ZIMBABWE RESEARCH REPORT ON HIV PREVENTION AMONG MOBILE POPULATION

Submitted by: Action IEHDC Research Team on
03 May 2012
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### Abbreviations

<table>
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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunne Defficiency Syndrome</td>
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<tr>
<td>HIV</td>
<td>Human Immuno Virus</td>
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<td>MCP</td>
<td>multiple and Concurrent Partnerships</td>
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<tr>
<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<tr>
<td>SADC</td>
<td>Souther African Development Community</td>
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<tr>
<td>SRHR</td>
<td>Sexual Reproductive Health and Rights</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>ZNASP</td>
<td>Zimbabwe National HIV and AIDS Strategic Plan</td>
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Executive Summary
The research on sexual and reproductive health and rights among the mobile population was conducted within two border areas namely Chirundu and Beitbridge. A total of 4 focus group discussions were held with the target audience namely, truck drivers, female sex workers and the community of the mobile at the two borders. In depth interviews were carried out with 2 female and 3 male key informants.

The research findings from the key informants and target audience revealed the following:

A. Key Informants

Border health challenges
Prostitution, malaria and HIV were highlighted as challenges faced at the border areas.

Existing health programmes or activities at border posts

Sub-health committees
The key informants highlighted that stakeholders at the two border posts had formed sub-health committees composed of representatives from departments found in the area to assist each other in responding to problems faced by the wellness clinics. The sub committees provide security at the clinics; distribute condoms at hotspots like motels, off roads, exit and entry points like customs complex and to individuals at different places and at the work places.

Peer education
The key informants also said that sex workers have been trained as peer educators so as to fully involve them in health activities at the border posts. The sex workers educate and distribute materials to other sex workers and long distance truck drivers.

Outreach programmes
The key informants also highlighted that Population Services International does outreach programmes targeting communities. These were said to be varied and included road shows.

Views on Multiple and Concurrent Partnerships in relation to truck drivers
The key informants said that multiple and concurrent sexual relationships were very common at border areas. They said that these relationships were fuelled by the fact that drivers spent several days at border posts waiting to be cleared and ended up indulging in sexual activities with some long term relationships taking place... They however felt that MCPs were bad as they fueled the spread of HIV especially where trust is built and condoms not used. The key informants suggested that long distance truck drivers be allowed to travel with their wives to solve the problem of MCPs.

MCPs among long distance truck drivers were also blamed on peer pressure. Fellow drivers influence each other to enhance their appetite for sex and thereby increasing their drive for sex making them have sex with many partners. The key informants however felt that people fail to control their sexual feelings and thus get involved in
MCPs. They however said that due to the programmes run at the border, there was notable behavior change among long distance truck drivers and sex workers.

**Who long distance truck drivers have sex with?**
The key informants said that the long distance truck drivers mainly had sex with cross border traders, sex workers and other passengers they carry on the way. With the sex workers the key informants said that sex is traded to earn a living. In most cases the sex is not protected depending on the amounts on offer, with higher offers made for unprotected sex.

**Where sex is done**
The key informants said that the long distance truck drivers had sex with their clients in trucks since they are equipped with beds, by the roadside, at truck stops and at motels or lodges.

**Truck driver's health challenges**
These were pointed out as lacking time to seek health services, using unprescribed drugs and the failure to adhere to treatment schedules

**Views regarding HIV**
On HIV the key informants said that the long distance truck drivers needed correct information on HIV as the disease is seriously affecting them despite efforts made to educate the public. They also said that engaging long distance truck drivers in discussions would help a lot besides just giving out IEC materials that they read on their own.

**How the community views commercial sex workers**
The key informant said that it was difficult to talk about a community especially in Chirundu as most people there were commercial sex workers. They felt that if Chirundu was a normal residential area with renting regulations then the community would be a steady one which would be easy to engage and manage.

**Where sex workers and long distance truck drivers get medical help**
At both borders the key informants highlighted that health facilities were available and both sex workers and long distance truck drivers sort help from the wellness clinics, local clinics, MSF in Beitbridge for information. They said that truck drivers also got help from their companies.

**Help offered at the health centres**
The key informants explained that sex workers and long distance truck drivers got a lot of help that included health information on HIV/AIDS free of charge. They said that sessions on HIV and AIDS were held daily explaining the benefits of getting tested, the process and preventive measures. Those who test positive are told of the support care and treatment issues. Apart from treatment, the long distance truck drivers also receive counseling from the people trained to offer it at the wellness clinics.

