghanatown is a small area of Brufut, which is primarily inhabited by Ghanaian immigrants, who make up the largest percentage of fishermen in this community.
Tanji is located in Kombo South District, along the Kombo Coastal road about 2 km south of Brufut with an estimated population of 8,000 people. This fishing site is one of the largest and most popular fishing communities in the country, attracting a large proportion of Senegalese fishermen. Nearly 700 licensed fishermen operate from this site.

Gunjur is located in Kombo South about 40 km from Banjul and has a population of 14,000 people and over 600 fishermen.

**HIV Knowledge and Risk Behaviors**

Among the populations included in this assessment, fisherfolk had the lowest knowledge about HIV/AIDS and other STI. Responses to questions assessing their knowledge indicated some confusion between HIV and other STI, as well as less accurate knowledge about modes of transmission and preventative strategies, compared to other populations. One participant spoke about a common misconception – contracting a STI (also known as a “backfire”) from urinating at a location where a dog had previously urinated. Some focus groups participants were hesitant to speak about HIV/AIDS and STI because it was related to sex. Field workers stated that cultural hierarchies and religious inhibitions prevented many participants from answering openly, which may have prevented an accurate assessment of HIV knowledge. It is interesting to note however that this population is most similar to the general population of the Gambia, in which discussions about sexual behaviors are limited.

When asked about prevention, numerous participants agreed that prevention would be dependent on changing sexual behaviors. One participant stated,

> “Although God give[s] sickness, it is sometimes attributed to our behavior, which we have to control [of].”

Participants mentioned “sticking to our wives” or partner, and condom use for all other times. Older participants cited religious tenets to be faithful to one’s wife/wives in order to avoid contracting STIs. Although few HIV prevention interventions, aside from a multi-purpose HIV center in Tanji, have targeted fishing populations in The Gambia, many had previously been exposed to mass media prevention campaigns. However, these campaigns are not currently active.

HIV testing among fisherfolk was not reported to be common, except among pregnant women who attended antenatal clinics. Numerous respondents indicated that they rarely go to clinics or hospitals for any reason, unless they are very sick. One individual stated,

> “I personally [have] missed the hospital since 1986, but if I am sick I will go there”

This type of health-seeking behavior, in which preventative health is not a priority, is a major barrier to voluntarily seeking HIV testing, given the long phase of latent infection and healthy physical appearance associated with HIV. Additionally some participants expressed a desire not to know if they were HIV positive, since such knowledge would lead to depression and an earlier death.

Responses about individual risk and the risk among the fishing community ranged widely. One fisherman reported,
“It is almost impossible to find HIV positive among us; one in every 100 you will find because the sea water itself is their injection. Thus, they are not at high risk because they are always in the water and that is a good medicine for them.”

Other fisherfolk believed that they or their community were at high risk for HIV because fishing sites were common meeting venues for many people, including young men and women who “interact.” One participant stated, “through these interactions, a lot of things do happen,” insinuating sex. One female fishmonger stated,

“This is a sea side, sometimes you see a man who comes to buy fish with a lot of money, will offer you some money for sex and some of the women do accept the money in return to satisfy their sexual demand.”

The phenomenon of “fish for sex” was discussed among all the fisherfolk focus groups. Fish for sex describes the exchange of sex for fish in excess of what a female fishmonger could economically afford – whether in the quantity or quality of fish. In one focus group (Gunjur), participants denied that it occurred in their village. However, female fishmongers later disagreed, stating that “mutual agreements” were often made if a woman could not afford certain types of fish. In other fishing sites, most participants agreed that fish for sex was a common and sometimes “rampant” phenomenon, but it was not described as a type of commercial sex work, but rather as an element of a relationship particularly among the younger population. Several fishmongers described,

“The fishermen most of the time come back from sea late in the evening...Upon arrival, the fishmongers will scramble for fish and if anyone [doesn't] have a boyfriend among them or your boyfriend is not among the crews on that day, you will go home empty handed. But if your boyfriend is among them, he will put together all the good fish for you without being involved in the struggle to get fish. By the time they are ready, it is late in the evening when the place gets dark and after collecting the fish, they go straight to the various locations where they do meet...to have sex.

