

**The vulnerability factors to HIV transmission among long distance truck drivers
working from Windhoek, Namibia**

by

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of Master of Philosophy (HIV/AIDS Management) in the Faculty of
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DECLARATION

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ABSTRACT

Long distance truck drivers have been documented in many literatures as key in the spread of the human immunodeficiency virus (HIV) and sexually transmitted infections (STIs). This generally is due to the nature of their work and the people they interact with, who are mainly commercial sex workers (CSW) and vulnerable and desperate young girls and women coming from marginalized backgrounds in order to find easy ways to survive through prostitution.

The researcher managed to conduct a quantitative research project where 146 long distance truck drivers who work from and through Windhoek, who have an understanding of English and/or Afrikaans and work for more than twenty four hours away from home were identified to participate in the research. They were given a questionnaire which sought to figure out the drivers' socio-demographic information, their knowledge of and attitudes towards HIV and AIDS, and the drivers' sexual practices and other factors which may be putting them at an increased risk of contracting HIV.

Working in the long distance trucking industry is noted to have its own hazards like harassment by traffic police, thieves and border officials, xenophobic confrontations, loneliness and boredom make them seek companionship in CSW and other vulnerable and desperate young girls and women. They also have tight schedules and strict deadlines which give them no time to rest, no time to be with their families and no time to go to clinics or hospitals where they get comprehensive healthcare services and HIV intervention and prevention programmes like condom distribution and voluntary HIV counselling and testing. The findings noted that loneliness and boredom arising from being away from home for too long, and being unmarried make the drivers more likely to engage in risky sexual behaviour and that a number of the drivers reported as having low HIV risk perception. Those who are married seem to feel obliged to protect their families as compared to those who are not married and have no family responsibilities. Many of the drivers seem to know about HIV and its causation of AIDS.

The researcher recommends that drivers get more time to rest and spend with their families through driving shorter distances and partnering with sister companies such that drivers in Namibia may not need to cross the borders and return with cargo brought to the borders by the sister company drivers from neighbouring countries. Also to have a concerted effort by all

stakeholders in the trucking industry in coming up with more truck ports like the North Star Foundation's Wellness Centre in Walvis Bay, Namibia in many strategic towns dotted along the most frequently used routes. These truck ports should have secure parking for the truck, decent and affordable lodges for drivers, with clinics, entertainment areas and shops to cater for all the needs of the drivers on the road. There is also need for companies to invest in satellite radios which can provide entertainment to drivers on the road and also as a medium to broadcast accurate information about HIV and AIDS by peer educators.

OPSOMMING

Die verspreiding van MIV en seksueel oordraagbare siektes word in verskeie ondersoeketogeskryf aan onder meer langafstand-vragmotorbestuurders. Dit word hoofsaaklik veroorsaak as gevolg van die aard van hul werk en persone waarmee hulle in aanraking kom wat hoofsaaklik kommersiele sekswerkers, kwesbare en desperate meisies en vroue van minder gegoede agtergronde is wat op soek is na maniere van oorlewing deur prostitusie.

Die navorser het 'n kwantitatiewe navorsingsprojek uitgevoer met 146 langafstand-vragmotorbestuurders wat Engels en/of Afrikaans magtig is en werk vanaf en deur Windhoek. Die groep bestuurders wat meer as vier-en-twintig uur vanaf hul tuistes is, is geïdentifiseer om deel te neem aan die navorsing. Inligting is bekom deur 'n vraelys wat daarop gemik is om vas te stel wat die bestuurders se kennis en houding teenoor MIV/Vigs is, hulle sosio-demografie en die seksuele praktyke en ander faktore wat hulle mag blootstel en die hoë risiko daaraan verbonde om die virus op te doen.

Die langafstandbedryf word ook gekenmerk aan hul eie risiko's soos teistering deur verkeerspolisie, inbrake en grenspersoneel, eensaamheid en verveling asook xenofobiese rusies wat veroorsaak dat geselskap van kommersiele sekswerkers en kwesbare meisies en vroue gesoek word. Hulle werk op streng tydskedes wat nie veel rustyd of tyd saam met familie toelaat nie. Daar word nie voorsiening gemaak vir besoeke aan klinieke en hospitale om volledige gesondheidsorg te verkry en deelname in die voorkoming van MIV programme (soos kondoomverspreiding en vrywillinge toetsing en berading) nie.

Die navorsing het bevind dat eensaamheid en verveeldheid ontstaan as gevolg van afwesigheid vanaf tuistes vir lang periodes, en ongetroude bestuurders raak betrokke in riskante seksuele gedrag. 'n Aantal drywers rapporteer dat hulle min begrip van die risiko van MIV het. Bestuurders wat getroud is voel 'n groter verpligting om hul families te beskerm in vergelyking met ander wat nie getroud is of geen familie verantwoordelikheid het nie. Baie van die bestuurders blyk kennis van MIV en die aanleiding to VIGS te hê.

Die navorser beveel aan dat bestuurders se skedules hersien moet word om meer tyd met familie te spandeer deur korter afstande te ry en dat vennootskappe met suster-maatskappye gesluit word sodat bestuurders in Namibia nie nodig het om oor die grense te beweeg nie. 'n

Daadwerklike poging moet deur al die belanghebbende partye in die langafstand bedryf aangewend word om vragmotorhawens soortgelyk aan North Star Foundation's Wellness Centre in Walvisbaai in strategiese dorpe op roetes wat die meeste gebruik word aangelê te word. Hierdie vragmotorhawens moet voorsiening maak vir veilige parkering vir vragmotors, bekostigbare en gerieflike akkomodasie vir drywers, klinieke en ontspanningsareas en winkels om in al die behoeftes van die drywers te voorsien. Daar is ook 'n behoefte vir maatskappye om te belê in satellietradios wat vermaaklikheid aan drywers kan verskaf terwyl hulle bestuur, en 'n medium wat akkurate inligting oor MIV en VIGS onder drywers te versprei.

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ACRONYMS

| | |
|--------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| CSW | Commercial Sex Workers |
| HAART | Highly Active Anti-Retroviral Therapy |
| HIV | Human Immunodeficiency Virus |
| IBBA | Integrated Biological and Behavioural Assessment |
| IOM | International Organisation on Migration |
| NABTA | Namibia Bus and Taxi Association |
| PLWHA | People Living with HIV and AIDS |
| SADC | Southern African Development Community |
| STD | Sexually Transmitted Disease |
| STI(s) | Sexually Transmitted Infection(s) |
| UNAIDS | United Nations Joint Programme on AIDS |
| UNICEF | United Nations Children's Fund |
| VCT | Voluntary Country and Testing |
| WHO | World Health Organisation |

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1. INTRODUCTION

HIV/AIDS is a unique ailment due to the nature in which it affects communities. It cuts across all boundaries – among others: socio-economic and cultural. The World AIDS Report 2011 noted that about two thirds of people living with HIV/AIDS (PLWHA) are found in Sub-Saharan Africa and also that eight countries in Southern Africa are among those with the highest HIV prevalence rates globally.

Many factors have been identified as key factors in the spread of HIV. Poverty and hunger create circumstances which lead to HIV transmission. It is not a simple and direct link but a cascade of events leading up to the spread of HIV. The process involves actions like migration or mobility, where situations lead up to high risky behaviour like multiple sex partners, inconsistent condom use and access to commercial sex workers (IOM, 2010).

Globally, much research has been done in order to identify communities which are at high risk to HIV transmission (Brummer (2003); World Bank (2009); IOM (2003). The ones which stand out include people in tourist resorts, mining and farming areas and ports of entry/exit in countries. The common factor is the people are constantly in motion or are in contact with people who are highly mobile (Brummer, 2003). This brings people working in the transport industry, particularly long distance truck drivers, in the spotlight.

Among the mobile population are long distance truck drivers, especially those that work for more than 24 hours away from their home and families. They have been documented as a vital component in the spreading of HIV/AIDS. As much as they are the engines behind regional and local development, they are also vulnerable to HIV transmission due to their working environment. According to IOM (2003) risk factors of migration are felt at four sites, namely where they are coming from, en-route, where they are going and upon return to their source. The families back home are at risk because they are not well taken care of. The wives may engage in extra-marital affairs to fend for the children since the breadwinners are away from home. While en-route the drivers meet many people in desperate need of their services while paying with sexual favours and also being away from their wives they will need to satisfy their sexual needs and also overnight accommodation which is cheaper. Ultimately they will return to their families and HIV had been contracted along the way then the spread will continue from one partner to the other (IOM, 2003).

2. RESEARCH PROBLEM

This research project is aimed at highlighting the risk factors among long distance truck drivers to HIV transmission in their working environment. This study will be focusing on those working from Windhoek, Namibia.

Long distance truck and bus drivers are disadvantaged in many ways. They work individually and under cumbersome conditions and they may be willing to put up with such working conditions because they don't need to be highly skilled except to have a driver's license. Therefore they can be dismissed and easily replaced by someone with a drivers' license. In Namibia they do not have a common voice to represent them and address their issues during collective bargaining since they are on the road and on tight schedules, unlike the Namibia Bus and Taxi Association (NABTA) which represents the taxi and short distance bus drivers. The drivers' work is against time as they have to take their loads in time. Some truckers even have their trucks on satellite surveillance to monitor their movement. With these tight schedules they do not get enough time to access comprehensive healthcare services.

3. RESEARCH QUESTION

What are the risk factors to HIV among long distance truck drivers working from Windhoek, Namibia?

4. SIGNIFICANCE OF THE STUDY

The people who would benefit from the study will be the long distance truck and bus drivers, their families and the company owners. The drivers will benefit from an improved working environment with reduced vulnerability to HIV transmission, access to comprehensive healthcare services including HIV and STI screening and treatment, as well as treatment for other ailments. Their families will have the breadwinners for longer and will also have a reduced risk of HIV transmission. On the other hand the company owners will benefit from getting confident and content staff which translates to skilled staff retention as they get to keep most of their staff for longer in good health. They will also have ways to assist their staff as they would know their concerns.

5. LITERATURE REVIEW

Africa has endured the brunt of the HIV pandemic the world over as shown by the statistics of people living with HIV weighs heavily on the African continent. More-so in Sub-Saharan Africa, which, according to the World AIDS Report of 2011, is where the majority (about two thirds) of the people living with HIV in the world are found. The worst hit is the Southern Africa region, where eight of the countries in this region rank highly with regards to high HIV prevalence rates in relation to the world at large. The Sub-Saharan African region is having its fair share of the catastrophes namely war, hunger, poverty, political upheavals, social unrest, diseases and many other social ills.

With a longstanding onslaught of aforesaid quandaries many people in the Sub-Saharan Africa region are migrating in search of better living conditions for them and their families. There are countries where people have been forced to leave their homes and settle in other parts of those countries which are quieter in countries like Sudan and South Sudan, where civil wars are the order of the day, while in other circumstances drift further away and go beyond borders in search of better lives for their families and other dependents. A large group of people is cast in the shadow of this umbrella, among them migrants and employees in the transport industry like drivers, especially long distance truck drivers and their assistants.

