Health and Psychosocial Needs and Barriers Among Female Fish Traders in Rural Zambia: A Qualitative Mapping Study

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Abstract

In Zambia, small-scale fisheries employ about 300,000 people in informal, unregulated sectors, which presents significant health risks, especially for female fish traders involved in "fish-for-sex" transactions, which increase vulnerability to HIV and mental health problems**.** This study mapped available mental health, and psychosocial support services (MHPSS) for female fish traders in the Sinazongwe District of Zambia's Southern Province to understand the needs of fish traders, assess service provider capacities, and identify barriers to access. Between July and October 2022, semi-structured interviews were conducted with 30 participants, including fish traders, community members and leaders, and health workers. Data were analyzed using template analysis to identify themes about local health services and challenges to accessing them. Findings from this study, one of the first to focus specifically on the intersection of informal labor, gender-based health disparities, and rural mental health in Zambia — revealed significant barriers to MHPSS access, including a shortage of mental health professionals, poor infrastructure, and stigma. Many fish traders preferred to rely on traditional healers due to cultural beliefs. These findings reveal the need for developing culturally responsive approaches to improve MHPSS access in underserved fishing communities. Such an approach would

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involve local leaders, enhanced outreach, and training for health workers. These steps align with the United Nations Sustainable Development Goals for good health and well-being, gender equality, and reduced inequalities.

Keywords: Female fish traders, Mental health, Psychosocial support, Health service access, Small-scale fisheries, Zambia

Introduction

A growing number of people in Southern Africa seek economic opportunities requiring migration within their country of origin or to neighboring countries. Labor migrants in the region often seek opportunities in the mining, manufacturing, agricultural, and fishing industries. Industrial development in some countries, especially South Africa, Botswana, and Zambia, has attracted skilled and unskilled labor migrants from within and outside the area (International Organization for Migration, 2006). Labor migration remains one of the dominant forms of population movement in Southern Africa. Despite the numerous risks associated with labor migration, communities of migrant workers, like transnational fish traders, remain underserved by health and mental health services. Fishing industry workers are vulnerable to various risk factors. Understanding the potential risks and protective factors is vital to supporting a healthy workforce. Strengthening the health services available to fish traders is critical to the sustainability of the fishing community. Concerted efforts are needed to address the disparities in well-being of the fish traders, which is perpetuated by poor health systems and lack of mental and psychosocial support.

According to the United Nations Statistics Division (UNSD) (2024), the vast majority of small-scale fisheries in the world (97%) are located in developing countries. Ensuring the sustainability of small-scale fisheries is vital to local economies and food sovereignty. The fishing industry in Zambia supports approximately 75,000 fisherfolk, which refers to male fishers and female fish traders (CGIAR Research Program on Fish Agri-Food Systems, 2018). Fisheries account for an extensive employment network in Zambia. However, small-scale fisheries and other related marketing and enterprises are generally unregulated. The informality of the fish trading industry has made it accessible to many, including those without the skills or experience needed in other sectors. As Zambia lacks formal regulations governing fish trade, it is difficult to enact policies that protect those involved, and their well-being is largely overlooked. Fish marketing is predominantly conducted by women who get into the business with seed funding from various sources. Fish trading requires difficult travel to remote locations. The common practice of engaging in transactional sex to obtain fish has resulted in an increased risk among fisherwomen for contracting HIV and other diseases (Lungu & Husken, 2010; Michalopoulos et al., 2017). While these structural and gender-based risks are well-documented, few studies have systematically examined the health and mental health service ecosystem available to women, particularly in these rural fishing communities.

The following research questions guided the study: (1) What are the primary health and psychosocial needs of female fish traders in Sinazongwe? (2) What barriers exist to accessing formal health and MHPSS in this context? (3) What are the capacities and limitations of current service providers in delivering culturally appropriate care? To answer these questions, this study aimed to document and map the health services and MHPSS available to the fish trader community in the

Sinazongwe district in the Southern Province. Specifically, we aimed to (1) understand the needs and challenges of fish traders and surrounding communities in accessing health services (specifically among female fish traders), (2) document community demand for physical health, mental health, and psychosocial support services, and (3) assess service provider capacity, sensitivity, and knowledge related to mental health, and psychosocial support services.