**Challenges that commercial sex workers and the truck drivers face**
The key informants highlighted that young sex workers had difficulties in accessing health services as they felt embarrassed or shy to reveal their health conditions to health practitioners and in the long run get affected by untreated illnesses. Despite that the long distance truck drivers try their best to seek help at available places they faced
challenges with time to sort such help due to their work demands. At times when they
get to a hospital there will be long discouraging queues and since they would be on
transit they lose patience and pass through to the next destination without treatment in
the process harboring infections. The other problem highlighted was lack of compliance
to treatments and some drivers continued taking alcohol while on treatment.

**Suggestions to improve accessibility of services to truck drivers and the sex workers**

Increase HIV awareness raising
Open all health facilities on weekdays and weekends for accessibility by all anytime
Increase drug availability
Establish support groups and intensify IEC materials development and distribution
Disseminate information through various interesting media e.g. use of billboards and
videos at border areas

**Views regarding truck drivers in relation to their sexual lives**
The key informants viewed long distance truck drivers as a vulnerable group of people
who are exposed to HIV infection as they are separated from their spouses for a long
periods. On the corridor they engage in sexual activities with the people they meet and
at times without protection putting their lives at risk.

**How key informants relate with truck drivers**

Key informants also highlighted that they had a positive relationship with long distance
truck drivers and also assisted employers in establishing work place HIV policies as
support for long distance truck drivers. They also work with agents in the distribution
and conveying of health messages and condoms to long distance truck drivers for
positive behavior change. The key informants however raised a concern on the lack of
eagerness and interest by long distance truck drivers to become peer educators. They
considered peer education as one of the best way towards changing people’s behavior.
Peers tend to understand their colleagues better but with truck drivers, key informants
found this to be very difficult.

**Vies on people who have sexual relationships with truck drivers are**
The key informants said that people involved in sexual relationships with truck drivers
were viewed as prostitutes or commercial sex workers as they benefit financially from
such relationships. They also said that such people are viewed as people with loose
morals who are not afraid of indulging in sex with mobile people they do not know and
have never met.

**Views on HIV transmission in relation to truck drivers**
Although statistics could not be given the key informants said that HIV prevalence was
high among long distance truck drivers because they indulge in unprotected sex with
commercial sex workers with inconsistent condom use. Such behavior was also blamed
on alcohol abuse.

**Places where truck drivers get condoms from**
Places giving out condoms to long distance truck drivers were said to be too many along
the corridor and at border posts. The places included wellness centres, clinics and
truckers agents.
What long distance truck drivers do when they have problems regarding Sexual Reproductive Health

The key informants highlighted that when truck drivers realize that they have health problems they visited wellness centres at the Beitbridge and Chirundu border posts, ZAPSO (Zimbabwe Aids Prevention Support Organisation) although at times there are drug shortages especially in Chirundu forcing truck drivers to seek medical assistance in Zambia.

Use of available health services

It was highlighted that both long distance truck drivers and sex workers were quite aware of places where they can get health information and assistance. The issue of confidentiality was said to be very important as long distance truck drivers and sex workers didn’t want their problems discussed with those not concerned.

B. Target audience

- The research participants are aware of the health service centres in their areas. The prominent ones being the North Star Wellness centres that are being manned by Batsirayi Group.
- The prominent services offered by these services are
  - HIV and AIDS education testing
  - Treatment of STIs and HIV and AIDS
  - Condom distribution
  - Counselling
- The types of sexual relationships that are common in the border areas are
  - “Mapoto” which are short term marriages that are not binding and can be terminated at anytime.
  - Commercial sex work
  - Small houses
  - Normal husband and wife marriages but these are very few.
  - Female sex workers and truck drivers
- The research participants also highlighted that commercial sex work around the border is common and residents see it as a way of earning a living since there are no industries that can offer jobs to the people in these border towns.
- The target audience indicated that sex happens everywhere around the border areas. They said that people can have sex in female sex worker’s houses, client’s houses if the wives are not there, booking rooms though these can be expensive, trucks or even in the bushes.
- The target audiences gave the following reasons for having multiple partners
  - The truck drivers highlighted that it’s the long stay away from their wives. They also stated that they are attracted by the female sex workers who are just too many around the border areas. The delay in having their loads cleared at the border posts which can be as long as five days leave them
with too much idle time hence end up engaging female sex workers. The effects of beer were also highlighted as the key drivers to long distance truck drivers picking up female sex workers because they indicated that after taking beer they found it difficult to resist the female sex workers.

- The female sex workers indicated that they have to earn a living hence having sex with clients paying is the way they can get money easily.
- The community of the mobile also indicated that the other reason that makes these relationships flourish is that the Border areas are usually places of work for men who do not live with their wives and most women are aware of that hence they travel to the border to look for those men.
- The community of the mobile also indicated that even married women don’t bother to strengthen their marriages as they too can go to the truck drivers and engage in sex for money.
- The issue of fatalism also is the reason for them engaging in risky behaviour, the female sex workers in Chirundu and Beitbridge indicated that they feel that they are already dead so they don’t fear anything including being infected with the HIV virus.