One fisherman stated,

“If you have interest in a girl [and], if she does not even ask for fish from you, you always want to give [it to] her so that you [can] request for sex from her... If a girl asks for fish from me today and I give [it to] her, when I ask her for sex and she denies, the next day when she asks me for fish, I will not give [it to] her.”

Most participants stated that the fish for sex phenomenon occurred primarily because of poverty and an inability of some women to support themselves and their families. Both younger men and women, acknowledged in several discussions that they tended to have multiple partners – often a husband/wife as well as an additional partner within the fishing community. The additional partner sometimes served an economic purpose (e.g. a fish for sex partner). This practice was denied to exist among older focus group participants, though they acknowledged that it was common among the younger generation. Several fieldworkers suggested that this was most likely a false answer due to the older individuals’ conservative disposition in speaking about sex.
Condom use among fisherfolk at the different sites was highly variable. Some participants indicated that condoms were frequently used. Other participants stated that condoms were never used. One participant stated that condom use was low because sex happened informally, unlike commercial sex work, so condoms were not necessary; referencing a belief that sex with women from the community was not high risk. Several informants stated that correct and/or consistent condom use was not high among fishermen and fishmongers because of low levels of education and the perception that they were not necessary or uncomfortable for sex.

**Other At-Risk Populations**

Over the course of the research, participants mentioned several other high-risk groups, although they were not included in this study. These groups include tailors, taxi drivers, and prisoners. Further research in The Gambia will be needed to assess the risk behaviors associated with these populations.

In 2006, the HIV ANC surveillance reported a HIV prevalence of 4.2% in Sibanor, Foni District. Although the site did not have the highest recorded prevalence, it was the highest among several rural sites. Interviews at a clinic and a hospital were conducted to gain insight into the contextual factors that might be contributing to the higher-than-expected prevalence in the region.

In interviews that were conducted, it was stated that there was no concentration of MARPs (i.e. CSW, MSM, truckers, uniformed personnel, or fisherfolk) in the area. Some individuals suggested that the refugee crisis in the southern Senegal region of Cassamance might have led to an influx of refugees and a resultant increase in HIV. However, the HIV epidemic in the region predates the conflict in the region.

All interviewees indicated that high-risk sexual behaviors (i.e. unprotected intercourse with multiple casual partners) occurred during certain times of the year, specifically towards the end of the dry season. During this period, an influx of individuals comes to the Foni District to attend traditional initiation rites. During these ceremonies, marital obligations are null and there is an increase in the number of sexual partners. A clinician and nurse reported an increase in the number of patients diagnosed with gonorrhea in the period just after the ceremonies, adding circumstantial clinical evidence to the suggestion that there is an increase in high-risk sexual behaviors. The interviewees suggested that education campaigns, accompanied by widespread condom distribution in this region during the ceremonies might reduce the risk of HIV spread. These high risk behaviors have been previously reported in Otti and Jallow (2002).

**Key Partners**

One of the aims of this assessment was to identify key stakeholders who would be needed to target HIV among MARPs. There is currently little capacity within The Gambia to effectively work with several MARPs (namely commercial sex workers, bumsters, men who have sex with men), given their social and political standings. The Sex Work Intervention Project is a small project that has been working with commercial sex workers and truckers for the past 10 years. Several other non-governmental and governmental organizations have had programs to target commercial sex workers, though none of these organizations has strong connections at the community level (among MARPs). The Medical Research Council (Fajara) has experience...
working with commercial sex workers in clinical settings; however, this organization may not be well suited for implementing or designing of prevention interventions at the community level.

Given the lack of capacity within The Gambia, collaborations with organizations in Senegal may be beneficial to design and implement programs as well as for capacity building. Organizations that have extensive experience working with most-at-risk populations need to be expanded.

**Strengths & Limitations**

There were several limitations to this study. First, some of the field work for the study occurred during the Islamic holy month of Ramadan. It is likely that estimates of commercial sex workers, sexual encounters were underreported. Individuals may have been less likely to be forthcoming about behaviors that were against the proscriptions of Islam during this month.

