

## Chapter 12

# **The Zimbabwe HIV prevention program for truck drivers and commercial sex workers: a behaviour change intervention**

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### **Abstract**

**The Zimbabwe National Employment Council for the Transport Operating Industry (NECTOI) began an AIDS education program in 1992 targeting transport workers through their companies. An outreach program was designed for long-distance truck drivers and their assistants through their contacts with sex workers, to stabilize or reduce incidence of STDs including HIV among truckers and their sexual partners along three major highways in Zimbabwe: to encourage condom use, especially in commercial sex, and to emphasize the dangers of unprotected sex and large numbers of sexual partners. AIDS awareness and condom use rose dramatically from 1992 to 1995. Most measures of risk behaviour showed smaller changes between 1995 and 1997. In this period the project worked intensively with sex workers patronized by truck drivers many of whom were still insisting upon unprotected sex. The NECTOI project is now helping companies to develop appropriate programs. AIDS knowledge is high and drivers have a realistic notion of their level of risk. The main resistance to change is from drivers who knowingly persist in high-risk behaviour, believing it is not manly to restrict one's sexual activities to a single woman. Others succumb to the advances of sex workers when drunk, lonely, infatuated or otherwise vulnerable. As with AIDS programs in other parts of Africa and with other categories of workers, it is difficult to reduce the risk behaviour of persistently promiscuous males.**

The main overland routes between East and South Africa pass through Zimbabwe and the country has had high rates of HIV infection in the general population for over ten years. The role of truck drivers in bringing HIV to Southern Africa is generally assumed and since 1992, NECTOI<sup>1</sup>, the peak national transport body, has been concerned with reducing HIV infection among truck drivers and other transport workers in Zimbabwe.

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<sup>1</sup> NECTOI is a non-profit-making statutory body consisting equally of industry and labour representatives and funded by the Transport and General Workers Union, the Transport Operators Association and the Zimbabwe Rural Transport Organisation. The transport industry is estimated to employ 80, 000 - 100, 000 people in Zimbabwe, mostly in about 2, 500 registered transport companies.

A company-based initiative from 1992<sup>2</sup> was designed to raise HIV/AIDS awareness amongst workers throughout the sector. Wilson *et al.* (1994) conducted a needs assessment study in 1992 and found that drivers had poor AIDS awareness and many misconceptions about condoms: only 29 per cent had used one in their last commercial sex encounter; 60 per cent had girlfriends and 64 per cent visited prostitutes when out on the road. Wilson *et al.* (1994) did not report on numbers of partners, prostitutes or otherwise, in the previous weeks, months or years, and there is no estimate based on self-reporting for frequency, ranges or means from those years. But a finding of Wilson *et al.* (1994) that was taken quite seriously by the NECTOI program was that there was a type of driver who was sexually very active on the road – some could not imagine going more than a day or two without sex – who regularly had sex with prostitutes and belittled drivers who did not. In response, peer educators were trained at all levels of employment within the industry, especially drivers and persons working directly with drivers, and the project began distributing free condoms.

By 1995 a complementary initiative to the company-based program was designed to reach drivers through their contacts with prostitutes: the sex workers themselves were recruited as peer educators, as were petrol station workers, hotel workers, bar workers, police and others who had contact with truck drivers, especially in the small rural settlements and border posts where drivers typically take their meals and pass the night. Twenty-one project sites were established on the three major routes through Zimbabwe and the familiar African methods of song and drama were employed to convey safe-sex and less-sex messages through the peer educators. Of course, less-sex messages are paradoxical in the case of sex worker audiences but we actually saw some partner reduction within that group as well. With sex workers the goal was to promote condom use and negotiating skills for getting drivers to use them, and much of the program's condom and AIDS literature distribution came to be through sex workers.

This was a community-based approach and included the orientation of local authorities, including Ministry of Health units, AIDS service organizations, local governments, National Affairs and several other provincial and district-based government and non-government organizations. Many of the settlements where project sites were located had multisectoral rural development committees which included local government and community leaders such as shop, bar and hotel owners and traditional chiefs. Members of these committees were recruited into our work and these supportive structures helped our project gain recognition and acceptance. About 500 peer educators were trained in 1995-1997 and most project sites had drama groups of local teenagers who took the message far beyond the sex and transport workers.