Literature Review

The fisher community is less likely to access healthcare services, potentially due to lack of access and frequent mobility. This is concerning because of the stressful nature of the occupation, which could pose an increased risk for physical and mental health challenges (Lawrie et al., 2004; Michalopoulos et al., 2017; Michalopoulos et al., 2016). Environmental and socioeconomic challenges could compound the risks associated with the fishing occupation (Turner et al., 2018). However, little is known regarding the social determinants of health for the migrant fisher community, particularly the roles played by migration conditions and transnational practices. What is known regarding fishers' access to health and mental health services is scarce (Lungu & Husken, 2010; Michalopoulos et al., 2017).

Fishing is a highly gendered occupation in Zambia; men tend to engage in fishing, and women in fish trading. Female fish traders travel long distances to buy fish from fishermen, process them, and then return to sell them at markets to support their families. Aligned with the experiences of other labor migrants from low and middle-income contexts, female fish traders are often exposed to 3-D jobs (i.e., dangerous, difficult, and demeaning) (International Organization for Migration, 2006; Rasool et al., 2023). Within small-scale fishing communities in Zambia, the phenomenon of "fish-for-sex" has been established as a widespread occurrence (Béné & Merten, 2008; Michalopoulos et al., 2017). This phenomenon refers to the understanding of an arrangement between female fish traders and male fishers, where a female fish trader engages in sexual intercourse with a male fisher to buy fish at reduced cost. Female fish traders are often widowed, divorced, or single and have little education (Béné & Merten, 2008; Michalopoulos et al., 2017). As such, they are often forced into "fish-for-sex" transactions to ensure their access to fish because they typically lack adequate capital to purchase fish. Male fishers will also offer more fish at a lower cost in transactions without the use of condoms, which increases the risk of HIV infection (Michalopoulos et al., 2017).

In Zambia, HIV prevalence is 13.8% among females between the ages of 15-49 and 17.3% among women who slept away from home three or more times in the prior year, indicating an increased risk among migrant women compared to all adults aged 14-59, who have a rate of 11.1% (UNAIDS, 2014; Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF, 2019). Studies have suggested that fish traders in sub-Saharan Africa have HIV rates 2-14 times higher than national averages (Béné & Merten, 2008; MacPherson et al., 2012). Although limited data are available throughout the country, HIV prevalence is estimated at an alarming 24% or higher in some fishing communities in Zambia (Lungu & Husken, 2010). HIV prevention and access to care is therefore critical in this population. As such, although limited, HIV interventions have been developed among fish traders both living with HIV and engaging in HIV risk behaviors. However, this siloed approach does not consider additional risks that may further drive inequities among this population.

In addition to the risks of HIV and gender-based violence associated with "fish for sex" transactions, female fish traders in Zambia face other potentially traumatic events and persistent daily stressors that increase the likelihood of adverse mental health outcomes. Exposure to flooding, being attacked by animals in the rivers/lakes, drownings, and a lack of sanitation at the fishing camps all may contribute to potential mental health problems (Michalopoulos et al., 2017). Also, in many Zambian communities, female fish traders are labeled prostitutes because they engage in "fish-for-sex" transactions (Béné & Merten, 2008). As such, these exposures and associated stigma from the community may increase feelings of isolation, anxiety, depression, and post-traumatic stress (Michalopoulos et al., 2017). Further, home-brewed alcohol (frequently with dangerously high alcohol content) is easily accessible within fishing communities and often used as a coping mechanism among fish traders (Lungu & Husken, 2010; Michalopoulos et al., 2017). Finally, extended travel to and from the fishing camps with little to no access to health and mental health services may also significantly contribute to poor health outcomes among female fish traders in Zambia (International Organization for Migration, 2006; Lungu & Husken, 2010; MacPherson et al., 2012; Michalopoulos et al., 2017).

Despite these documented vulnerabilities, few studies have systematically examined the availability, capacity, and community perceptions of MHPSS in these settings and from the perspective of female fish traders. To date, there is a notable gap in research addressing the intersecting effects of informal labor, mobility, and gender on access to MHPSS in rural fishing communities.

Significance

The Zambian Mental Health Act of 2019, enacted by Parliament, promotes and protects the rights of persons with mental health problems (Munakampe, 2020). Aligned with this Act and by centering the voices of community members, service providers, and female fish traders, this study assessed the current state of mental health and psychosocial support delivery systems among an at-risk migrant population. Findings will inform the development of culturally appropriate interventions, strengthen the existing health system, enhance service delivery, and engage the government, health workers, and community members to improve and monitor MHPSS for migrant populations in Zambia.