The transport industry as an entity is being associated with other factors which propel the spread of HIV among the populations (IOM, 2003). The HIV pandemic has been noted to rear its head in populations which are always on the go and highly in transit - these include migrants and mobile populations like the employees in the transport industry in comparison to the other normally placed masses. IOM (2003) noted that populations in Southern Africa are dynamic compared to other regions in Sub-Saharan Africa. With mobility comes the high risk of HIV transmission because of many factors highlighted already. The SADC secretariat report of 2007 on HIV and AIDS prevention and mitigation initiatives in the transport sector stated that “in a number of African and some Asian countries, HIV prevalence is higher among transport workers than in the general population, especially among long distance drivers on some of the major transport ‘corridors.’ Factors affecting people in their region perpetrate the growth of the transport industry.” The social turmoil like wars, starvation and poverty create the need to seek greener pastures and better living conditions, hence the need to move from one region to another which have more economic stability.

With the improvements in the transport industry there are more people migrating more regularly and frequently. According to IOM (2003) research risk factors of migration are felt at four sites namely:

1 - Source or the origin: we are looking at where the workers in the transport industry are originally resided with their families and dependents. In some situations these are marginalized areas with few resources and infrastructure. From these impoverished communities the long distance truck drivers leave the comfort of their societies to look for better working conditions and better remuneration. Left behind are families comprising mostly of women and children and this usually is a common trend for long periods of times. As the breadwinners leave their families they may not be in a position to send money back home to their dependents. Sometimes in the areas they left there may not be services which enable their families to receive money from the breadwinners therefore the families have to wait for the breadwinners to return. In situations where there may be emergencies requiring money, the women left behind are forced to take drastic measure which many involve offering sex for services and goods in order to support their families. The males remaining in the source communities may be in a better economic position than the ones leaving with work as long distance driver; hence they may use their higher economic status in taking advantage of the wives, young women and girls left behind.

2 - Transit or places and roads they pass through: we are looking at all the places and roads which the drivers pass through on their way during the course of their work. They pick up travelers who will pay for the services so that they get extra cash. Some people they carry are also in search of greener pastures and are trying to reduce expenses at every opportunity they get hence using their bodies to pay for their way through offering payment in kind like sexual intercourse to the drivers and their assistants. En-route the drivers are easy pickings for commercial sex workers. This emanate from the drivers' and their assistants' needs which include accommodation, food and also to quench their sexual urges. Instead of sleeping in expensive lodges or sleeping while crammed up in their trucks feeling cold, they find it an easier option to hire the services of commercial sex workers where they will get warm meals, accommodation and overnight companionship. This happens far from the prying eyes of the communities they stay in and away from the social bonds which conjure societal norms on their lives. The drivers have tight schedules set up by their employers to maximize income,

therefore their resting time is limited and the drivers may not get time to seek proper medical attention should they fall ill along the way.

3 - Destination: we are looking at places where the drivers are set to deliver their cargo before they head back home. At these places they will require contented lodging. Some drivers may be experienced with particular places because they would have plied the route quite frequently and stayed in these places on a regular basis. Some who would have been in such places quite often would rent rooms for use when they are in these areas for convenience. With prolonged conjugal separation the sexual urges sometimes would drive some of these drivers to partner with some women who may be commercial sex workers or ordinary women and set up their “second families” where they may actually even have children unknown to their families back home. In as much as they leave their families back home and what may befall the families back home the same may be happening when they leave their second families. The worst cases may be where there is no commitment the women in the second family may easily be persuaded to look after more than one man at different times.

4 - Return: we are looking when they get back to their source. After having been away from home for a long time they meet up with their partner. Use of condoms is not consistent and at times there may have unprotected sexual intercourse with their partner. If any of them, the drivers and their partners, may have contracted HIV or sexually transmitted infections during their sexual escapades they would spread it to their partner or vice versa.

Working away from home, many do not regard HIV as an immediate danger as they battle the day-to-day ordeals of life and without the policing of their cultural norms and cushions of other social support entities risky sexual behaviour is the order of the day. “What happens on the road remains on the road.” Prolonged conjugal separation could lead to indulgence in high risk casual sexual encounters. Also of note is the easy accessibility to commercial sex workers who are readily available in transit towns and places like highways, borders towns, as well as tourist, mining and farming towns.

The following circumstances are seen to be increasing HIV infection risk:

- Duration of time away from home and family

- Boredom and loneliness
- Multiple partners
- Delays at border crossings
- Condoms not used/low knowledge of their efficiency
- Lack of access to health services
- Poor working conditions and low wages

Source: World Bank (2009)

IOM (2003) pointed out that the determinants that perpetrate vulnerability to HIV transmission among groups of people who are highly mobile include some of the following:

- work involving mobility, in particular the obligation to travel regularly and live away from spouses;
- separation from socio-cultural norms that regulate behaviour in stable communities;
- work in isolated environments with limited recreation and easy access to CSWs, drugs and alcohol;
- limited access to health facilities, including treatment for sexually transmitted infections (STIs) and HIV/AIDS prevention and care programmes;
- types of accommodation such as single-sex, overcrowded living quarters or having to sleep in trucks;
- difficult and dangerous working conditions with high risk of physical injury;
- workplaces dominated by men;
- transactional sex, sexual abuse and sexual violence;
- a sense of anonymity which allows for more sexual freedom;
- xenophobia and discrimination;
- lack of legal rights and legal protection

The aforementioned determinants shed light on the research target group which will include long distance truck drivers. This especially pertains to those who will be staying away from home for more than 24 hours and involves sleeping away from family and relatives who act as social police. They are mostly working on a time schedule which has to be abided to as much as possible or their companies will lose revenue and in turn they might lose their jobs. The drivers are semi-skilled personnel and are also dispensable. All it takes is an individual with an appropriate driver's license, so with that in mind most drivers are not keen on protesting

nor would they want to risk their job. They will work hard to provide for their family and also would cut expenses on the spending allowance per trip in order to return home with a substantial amount of money and goods to offer to their families.

According to Pandey et al (2008) the truck drivers have risky sexual behaviour tendencies which propagate the spread of sexually transmitted infections (STI) and HIV in regions like Asia and Africa. Ramjee et al (2001), in their research where they looked at the prevalence of HIV among truck drivers, they found that the drivers were at higher risk of HIV and STI transmission because of their risky sexual behaviour. This emanates from their mobility, prolonged separation from wives and partners, loneliness while on the road for many hours or days away from the policing societies guided by cultural norms.

Besides HIV and STIs vulnerability to truck drivers, they face a horde of other impediments. IOM (2003) highlighted that truckers are also subjected to xenophobic attacks, exploitation by employers, thieves en-route and harassment. As some are foreign drivers working for companies in another country they can be discriminated against because of their country of origin. Most drivers are semi-skilled - all they need is a driver's license of the appropriate vehicles – therefore employers tend to ill-treat them and threatening to dismiss them if they raise their concerns, and made to work with tight schedules and strict deadlines which do not give them enough resting time. Thieves also prey on the drivers because they know they have disposable cash on them and also can try to steal the cargo they will be carrying. According to the International Centre for Research on Women in their 2002 publication they noted that truck drivers feel harassed and angered by some promotional material which depict them as out to corrupt and ravage innocent young girls and as monsters spreading HIV and STIs because they imply all of the truck drivers are promiscuous. One such depiction emanates from UNICEF's 1997 SARA Communication Initiative in Kenya which portrayed truck drivers as sex predators.

Compounding these social and moral pillage and ego bruising tendencies towards truck drivers are many other factors which deter them from seeking redress. In a foreign country, and even sometimes in their own countries, they have no legal protection in host communities hence cannot seek reparation for such. They spend long hours processing documents at border crossings and other check points. Because of many administrative protocols, at borders like Noordeovor in the southern part of Namibia with South Africa truck drivers carrying non-

perishables are not allowed to pass after eight o'clock in the evening and they have to sleep at the post. Since they are highly mobile and time is of essence in their line of work, truck drivers have little time for access to comprehensive healthcare services, no access to HIV information offered by peer educators and that offered in other national programmes like in HIV/AIDS awareness campaigns and outreach, and they also have limited access to HIV/AIDS prevention methods like condom distribution, and screening and treatment for STIs at clinics in host communities.

A number of researchers which sought to address the issues of STI, HIV and risk behaviour among truck drivers, like those done in India, painted a picture where the truck drivers associated with commercial sex and other risky sexual mannerisms. These behaviours included engaging commercial sex workers, multiple sexual partners, inconsistent or no condom use and alcohol abuse. Pandey et al (2008) identified risk behaviour among truck drivers in India to include a low self-risk perception to HIV, low condom use with sexual partners which they did not pay and also with spouses, no exposure to prevention methods and programmes, no time to go for voluntary HIV testing and therefore few know their HIV status and most assume they are HIV negative.

Situations in their line of work make the truck drivers vulnerable to STI and HIV transmission. Because of isolation and loneliness coupled with long durations away from home and their sexual partners, many of the truck drivers seek entertainment and female companionship. At rest stops, small towns along their routes and also at border towns the setup is such that despite having access to accommodation, fuel and mechanical needs they are exposed to alcohol and commercial sex workers. Alcohol impair their judgment and the commercial sex workers offer them female companionship and sometimes cheaper alternative accommodation in their quarters or lodgings. Truck drivers are easily targeted by commercial sex workers because they have disposable income on them and their need for female companionship. Condom use is not guaranteed. Hudson (1996) noted that with prolonged marital separation the spouses of truck drivers may also indulge in risky sexual activities with other men back home to quench their sexual urges and to make ends meet when their men are away for long periods.

HIV prevalence among truck drivers is very high compared to the general population. Ramjee et al (1998) found HIV prevalence of 56% among truck drivers who frequently visited

commercial sex workers at selected rest stops in KwaZulu Natal (South Africa). Lankoande et al (1998) found it to be almost 18% in Burkina Faso's truck drivers. Mbugua et al (1995) and Bwayo et al (1994), who did several research projects in this field in Eastern Africa's truck drivers, found rates of between 25% and 32%. Most truck drivers utilize the services of commercial sex workers and condom use is inconsistent or low. It is even lower with spouses and girlfriends. According to Mupemba in his 1999 publication about his findings in Zimbabwe, the men felt that they should not be satisfied by one sexual partner, and that the all-male environment created a sense of having to prove one's manhood by sleeping around with many women. Truck drivers feel that having female companion en-route relieves their stress emanating from pressing schedules. In 1993 Chirwa's research highlighted an element which carries serious concerns where truck drivers felt that sex without a condom makes the sex more pleasurable.

6. RESEARCH METHODOLOGY

The assessment among long distance truck drivers was commenced from August until September 2013 at three centres namely TransNamib depot, which saves the drivers who work for companies in the Walvis Bay Corridor and also those under the direct employ of TransNamib, and two other service stations along the routes used frequently by drivers for refueling in Windhoek on their way to long distance routes.

There was need to define the drivers to be involved in the research. Long distance truck drivers were defined as those drivers travelling to destinations in excess of six hundred kilometers from their starting point and they have to pass through Windhoek, Namibia. The drivers also had to be on the road for more than 24 hours in their line of work. The drivers needed to have good command of English and/or Afrikaans in order to be accepted as participants in the research.

