

3.5.3. Limitations of the study

There were encounters of refusal to participate in the focus group discussions due to time constraints. The drivers have to cook and rest when they get to the truck stops. Those who participated were very reluctant and complained of fatigue. For the second focus group the researcher had to cut short the discussion as the drivers had to prepare their loaded trucks for departure. Chapter 4 will report the results of the data analysis as presented in this chapter.

CHAPTER 4 RESULTS

The aim of this study is to identify services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers. The objectives of this study are:

1. To identify the factors contributing to HIV/AIDS infection among long distance truck drivers.
2. To assess their knowledge of HIV transmission and prevention.
3. To assess the knowledge of the HCT services available for long distance truck drivers.

4.1. Demographics

4.1.1. Age, gender and race

Table 4.1 shows that the age of participants ranged from of 20 and 60 years. The majority of the participants were black males who drive trucks domestically and across the borders of the neighbouring countries.

Table-4.1

Age	Total
20-29	3
30-39	5
40-49	3
50-59	2
60-69	2
Gender	Total
Females	0
Males	15

Race	Total
Black	13
White	1
Coloured	1
Other	0

4.1.2. Education level

Table 4.2 shows that most participants had completed secondary school whilst the minority had completed primary school.

Table- 4.2

Qualification	Total
Completed secondary school	10
Completed primary school	5

4.1.3. Marital status

Table 4.3 shows that the majority of participants reported being married and few of them were single and never married

Table-4.3

Marital status	Total
Married	9
Single	6
Other	0

4.1.4. Geographical area

Participants came from different provinces of South Africa and neighbouring countries such as Lesotho and Zimbabwe with different ethnic groups. The minimum truck driving experience is two years and the maximum experience is 30 years.

A variety of areas were targeted regarding the HCT services that need to be offered to counter the factors contributing to the high rate of HIV/AIDS among long truck drivers. The questions for the two focus groups that were conducted covered the following categories: Job description and working conditions, Health issues, Knowledge and Attitudes towards HIV/AIDS, and HIV/AIDS Prevention and Care Services.

4.2. Job description and working conditions

Five questions on the job description and working conditions were posed to participants. When asked, how much (approximately what percent) of your time is spent at work? Most participants said they spend more time at work and very little time is spent at home.

“Approximately one night at home in three months, I spend most of my time on the road” Truck driver.

“Less time at home, I even spend more than three weeks without going home” Truck driver.

“I spend most of my time at work” Truck driver.

Commenting on accommodation provided to long distance truck drivers’, they reported that they sleep in the trucks.

“My accommodation is the truck” Truck driver;

“We sleep in the trucks” Truck driver

All drivers argued that a salary increase would make things much easier for them in terms of accommodation. One driver stated that, *“we would be interested in getting BNBs on weekends and not sleep in trucks”* (Truck driver).

The trucking industry is full of problems for its drivers. Participants also complained that whenever they enter into a city or town police harass them and threaten to fine them or retain their drivers' licences. Sometimes they get harassed and attacked by criminals, and border officials. In Mthatha, criminals take advantage of the long distance truck drivers at the traffic lights and offload goods from the trucks. According to the participants, people are angry at them they have wrong perceptions about them, because they are known for importing HIV from urban area into rural areas. As a result some participants stated that they find nothing interesting or helpful about the HIV/AIDS campaigns. They feel that these campaigns are there to stigmatise them. A truck driver reported that:

“Women do not pay attention to us when driving trucks and try to approach them. They reject us because they think we will infect them with HIV/AIDS. However, it is a different story when you are driving your own car. Women would exchange their contact numbers with smiles on their faces”. Truck driver.

4.3. Health issues

With regards to Health issues, although the majority considered themselves in good health, they also felt that a lot should be done to offer more HIV related health services to broaden their knowledge of the disease.

Chronic illnesses

When asked about the top health problems facing long distance truck drivers, most participants mentioned eye cholesterol, high blood pressure, diabetes, deaths, heart attack, arthritis, fatigue, HIV and AIDS. They always feel tired even when they are on leave and should be enjoying themselves with their families.