- Multiple and concurrent relationships are the norm at the border town areas and the target audience indicated that they are aware of the risks linked to these types of relationships.
- On condom use it was quite prominent that they are not being used consistently as indicated by high rates of new infections and pregnancies in the areas. The truck drivers said access to condoms is a problem for them.
- The target audience highlighted that use of television, radio, dramas and social mobilisation activities need to be intensified in the border towns to continue educating the people about the dangers of MCP and HIV and AIDS.
1.0 Introduction
Action Institute for Environmental, Health and Development Communication (IEHDC) is a locally based Social and Behaviour Change Communications Non-Governmental Organization, which uses the power of the mass media (radio, TV and print), advocacy and community and social mobilization to reach out to the local masses to effect social and behaviour change. The organization uses a rigorous formative research process to generate appropriate content on relevant health and development priority issues in the country. Action IEHDC will embark on a programme that is aimed at reducing HIV incidences among mobile populations, primarily long distance truck drivers, commercial sex workers and young women by promoting reduction of multiple and concurrent sexual partnerships and encouraging the correct and consistent condom use.

2.0 Contextual Background
Globally, more than 40 million people are living with HIV, with the bulk living in sub-Saharan Africa. Of these, 2.3 million are children under the age of 15 (UNAIDS, 2005). Southern Africa remains the epicenter of the global AIDS epidemic. Approximately 14 million adults and children are currently living with HIV in Southern Africa, accounting for 51% of all infections in Africa.

The rates of HIV prevalence in Southern Africa are extremely high with an increasing number of countries in SADC with HIV infection rates among adults in excess of 20%. An Expert Think Tank Meeting on HIV Prevention in High-Prevalence Countries in Southern Africa held in Maseru in 2006 concluded that Sub-Saharan Africa and the SADC region in particular carry the heaviest burden of HIV and AIDS in the world. Estimates show that by the end of 2005, the adult prevalence of the SADC region was 11% as opposed to the global figure of 1%. (Expert Think Tank meeting, Maseru 2006)

The SADC region with 4% of the global population is home to about 40% of people living with HIV and AIDS in the world. The SADC region continues to have a large share of new HIV infections. In 2005, 1.5 million new cases were estimated, representing about 37% of global new infections. Currently, Sub-Saharan Africa reports a 5.0% HIV prevalence as opposed to the global 0.8%.

Despite such a high figure in Southern Africa, Zimbabwe has a generalized HIV epidemic, with exceptionally high level of HIV prevalence in the past and significantly lower levels at present. It is estimated that between 1998 and 2010, adult HIV prevalence has halved from 27.2% to 14.3%. The epidemic in Zimbabwe has contracted faster than any other HIV epidemic in Eastern and Southern Africa. The contraction in HIV prevalence is attributed to very high mortality as well as significant changes in sexual behaviour. Existing available data from the PSI surveys conducted in 2001, 2003, 2005, 2006, and 2007 support this conclusion, especially with regard to partner reduction. For men aged from 15-29 years, the proportion reporting non-regular partners fell from 32% in 2001 to 21% in 2003, and remained near that level through
later PSI surveys. For women aged 15-29 years, the estimates were for a reduction from 17% to 8% in the same period. (Zimbabwe National HIV and AIDS Strategic Plan 2011-2015 [ZNASP II])

Despite their increased vulnerability to HIV infection, mobile populations may not be able to access HIV preventive information and health services due to socio-economic, cultural and linguistic barriers. There is therefore a need to develop and implement a more effective response to HIV prevention for mobile populations. Such response must empower migrants and mobile people with in-depth and comprehensive knowledge about HIV infection that will enable them protect themselves and their partners against infection and reduce onward transmission of HIV. The response must also ensure that services are available on the time when mobile populations want to access them for instance after hours for truck drivers and commercial sex workers.

Zimbabwe is one of the countries in the SADC region where multiple concurrent partnerships are practiced. This trend has its fair share of problems as it poses challenges when it comes to HIV infections hence the need for concerted efforts to be put in place to ensure that new infections are at least contained leading to zero new infections.

3.0 MCP, HIV/AIDS and Mobile Populations
Population mobility and migration contribute to the phenomenon of concurrent sexual partnerships, which is arguably one of the main drivers of the HIV epidemic in Southern Africa. Because migrants and mobile workers are regularly separated from their permanent partners, they are more inclined to engage in short or long-term sexual relations with other partners. The high prevalence of HIV/AIDS along the commercial transport corridors throughout Southern Africa is evidence that population mobility is linked to the spread of the virus.