An initial assessment was done to pre-empty the areas which needed attention. The researcher surveyed the most used depots and service stations and also tried to map out the nationalities and tribes of the majority of the drivers. The researcher then identified sites to select participants for the research. These were seen to be areas where the researcher will have access the adequate number of participants who conform to the inclusion criteria set out above. TransNamib, which employs a number of truck drivers who participated in the

research, and the managers of the two big service stations were contacted for permission to use their premises to conduct research interviews.

The researcher aimed at getting around 150 long distance truck drivers to participate. The participants had a small lecture on the research and the intended outcomes and were allowed to ask questions and any other clarifications they may need. Questionnaires, translated into English and Afrikaans were then issued, depending on the participant's language of choice. The questionnaire gathered information on the demographic data of the participants, attitudes towards and knowledge on HIV/AIDS and sexual practices.

7. ETHICAL CONSIDERATION

The researcher took all the ethical entities into consideration. He obtained the clearance from Stellenbosch University's Ethics Committee to proceed with the research. Permission was obtained from the relevant authorities mentioned earlier. All the questionnaires were accompanied by consent forms which were permission from the participants to undertake in the research.

8. DATA ANALYSIS

Information was gathered by way of questionnaires and there was need to capture the information and sort it into meaningful data for analysis and interpretation. The researcher used Microsoft Office Excel and Access programme software to capture the data and SPSS for analysis of the data. The categorization was based on demographic information, attitudes towards and knowledge about HIV and sexual practices.

Under demographic information the researcher tried to bring out the general picture of the participants by painting a picture of the caliber of people who were representing the long distance truck drivers working from and through Windhoek, Namibia. This included the age ranges of the drivers, their gender, marital status, ethnicity, educational level, employment status, job satisfaction and their salaries.

The section on attitudes towards and knowledge about HIV and STIs was aimed at getting the knowledge levels among the truck drivers. Their attitudes towards HIV and STIs give an

indication as how to approach the truck drivers with meaningful and appropriate intervention methods. This section aimed at establishing the participants' knowledge of HIV and AIDS, common modes of transmission of HIV, Highly Active Antiretroviral Therapy (HAART) and condom use, as well as the element of accessibility of healthcare facilities during the course of their travelling with work.

The sexual practices segment set to understand the truck drivers' perceptions about HIV and STIs. This was to interpret their perceived risk to HIV transmission, what they understood as factors, if any, which made them vulnerable to HIV, and ways in which they feel can improve their wellbeing and assist in preventing HIV and STI transmission.

9. RESULTS

9.1 Age of participants

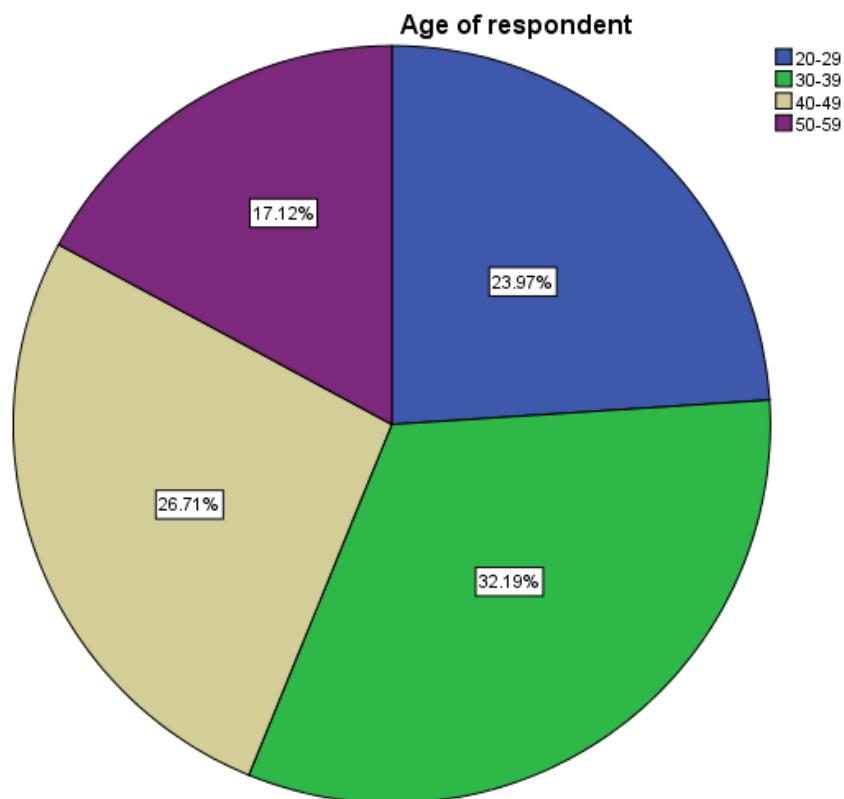


Fig.1: Age ranges

The highest proportion comprised of truck drivers in the 30-39 year age group in which 32.19% of all the truck drivers falls into. This is comparable to the findings by Pandey et al

(2008) the age range most frequent they found was 25-34 year age range. The least frequent age range was the 50-59 year range, which were 17.12% in this study. The mean age of the participants fell into the 30-39 year age range.

9.2 Gender of participants

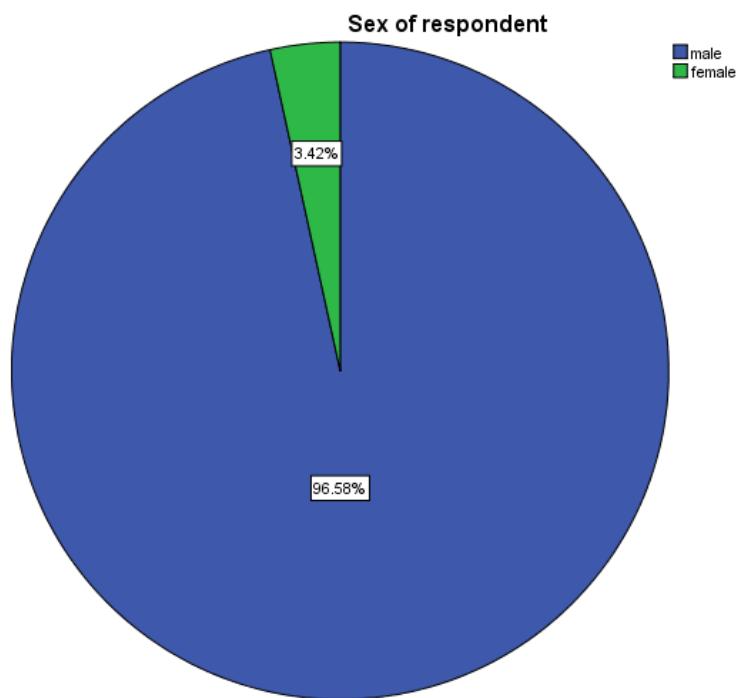


Fig. 2: Gender

The number of the truck drivers who participated in the research amounted to 146 of which 3.42% ($n=5$) were female drivers. This shows a shift from an all-male environment seeing the filtering in of women in the industry.

9.3 Marital status of participants

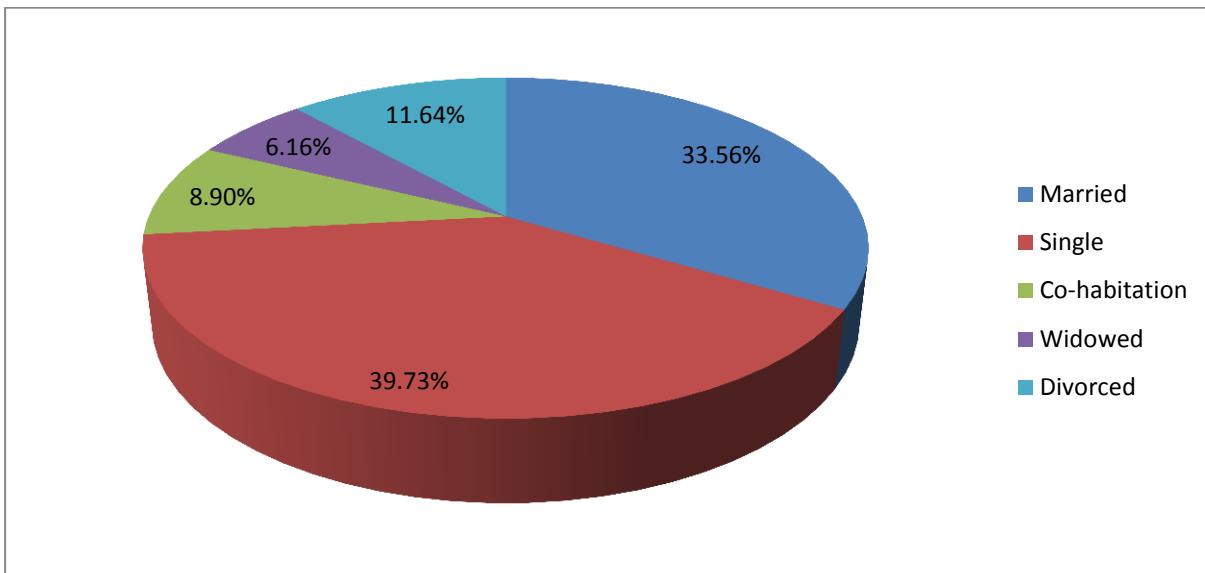


Fig.3: Marital status

The marital distribution showed a varied picture. The majority of the truck drivers (39.73%) were single and not in any civil union. 33.56% of the truck drivers were married at the time of the interviewing, 11.64% divorced, 6.16%, widowed and 8.9% cohabitated, meaning back at their homes they stayed with partners with whom they did not pay for sexual intercourse and yet were not in formal marriages..