4.4. Knowledge and attitudes towards HIV /AIDS

On the knowledge and attitudes towards HIV /AIDS three questions were covered.

Prevention

Participants were familiar with HIV prevention methods, they mentioned condom use, HIV testing and one sexual partner to avoid HIV infection.

Transmission

Furthermore, regarding HIV transmission modes they identified unprotected sex as the main source of transmission.

HIV education

When asked if they discuss about HIV/AIDS at depots or truck stops, most drivers said there is no time to discuss such topics. They do not have time because they are always tired.

4.5. HIV Prevention and Care services

Six questions were asked about HIV prevention and care services provided to truck drivers.

Prevention campaigns

Their main sources of HIV/AIDS information are Shell garage truck stops and HIV/AIDS awareness road-shows. Shell garage in South Africa has trucking wellness centres office that provides truck drivers with condoms. When asked if there are HIV/AIDS education at the truck stops and depots, participants responded that:

“There are educational programmes at the depot and truck stops but we do not have time to attend these kinds of things” Truck driver.

“In our company we gather and we are told about the risks and we are motivated to test all the time” Truck driver.

The drivers noted that although there are condoms at the truck stops and road shows promoting HIV/AIDS education to long distance truck drivers.

No access to health care services

Truck drivers experience barriers when it comes to healthcare services. Some truck routes do not provide these services, the routes that have the services are closed at night. As a result, the drivers hardly utilise the healthcare services due to time constraints. This has consequences, especially for those infected with HIV. Their mobility makes it difficult for them to attend even the public health facilities for appointments or follow up visits.

The above mentioned issues facilitate more HIV/AIDS risk as drivers end up defaulting from treatment. Hence there is a great need to expand health services to truck stops and depots. One truck driver argued that:

“We have clinics at the truck stops where we are able to obtain condoms, but they don’t help sometimes because, the clinics are always closed, instead of operating 24hours just like we do” Truck driver.

However, another respondent from a different trucking company argued that:

“In my company the boss just sends the money for us to go and see the doctor if we not feeling well of he sends the car that will take you to the doctor” Truck driver.

It is very essential for truck owners to provide their employees with medical aid benefits. Accommodation of long distance truck drivers is another issue that needs to be resolved as their places of residences are not conducive.

4.6. Suggestions to improve Truck stops

Health and safety

When it comes to recommendations on how truck stops should be improved, the majority of participants expressed that clinics should work 24/7. Participants were more concerned about their safety followed by health services.

“We do not feel safe because sometimes criminals attack us while whilst on duty. Even the trucks are not safe at all. Criminals throw stones at the trucks” Truck driver.

“The truck stops should improve their standards and be provided with gym equipment”

Truck driver.

4.7. Discussion

This study was initiated to identify services needed to be offered by HIV counselling and testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers who use Shell Ultra- City truck stop in Mthatha. The study also identified recommendations to improve the lives of long distance truck drivers and to compare this study with similar studies conducted previously. Participants' responses to questions indicated their basic knowledge on ways to prevent HIV infection, but the knowledge is not sufficient to prevent HIV transmission due to working conditions, lack of HIV information, and lack of access to health care services. These factors make long distance truck drivers susceptible to HIV transmission. It was revealed from the discussions that truck drivers receive HIV/AIDS related support from various NGOs and the government. However, the main concern was that, their working hours, days of travelling and tight schedules prevent them from seeking help from available healthcare services. When they decide to rest in a particular town, the only form of accommodation available for them is their lousy trucks where there are no recreational activities to keep them entertained.

At border posts such as Beit Bridge there are always delays, as a result truck drivers spend days to have their documents processed. Drivers complained that they earn very little to afford lodges. All participants agreed that consistent condom use and less sexual partners prevent HIV infection. Most participants understood the modes of HIV transmission, they were aware that engaging in unprotected sexual intercourse increases the chances of contracting HIV/AIDS.