Another limitation is that the illegal or highly stigmatized nature of many sub-populations may have resulted in the denial of risk behaviors and the underestimation of some populations, such as commercial sex workers and men who have sex with men. Efforts were made to overcome this issue by ensuring confidentiality.

Another limitation was the lack of previously collected published or unpublished data on MARPs. For instance, accurate estimates were difficult to obtain for certain populations because of a lack of record keeping, security issues,

This is one of the first studies in The Gambia to examine MARPs. The findings are based on first-hand accounts from the at-risk populations as well as individuals and organizations that work with these populations. The qualitative nature of the study provides in-depth details on the experiences of the populations and how these might impact the effectiveness of HIV interventions.

**Recommendations**

Based on the findings of this qualitative assessment of MARPs and a review of the literature, several recommendations are set forth to guide the development of the 2008-2011 National Strategic Plan for HIV/AIDS in The Gambia. Although the evidence is incomplete, the HIV/AIDS epidemic appears to be concentrated in several MARPs with low background prevalence in the general population.

- Scarce resources dedicated to HIV/AIDS in The Gambia need to be prioritized. In order to design and implement efficacious and cost-effective interventions, better data – both qualitative and quantitative – on MARPs are needed. A **biological and behavioral study should be conducted among MARPs** in order to gain a better understanding of the current state of the epidemic as well as proximate and distal risk factors affecting these groups. This type of study can further add to the evidence-base needed to inform targeted and effective policies and interventions for most-at-risk populations and can improve upon the limitations of this study.
Prevention aspects of the National Strategic Plan (NSP) should have a renewed focus on the sexual transmission of HIV, particularly among most-at-risk populations, but not excluding the general population.

The monitoring and evaluation strategy used for the NSP should include specific indicators pertaining to all MARPs included in this study.

There is a need for increased tolerance for and reduced harassment of MARPs and other disenfranchised populations that may be at high risk for HIV/AIDS. Increased advocacy efforts to promote tolerance of most-at-risk groups should be made to political and religious leaders, and leaders at all levels of governmental and community structures. Such advocacy efforts should emphasize the need for tolerance based on improving the health of the most-at-risk populations as well as the general population, which interact with those groups. This effort should be led by the National AIDS Secretariat, in collaboration with other organizations who engage with MARPs.

With the evidence provided in this report, the NSP should include specific and explicit mentions of the identified most-at-risk population – commercial sex workers, commercial vehicle drivers (truckers), men who have sex with men, fisherfolk, and uniformed personnel. The NSP should outline strategies to address these populations and the risk factors that increase their vulnerability to HIV through policy and programmatic interventions.

Given the cultural and religious ties with countries in the sub-region as well as porous borders, efforts should be made to examine the best practices of other countries’ HIV/AIDS responses. Such an examination may lead to increased cross-border collaborations, a better understanding of engaging various civil society stakeholders, including religious and traditional leaders. For instance, Senegal’s response to HIV among CSW and fisherfolk provide valuable best practices that can adapted for the Gambian context.

Condom distribution channels and mechanisms should be re-examined to ensure that most-at-risk populations, particularly commercial sex workers, have consistent access to low-cost or free condoms. New mechanisms to distribute condoms will need to be explored that reduce stigma and prevent occupational disclosure issues. MARPs are not accessing condoms at health centers, where a majority of condoms are now available, due to discrimination by healthcare workers.

Given the limitations of the current public sector distribution channels for condoms, private sector involvement and/or the social marketing of condoms should be further explored. Lessons from previous attempts at social marketing in The Gambia should be reviewed to better understand the reasons for the failure of those attempts.

Additional training for health care professionals who interact with marginalized or stigmatized populations should be provided in order to make health-care settings more “friendly”. This should specifically include elements related to patient confidentiality.
• Cultural and traditional practices that place individuals at high risk of HIV transmission, specifically initiation ceremonies, need to be addressed. Interventions such as widespread condom distribution during the ceremonies can reduce the risk and incidence of HIV and other STIs during these ceremonies.