9.4 Ethnic distribution of participants

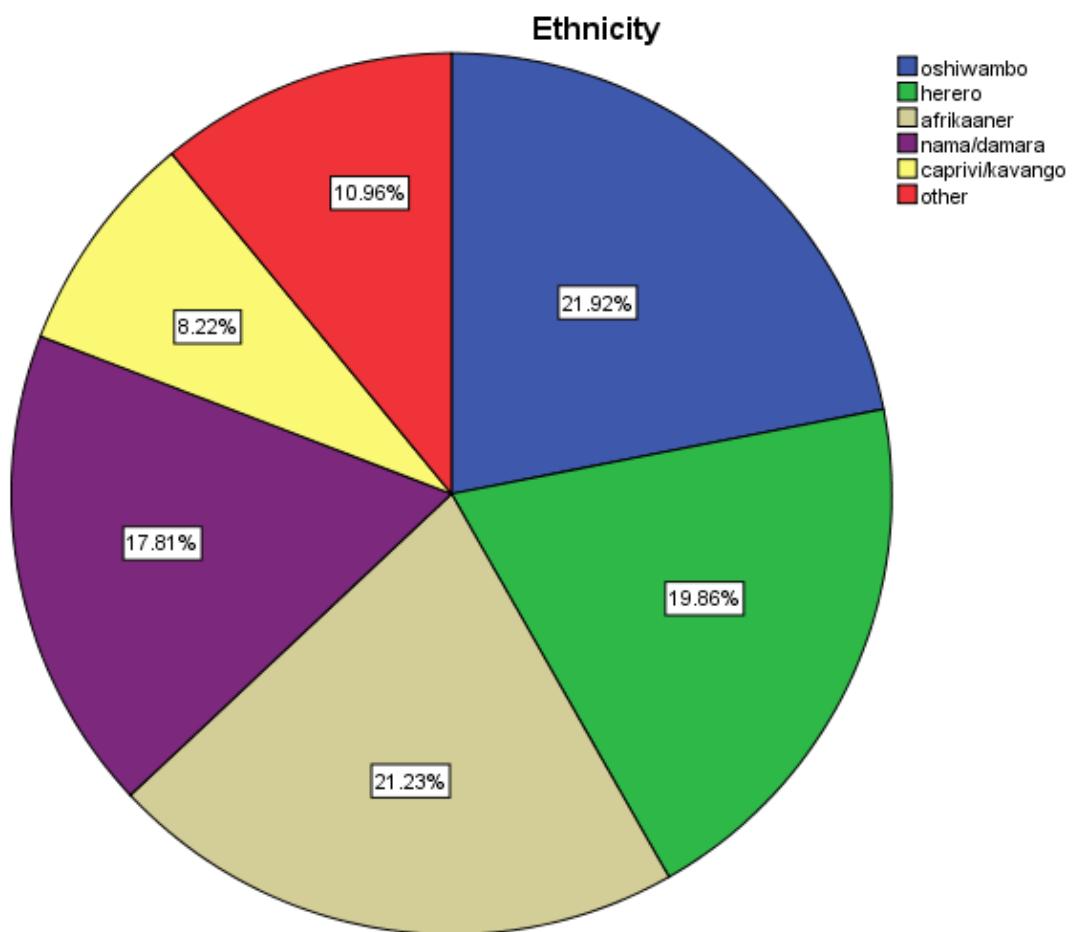


Fig.4: Ethnic distribution

The majority (89.04%) of the truck drivers who participated in the research were Namibians working in companies in Namibia and passing through Windhoek. Namibia has many tribes which are named depending principally on the regions of origin and language spoken. They are Oshiwambo, Herero, Kavango, Damara, Nama, Coloured or Baster (mixed race), Caprivians, Afrikaaners, Germans, Portuguese, San and Tswanas, ([wikipedia.org](https://en.wikipedia.org)). Coloureds and Basters are technically the same group but differ in that Basters consider themselves to be from a town of Rehoboth, and for the purpose of this research both groups were included in the Afrikaaners group. In the initial mini research to look at which ethnic groups comprised the majority of the truck drivers excluded Germans, who had no drivers at all. The Namas, Tswanas and San were grouped into the group of Damaras to form a group called Damara>Nama because their languages were similar. Oshiwambo truck drivers were 21.92% of the truck drivers who are Namibians. Herero and Afrikaaners each had 19.83% and 21.23% of Namibian truck drivers who participated in the research respectively. The Damara>Nama comprised of 17.81% of the Namibian truck drivers in the research. The least represented

were the combined group of Caprivians and Kavangos which had 8.22% of the Namibian truck drivers combined. The remaining group of 10.96% comprised of truck drivers based in South Africa, but originally from countries like Zambia, Zimbabwe, Mozambique, Lesotho and South Africa.

9.5 Educational level of participants

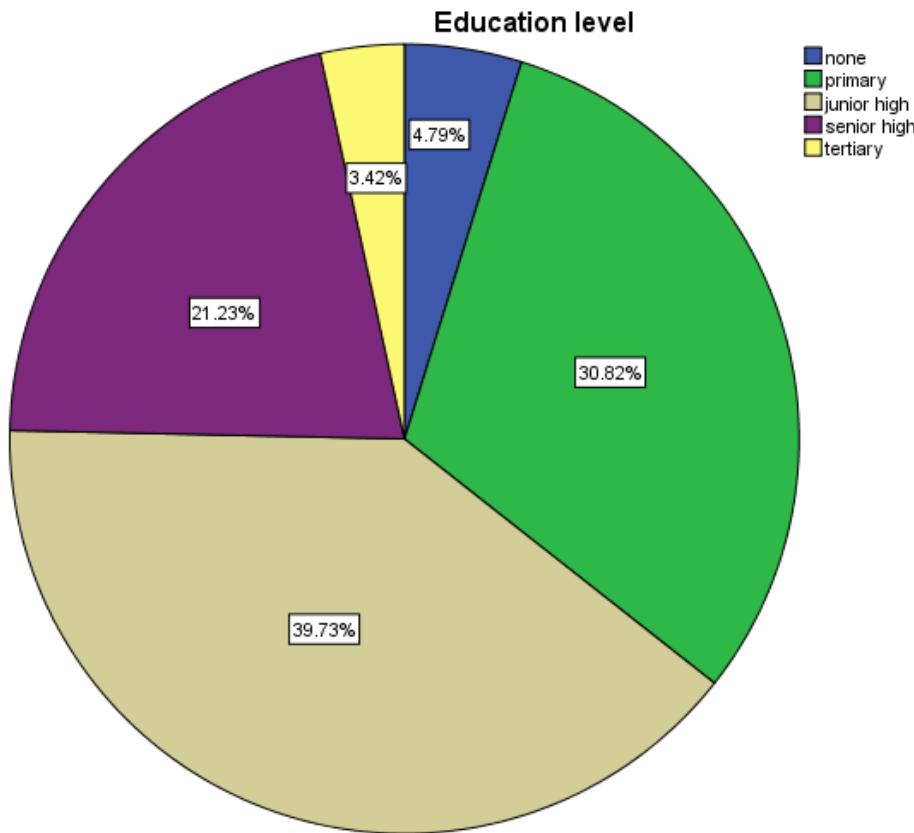


Fig.5: Educational level

Most of the truck drivers were semi-skilled personnel. All they needed was a driver's license suited for heavy trucks for them to be equipped to drive the trucks on long distance routes.

The majority of the truck drivers (60.96%) received up to high school education and 30.82% only up to primary school. Only 3.42% of the truck driver had acquired tertiary education while 4.79% had received no formal education.

9.6 Employment status of participants

Most of the long distance truck drivers work for companies. 94.52% of the participants were employed while a small percentage (5.48%) was driving their own trucks.

9.7 Satisfaction/non-satisfaction with their work

Working in the transport industry has its own hardship. The harassment by traffic police, thieves and border officials, xenophobic altercations, loneliness and lack of entertainment are some of the factors which create an unfavorable working environment and compound the misery for some of the truck drivers. Slightly more than half (53.42%) of the truck drivers who participated in the research expressed dissatisfaction about their job.

| | Responses | |
|--|--|----------|
| | N | Percent |
| What contributes to the non-satisfaction | Poor working conditions | 58 27% |
| | Low wages/salaries | 77 35.8% |
| | Delays at border crossings | 57 26.5% |
| | Duration of time away from home and family | 23 10.7% |
| Total | 215 | 100% |

35.80% of the participants complained about low wages/salaries they were earning while 26.5% of the participants expressed dismay about the logistical and bureaucratic red tapes which compounded the delays at border crossings. Those who bemoaned the general poor working conditions they endured consisted of 27% and 10.70% of the participants indicated that being away from home and family for long periods contributed to their non-satisfaction with their work.

9.8 Attitudes towards and knowledge about HIV and AIDS

The questionnaire set to inquire about the truck drivers' attitudes towards and knowledge about HIV and AIDS. One of the questions was whether they believe that HIV causes AIDS. The majority of participants (76.71%) agreed that HIV causes AIDS while 23.29% were unsure. None of the participants disagreed with this statement. This is a disturbingly high

percentage which may be attributed to lack of information dissemination through available channels.

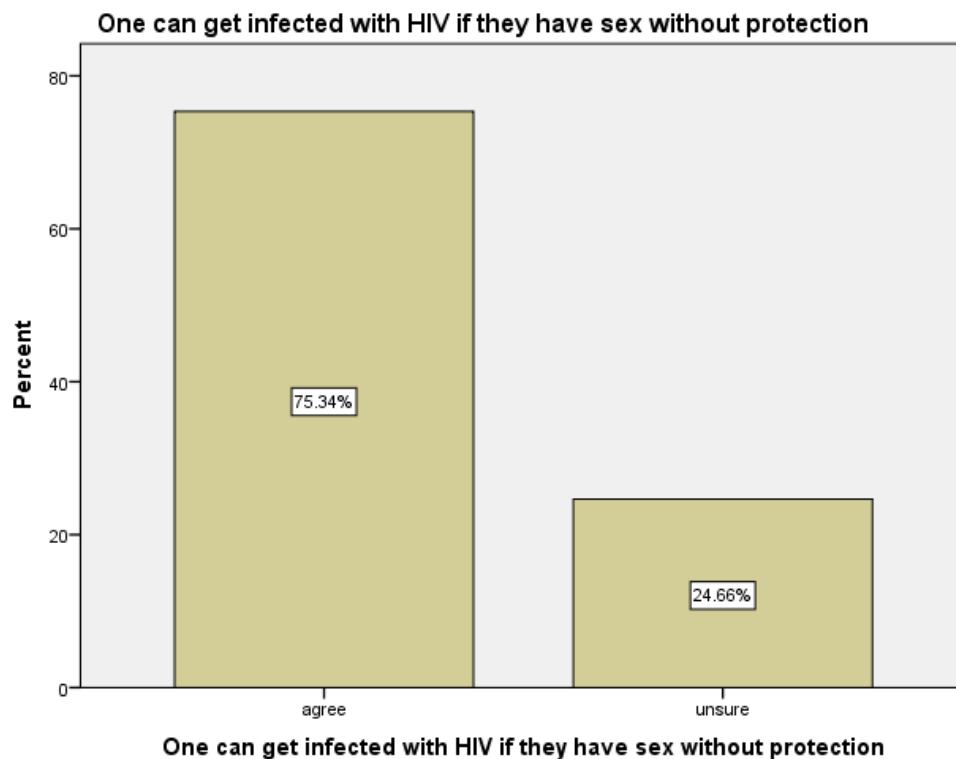


Fig. 6: One can get infected with HIV if they have unprotected sex

Although the majority of participants (75.34%) agreed that one can get infected with HIV if they have unprotected sex it is disturbing that 24.66% were unsure of this statement.

Interesting also to note is that 26.71% of the participants were unsure whether using condoms consistently and correctly can help to prevent you from getting HIV infected. To this statement 73.29% of the truck drivers agreed that correct and consistent use of condoms during sexual intercourse can prevent HIV transmission. Encouragingly none disagreed with the use of condoms in preventing HIV transmission during sexual intercourse.

A large percentage (76.71%) of the participating drivers agreed that antiretroviral therapy can help to control HIV infection and should be commenced early. 23.29% of participants were unsure about the effectiveness of highly active antiretroviral therapy (HAART) if they are started early in HIV infection. Anti-retroviral drugs have been in use for years now and a significant amount of information has been disseminated out to the public with proof of their effectiveness in treating HIV and AIDS. This can only point to poor information

broadcasting. None of the participants disagreed with the effectiveness of HAART in HIV treatment.

The majority of participants (79.45%) understood that STIs can be cured if treated. 20.55% of the participants were unsure while none of them disagreed with the statement.