The Southern Africa Region has in recent years witnessed increased growth in the road transport sector, a consequence of increased trade and interaction between communities beyond national borders. Travel along the corridors is recognized as an essential requirement for the socio-economic development of the region. However, it also offers opportunities for faster transmission of HIV/AIDS and other infections among people in the region. People working in the transport sector have to be mobile, they have to spend much time away from their homes and satisfy their sexual needs on the road. Migration, whether short term or long term, increases opportunities to have sexual relationships with multiple sexual partners thus becoming a critical factor in propagating HIV transmission. Commercial sex workers, commercial vehicle drivers, migrants and local populations who, live along the corridor, are vulnerable groups that may be adversely affected by absence of adequate and comprehensive HIV and AIDS prevention, care and support services along the routes.
There is a higher rate of HIV infection in “communities of the mobile”, which often include socially, economically and politically marginalized people. There are at least three key ways in which mobility is tied to the spread of HIV:

1. Mobility per se can encourage or make people vulnerable to high-risk sexual behaviour by engaging in MCP because of the fact that they are away from their regular partners most of the time;
2. Mobility makes people more difficult to reach, whether for prevention education, condom provision, HIV testing, or post-infection treatment and care because of the nature of their work; and

Mobile populations are often exposed to unique pressures and situations. Many will feel removed or free from the normal socio-cultural constraints on their behaviour, and be separated from their family or community members who uphold sanctions on norms of behaviour (IOM 2004). For men who are mobile for economic reasons, such as travelling as part of their work, having unprotected sex with commercial sex-workers is a common high-risk behaviour resulting from this vulnerability. The socio-economic vulnerability of female mobile populations and those residing along the corridor routes may force them into transactional sex and increase their vulnerability to sexual violence thereby placing them at increased risk of HIV infections.

4.0 Project Rationale

Research has shown that one of the major drivers of the epidemic in SADC region is Multiple and Concurrent Sexual Partnerships (MCP). Any intervention that must effectively lead to change has to go far beyond individual choices and behaviors, and acknowledge that such behaviors are products of larger environmental factors. To effectively achieve this, Action IEHDC will employ a behavior change strategy that will focus on raising awareness among the mobile communities and communities of the mobile about the multiple and concurrent sexual partnerships and the risks of sexual networks that render one vulnerable to HIV infection but also engage them in dialogue sessions to influence adoption of safer sexual behaviours.

There is a growing recognition that interventions for highly HIV vulnerable communities are vital, even in a mature HIV epidemic. The link between mobility and HIV vulnerability is also increasingly recognized, and highways and borders have been identified as environments of elevated HIV vulnerability. Because migration transcends national and international boundaries, HIV/AIDS interventions for mobile populations require an appropriate regional approach and integrated response across different sectors. The SADC Policy Framework for Population Mobility and communicable Diseases in SADC Region (2009) has among other gaps acknowledged that:
• Not enough information targeted at mobile people is produced, since they have needs that are different from the general community.

• Of the information that is produced, messages are in “official” languages which are not necessarily the languages spoken by the majority, both in the destination communities and among communities of mobile people.

• Destination communities are not engaged and sensitized to the needs of mobile communities and resultant misconception may increase the difficulties mobile people encounter.

As part of continued implementation of HIV prevention interventions in Southern Africa, Zimbabwe is one of the countries which have received funding to develop educational materials on Sexual and Reproductive Health and Rights targeting both the general population and the mobile population. Zimbabwe will implement this project through Action IEHDC. For mobile population research, Action IEHDC will focus on the views and experiences of the mobile population including the communities around two border areas namely Beitbridge and Chirundu. While the former is along the southern border with South Africa, the later is along the border with Zambia. These two sites were selected based on the basis of the heavy trafficking of people leaving and entering the country through these ports of entry. Because of this hectic trafficking of people, there is an increased risk of exposure to unsafe sexual practices due to transactional sex and prostitution. Added to this, the majority of long distance drivers such as truckers tend to stay for long periods away from their homes and spouses and this adds to the risk associated with multiple sexual partnerships.

5.0 Literature Review on mobile populations

The review came up with the following key health care and social needs of which some will be further explored in this research:

• Sexual and reproductive health, including STIs, HIV, pregnancy and delivery
• Hunger and food insecurity
• Exhaustion
• Police violence (especially in the case of sex workers)
• Mental Health
• Sexual and gender based violence, including rape
• Access to safe and adequate shelter
• Stigma of HIV status
• Social awareness of HIV/AIDS in order to reduce stigma
• Access to health services and ARV treatment
• Adherence support and support for people living with HIV/post-testing support
• Increased awareness among public and medical staff re: migration and sex work
Key media programming needs have been identified as:

- Interactive tools that allow for engagement (i.e. theatre or sports activities)
- DVDs that can be played at shelters and truck wellness centres, or distributed to farm worker compounds
- Narrative CDs that could be distributed to truck-drivers and taxis at the border.
- Increased visual material in the form of DVDs, magazines and radio for farm areas where service delivery is currently unmet
- Information on HIV/AIDS that focus on ART adherence
- Collaboration with organizations that are providing services for sex workers
- Accessible information that explains the development of HIV/AIDS, and is sensitive to the lived conditions of the various border communities.