Methods

Study Design

This study was conducted between July and October 2022 in the Southern Province of Zambia in the Sinazongwe District on the north shore of Lake Kariba. A qualitative study design was employed using semi-structured interviews. A qualitative approach was used for several reasons. First, no studies to date have examined the local understanding and relevance of health and mental health needs specific to fish traders in Sinazongwe. Second, qualitative methods allow for the expression of unique perspectives and individual experiences. As a highly disenfranchised, understudied, and vulnerable population, qualitative methodology was critical for an in-depth exploration of the lived experiences of fish traders in Zambia. Finally, qualitative methods are an appropriate first step for future quantitative and mixed-method research. This study relied heavily on community engagement and local partners to establish trust with the fish traders and community members, ensure cultural relevance, and build relationships to sustain future potential MHPSS programming. A Zambian male and female researcher conducted the semi-structured interviews in Tonga, the predominant local language spoken in the

Sinazongwe area. Interview guides were translated to Tonga by a certified translator at the University of Zambia and back-translated to English by another certified translator at the University of Zambia to ensure the accuracy of terms. The guides were then prescreened and reviewed for feedback and relevance with the study team, including A local research coordinator, officials from the Ministry of Health in Sinazongwe, and a local partner, the HIV/AIDS Technical Support Foundation (HATSFO).

Sample

The data was collected in the Sinazongwe district, Southern Province of Zambia, among fish traders, community members, community leaders, and health workers. The sample was restricted to residents of the Sinazongwe district within six fishing camps. The current study employed a purposive sample strategy to recruit fish traders, community members, community leaders, and health workers who provided in-depth and detailed information about the fish trading business and the health services available to them. Previous qualitative research has suggested that saturation occurs after 10–15 interviews (Guest et al., 2006). As this was cross-cultural research with an understudied population and different target groups, 30 interviews (N=30) were conducted to ensure saturation.

Recruitment

Local researchers engaged with fish traders, community members, leaders, and health workers to explain the study and its objectives. The research team conducted screening interviews to determine participants' eligibility, followed by the informed consent process.

Ethical Considerations

Ethical approval was obtained by the Zambian Ethics Review Board (Eres Converge) for approval and submitted to the National Research Health Authority (NHRA), as required for research in Zambia. The interviewers obtained informed consent after the participant agreed to the verbal screening interview. Due to varying educational backgrounds, the researchers gave the participants the option to either read the consent themselves or have the researcher read it. All participants were asked to give both verbal and written consent. The researchers verified that all interviews were gathered before they left the data collection site and later put them in a secure location. The researchers received ongoing supervision from the study's principal investigator, including weekly check-ins during data collection.

Data Collection

The data was collected with the project partner, the HIV/AIDS Technical Support Foundation (HATSFO), based in Sinazongwe. All interviews were conducted in a private location accessible to the participants within the camp or health clinic. All interviews were audio-recorded, and the participants' identifying information was not attached to the individual recording. During the interview, the researcher took detailed notes of the participants' answers and also observations of the participants' non-verbal or behavioral cues. Each participant was interviewed one time.

Two interview guides were developed: one for fish traders and one for community members, leaders, and health workers. For fish traders, the semi-structured interview guide covered key content

areas, including an understanding of MHPSS, availability of health and MHPSS services, the process of obtaining services, ways to improve health and MHPSS, the Ministry of Health's (MOH) role in improving services, barriers and challenges in providing health and MHPSS services, benefits of MHPSS, and the quality of health and MHPSS.

For community members, leaders, and health workers, the semi-structured interview guides covered key content areas, including health and MHPSS availability, demand for services from fish traders, ways to improve health and MHPSS, MHPSS training, access to services, as well as MHPSS community needs, barriers, and challenges in providing MHPSS.

Data Analysis

The template analysis approach informed data analysis for the current mapping exercise (Crabtree & Miller, 2022). Template analysis is a structured technique for qualitative data analysis that enables researchers to organize data from the outset by applying *a priori* codes based on the research question, which can then be modified throughout the analytic process. This approach emphasizes hierarchical coding, beginning with broad themes that can be refined into narrower sub-themes as the analysis progresses. Unlike fixed coding methods, template analysis is flexible, allowing researchers to adjust or remove main and sub-themes if they do not align well with the data. Additionally, this method supports incorporating emergent themes that arise directly from the data, even if they were not identified in the original template (Crabtree & Miller, 2022).