9.9 Sexual practices of participants

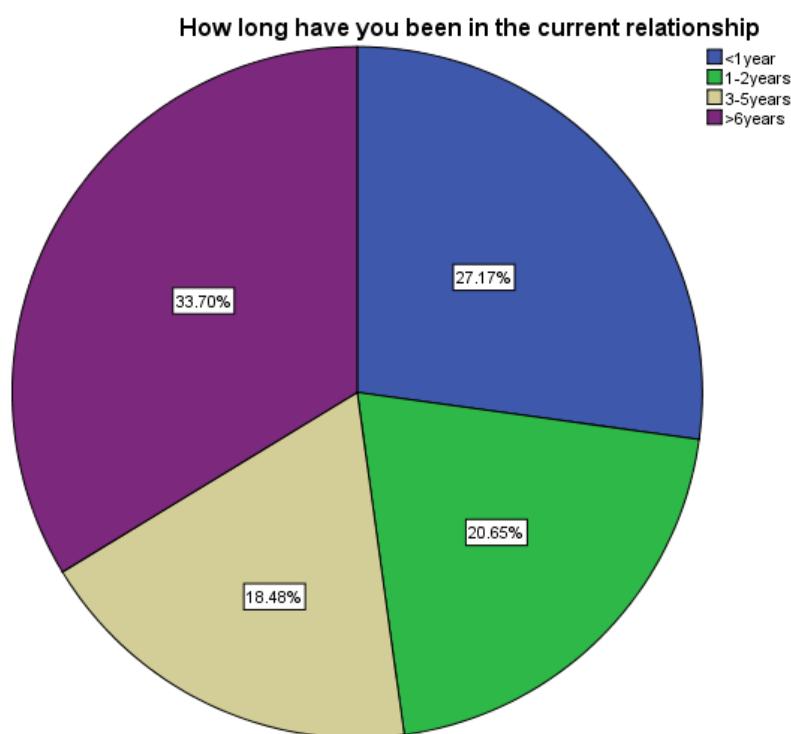


Fig. 7: Duration in current relationship

33.70% of the participants who were involved in a relationship were in that relationship for more than six years. This was followed by 27.1% who were in a relationship for less than one year, 20.65% for one to two years and 18.48% for three to five years.

Many articles have been written to the effect that long distance truck drivers hire commercial sex workers en-route to quench their sexual desires. This is confirmed in this study 89.72% of the participants indicated to interact with commercial sex workers while on the road and away from home. 52.05% of these participants reported that they sometimes hire sex from commercial sex workers while 37.67% of the participants reported that they always hire commercial sex workers while they are on the road. Only 10.27% of the participants reported that they have never hired commercial sex workers.

9.10 HIV risk

When asked whether they know their HIV status, 53.42% did not know their HIV status and the same number have never undergone voluntary HIV testing before.

Almost half of the participants (46.58%) do not consider themselves to be at risk of HIV transmission.

| | Responses | |
|--|-----------|---------|
| | N | Percent |
| Engaging in sex with someone other than my full time partner | 79 | 22.1% |
| Engaging in casual sex with commercial sex workers | 83 | 23.2% |
| Factors putting you at risk | | |
| Acquiring sex as a reward for transporting some hitchhikers en-route | 101 | 28.2% |
| Being away from home for long periods | 46 | 12.8% |
| No access to condoms | 49 | 13.7% |
| Total | 358 | 100% |

Table 3: Factors perceived to be high risk behaviour and putting the drivers at risk of HIV transmission

The research questionnaire went on to investigate factors which the long distance truck drivers' considered to put them at risk of HIV transmission. The most frequently mentioned is acquiring sexual favours as reward for free transportation from hitch-hikers. This was pointed out by 76.5% of the truck drivers. Others (59.8% of the truck drivers) reported that engaging in sexual activities with people other than their full time partners put them at risk of HIV transmission. 62.9% of the participants indicated that they risked contracting HIV by

engaging in casual sexual intercourse with hired commercial sex workers, while 37.1% of the participants added that inaccessibility of condoms put them at risk of HIV transmission. The least reported factor was being away from home and families which was mentioned by only 34.8% of the truck drivers who participated in the research.

9.11 Limitations with regards to their personal health

| | Responses | |
|---------------------------------------|--|--------------|
| | N | Percent |
| Limitations regarding personal health | No time to visit a clinic or hospital | 105 17.3% |
| | No time to rest | 91 15% |
| | Long distances to cover tight schedules | 125 20.6% |
| | Not near clinic or hospital while en-route | 79 13% |
| | Delays at border posts | 99 16.3% |
| | Expensive lodges and sleeping in trucks | 107 17.7% |
| Total | | 606 100% |

Table 4: Limitations to personal health

As the long distance truck drivers partake in their daily routines and struggling to meet the tight schedules, they are faced with many hardships and difficulties which put their health in jeopardy. Covering long distances and tight work schedules were highlighted by 125 (20.6%) of the participants as a limitation to the caring of their personal health, while the least highlighted (13%) was the fact that there were no clinics/hospitals nearby while they are en-route.

107 of the participants (17.7%) reported that hotels and lodges were expensive which prompted them to sleep in the trucks they drive and risk infections like pneumonia without proper warm clothes and blankets. 105 (17.3%) indicated that no time to visit clinics/hospitals for treatment and check-ups is a risk factor and 91 of the participants (15%) being concerned about lack of time to rest and unwind so that they get re-energized for the next assignment. Bureaucratic and logistical delays at border posts were a cause for concern among 99 (16.3%) of the truck drivers who participated in the study

9.12 Reducing the risk of HIV transmission

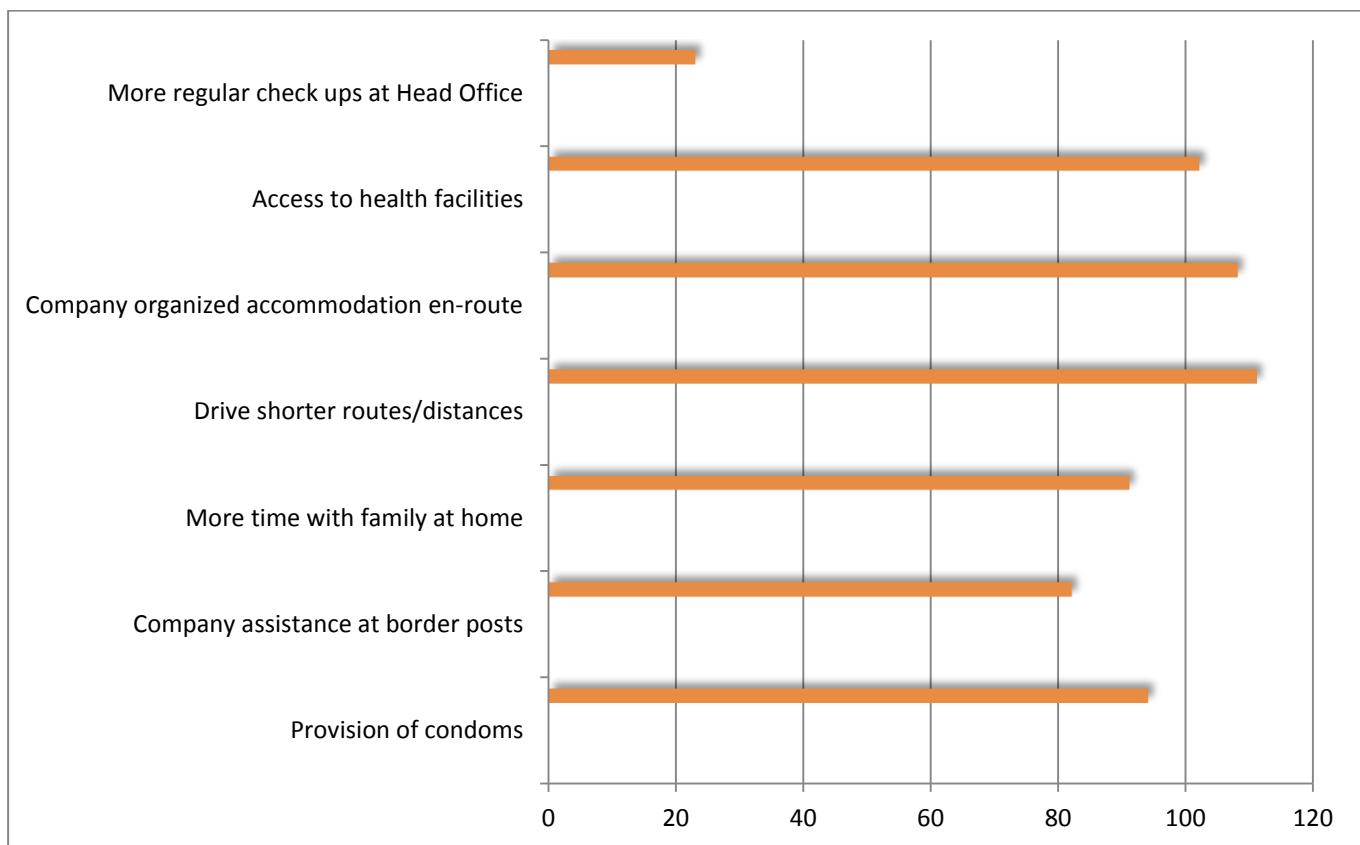


Fig. 9: Factors to reduce HIV transmission

| | | Responses | |
|---------------------------------------|--|-----------|---------|
| | | N | Percent |
| What reduces risk of HIV transmission | Provision of condoms | 93 | 15.3% |
| | Company assistance at border posts | 81 | 13.3% |
| | More time with family at home | 91 | 14.9% |
| | Drive shorter routes or distances | 111 | 18.2% |
| | Company organises accommodation en-route | 108 | 17.7% |
| | Access to health facilities | 102 | 16.7% |
| Total | Other | 23 | 3.8% |
| | | 609 | 100% |

Table 5: Factors to reduce HIV transmission

The researcher wanted to determine what the participants believed needed to be altered or strengthened to reduce their risk of contracting HIV infection while on duty. One of the ways highly spoken of was the issue of driving shorter distances. This was mentioned by 111 (18.2%) of participants. Due to the exorbitant prices at lodges and hotels 108 of the truck drivers (17.7%) indicated that their employer should organise accommodation for them in the strategic towns along the routes they use frequently while 102 truck drivers (16.7%) specified increased access to health facilities.

93 truck drivers (15.3%) made reference to provision of condoms in order for them to lower their risk of contracting HIV and 91 truck drivers (14.9%) highlighted the need to spend more time with family. Others (13.3%) felt that their employers should take more initiative in

alleviating their plight through assisting them at border posts to reduce the time spent there and to facilitate regular medical check-ups (3.8%).

10. DISCUSSION OF FINDINGS

This objective of the research was to determine the HIV risk factors among those long distance truck drivers who work in and pass through Windhoek, Namibia. It was also to identify recommendations as to what may be needed to improve the situation while looking at the findings and comparing with previous research studies.

The research managed to gather information from 146 long distance truck drivers. The ethnical representation among the different tribes of Namibia was fair and seemed evenly represented. The majority of these drivers were single men with a sizeable number which were divorced or widowed. The majority of the drivers had some form of formal education which confers ability to read and write English and/or Afrikaans as was in the inclusion criteria into the research including understanding of any information in one or these languages. A small percentage (4.79%) of the truck drivers had no formal education and was assisted in answering the questionnaire. These were mostly those in the 50-59 year old age range.