6.0 Project Objectives

Overall, this project aims at impacting on a number of behavioural areas among the mobile populations and populations of the mobile. Specifically, the project will aim at the following:

a. To create awareness among mobile population about SRHR, MCP and its related risks to HIV infection
b. To promote dialogue and debate among mobile communities about SRHR, MCP and safer sexual practices
c. To motivate condom use within MCP relationships and link mobile communities to available services along the transport corridors

The project will target truck drivers, public and private transport associations and members of truckers associations. At secondary level, attention will be given to commercial sex workers and young women as well as the local populations along the routes. Zimbabwe will work in close collaboration with NGOs working in the transport sector on HIV prevention such as Batsirai Group which has coordinators at both the Beitbridge and Chirundu border posts and National AIDS Council. The project will work with existing projects along the transport corridor to effectively compliment existing interventions. The project will also involve the targeted audience with other ongoing mass media and interpersonal communications activities at national and community levels. Through this approach, men and women will address the realities that facilitate HIV transmission, such as transactional sex and having multiple and concurrent sexual partnerships.

The project’s vision of success is twofold:

a. **Awareness raising and increase risk perception and knowledge of the epidemiological significance of and its risk to HIV infection.** It will be a stepping stone to greater engagement with the mobile communities. Through networking and collaboration with other implementing partners along the
transport corridors, this project will raise awareness on SRHR, MCP and risk of HIV infection.

b. **Motivating for behaviour change.** The Social and community dialogues will form an effective interpersonal communication platform that will result in enhanced dialogue and debate around MCP as raised in the multimedia activities.

Action IEHDC will conduct research to explore some of the common public health issues that mobile populations face paying attention to HIV transmission and prevention. The study seeks to establish the magnitude, knowledge levels in MCP as it relates to HIV prevention or transmission, behaviours and practices of mobile populations and the level of interventions targeting them. The findings will be used to inform the development of multimedia materials and on-going interpersonal communication programs that will specifically target mobile populations.

### 7.0 Formative Research Process

Formative Research is a process of obtaining relevant and appropriate information from Key Stakeholders, literature review and the target audience in order to inform the development of health and development communications materials. Formative research process starts with identifying a health topic. The topics or issues are decided upon depending on the analysis of health and development needs and priorities in the country. In this case, multiple and concurrent partnerships with specific focus on mobile populations, was decided upon as a key topic affecting the whole Southern African region which Malawi, Tanzania Namibia, Zimbabwe and Zambia are part of. The selected topics are explored and developed further by consulting key role players in the field, basing on the literature review and from the information sourced from the target audience. The information collected from these three sources is integrated and becomes part of the Message Design Workshop. At this workshop stakeholders decide what needs to be communicated to the target audience to enable them to make healthier choices and improve their quality of life. The deliberations at the Message Design Workshop leads into the writing up of a Message Brief where all the points decided upon at the Workshop are compiled. What follows at this stage is a Creative Workshop where producers, writers and all who are involved in the technical part of the production process convene on how to make use of the Message Brief for the actual production of the communication material in question. From the Creative Workshop a detailed outline of the communication material is produced. When the first draft product is written, it is pre-tested among the target audience in consultation with the appropriate Key Informants and Stakeholders for further changes to ensure that the target audience is given accurate information in the right way. This is also to ensure that edutainment objectives are met.
7.1 Main objective
The main objective of the research was to qualitatively explore knowledge and perceptions of truck drivers towards the behaviour of having multiple sexual partnerships and their views towards condoms and condom use and explore problems that they face along the corridor in relation to HIV prevention behaviours in general including SRHR services and information.