• The nature of risk is different between the general population of The Gambia and the MARPs. Prevention efforts should emphasize the increased risks associated with behaviors and contextual factors that make risk much higher among MARPs (i.e. higher number of sexual partners, low condom use, high migration/mobility).

• Capacity building within local organizations, including non-governmental organizations and governmental institutions, is needed to increase their ability to appropriately deal with the specific factors (confidentiality, stigma and discrimination, and legal ramifications) that impact MARPs.

• Continued efforts should be made to increase correct knowledge about HIV/AIDS, particularly de-bunking local myths and misconceptions.

• Leaders and gatekeepers who are frequently engaged with MARPs should be included in the development of policies and programs to address HIV within each at-risk population.

• The NAS must better coordinate efforts among organizations that are or will be addressing the needs of MARPs in order to share lessons learned, improve capacity building, eliminate duplication of efforts and increase impact. The NAS can reconvene the HIV Prevention Taskforce to assist with this effort.

Population-specific Priorities

Commercial Sex Workers

• Outreach efforts, such as education campaigns, condom distribution, and skills building workshops, should be prioritized to increase correct knowledge about HIV/AIDS, decrease the risk associated with commercial sex work, and to provide economic alternatives for commercial sex workers – both male and female.

• Renewed outreach efforts should identify new methods to access and educate street- and bar-based sex workers.

• Expanded collaboration with security forces, namely the police and immigration, should focus on increased tolerance and reduced exploitation of commercial sex workers.

• The Senegalese response to HIV/AIDS among commercial sex workers and “best practices” should be examined to provide a model for sex work interventions (Lom, 2001). Collaborations with cross-border organizations within Senegal and the sub-region should be explored, given the high levels of regional migration among sex workers.
• **Access to “friendly” health-care for commercial sex workers, provided by the State or other organizations should be increased**, possibly using the MRC/Fajara example as a best practice.

• Collaboration with the Gambia Tourism Authority should be explored in order to examine the feasibility of tourist education campaigns to mitigate HIV risk from the client-side of commercial sex tourism.

• Reactivation of the multi-sector interagency taskforce with representation of key actors to engaging them into discussions related to the issue of sex work. High level participants should include: Permanent Secretaries, the Director of Immigration (DI), the Inspector General of Police (TGP), the NAS, UN representatives, the MRC and Department of State for Health.

**Commercial Vehicle Drivers**

• **Prevention efforts targeting truckers should focus primarily**, though not exclusively, on reducing the number of sexual partners (i.e. non-marital partners) and increasing condom use with casual and commercial partners.

• Interventions for truckers should be **prioritized in key areas** where truckers spend a majority of their rest time, specifically Banjul, Barra, Farafenni, Soma, Basse, and major border crossings.

• Collaborations between HIV/AIDS NGOs and/or government health centers and bars, hotels, brothels or other locations where drivers spend evenings/night should be established, particularly in cross-border areas.

• **Free or low-cost condoms should be made available at truck car parks, bars, hotels and brothels.** Mechanisms to ensure a stable and adequate supply should be arranged with regional health departments.

**Men who have sex with men (MSM)**

• In order to minimize the HIV risk among men who have sex with men and the general population with which it interacts, the NSP should acknowledge the existence of men who have sex with men – whatever their nationality – and that HIV/AIDS is a public health problem among this population.

• A **research agenda is needed** to better understand MSM in The Gambia and their health needs, particularly those related to HIV/AIDS. The research should include gathering data on HIV prevalence, effective sampling methodologies, and on the social and cultural aspects of the population that impact its health.

• Acknowledging the social, cultural and legal barriers to the acceptance of MSM, public health and HIV prevention interventions that target MSM may be most effective if they are integrated into larger general population programs. Stand-alone or “vertical” programs may be under-utilized because of the fear of stigma and discrimination.
• **Outreach efforts are needed to build a trusting relationship** between organizations and MSM populations, including the NAS.

• **Local “gatekeepers” in the MSM community need to be identified and trained** as HIV educators and mediators to improve access to the MSM population.

**Fisherfolk**

• Because this population has not been previously identified as engaging in high risk behaviors in The Gambia, **basic education about the risks associated with “fish for sex” needs to be disseminated.**

• **HIV prevention messages for fisherfolk need to be adapted into appropriate languages,** since many fisherfolk are foreigners.