The majority were employed by companies while a small number were driving their own trucks. The majority of those employed complained mostly about low wages/salaries and general poor working conditions. Both groups of long distance truck drivers lamented bureaucratic and logistical delays at border posts, and long durations away from their homes and families.

The long distance truck drivers seem to have a basic understanding of HIV and AIDS. The majority of them understood that HIV causes AIDS, and that HIV can be transmitted by having sexual intercourse with an HIV infected person without a condom, while their understanding of HAART being effective in managing HIV and AIDS especially if the treatment is started early. The drivers also had an understanding that using condoms correctly and consistently reduces their chances of contracting HIV.

46.58% of the participating long distance truck drivers use condoms inconsistently, putting themselves to be at risk of contracting HIV.

Quite disturbing is the finding that a sizeable number of truck drivers did not know their HIV status and the same amount had never had an HIV test done. Also of concern is the finding that 46.58% of the participating truck drivers considered themselves not to be at risk of HIV which translates to low HIV risk perception. With high HIV prevalence rates among long distance truck drivers and the commercial sex workers who target them as reported by Ramjee et al (56%) between Durban and Johannesburg from 1996 to 1997, Lankoande et al (about 18%) in Burkina Faso in 1998, Mbugua et al (1995) and Bwayo et al (1994) in the several studies done in Eastern African which reported rates between 25-32 % this poses real danger to the long distance truck drivers of contracting HIV, should they indulge in sexual intercourse without condoms.

Long distance truck drivers are uniquely susceptible to HIV transmission because of the environment they work in and the nature of the people they interact with in their line of work. They are subjected to a number of pressing matters. They work under tight deadlines which are to be upheld strictly, they are prone to motor vehicle accidents and other mishaps on the road, and the most of the drivers may not have proper company coordinated health policies since they are most of the time on the road. With long hours on the road and many days or weeks away from their homes they feel lonely and need companionship. This drives them to seek companionship from commercial sex workers and other young and poor girls and women which they interact with en-route.

Most of the towns dotted along the routes most frequently used by long distance truck drivers have bars and lodges where commercial sex workers ply their trade. While resting in these towns they seek solace from the loneliness and lack of entertainment they imbibe in alcohol and some may take other illicit drugs which impair their judgment and cognitive functions. The commercial sex workers offer extra comfort, companionship, meals and cheaper alternative to the expensive lodges and hotels. In the drunken stupor they indulge in sexual activities where condom use may not be guaranteed in their interaction with commercial sex workers.

A significant percentage of the long distance truck drivers (89.72%) reported to hiring commercial sex workers while en-route with their work. This is higher than the 64% reported by Wilson et al in 1994 and 61% reported by Bwayo et al in 1991.

The research revealed that the long distance truck drivers have difficulties in accessing healthcare services because of their work. This is because the drivers are highly in transit in order to meet tight schedules and strict deadlines. That translates to poor access to HIV prevention methods centres at clinics and hospitals, and also for screening and syndromic treatment for sexually transmitted infections and other day to day ailments.

The identified risky behavior features among long distance drivers are as follows. Chief among them is acquiring sexual favours from hitch-hikers as reward for free transportation. Then there is engaging in sexual intercourse with people other than their full time partners. These may be extramarital affairs like girlfriends and other non-paid sexual partners. Hiring of commercial sex workers is a key factor which puts the drivers at high risk to HIV transmission. These sex workers are found in towns dotted along the routes the drivers user and in towns where these drivers make their rest stops.

In the same light as the availability of commercial sex workers, poor accessibility to condoms is a cause for concerns. These are mostly distributed at government clinics and hospitals but because of tight schedules and strict deadlines or simply the condoms not being there, the drivers may not have access to these condoms. With low or no use of condoms during sexual encounters with commercial sex workers, the long distance truck drivers are at an increased risk to contract HIV given the high HIV prevalence among commercial sex workers. Equally important is the problem of long periods of time away from home as a problem faced by the long distance truck drivers. According to an article released by Kenya National Forum Group on Transport in 2004 the more the time away from home, the more likely the truck driver are to hire commercial sex worker and the more likely their wives, girlfriends and full time sexual partners are to indulging in sexual encounters with other people other than the truck drivers. This can be because of loneliness and bored which comes with prolonged conjugal separation.

The investigation managed to single out the problems these long distance truck drivers face while out with work and putting them at risk to HIV. Lodges and hotels are very expensive. Long distances truck drivers generally do not earn a lot of money and they try to save as much

money from the spending allowances. They are forced to sleep in their trucks or hire a commercial sex worker in order to get a warm bed to sleep in, a good meal and the sexual favour which comes with it for a fee which they are willing to pay and they consider more reasonable than what they would have paid at hotels or lodges in these towns.

The truck drivers have to travel very long distances and traversing vast areas which may cover more than one country in limited time, they easily become fatigued. The employers are given strict deadlines by clients, and they in turn delegate to their drivers meaning the truck drivers have no much time for rest and are always away from their families. They hardly get time to visit clinics or hospitals which they may be exposed to HIV prevention programmes.

Many border posts in Southern Africa have many bureaucratic and logistical delays. According to a SADC Publication of 2007 Beitbridge border between Zimbabwe and South Africa, and Chirundu border between Zambia and Zimbabwe are the worst with regards to border delays where a truck driver can take more than 3 days to clear with customs. At the border crossings there are some reports of poor sanitary conditions and some if not most lodge already booked by sex workers which they offer to truck drivers for a few and the drivers will also get sexual intercourse.

11. LIMITATION OF THE STUDY

The key limitation was in the inclusion criteria. This excluded people who could neither speak nor understand English and/or Afrikaans. These include those who could speak other languages like Portuguese or the local dialects. As highlighted earlier the transport industry offer employment to those who would have not succeeded in formal education or would have dropped out because the only qualification some trucking companies require is an appropriate driver's license. The failure to include those who do not understand and read English and/or Afrikaans may have wiped out the majority of the core of these long distance truck drivers.

12. RECOMMENDATIONS

The research managed to highlight the general plight of long distance truck drivers and how it puts the drivers at risk of HIV transmission. This stems from working conditions and the environment in which the drivers work in. With that in mind and also looking at other

research done in similar settings the researcher can derive some recommendations which can benefit the long distance drivers. The poor working conditions encompasses such elements as low wages/salaries, long distances to cover and tight schedules, and the general dangers which the drivers are faced with on the road. The researcher will try to dissect each factor and give recommendations.

Of all the long distance truck drivers who participated, 52.1% (n=76) of the participants complained about low wages/salaries they were earning. Without enough money to support their families they are faced with the need to make extra cash and save as much as they can on the way so that when they return home they will have extra cash to make ends meet. En-route they tend to offer transport to hitch-hikers for a fee. Some of the hitch-hikers may not have cash to pay for the transport and may be willing to offer sex in return. As pointed out in the interviews, 69.2% (n=101) of the truck drivers who participated in the research have acquired sexual favours as reward for free transportation from hitch-hikers. Due to the low wages/salaries the drivers are not able to pay for lodges or decent places to stay in overnight where they can have decent meals and somewhere warm to sleep in, and at the same time park their trucks safe from thieves. Some are forced to sleep uncomfortably in their trucks while others take the alternative offered by sex workers who offer decent meals, a warm bed and sexual intercourse for a reasonable fee.

As a way to address this plight companies can offer truck stops like North Star Foundation's Wellness Centre in Walvis Bay, Namibia. These centres should offer secure parking for the trucks, have nice lodges, entertainment areas and clinics. Companies can pay for the lodges in advance, including meals for their drivers. This can cut down on the drivers' expenses and the companies will know for sure that their trucks and cargo are safe. The centres can be located in major towns along the routes frequently used by the long distance truck driver and also in border towns. They can have clock-in facilities which will assist the transport manager to monitor and track the movements of their trucks.

The long distance truck drivers are working under tight schedules with strict deadlines, and they also cover very long distances where they spend many days and even weeks away from home. With such schedules the driver do not have time to rest and spend time with family, and they do not get time to seek medical attention at clinics or hospital where they are

exposed to HIV intervention and prevention methods and programmes. These also include HIV voluntary counselling and testing services as well as condom distribution.

Long distance truck drivers can be aided in driving shorter distances by coordinating with sister companies in neighbouring countries where if a load is to be transported to South Africa from Namibia, Namibia based drivers can drive up to the border and hand over the cargo to South Africa based drivers and in turn drive back with cargo being dropped off from the South African end. With bureaucratic and logistical delays companies can set up offices at border posts whose personnel can start the customs clearances when the driver is about to get to the border with the cargo such that the only thing left will be cargo inspection. The drivers then get to drive shorter distances and get more time to spend with their families.

Together with behavioural change efforts there is need to educate the long distance truck drivers about HIV and AIDS and to highlight to them about the activities which put them at risk. There can be peer counsellors or educators among them who can undergo training since the majority of them have acquired at least up to high school education and their grasping of issues pertaining to HIV and AIDS may be not as difficult. These peer educator can be used at rest stops to disseminate accurate information about HIV and AIDS to their colleagues and also help distribution of condoms so that this can address the issue of poor access to condoms. The peer educators may be able to assist more effectively if the trucking industry put a concerted effort where they can start initiatives like satellite radio for its truck drivers where such information can be broadcasted to them while they are on the road.

13. CONCLUSION

Many long distance truck drivers, like most of the mobile populations, are at increased risk of contracting HIV. This emanate from the risky sexual activities they indulge in as they drive along. This is potentiated by the circumstances they come across in their line of work. They mostly work alone and far from communities they stay in, they often are lonely and may feel isolated. The town dotted along the routes frequently used have bars in which sex workers operate and also some desperate and naïve young girls and women are found. They are easily lured towards these women because of the loneliness and isolation they feel together with the fact that they are far from communities they stay. Alcohol may be consumed and judgment is impaired followed by hiring sex workers where the use of condom is not guaranteed. Since

their schedules are tight and have strict deadlines they may not have time to seek comprehensive medical attention for STIs and HIV intervention and preventions methods and programmes.

The high risk sexual tendencies vary among long distance truck drivers as with other highly mobile populations. These may include and not limited to low and inconsistent condom use, several sexual partners including interaction with sex workers and hitch-hikers who may offer sexual favour as payment for transportation. The common denominator among these tendencies is that the drivers are pressed of time, away from home and families for long periods of time with the blanketing factor being synergistic effects of alcohol abuse and misuse in a group of people seeking companionship and entertainment.

The researcher can, with above findings and recommendations, deduce that the fight against HIV and AIDS among long distance truck drivers working in and through Windhoek, Namibia can be won to some extent. This can be strengthened by partnering with other programmes already in place in public and also in private institution where this concerted effort by all stakeholders in the transport industry.

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Appendix A: Afrikaans Consent form



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UNIVERSITEIT STELLENBOSCH TOESTEMMING vir deelname aan ondersoeke

Die kwesbaarheid faktore tot MIV-oordrag onder langafstand-vragmotorbestuurders werk van Windhoek, Namibië.