The research team employed several strategies to enhance trustworthiness and ensure cultural relevance. First, team members independently conducted an initial review of data from the semi-structured interviews. They then convened to discuss the relevance of each *a priori* code and any newly identified codes. Any discrepancies were discussed until a consensus was reached. Finally, a local research partner in Zambia reviewed all sub-themes to verify cultural accuracy and relevance.

Results

Data was collected in the most prominent and active fishing camps in the Sinazongwe district (see Table 1). Due to differences in the interview instrument, results are compared across four groups: health workers, community leaders, community leaders, and fish traders (see Table 2). The findings for the first six themes were analyzed across the first three groups, while an additional five themes emerged solely for the fish traders. We used a structured Excel sheet to track the a priori themes. This template was revised iteratively during analysis as new sub-themes emerged from the data.

Table 1 Interviews by Fishing Camp

Fishing Camp	Interviews (n)
Siansowa	4
Simuzila	4

Chiyabi	5
Zubandenda	6
Chikelo	4
Nzenga	7
Total	30

Table 2 Interviews by Target Group

Target Group	Participants (n)
Female fish traders	10
Health workers	6
Community leaders	6
Community members	8
Total	30

Services Available

Health workers indicated that health services available at local clinics included services related to HIV, TB, maternal and child health, and cancer screenings. One health worker stated, “We only have psychosocial counselors, but we do not have mental health specialists.” As such, results indicate that fish traders have access to psychosocial counselors trained in basic supportive skills but not specialized health workers trained in evidence-based mental health counseling.

Community members' findings were inconsistent regarding the perception of the availability of mental health services. One respondent noted, “Yes, they are available for everyone in the community.” Others indicated that no such services exist in their community. Community members who noted that services are available also indicated that fish traders have to travel long distances to access services and, when available, “community health workers mainly focus on people living with HIV.”

Unlike the inconsistent findings from the community members, community leaders unanimously indicated that mental health services are unavailable within the fishing community. One participant said, “No, I have never seen anyone come to our community and provide such services. We donate money and book a vehicle to take the patients to the clinic.” Another participant indicated that services are unavailable “due to distances and road network.”

Demand for Services from Fish Traders

Few health workers reported a high demand for fish traders' health and mental health services. Most indicated little to no demand for services. One participant stated that fish traders "normally shy away from obtaining health services. Most of them prefer treating themselves with herbs."

Community members felt that seeking health and mental health services was not the preferred treatment method for fish traders. For example, "they go to the clinic but if there is no proper response on the patient, they go for traditional healers because most of the people in the community believe in rituals." Community members noted a particular lack of demand for mental health services;

> …for mental health illnesses, they don't go to the clinic. This is because they have taken mental health as a spiritual problem which needs to be dealt with by a traditional healer…the community perceives mental health as important though not as an issue to be treated at the hospital.

Despite such findings illuminating the lack of service demand, most community members felt that fish traders experience high stress levels due to economic impoverishment.

Community leaders highlighted the difficulty in accessing MHPSS due to the distance from fish camps and a lack of knowledge among fish traders about available services. "They are aware but the knowledge levels are low due to distance. The nearest health facility and poor road network…services don't reach them."

How Services Are Offered to Fish Traders

Most health workers noted that health services are offered at health centers and through outreach at fishing camps. Health workers reported that they camped near the fishing camps for a few days to provide services. However, it is unclear whether they were specifically providing general health or MHPSS.

Community members felt that fish traders were aware of their right to access free health care services.

> All community members are free to access/ obtain free medication without any payment and all fisherfolk have been made aware of these rights for obtaining free services at the health post. Yes, we have a community health worker in the community and he helps the community members as well as the fishermen.

As with the health workers, community members did not specify whether the community health worker was providing MHPSS, except in one case when it was noted that "we have no mental health and psychosocial services provided in the community."

Community leaders indicated that health services, in general, are free of charge. In contradiction to the findings from community members, one leader stated that "most of the community members don't know their rights, only a few know."

How Can Health Services Be Improved for Fish Traders?

Health workers needed more support and coordination of services from the Ministry of Health. Health workers suggested that the Ministry of Health should provide more MHPSS training and ensure a specialized counselor at each facility. Health workers also noted that an increase in community awareness and outreach could improve the uptake of MHPSS. Most health workers indicated the importance of working with community leaders such as headmen and church leaders. One participant stated there should be "community sensitization involving local leaders since people tend to believe more and follow their local leaders."