One aspect of the work at this phase was helping to overcome the traditional hostility of STD clinic workers toward sex workers (and the reluctance of sex workers to attend clinics for that reason), despite the chagrin of the clinic workers over sex workers going about town as peer educators. Another important achievement during this time was the beginning of a weekly radio program for truck drivers with regular AIDS messages. The program reaches even the border towns, places where drivers spend a great deal of time through delays in customs procedures.

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<sup>2</sup> The program was then wholly funded by NECTOI and later received assistance for purchase of equipment from the Swedish International Development Agency. From 1995 to 1997 a larger project received substantial funding from the United States Agency for International Development and Family Health International/AIDS CAP. From January 1999, the Norwegian Development Agency has been funding a second large project.

There were baseline (Maradzika, Rusakaniko and Siziya 1995) and follow-up (Sibanda, Murombedzi and Tawanda 1997) surveys of drivers and prostitutes for the 1995-1997 project. There were methodological differences between those studies and that of Wilson *et al.* (1994) and they did not report responses to the same questions. But certain comparisons between Wilson *et al.*'s study and the 1995 study make it clear that AIDS awareness and condom knowledge and use increased dramatically, evidence of the effectiveness of the NECTOI effort but a consequence also of the general growth in AIDS awareness and condom use in Zimbabwe during those years.

The 1995 and 1997 studies were similar in methods and in questions whose answers were reported. Instruments were standard Knowledge, Attitude and Practice surveys in 1995 and 1997, which miss the role of girlfriends in drivers' and other African men's lives, but allow a number of other observations. Only about 13.3 per cent of drivers in 1995 and 24 per cent in 1997 reported one or more non-regular partners in the previous three months (Sibanda *et al.* 1997:Table 1) and the average for the past three months in the 1997 study was 1.2 such partners. Sibanda *et al.* (1997:5) note that samples in 1995 and 1997 were not well matched and trend analysis is problematic but both are similar to self-reporting by drivers in Thailand (Podhisita *et al.* 1996:493) where 63.4 per cent of truck drivers reported no commercial sexual partners in the previous six months. Driver sexual cultures are not necessarily monolithic and extreme. But drivers in the 1995 and 1997 studies were clearly under-reporting non-regular partners by a large factor. There are 80,000 to 100,000 transport workers in Zimbabwe and about 10,000 of these are long-distance truck drivers. If they, indeed, had only 1.2 non-regular (typically commercial) sex partners in the previous three months, we would be trying to account for about 10,000 commercial sex encounters in the previous 100 days, or 100 such acts a day. By this reckoning they would be supporting about 100 sex workers who were having one customer per day. But highway-based sex workers in Zimbabwe number a thousand or more and many have more than one customer per day, so drivers in the 1995 and 1997 studies were apparently reporting less than ten per cent of their non-regular, especially commercial, sexual encounters.

Much of our future work will be to get through to a promiscuous core of drivers who have commercial sex partners most frequently and eschew condoms when they do. We are not sure why they resist change: it does not seem to be for lack of perception of risk. The 1995 and 1997 surveys found that 37.9 and 39.1 per cent of the drivers, respectively, considered themselves to be moderately or highly at risk of contracting HIV. The reasons given were multiple partners, liaisons with sex workers, and wives having multiple partners. Nothing in the 1995 and 1997 studies tells us why they continue risky practices and we might fall back on the observations of Wilson *et al.* (1994:104) about the culture of risk in which Zimbabwean drivers live: they face cholera and cerebral malaria in many places; there are bandit attacks; they drive in convoys or alone through war zones in Mozambique; they encounter bogus detours and robbery; and they sleep alone in their trucks at night and are vulnerable in those situations as well. But drivers do not attain higher rates of HIV infection than other wage labourers of the same nationality, ethnic group, and income although their rates rise and plateau earlier than others. So we do not take the attitude that drivers are specially impervious to risk-reduction messages: we approach them, in general, as part of the larger culture. We assume that, like other African male sub-populations, some are extremely promiscuous because there is no social sanction against this (Mukodzani *et al.* 1999); and some are occasionally promiscuous for the same reasons compounded by drug or alcohol intoxication, loneliness, curiosity, infatuation or other emotions of the moment. Particularly at the border crossings, where there can be long hours or even days of inactivity

amongst other highly mobile groups while waiting for clearance, drivers may be drunk, bored or otherwise vulnerable.