Jy word gevra om deel te neem aan 'n navorsingstudie uitgevoer deur Dr Wilbert K. Majoni, MBChB (UZ), PDM (Stell) van die Fakulteit Ekonomiese en Bestuurswetenskappe aan die Universiteit van Stellenbosch. Die resultate sal bygedra word tot die referaat aan die vereistes vir die graad van Magister in die Wysbegeerte (MIV / vigs-bestuur) te vervul. Jy is gekies as 'n moontlike deelnemer aan hierdie studie, want jy werk as 'n langafstand vragmotorbestuurder werk van Windhoek, Namibië.

1. Doel van die studie

Die studie is daarop gemik om ondersoek MIV-risiko faktore wat bestaan onder langafstand vragmotorbestuurders werk van Windhoek, Namibië.

2. Procedures

As jy vrywillig deel te neem in hierdie studie, sal ons jou vra om die volgende dinge te doen. As 'n deelnemer in hierdie navorsing word u vriendelik gevra om te vul in 'n papier met 'n paar vrae in verband met jou werk omgewing en die mense wat jy interaksie met. Na vul die papier wat jy word versoek om die vraestel te kom met jou antwoorde op die navorser.

Die inligting is nie nodig om jou te vul in jou naam of enige inligting. Geen inligting wat deur u as 'n deelnemer sal gebruik word of gewys aan enige ander persoon, behalwe vir die doel van die navorsing.

Die navorsing sal raak oor baie kwessies. Hierdie kwessies soos seksuele praktyke, kennis van MIV en vigs en die vermeende risiko faktore sal help in die identifisering van wat jy sit as 'n bestuurder by die risiko van MIV-infeksie. Die studie sal gedoen word vir 'n tydperk van ongeveer 2 maande, maar jy sal net gevra word om te vul die antwoorde op die vrae oor die papier een keer.

3. Potensiële risiko's en ongemak

Daar sal geen gevaar of ongemak aan jou as 'n deelnemer wees. Geen inligting wat direk kan identifiseer met die antwoorde wat u verskaf sal gevra word vir. Die inligting wat jy sal gee, sal nie openbaar gemaak word aan enige ander persoon, behalwe vir doeleindes van die studie. Al die antwoorde verskaf sal gehou word agter slot en rendel in die kantoor van die navorsing en teen geen tyd sal die sleutel gegee word aan enige ander persoon.

4. Potensiële voordele vir die samelewing

Hierdie navorsing is gemik op soek na maniere om in te gryp in die verspreiding van MIV onder langafstand-vragmotorbestuurders. Dit kan faciliteer beleid veranderinge gemik op die verbetering van die lang-afstand vragmotor bestuurders se werksomgewing. Deur die identifisering van die risiko faktore wat hierdie bestuurders te wees vatbaar vir MIV-infeksie, kan belanghebbendes en werkgewers in die lang afstand vervoer bedryf implementeer middele om hierdie faktore te versag. In dieselfde trant, sal die lang afstand vragmotorbestuurders beter geplaas word riskante gedrag te verminder.

5. Betaling vir deelname

Geen beloning sal aan u gestuur word om deel te neem in die navorsing.

6. Vertroulikheid

Enige inligting wat in verband met hierdie studie verkry is en wat geïdentifiseer kan word saam met jou sal bly vertroulik en sal openbaar gemaak word slegs met jou toestemming of as deur die wet vereis. Vertroulikheid sal gehandhaaf word deur middel van hou dit agter slot en rendel in die kantoor van die navorsing.

Inligting sal net vrygestel word aan die Universiteit van Stellenbosch personeel toesig oor die navorsing. Die inligting word openbaar gemaak sal gesommeer word data wat die algemene neiging verkry uit die inligting wat jy verskaf en nie individuele antwoordstelle beskryf.

Hierdie inligting sal gestuur word vir doeleindes van analyse om te bepaal of die antwoorde wat verskaf word nie ondersteun die finale bevindinge en die algemene aanbevelings verkry.

Die navorser wil nie die navorsing vind op die oop forum te publiseer. Die bevindinge is bedoel vir akademiese doeleindes vandaar die publikasie moet van beperkte toegang.

7. Deelname en onttrekking

Jy kan kies of om deel te neem in hierdie studie is of nie. As u vrywillig te wees in hierdie studie, kan jy te eniger tyd sonder gevolge van enige aard. Jy kan ook weier om enige vrae wat jy nie wil hê om te antwoord en nog steeds in die studie te beantwoord. Die onderzoeker kan onttrek jy uit hierdie navorsing indien omstandighede wat 'n lasbrief te doen. Situasies waar 'n werkgewer weier om die deelname van sy werknemers in die studie, sal die voorgenome deelnemers onttrek word uit die studie.

8. Identifikasie van ondersoekers

Indien u enige vrae of kommentaar oor die navorsing, voel asseblief vry Dr Wilbert K. Majoni (die navorser) te kontak op +264814218615 of wilbert_majoni@yahoo.com, me Anja Laas (Navorsing toesighouer) op (telefoonnummer) of (e-pos spreek), of kontak die Universiteit Stellenbosch se Fakulteit Ekonomiese en Bestuurswetenskappe Departement Bedryfsielkunde Afrika-sentrum vir MIV / vigs-bestuur Privaatsak X1 Matieland 7602 Suid-Afrika, Phone 27 21 808 3006 Faks 27 21 808 3015

9. REGTE VAN PROEFPERSONE

Jy kan jou toestemming te eniger tyd en staak deelname sonder straf. Jy is nie afstand van enige wetlike eise, regte of remedies as gevolg van jou deelname aan hierdie navorsing. As jy vrae het oor u regte as 'n navorsing onderwerp, kontak me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] by die Afdeling Navorsingsontwikkeling.

HANDTEKENING VAN onderwerp of regsverteenwoordiger

Die inligting hierbo is beskryf aan [my / die onderwerp / die deelnemer] by [naam van betrokke persoon] in [Afrikaans / Engels / Xhosa / ander] en [Ek / die onderwerp is / die deelnemer is] in bevel van hierdie taal of dit is bevredigend vertaal [my / hom / haar]. [Ek /

die deelnemer / die onderwerp] is die geleentheid gegee om vrae te vra en die vrae beantwoord is te [my / sy / haar] tevredenheid.

[Ek hiermee vrywillig instem om deel te neem in hierdie studie / Ek gee hiermee toestemming dat die vak / deelnemer aan hierdie studie.] Ek is 'n afskrif van hierdie vorm.

Naam van vak / deelnemer

Naam van regsverteenwoordiger (indien van toepassing)

Handtekening van Onderwerp / deelnemer of regsverteenwoordiger Datum

HANDTEKENING VAN ondersoeker

Ek verklaar dat ek verduidelik die inligting in hierdie dokument te _____
[naam van die vak / deelnemer] en / of [sy / haar] verteenwoordiger _____
[naam van die verteenwoordiger]. [Hy / sy] is aangemoedig en oorgenoeg tyd om te vra enige
vrae het. Dié gesprek is in [Afrikaans / * Engels / * Xhosa / * Ander] en [geen vertaler is
gebruik / hierdie gesprek is vertaal in _____ deur _____].

Handtekening van ondersoeker

Datum

Appendix B: English Consent Form



UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

The vulnerability factors to HIV transmission among long distance truck drivers working from Windhoek, Namibia.

You are asked to participate in a research study conducted by Dr. Wilbert K. Majoni, MBChB(UZ), PDM(Stell) from the Faculty of Economic and Management Sciences at Stellenbosch University. The results will be contributed to the research paper to fulfill the requirements for the degree of Master of Philosophy (HIV/AIDS Management). You were selected as a possible participant in this study because you work as a long distance truck driver working from Windhoek, Namibia.

1. PURPOSE OF THE STUDY

The study is aimed at investigating HIV risk factors which exist among long distance truck drivers working from Windhoek, Namibia.

2. PROCEDURES

Volunteers should have an understanding of either English and/or Afrikaans. If you volunteer to participate in this study, we would ask you to do the following things:

As a participant in this research you are kindly asked to fill in a paper with some questions in connection with your work environment and the people you interact with. After filling the paper you are requested to return the paper with your responses to the researcher.

The information shall not require you to fill in your name or any information. No information supplied by you as a participant shall be used or shown to any other person other than for the purpose of the research.

The research will touch on many issues. These issues like sexual practices, knowledge of HIV and AIDS and perceived risk factors will assist in identifying what puts you as a driver at risk to HIV infection. The study shall be conducted for a period of about 2 months, but you will only be asked to fill in the answers to the questions on the paper once.

There will be counselling on HIV and AIDS which will be for free. The counselling will be done by the researcher, Dr. Wilbert K. Majoni who is a qualified medical doctor registered with the Health Professions Council of Namibia (MPR 01549), and registered with NAMAF (0140000442488) who holds a Bachelor's Degree in Medicine and Surgery from University of Zimbabwe. He also has a Postgraduate Diploma in HIV Management from Stellenbosch University. He has 8 years of experience as a General Practitioner. He works for Palm Valley Medical Centre for which he is a co-owner.

Questionnaires will be handed out by Knowledge Kaitano and Samantha Katjipuka who are both Namibians and are fluent in Afrikaans, English and the two of the major vernacular languages spoken in Namibia, Oshiwambo and Oshiherero.

3. POTENTIAL RISKS AND DISCOMFORTS

There will be no risk or discomfort to you as a participant. No information which directly identifies you with the answers you provide shall be asked for. The information you will provide will not be disclosed to any other person except for purposes of the study only. All the answers provided shall be kept under lock and key in the office of the researcher and at no time shall the key be given to any other person.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

This research is aimed at looking for ways to intervene in the spread of HIV among long distance truck drivers. This may facilitate for policy changes aimed at improving the long distance truck drivers' working environment. By identifying the risk factors which make these drivers to be vulnerable to HIV infection, stakeholders and employers in the long distance

transport industry may implement means to mitigate these factors. In the same vein, the long distance truck drivers will be better placed to reduce risky behaviour.

5. PAYMENT FOR PARTICIPATION

No reward shall be forwarded to you for participating in the research.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping it under lock and key in the office of the researcher.

Information shall only be released to the University of Stellenbosch personnel supervising the research. The information to be disclosed will be summated data which will describe the general trend obtained from the information you provide and not individual answer sheets. This information shall be dispatched for purposes of analysis to assess if the answers provided do support the final research findings and the general recommendations derived.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to participate in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. Situations in which an employer refuses the participation of his employees in the study, the intended participants shall be withdrawn from the study.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Dr. Wilbert K. Majoni (the only researcher) on 0814218615 or wilbert_majoni@yahoo.com, Ms Anja Laas (Research supervisor) on (+27 21 808 3006) or (aids@sun.ac.za), or contact the University of Stellenbosch's Faculty of Economic and Management Sciences Department of Industrial Psychology Africa Centre for HIV/AIDS Management Private Bag X1 Matieland 7602 South Africa, Telephone: +27 21 808 3006 Fax: +27 21 808 3015

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to [*me/the subject/the participant*] by [*name of relevant person*] in [*Afrikaans/English*] and [*I am/the subject is/the participant is*] in command of this language or it was satisfactorily translated to [*me/him/her*]. [*I/the participant/the subject*] was given the opportunity to ask questions and these questions were answered to [*my/his/her*] satisfaction.