Findings from community members aligned with health workers' sentiments about sensitization and outreach. Further, community members voiced the need for the Ministry of Health to improve the local road infrastructure to make health clinics more accessible. One community member stated, "We need a clinic in our community so that it is easy to access health care at any time of the day." Further, the "Ministry of Health should provide more health posts and mobile health posts and deploy more community health workers." Another participant noted that "the workers at the nearest clinic should start outreach programs, especially for people living with HIV because these are the ones who are more vulnerable to mental health illnesses in my community."

Community leaders aligned with community members on the need for health education, mobile clinics, MHPSS, and outreach services. One leader noted that the "challenges can be addressed by providing mobile clinics nearby where the fish folk can easily access."

Current MHPSS Training

Many health workers noted that they have received minimal training related to MHPSS. Most health workers indicated that they have some knowledge related to mental health but that most services are related to HIV counseling.

Community members and community leaders reported a lack of education related to MHPSS among health workers. One participant stated, "The quality of services is very poor due to … low knowledge levels among the community hence they don't see it being important."

Barriers and Challenges Related to MHPSS

Health workers highlighted stigma, discrimination, lack of MHPSS staff, and a lack of education as contributing factors related to barriers to MHPSS. Health workers also noted that MHPSS is not a priority. "We have no mental health officer at all, you will find that a psychosocial counselor are the ones providing the services of a mental health officer, hence they may not fully effectively execute the work." Another participant noted that "It is a big challenge for someone to access MHPSS because one must travel to Lusaka."

In addressing the stigma that creates a barrier to MHPSS, one health worker stated, "most mental health victims are perceived as black magic - they have been bewitched..." To emphasize the lack of resources, one health worker stated, "We do not have an annex in Sinazongwe for mental health

conditions where patients can be observed before they are referred to U.T.H [University Teaching Hospital]."

Community members noted that a lack of education about MHPSS was a significant barrier preventing fish traders from accessing services. One community member stated, "Some think of it as an illness. Others think it's witchcraft; others think it's because of drug abuse." Additionally, seeking help from traditional healers was identified as the standard approach to treating mental health problems. A community member stated, "Most of them believe in rituals so they prefer going for traditional healers." Distance to the health clinics was an added barrier. For example, a community member noted:

> ...long distance from the community to the clinic, bad road network during rain season, wind on the lake. They do not move during the rainy season because of the bad roads and bad weather…most of the community members shun services for fear of being laughed at.

What Does Mental Health Mean?

Most fish traders who participated in the study generally understood mental health as being related to how people think, feel, and act. One fish trader stated, "Health is basically the well-being of an individual, whereas mental health is well-being well-being in terms of an individual's memory and mind."

Availability of MHPSS

Fish traders reported that MHPSS is not available at the fishing camps. One trader shared that "apart from the community health worker who mainly focus on people living with HIV, we don't have." Rather than using the health clinics to address mental health problems, fish traders preferred to rely on family, friends, village elders, or traditional healers. For example, one trader reported that "they go for traditional healers because sometimes they feel it has issues to do with witchcraft." Similarly, another trader noted, "No, they do not have, they go to Chiyabi clinic for any health problem, and others go for traditional healers, especially who have mental health problems."

MHPSS Community Needs

Fish traders identified the need for awareness, education, outreach, facilities, and training for community health workers. One participant stated, "People around the community need to be made aware of what mental health is, most of them lack knowledge about mental health services." The need for outreach in the camps was also significant. "We request to have outreach in the fishing camp every few weeks, door-to-door campaign(s) or sensitization about mental health." Further, MHPSS facilities within the camp were a noted need for fish traders, "I think the people in the community need a clinic. They also need more community caregivers; the clinic should be built nearby." Finally, traders noted that training more community health workers on MHPSS would be helpful. "(We need) a community health worker to help us before we go to the clinic."

Accessibility of Health Services

Fish traders amplified the distance between health clinics and fishing camps, indicating that most health clinics are challenging to get to and require between an hour and ninety minutes of travel time. Environmental factors can exacerbate the time it takes to travel to a health clinic. "It's very far. The shortest way is by using water transport, which is very challenging especially at night or when it becomes windy, causing waves on the lake."