7.1.2 Specific Objectives: Truck Drivers
Specifically, the study aimed to:
- Explore the truck drivers views regarding MCP in relation to HIV transmission and prevention
- Explore truck drivers views regarding condoms and condom use with non-regular sexual partnerships
- Explore truck driver’s reasons for indulging in MCP
- Explore truck driver’s views regarding HIV prevention among themselves and their families
- Explore truck drivers views regarding problems they face along the corridor in relation to SRH and HIV prevention

7.1.3 Specific Objectives: Communities of the Mobile
- To explore population of the mobile’s views regarding truck drivers and their sexual behaviours
- To explore their views regarding HIV prevention and condom use
- To explore their views regarding sexual behaviours within their community in relation to mobile population
- To explore their views regarding sources of information and service provision on HIV and SRH issues
- To explore suggestions regarding the interventions that are to be put in place in and around their communities

7.1.4 Key Informants
Individual interviews were conducted with relevant key informants i.e. personnel and chief drivers in the transport industry, immigration officers and sex workers and young women to find out more about the problems faced due to the truck drivers in relation to MCP and HIV prevention. The following were the specific objectives:
- To explore the people’s views about truck drivers and their sexual life
- To explore their views regarding HIV prevention activities among truck drivers
- To explore current HIV prevention activities implemented with truck drivers
- To explore their views regarding condoms and condom provision to truck drivers
- To explore SRH services available
• To explore their views regarding interventions that must be designed for truck drivers for HIV prevention

8.0 Methodology
8.1 Data Collection
The research used qualitative approach to achieve the above objectives. Focus group discussions (FGDs) were used. This is because, during group interviews, as respondents talk to each other, the interviewer is able to get the social construction and context of the topic under investigation. The FGDs also ensure valid and reliable data as group discussions provide some checks and balances that weed out extreme views. Individual interviews (IDI) were also employed with selected groups of mobile populations; sex workers, Informal cross border traders as well as immigration officers in order to find out more about SRH issues that relate to mobile populations.

A total of 4 IDI were conducted as follows: 1 transport company owners, 1 immigration officer, 1 rest house and 1 organisation working with the mobile population.

Table 1: Indepth Interviews (IDs)

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<tr>
<th>PROVINCE</th>
<th>ORGANISATION</th>
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<tr>
<td>Mashonaland West – Chirundu Border Post</td>
<td>North star</td>
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<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Rest house Female</td>
</tr>
<tr>
<td>Matabeleland South – Beitbridge Border Post</td>
<td>Transport company Male</td>
</tr>
<tr>
<td></td>
<td>Immigration Officer Female</td>
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Table 2: Focus Group Discussions (Mobile Population)

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<tr>
<th>PROVINCE</th>
<th>LANGUAGE</th>
<th>TARGET AUDIENCE</th>
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<tr>
<td>Mashonaland West – Chirundu Border Post</td>
<td>Shona and Ndebele</td>
<td>Truck drivers Males</td>
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<td>Communities of the mobile: Mixed</td>
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A total of 4 FGDs were conducted among truck drivers, sex workers and young women, informal cross borders and populations of the mobile as follows:

<table>
<thead>
<tr>
<th>Matabeleland South – Bainbridge Border Post</th>
<th>Shona and ndebele</th>
<th>Sex workers/young women</th>
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<td></td>
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<td>Females</td>
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<td></td>
<td></td>
<td>Informal traders</td>
</tr>
<tr>
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8.2 Data Management and Analysis
All discussions were recorded by digital recorders and labeled for reference and archiving. The recorded data was transcribed and translated verbatim. Thematic analysis, a method whereby the data is systematized and structured under codes and themes coming from the raw data, while maintaining the context in which the data is collected were used leading to the production of a comprehensive report.

9.0 Limitations of the study
The SRHR research went on well within two weeks. The recruitment for long distance truck drivers was a challenge especially in Chirundu since most of them wanted the discussion to be held at the area where they park their vehicles. Considering the congestion and frequent movements by traders and fellow truck drivers, the researchers felt that the environment would not be conducive for conducting and recording the discussion. This problem affected the selection of those who eventually agreed to participate in the discussion at the motel as these were eventually confined to the Zimbabwean drivers. For the discussion with key informants, changes were made to the identified informants in Beitbridge owing to protocol issues that were raised at one of the organisations which needed a written request before clearing its officer to participate in the discussion.

10.0 Findings from Key informants
10.1 Border health challenges
Prostitution, malaria and HIV were highlighted as challenges faced at the border areas.

10.2 Existing Health Programmes
Sub - health committee
The key informants highlighted that there were a sub - health committees composed of representatives from departments found in the area namely Zimbabwe Revenue Authority, police, immigration, clinics, churches, schools and national parks. The
members work together in assisting and responding to problems faced by the clinic e.g providing security at the clinic, distributing condoms at hotspots like motels, off roads, exit and entry points like customs complex and to individuals. The distribution is done by youth groups that were formed by the sub – committees. The sub committees also designed workplace programmes on health issues that include the distribution of information and performing dramas on HIV and AIDS and other diseases at workplaces.