The study points out that there is still a need for HIV intervention programmes to fight the rate of HIV transmission among the long distance truck drivers. Some truck depots do not provide healthcare services and HIV education material on site for their employees. In Chapter 5, the findings of the study will be discussed, and recommendations for further studies will conclude the study.

CHAPTER 5 RECOMMENDATIONS

Condoms are an important aspect of HIV/AIDS prevention. Therefore, they should be made available at truck stops, cross border posts and depots to protect truck drivers from STI's and HIV related infections. If condoms are not accessible, drivers will continue to become infected with HIV. The trucking companies should also seek help from NGO's, Government and Donors if they are unable to provide them.

Drivers should always be reminded about the importance of condoms when engaging in sex. HIV/AIDS prevention programmes should make condoms accessible, and should be placed in areas where truck drivers can be able to collect them freely without the fear of being stigmatised by the public or colleagues.

It is pertinent that truck drivers are provided with HIV/AIDS sources of information such as pamphlets, brochures and flyers in in depots and truck stops and they should be available in all South African languages in order for them to understand the message. There is a need for border officials to be trained and sensitized to promote truck drivers wellness as any other employees. The HIV/AIDS prevention programmes should be available at both drivers departure and destination points to ensure that they receive the necessary services. HIV/AIDS and STI treatment kits with nutrition information are needed for care and support of the drivers to make sure they are living a healthy lifestyle.

Peer education plays a very important role for behaviour change. It is a very important tool for HIV/AIDS awareness for truck drivers and to help them obtain information that facilitates behaviour change. Workers that are highly respected in the workplace could in peer educational programmes in the workplace. Irwin suggests that companies should provide more and even better HIV and AIDS education and treat HIV/AIDS as a Human Resource priority (HST, 2013). According to USAID, capacity building and human resources play a very pivotal role in increasing the number of trained HCT staff, providing support and supervision of counsellors as a way of preventing and minimising staff burnout (USAID/CRHS.2002).

A comprehensive HIV programme is needed to develop HIV/AIDS Policies as an intervention strategy to fight HIV/AIDS in the trucking industry. The policy will assist in awareness promotion and prevention of new infections, it will also provide care and support for truck drivers living with HIV/AIDS, and protect them from discrimination and stigma. In addition, partnering with other stakeholders, such as, Non-Governmental Organisation (NGO's), and the government is the best way to combat HIV/AIDS as these stakeholders could act as donors and funders for resources and other important services such as counselling, treatment and awareness campaigns. Most NGOs aid organisations with HIV toolkits, containing guidelines on implementing a workplace HIV/AIDS programme (Debswana case study in UNAIDS 2002).

Trucking companies should use their Human Resource departments to maintain the smooth running of HIV/AIDS programmes. Like any other policies the HIV policy has to explain the company's vision and objectives about HIV. Most importantly, the policy should show its commitment to addressing the HIV epidemic.

The programme should include these elements:

- The impact of HIV/AIDS in the company
- HIV/AIDS awareness programmes
- Voluntary Counselling and Testing
- HIV/AIDS education and information
- Distribution of condoms
- HIV prevention and treatment
- Employee wellness programmes for HIV infected employees
- Information about anti-retroviral programmes
- Monitoring and evaluation of the programme

It is best for trucking organisations to comply with the South African Employment Equity Act and ILO standards; the standards are very important when developing and implementing the workplace policy to promote non-discrimination, to fight new HIV infections, absenteeism, morbidity and mortality. Truck drivers are vulnerable to HIV infection. Therefore, managers and supervisors have a duty to ensure that these drivers

have access to health facilities are provided them with condoms, ARVs, voluntary counselling and testing.

HCT is the most effective intervention strategy that should be used by trucking companies to address HIV/AIDS. HCT services should be user friendly and be accessible to all Long Distance Truck Drivers.

5.1. Conclusions

The aim of the study was to identify services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers. Data was collected from 15 long distance truck drivers. The drivers recruited came from different races. Most drivers were married men and few single men. The majority of the drivers had high school education making easier for them to speak, read and write in English. Few drivers had primary education and were not fluent in English.