Discussion

Findings revealed significant challenges in the demand for, accessibility, and availability of MHPSS for fish traders in the Sinazongwe district of southern Zambia. Important themes were analyzed across the participant subgroups: health workers, community members, community leaders, and fish traders. The themes that emerged during this study highlight systemic issues and community perceptions that impact the accessibility and utilization of MHPSS.

While health services are available in the Sinazongwe district, findings revealed a significant gap in MHPSS. Participants noted a predominant focus on HIV and other physical health concerns. However, the absence of specialized mental health professionals represented a critical barrier for individuals with higher levels of mental health needs. Inconsistencies emerged across groups regarding awareness of available services. Some participants reported limited access, while others perceived a complete absence of MHPSS. This inconsistency suggests a breakdown in communication and information dissemination about available services. Clear and consistent messaging about culturally relevant MHPSS, available through community channels, may help bridge the awareness gap.

These findings align with global patterns identified in fishing communities, where health services predominantly address physical health, occupational hazards, and behavioral factors, while mental health issues remain underemphasized (Woodhead et al., 2018). Disparities in healthcare provision leave these communities underserved in mental health support, a gap compounded by intersecting issues like alcoholism and domestic violence. In many fishing communities, these problems exacerbate mental health challenges. They are often worsened by policies restricting access to marine resources, which undermine traditional coping mechanisms, particularly for women who act as independent income earners (Coulthard et al., 2020). Our findings align with these patterns, suggesting the importance of MHPSS interventions to address multiple stressors faced by women at the intersection of these issues.

Furthermore, in fishing communities like Sinazongwe, structural and social determinants of health, such as employment, depression, and physical inactivity, can create additional barriers to well-being. For instance, Vancampfort et al. (2019) highlighted how depression and lack of employment were predictors of physical inactivity in a Ugandan fishing community, underscoring the interconnectedness of mental and physical health challenges. These findings emphasize the critical need for holistic approaches to health in fishing communities, integrating mental health support alongside physical health services. Addressing the low awareness regarding MHPSS availability is essential and requires improved communication strategies to ensure stakeholders can access the care they need.

Findings revealed a shared perspective among health workers and community members regarding the low demand for MHPSS among fish traders, who often prioritize traditional healing practices. Cultural beliefs in this context perceive mental illness as a spiritual or moral issue, influencing fish traders to seek help from traditional and faith healers rather than formal mental health services. Community members frequently highlighted the role of traditional healers, emphasizing cultural significance and accessibility; This aligns with findings from Ghana, where the widespread use of traditional and faith healers for mental health care is driven by cultural perceptions, affordability, accessibility, and the psychosocial support the healers provide (Ae-Ngibise et al., 2010). The ingrained cultural reliance on traditional health likely reinforces a reluctance to seek alternative care, including conventional mental health services (Ae-Ngibise et al., 2010). Expanding public awareness-raising efforts that help reframe spiritual and moral interpretations of mental health may help to reduce stigma and improve the likelihood of seeking care.

Similarly, practical considerations such as proximity, cost, and wait times influence healthcare-seeking behavior. In Zambia, for example, traditional healers are often preferred because they are more accessible and have shorter wait times than hospitals, with treatment costs frequently contingent on successful outcomes (Stekelenburg et al., 2005). Despite the low demand for MHPSS, community members, leaders, and health workers acknowledged the high levels of stress among fish traders, driven by economic pressures and the demanding nature of their work. This indicates an unmet need for interventions targeting stress-related dysfunction, which could provide a culturally acceptable entry point for addressing broader mental health concerns. Collaborative approaches that integrate traditional healers with formal mental health services, rooted in mutual respect and understanding, may offer a way to bridge these gaps and expand access to care.

The stakeholder groups (i.e., community members, leaders, and health workers) aligned with suggestions for improving health services for fish traders, including enhanced outreach, increased training, and support from the Ministry of Health. Health workers emphasized the need for MHPSS training. Collaboration with local leaders could promote trust in the community and among the fish traders. Community leaders agreed with increased access to MHPSS by reducing the time needed to travel to services through co-locating services in the fish camps, improving road infrastructure, and more resources to mitigate transportation barriers. The finding highlighted a clear need for a coordinated approach to making MHPSS available in fishing camps or much closer to them, thereby reducing some significant barriers to access.