The attitude that 'All die be die' (Awusabo-Asare *et al.* this volume Chapter 11) can also be discerned within the driver population and this causes resistance to change. It is assumed in most African cultures that there is an underlying cause for all illness and death. The germ theory of disease and death is no easier to establish with reference to AIDS than it has been in other attempts to improve health amongst Africans.

We have promoted condom use and discouraged multiple and commercial sex partners through the community-based approach but now we also turn to company-based interventions that directly engage the drivers; of special concern are the more promiscuous drivers. It is a formidable task. The Zimbabwe studies cited above from 1992, 1995, and 1997 all quote drivers' remarks to the effect that it is not manly to be content with one woman. We will be emphasizing to these drivers the risk of multiple partners, even just two. Another aspect of our new work with company-based programs is that as we have worked to help sex workers develop their negotiating skills in condom use, we will now work with drivers to develop their negotiating skills in rejecting the advances of sex workers. A report of Wilson *et al.* (1994:101) that we also hear from drivers is how often they are drunk when taking up with a sex worker, and how sex workers persist in offering their services under such circumstances. And they do not have to be drunk to be vulnerable. They need a repertoire of things to say and do at such times to extract themselves from those situations.

Other aspects of the company-based interventions will be the training of peer educators from among the companies' drivers and support personnel: mechanics, dock workers and others who have the most direct contact with the drivers. Companies are interested in setting up counselling services and STD diagnosis and management services and we are assisting those efforts. We are also investigating the particular circumstances under which drivers are exposed to HIV risks: Wilson *et al.* (1994:102) observed that in many localities there is no night-time accommodation except with a sex worker, and not all trucks have sleeping compartments. That work is just starting now and the companies are becoming more aware and asking us for help. Finally, while drivers clearly under-report contacts with non-regular partners, they admit, in large numbers, to having regular girlfriends. At least 45 per cent of married drivers in studies from Wilson *et al.* (1994) onwards seem to have such relationships. There is a very low rate of condom use in these relationships and we face the uphill task of getting drivers to move beyond risk-recognition in these situations and to actually use condoms in such relationships.

## References

- Maradzika, J., S. Rusakaniko and S. Siziya. 1995. A report on the AIDS KABP baseline survey carried out among the transport workers and the commercial sex workers in Zimbabwe. University of Zimbabwe Department of Community Medicine, Harare (unpublished report).
- Mukodzani, L., K. Mupemba and J. Marck. 1999. All roads lead to Harare: the response of the Zimbabwe transport industry to HIV/AIDS. Pp. 131-138 in *The Continuing African HIV/AIDS Epidemic*, ed. I.O. Orubuloye, J. C. Caldwell and J.P.M. Ntozi. Canberra: Australian National University
- Podhisita, C., M. J. Wawer, A. Pramualratana, U. Kanungasukkasem and R. McNamara. 1996. Multiple sexual partners and condom use among long-distance truck drivers in Thailand. *Aids Education and Prevention* 8, 6:490-498.

- Sibanda, A., J. Murombedzi and M. Tawanda. 1997. Sexual behaviour among transport workers: a study of National Employment Council for the Transport Operating Industry (NECTOI) drivers and assistants, and commercial sex workers. Tropang Consultancy Services (Pvt) Ltd, Harare (unpublished report).
- Wilson, D., A. Sibanda, B. Nyathi, N. Lamson and T. Sibanda. 1994. Ethnographic and quantitative research to design a community intervention among long-distance truck drivers in Zimbabwe. Pp. 99-108 in *Focusing Interventions among Vulnerable Groups for HIV Infection: Experiences from Eastern and Southern Africa*. NARESA Monograph No. 2. Nairobi: Network of AIDS Researchers of Eastern and Southern Africa.