At the moment, Yes, we have a sub health committee which is composed of members from each department like Zimra, police, immigration, churches, schools and representatives from crocodile farm which is about 5kms from here. There are also representatives from Marongera National parks, so their duty is to assist with problems which are faced by health institutions, like Chirundu government clinic. In most cases they come in to assist with problems at the clinic. There are no outside lights, so they provide lights so that staff on night duty are safe from wild animals. Male Key Informant

This sub-health committee formed youth groups which do voluntary work for instance, in the free distribution of condoms. Male Key Informant

Distribution is done at hotspots like, motels, off roads and exit and entry points like customs complex and to individuals. Male Key Informant

They also formed drama groups, which go to workplaces, doing dramas related to HIV/AIDS and giving information on other diseases like Malaria as this is a high prevalence area for Malaria. They also give information on early diagnosis of TB and diabetes. Male Key Informant

Peer education
The key informants also said that sex workers were engaged in peer education. They were trained in peer education so as to fully involve them in health activities at the border posts. They educate and distribute materials to other sex workers and long distance truck driver.

They also formed a group made up of sex workers. These sex workers were trained as peer educators and their duty is mainly to mobilize the community to access health services and these sex workers also go to workplaces like GDC Sabot where there are many drivers, distributing IEC materials and the aim was to involve them since they were at high risk of HIV, so they found it a noble idea to involve them in these activities. Male Key Informant

Outreach programmes
The key informants also highlighted that Population Services International does outreach programmes targeting communities. These were said to be varied and included road shows.
Besides that there are other departments like PSI who do outreach programmes. They do sessions with the communities, through road shows. In short these are the health related activities that are there at the moment. **Male Key Informant**

10.3 Views on multiple, concurrent sexual partners in relationship with long distance truck drivers in particular

**Long time away from home influences MCP among drivers**
The key informants felt that the long periods spent by long distance truck drivers away from their homes contributed to the increase in multiple and concurrent partnerships. Some truck drivers can be away from their homes for 3 months so they end up resorting to Multiple Concurrent Sexual Partners. **Male Key Informant**

**Some relationships end up long term**
The key informants said that the issue of multiple and concurrent partnerships was problematic in that some of the relationships ended up being long term with long distance truck drivers ending up being fully responsible for the upkeep of the partners at the border posts neglecting their families. They however said that there was notable behavior change among long distance truck drivers and sex workers due to the educational health programmes run at the border posts. It was noted that some drivers were now realising the risk of being involved in such relationships.

We discuss with drivers most of the time, but most of them are now realizing that it’s a problem. For instance if you have a partner in Beitbridge and Chirundu and maybe in the Zambian side. Most of these relationships end up being longterm, where the drivers would be paying rent and buying groceries for these partners. **Male Key Informant**

But most of them have now realized that it's a big problem which is putting them at risk and some have since changed their behavior. However when we are educating them, those are the key areas we bring to their attention. **Male Key Informant**

**Relationships are done purposely**
The females key informants however felt that people who engage in multiple and concurrent relationships do it purposely and felt that they can actually avoid such to save their lives.

People who have such relationships such things purposely. They can do better things but they just get involved in such risky relationships that end up costing them their lives. **Female Key Informant**

**Where trust has been developed no protection is used**
There was also a realization that in some of these multiple and concurrent sexual relationships protection was not used especially when partners feel that they trust each other.
In such cases they end up trusting their partners to the extent that they no longer use protection. Male Key Informant

Who long distance truck drivers have sex with?
The key informants said that the long distance truck drivers mainly had sex with cross border traders, sex workers and other passengers they carry on the way. They said that at times the truck drivers are trapped into having sex with these people as they most of the times suggest paying by having sex instead of cash. With the sex workers the key informants said that sex is traded since they also earn a living through the money they get from the services they offer. In most cases the sex is not protected depending on the amounts on offer with higher payments made for unprotected sex. These groups are interdependent get along with each other very well, because most sex workers come here for survival, such that most of the time the truck drivers, at night link up with the sex workers. Some sex workers patrol in areas where there will be truck drivers, in motels and off-roads. At times the truck drivers actually bid for sex and even make higher offers for unprotected sex and this practice is quite common. This causes a high chance for contracting HIV. Most of the sex workers are in the range of 16-18 year age groups coming from the surrounding rural areas. This group is vulnerable as they can not negotiate for safer sex. In most cases they are brought in by the older sex workers who take care of them for a few days before letting them cater for themselves. By doing so, by the time they realize the need for safer sex, it might be too late. They will be in a tight situation and they can even offer sex for as low as $2 depending on their circumstances and class Male Key Informant

They say that they are always vulnerable. They carry passengers, and most of them cross border traders and others may say they don’t have money to pay and end up engaging in sex. Male Key Informant

Ah like here at the border post they have sex with sex workers. These sex workers have to find jobs. They must do things for themselves. If these sex workers were not there these drivers wouldn’t have anyone to have casual sex with. Female Key Informant