Health workers, community members, and leaders reported insufficient training in MHPSS, with existing training for health workers focused primarily on people living with HIV. This limited training creates a critical gap in specialized mental health services, reducing the availability and quality of care. These deficiencies are compounded by infrastructure barriers that hinder access to MHPSS. Adopting culturally and faith-sensitive approaches to MHPSS interventions is essential to address these challenges effectively. Integrating cultural norms and practices into MHPSS programming can enhance interventions' cultural relevance and efficacy while reducing the stigmatization of mental illness (Amigues, 2022). Collaboration with faith-based and traditional community leaders is a key strategy for successful implementation. Faith and culture significantly influence coping mechanisms and recovery processes in many communities, making their inclusion vital for strengthening local capacities. MHPSS efforts can address stigma and build more resilient and sustainable support systems by

involving faith-based actors and aligning interventions with cultural norms. Amigues (2022) underscores the potential for such approaches to bridge mental health care gaps, particularly in under-resourced settings, and highlights the importance of capacity-building with faith-based and traditional structures.

Stigma and Discrimination

Stigma and discrimination are widespread in Zambian society, impacting individuals with mental illness within their families, communities, healthcare settings, and government institutions (Kapungwe et al., 2010). Social barriers like culturally rooted mistrust and stigma compound the existing limitations in service availability, further isolating those in need. This hinders healthcare-seeking behavior and exacerbates challenges faced by those living with mental illness. Thus, stigma and discrimination present significant barriers to accessing MHPSS in the community. Misunderstandings of mental illness, fears of contagion, and the perceived dangerousness of individuals with mental illness fuel these negative perceptions.

Additionally, the association between mental illness and HIV/AIDS introduces another layer of complexity, amplifying the risk of further marginalization and discrimination. Addressing these barriers requires culturally sensitive interventions, education campaigns to dispel myths, and systemic policy reforms to reduce stigma and promote mental health. Community-designed and mental health awareness campaigns could reduce stereotypes and improve MHPSS uptake. Furthermore, integrating traditional and faith healers into mental health initiatives can leverage their trusted status in the community to bridge cultural divides and increase service acceptability. Training health workers in culturally appropriate stigma reduction techniques is critical to improving the quality of care and encouraging positive attitudes within healthcare settings. To incorporate cultural competence and traditional healing, training programs may include education on local cultural beliefs and mental health explanatory models, integrating traditional healing perspectives to reduce stigma and improve acceptance. Training modules adapted from WHO's mhGAP guide with additional content on collaborating with traditional healers could be applied (Molebatsi et al., 2021). By linking the study's findings on stigma and discrimination with these practical, evidence-informed interventions, there is potential to enhance MHPSS access and acceptance among fish traders, ultimately fostering more inclusive and supportive community environments.

Conclusion

While fish traders demonstrate a basic understanding of mental health, they predominantly rely on community-based support networks and traditional methods to address mental health challenges. As such, health workers and community members reported that mental health issues are often attributed to dark witchcraft or substance abuse. This reliance is compounded by limited awareness of formal MHPSS, which remains underutilized even when available due to significant accessibility barriers (Munakampe, 2020). The findings highlight an urgent need for expanded outreach initiatives to raise awareness about MHPSS, alongside targeted training for health workers to enhance service delivery. By ensuring reliable access to high-quality, culturally sensitive mental health services, demand for MHPSS within the fish trader community could be stimulated and sustained. There is an urgent need to address the logistical and social barriers to MHPSS for fish traders in the Sinazongwe district. Targeted

training for healthcare workers in MHPSS is essential, focusing on bridging the gap between clinical practices and the traditional healing methods preferred by the fish trader community. Enhanced community outreach and awareness initiatives, led by trusted local leaders, are crucial for fostering greater engagement. Increasing the mobility of MHPSS services through enhanced visibility could stimulate demand and facilitate access to care in fish camps. This could be achieved through task shifting, which has been deemed a practical approach to mental health delivery (Murray et al., 2011).

Additionally, addressing infrastructure deficiencies, particularly local road conditions, and expanding the number of health posts near or within fish camps would help overcome logistical challenges and improve the reliability and availability of services. Furthermore, reducing the stigma associated with mental health care through educational campaigns and community outreach could encourage greater utilization of MHPSS services by fish traders. Therefore, a culturally sensitive, collaborative, and community-centered approach is imperative for the effective expansion and uptake of MHPSS services in the Sinazongwe district. This study supports the development of policy, in collaboration with the Ministry of Health and complementary to local traditional systems, that will prioritize community integration of MHPSS and enhance delivery systems and health worker capacity to respond to the needs of the fisherwomen of Sinazongwe.

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