• Economic development and income generating schemes related to the fisheries sector may be appropriate interventions to decrease the prevalence of “fish for sex,” though further research is needed to understand better this phenomenon. Private sector and other funding should be leveraged to address the HIV prevention needs of this population.

• A majority of at-risk fishermen and fishmongers live and work in several communities along the Atlantic Coast and can be easily targeted with prevention messages and interventions.

**Uniformed Personnel**

• One aspect of sexual partnerships that may be linked to higher risk sex is a power differential between a uniformed person and his/her sexual partner. The **potential for misusing the power differential for sexual gain should be mitigated** by increasing awareness of this differential and the sexual risks associated with it.

• **Education programs need to be implemented among high- and mid-level ranking officers** to increase knowledge about HIV and the increased risks associated with being a uniformed officer. Leadership training should be implemented to reduce high-risk behaviors (e.g. “lead by example”).

• Professional training and academies for uniformed personnel offer an ideal space for education programs. Education programs should focus on basic correct HIV/AIDS knowledge, increasing preventative behaviors (i.e. reducing multiple partners and increasing correct and consistent condom use) and reducing stigma and discrimination.

• **Policies regulating mandatory HIV testing prior to and throughout uniformed service should be reviewed and aligned** with international consensus supporting voluntary counseling and testing as the standard for HIV testing (UNAIDS, 2001).

**Conclusions**

Among many at-risk populations in The Gambia, knowledge about HIV/AIDS appears high; however, such knowledge does not often reflect a true understanding or internalization of the...
nature or risk of the disease. The HIV risks are different for MARPs and the general population and this difference needs to be made clearer. However, this must be balanced with approaches that do not result in further stigma directed towards already marginalized populations.

While this report universally refers to most-at-risk populations, it is specific behaviors that place an individual at risk for acquiring or transmitting HIV. Specific behaviors among these MARPs, such as a high number of sexual partners and low consistent and/or correct condom use, may also occur in the general population, but most likely with less frequency. Prevention efforts in The Gambia need to focus on these issues, despite the difficulty in breaching sexual topics, given the socially and culturally conservative nature of the country. Prevention efforts will need to go beyond basic education and awareness programs. Behavior change programs to reduce or eliminate risk need to be adapted, implemented and tested in The Gambia, particularly among MARPs. A comprehensive approach will include a variety of health and prevention interventions as well as inter-sectoral collaborations to improve education, economic opportunity and other distal determinants that increase HIV risk. Additional research and improved monitoring and evaluation of interventions have the potential to improve vastly the effectiveness and direction of HIV prevention in The Gambia.
Works Cited


Qualitative Assessment of Most-At-Risk Populations in The Gambia


Appendix A. Mapping of MARPs in The Gambia

Greater Banjul Area (Banjul, Karratigah Municipality - Bakau, Senegambia Tourist Development Area, Brikama, Barra)
CSW
Fisherfolk
MSM
Truckers
Uniformed Personnel

Atlantic Coast (Brufut, Tanji, Gunjur, Kartong)
Fisherfolk

Amdalai Border Post
Uniformed Personnel

Farafenni, Soma, Kerr Ayib Border Crossing
CSW
Truckers
Uniformed Personnel

Basse
CSW
Truckers
Uniformed Personnel
Appendix B. Estimating Population Sizes

**Commercial Sex Workers:** The mean value between the physical census conducted by SIP (1,500) and the estimate using the percentage of the 15-49 aged female population who reported having received money or goods in exchange for sex (4,700).

**Fisherfolk:** Estimate obtained from Food and Agriculture Organization of the UN. (2007). *Fishery Country Profile -The Gambia.* Rome: Food and Agriculture Organization of the UN. This estimate only includes those directly employed by the fisheries sector.

**Men who have sex with men:** The sexually active adult male population (aged 15-49) in 2008 was estimated to be approximately 400,000. The estimated percentage of men who have sex with men is approximately 3.6%.


**Commercial Vehicle Drivers:** This is a raw estimate based on field work conducted by the research team.