All drivers were employed by trucking companies. The majority of participants complained about low wages, poor working conditions and tiring job. They argued that they are being overworked as they spend most of the time away from their families. The findings of this study show that trucking companies need to respond to the high rate of HIV/AIDS infection among long distance truck drivers.

The results from this study reveal that these companies have not taken into consideration the HIV epidemic. For companies to respond effectively to HIV/AIDS in the workplace, they need adequate resources. The lack of resources could be the reason for some of the companies not to respond to the epidemic, compared to well-resourced companies with wellness programmes and workplace policies to fight against HIV/AIDS. On the other hand, HIV information and the uptake of HCT services amongst the drivers were still very low, even though they are provided with free screening tests and HIV education and treatment.

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APPENDIX A: INTERVIEW QUESTIONS

GROUP DISCUSSION GUIDE FOR LONG DISTANCE TRUCK DRIVERS

A. Introductory Remarks

Let us go around the room: please introduce yourself and tell us a little bit about yourself. I will not record your names and introductions.

[Make notes on each person's gender, age, marital status/relationship]

[Turn the audio recorder on here and inform the group that recording has begun.]

B. Job description and working Conditions

1. Could you describe your exact role and responsibilities as a long distance truck driver?
2. For how many years have you worked as a long distance truck driver?
3. What do you do in a typical week? In a typical month?
4. How much (approximately what per cent) of your time is spent at work?
5. How much (approximately what percent) of your time is spent at home?
6. What is the purpose of a depot/truck stop? (Probe for social, economic reasons).
7. What do you do when you get to the depot?
8. What do you do to relax? (Probe for places they visit or things they do)
9. Where do truck drivers get accommodation when on duty?
10. Are there any recreational services provided for long distance truck drivers? If yes, list them. If no, would you be interested in them?

C. Health issues

11. What are the three top health problems facing long distance truck drivers?
12. Are there any healthcare services provided to long distance truck drivers? If yes list them.
13. Are these services accessible to truck drivers? (Probe for costs, location, distance and opening times).
14. Do you think these services need to be improved? Explain?

E. Knowledge and Attitudes towards HIV/AIDS

15. Do you know anyone who is infected with HIV/AIDS or had died of HIV/AIDS?
16. How do you think HIV/AIDS can be prevented?
17. Do truck drivers discuss about HIV/AIDS in their discussions?

D. HIV/AIDS Prevention and Care Services

18. Are there HIV/AIDS services provided for truck drivers at this depot? What kinds of services are provided? (List them).
19. Do truck drivers seek help when infected with STIs such as HIV/AIDS? Why? Why not?
20. Are there educational and information services about HIV/AIDS provided to truck drivers? If yes list them.
21. Do you think truck drivers need more education and information about HIV/AIDS? Why? Why not? How would they like to be educated?

22. Do you have any suggestions on how to improve HIV/AIDS prevention among long distance truck drivers?

23. What else would like us to know about your work that we have not covered in this discussion?

That brings us to the end of our discussion. Thank you very much for your time!

APPENDIX B: REC LETTER



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
JOU BOURG 7600 • YOUR KNOWLEDGE PROTECTS

Approval Notice New Application

27-May-2015
Tzawa, Nokwazi N

Proposal #: SU-HSD-000402

Title: **SERVICES NEEDED TO BE OFFERED BY HCT TO COUNTER THE FACTORS CONTRIBUTING TO THE HIGH RATE OF HIV/AIDS INFECTION AMONG LONG DISTANCE TRUCK DRIVERS.**

Dear Nokwazi Tzawa,

Your New Application received on 07-May-2015, was reviewed.
Please note the following information about your approved research proposal:

Proposal Approval Period: 18-May-2015 -17-May-2016

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your proposal number (SU-HSD-000402) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Included Documents:

DESC Report - Davis, Harbert

REC: Humanities New Application

Sincerely,

Clarissa Graham
REC Coordinator
Research Ethics Committee: Human Research (Humanities)