[*I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.*] I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] and/or [his/her] representative _____ [*name of the representative*]. [*He/she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English*] and [*no translator was used/this conversation was translated into _____ by _____*].

Signature of Investigator

Date

Appendix C: Afrikaans questionnaire

Vraelys vir Dr. W. Majoni navorsing

A. Demografiese inligting

1. Ouderdom

| | | | | | | | |
|---------|--|---------|--|---------|--|---------|--|
| 20 - 29 | | 30 - 39 | | 40 - 49 | | 50 - 59 | |
|---------|--|---------|--|---------|--|---------|--|

2. Geslag

| | | | |
|---------|--|----------|--|
| Manlike | | Vroulike | |
|---------|--|----------|--|

3. Verhouding Status

| | | | | | | | | | |
|---------|--|--------|--|-------------|--|---------|--|--------|--|
| Getroud | | Enkele | | Kohabitasie | | Weduwee | | Geskei | |
|---------|--|--------|--|-------------|--|---------|--|--------|--|

4. Etniese groep

| | | | | | | | | | | | |
|-----------|--|--------|--|-----------|--|-------------|--|-----------------|--|-------|--|
| Oshiwambo | | Herero | | Afrikaner | | Nama/Damara | | Caprivi/Kavango | | Ander | |
|-----------|--|--------|--|-----------|--|-------------|--|-----------------|--|-------|--|

5. Vlak van onderwys

| | | | | | |
|------|--|---------------------------|--|--------------------------|--|
| Geen | | Laerskool (Graad 1-7) | | Junior High (Graad 8-10) | |
| | | Senior High (Graad 11-12) | | Tertiäre onderwys | |

6. Werk

| | | | |
|-------|--|-----------|--|
| Diens | | Eie Truck | |
|-------|--|-----------|--|

7. Hoe voel jy oor jou werk?

| | |
|-----------------|--|
| Bevredigende | |
| Nie bevredigend | |

8. Indien nie tevrede is nie, wat bydra (s) aan die nie-tevredenheid?

| | |
|-------------------------|--|
| Swak werksomstandighede | |
| Lae lone / salarisse | |

| | |
|--|--|
| Vertragings by grensposte | |
| Duur van die tyd weg van die huis en gesin | |
| Ander : Spesifiseer | |
| | |

9. Salaris / loon skaal in Namibiese dollar op 'n maandelikse basis

| | | | | | |
|--------|-----------|-----------|-----------|--------|--|
| 0-1500 | 1501-2500 | 2501-3500 | 3501-5000 | > 5001 | |
|--------|-----------|-----------|-----------|--------|--|

B. Gesindhede teenoor en Kennis van MIV

Kies 'n getal wat ooreenstem met jou mening oor die vrae.

1 - Stem saam, 2 - onseker is, 3 - verskil

10. Glo jy dat MIV vigs veroorsaak?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

11. 'n Mens kan met MIV besmet word as hulle seks sonder beskerming?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

12. Anti-retrovirale dwelm kan help om die MIV-infeksie te beheer en moet begin vroeg?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

13. Op soek na mediese aandag is maklik toeganklik is tydens 'n reis met die werk?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

14. Seksueel oordraagbare infeksies (SOI's) soos MIV nie genees kan word nie?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

15. Die gebruik van kondome konsekwent en korrek kan jou help om te verhoed dat MIV?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

C. Seksuele praktyke

16. Is jy tans in 'n verhouding?

| | | | |
|----|--|-----|--|
| Ja | | Nee | |
|----|--|-----|--|

17. Hoe lank het jy al in die huidige verhouding?

| | | | | | | | |
|----------|--|------------|--|------------|--|----------|--|
| < 1 jaar | | 1 – 2 jaar | | 3 – 5 jaar | | > 6 jaar | |
|----------|--|------------|--|------------|--|----------|--|

18. Het jy al ooit gehuur seks vir 'n fooi, terwyl weg van die huis met die werk?

| | | | | | |
|-------|--|------|--|-------|--|
| Nooit | | Soms | | Altyd | |
|-------|--|------|--|-------|--|

19. Gebruik jy kondome elke keer as jy seks het met 'n kommersiële seks werker as jy dit doen?

| | | | | | |
|-------|--|------|--|-------|--|
| Nooit | | Soms | | Altyd | |
|-------|--|------|--|-------|--|

20. Weet jy nie jou MIV-status?

| | | | |
|----|--|-----|--|
| Ja | | Nee | |
|----|--|-----|--|

21. Hoe dikwels gaan jy vir MIV-toetsing?

| | | | |
|---------|--|-------|--|
| Gereeld | | Nooit | |
|---------|--|-------|--|

22. Sien jy jouself te wees op die risiko van MIV-oordrag?

| | | | |
|----|--|-----|--|
| Ja | | Nee | |
|----|--|-----|--|

23. Wat sou jy beskou as faktor (e) wat julle in gevaar?

| | |
|---|--|
| Betrokke te raak in die informele seks met kommersiële sekswerkers | |
| Betrokke te raak in seks met iemand anders as my voltydse partner | |
| Geen toegang tot kondome | |
| Verkryging van seks as 'n beloning vir die vervoer van 'n paar hitchhikers en-roete | |
| Om weg van die huis vir 'n lang tydperke | |
| Ander : Spesifiseer | |
| | |
| | |
| | |
| | |

24. Wat beperking (s) staan jy in jou lyn van werk met betrekking tot jou persoonlike gesondheid?

| | |
|--|--|
| Geen tyd kliniek of hospitaal te besoek | |
| Geen tyd om te rus | |
| Lang afstande te dek en stywe skedule | |
| Nie nabij kliniek / hospitaal terwyl die roete | |
| Vertragings by grensposte | |
| Duur lodges en slaap in vragmotors | |
| Ander : Spesifiseer | |
| | |

25. Wat glo jy sal jou risiko te verminder om MIV-oordrag?

| | |
|--|--|
| Voorsiening van kondome | |
| Company hulp by grensposte | |
| Meer tyd saam met my familie by die huis | |
| Ry korter roetes / afstande | |
| Company georganiseer akkommodasie en-roete | |
| Toegang tot gesondheids-fasiliteite | |
| Ander : Spesifiseer | |
| | |
| | |
| | |

Appendix D : English questionnaire

Questionnaire for Dr. W. Majoni research

Demographic Information

1. Age

| | | | | | | | |
|---------|--|---------|--|---------|--|---------|--|
| 20 - 29 | | 30 - 39 | | 40 - 49 | | 50 - 59 | |
|---------|--|---------|--|---------|--|---------|--|

2. Gender

| | | | |
|------|--|--------|--|
| Male | | Female | |
|------|--|--------|--|

3. Marital status

| | | | | | | | | | |
|---------|--|--------|--|--------------|--|---------|--|----------|--|
| Married | | Single | | Cohabitation | | Widowed | | Divorced | |
|---------|--|--------|--|--------------|--|---------|--|----------|--|

4. Ethnicity

| | | | | | | | | | | | |
|-----------|--|--------|--|------------|--|-------------|--|-----------------|--|-------|--|
| Oshiwambo | | Herero | | Afrikaaner | | Nama/Damara | | Caprivi/Kavango | | Other | |
|-----------|--|--------|--|------------|--|-------------|--|-----------------|--|-------|--|

5. Educational level

| | | | | | |
|------|--|---------------------------|--|--------------------------|--|
| None | | Primary (Grade 1-7) | | Junior High (Grade 8-10) | |
| | | Senior High (Grade 11-12) | | Tertiary Education | |

6. Employment status

| | | | |
|----------|--|-----------|--|
| Employed | | Own Truck | |
|----------|--|-----------|--|

7. How do you feel about your work?

| | |
|------------------|--|
| Satisfactory | |
| Not satisfactory | |

8. If not satisfied, what contribute(s) to the non-satisfaction?

| | |
|----------------------------|--|
| Poor working conditions | |
| Low wages/salaries | |
| Delays at border crossings | |

| | | | | | | |
|--|--|--|--|--|--|--|
| Duration of time away from home and family | | | | | | |
| Others : Specify | | | | | | |
| | | | | | | |

9. Salary/Wage Scale in Namibian Dollars on a Monthly basis

| | | | | | | | | | |
|--------|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|--------|--------------------------|
| 0-1500 | <input type="checkbox"/> | 1501-2500 | <input type="checkbox"/> | 2501-3500 | <input type="checkbox"/> | 3501-5000 | <input type="checkbox"/> | > 5001 | <input type="checkbox"/> |
|--------|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|--------|--------------------------|

10. Attitudes towards and Knowledge towards HIV

Choose a number which corresponds with your opinion on the questions.

1 – Agree, 2 – Unsure, 3 – disagree,

11. Do you believe HIV causes AIDS?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

12. One can get infected with HIV if they have sex without protection?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

13. Antiretroviral drug can help to control the HIV infection and should be commenced early?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

14. Seeking medical attention is easily accessible while travelling with work?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

15. Sexually transmitted infections (STIs) like HIV cannot be cured?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

16. Using condoms consistently and correctly can help to prevent you from getting HIV?

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

Sexual practices

17. Are you currently in a relationship?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

18. How long have you been in the current relationship?

| | | | | | | | |
|----------|--------------------------|-------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| < 1 year | <input type="checkbox"/> | 1 – 2 years | <input type="checkbox"/> | 3 – 5 years | <input type="checkbox"/> | > 6 years | <input type="checkbox"/> |
|----------|--------------------------|-------------|--------------------------|-------------|--------------------------|-----------|--------------------------|

19. Have you ever hired sex for a fee while away from home with work?

| | | | | | |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|
| Never | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Always | <input type="checkbox"/> |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|

20. Do you use condoms every time you have sex with commercial sex worker if you do?

| | | | | | |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|
| Never | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Always | <input type="checkbox"/> |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|

21. Do you know your HIV Status?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

22. How often do you go for HIV testing?

| | | | |
|-----------|--------------------------|-------|--------------------------|
| Regularly | <input type="checkbox"/> | Never | <input type="checkbox"/> |
|-----------|--------------------------|-------|--------------------------|

23. Do you consider yourself to be at risk of HIV transmission?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

24. What would you consider as factor(s) putting you at risk?

| | |
|--|--|
| Engaging in casual sex with commercial sex workers | |
| Engaging in sex with someone other than my full-time partner | |
| No access to condoms | |
| Acquiring sex as reward for transporting some hitchhikers en-route | |
| Being away from home for long periods | |
| Others : Specify | |
| | |
| | |

25. What limitation(s) do you face in your line of work with regards to your personal health?

| | |
|---|--|
| No time to visit clinic or hospital | |
| No time to rest | |
| Long distances to cover and tight schedules | |

| | |
|---|--|
| Not near clinic/hospital while en-route | |
| Delays at border posts | |
| Expensive lodges and sleeping in trucks | |
| Other : Specify | |
| | |

26. What do you believe will reduce your risk to HIV transmission?

| | |
|--|--|
| Provision of condoms | |
| Company assistance at border posts | |
| More time with family at home | |
| Drive shorter routes/distances | |
| Company organized accommodation en-route | |
| Access to health facilities | |
| Others : Specify | |
| | |
| | |
| | |