They have sex with sex workers. I suggest that these women be fined for loitering. If it was not that they are there the truck drivers would not get anyone to pick. Female Key Informant

They sometimes propose to us but we are just not interested in getting into short time relationships. At my age I would like to have a serious relationship as I am aiming at getting married Female Key Informant

In most cases, the long distance truck drivers have sex with commercial sex workers. They also have sex with women who ask for lifts in their “Gonyets” – (heavy vehicles used by long distance truck drivers). Instead of paying cash for the transport, they will pay for
transport in kind, a practice known as “Joburg nepakati” meaning that they will provide sex in return for free transport to their destination such as Johannesburg. Male Key Informant

Where long distance truck drivers have sex
The key informants said that the long distance truck drivers have sex with their clients in trucks since they are equipped with beds, by the roadside or at truck stops and in some cases at motels or lodges.
In their trucks Female Key Informant

In trucks most of the times. It’s only that with us here were are at work for two weeks and off two weeks that why we fail to follow what really takes place around here Female Key Informant

The sex can happen in the trucks since they are equipped with a bed. They can also have sex by the roadside or at a truck stop. In some cases they can have sex at a motel or a lodge. We have also heard of cases where lodges/motels charge very low amounts for meals such as “sadza” and one wonders how they break even. It will only become clear that these places are charging low amounts for food as a way of attracting truck drivers to book rooms with the commercial sex workers who are found loitering around these places. It therefore means that they are making more money from prostitution than from serving food. Male Key Informant

Views on Multiple and Concurrent Partnerships in relation to truck drivers.
The key informants said that multiple and concurrent sexual relationships were very common at border areas where long distance truck drivers engaged in sexual activities. They said that this was fuelled by the fact that drivers spent several days at border posts waiting to be cleared. MCPs among long distance truck drivers were also blamed on peer pressure. They also influence each other to enhance their appetite for sex and therefore increasing their drive for sex making them have sex with many partners and at times unprotected.

The long distance truck drivers engage in sex with several partners as they travel or spend several days at border points awaiting clearance for their trucks. Male Key Informant

One of the reasons for this behaviour is peer pressure which is a result of influence from their friends and colleagues. Due to this influence, the truck drivers go for unprotected sex. We have heard that just like combi drivers, the truck drivers use “vuvuzelas” to sharpen their sexual appetite. They also engage in sex with several partners because they travel quite frequently so they meet several people some of whom become their sexual partners. Male Key Informant
These (vuvuzelas) are sex enhancers which they use and believe that they do not need to use condoms. They talk about the effects of the “vuvuzelas” such that their peers will also like to try them. The other influence is the intake of alcohol since they will have extra cash as I mentioned earlier. When they have taken large quantities of alcohol, it affects their sense of judgement so they only think of wearing condoms after having had sex. **Male Key Informant**

MCPs are very common here and with us we don’t go out of the premises unnecessarily. Getting involved with a number of people is really a bad habit. I feel the truck drivers must travel with their wives. It’s difficult to tell whether the people they will be travelling with will be their wives or not **Female Key Informant**

MCPs are a very bad habit. You won’t know someone’s status and diseases spread very quickly **Female Key Informant**

### 10.4 Reasons for MCPs

The key informants felt that people fail to control their sexual feelings and thus get involved in MCPs. They also blamed MCPs for the spread of HIV and other sexually transmitted diseases.

*People just fail to control themselves, they just don’t care. Everyone can control himself or herself and if we all do that then we will be free from HIV and other sexually transmitted diseases* **Female Key Informant**

### 10.5 Truck driver’s health challenges

**Lack of time to seek health services**

The key informants felt that long distance truck drivers had challenges in getting time to seek health services because they are always on the road.

*They don’t get enough time to seek health services, due to the nature of their jobs.* **Male Key Informant**

**Using unprescribed drugs**

Another challenge raised was that at times the long distance truck drivers buy and use unprescribed drugs leading to drug resistance in some cases.

*The other challenge is that for instance in Zambia or DRC, they can buy drugs without prescriptions and end up inappropriately using drugs like antibiotics and end up having drug resistance when they actually do have a problem.* **Male Key Informant**

**Failure to adhere to treatment schedule**

Key informants also said that there were challenges of failure to adhere to treatment leading to low recovery rates
We are also aware of the problem regarding failure to adhere to treatment schedules by those who undergo treatments. Lack of adherence therefore becomes a problem as it affects the recovery rate for those undergoing treatment cycles. Male Key Informant

Some people will just not care to adhere to treatment while others may not understand the importance of adherence to treatment. Male Key Informant

10.6 Views on HIV transmission in relation to truck drivers.
On HIV the key informants said that the long distance truck drivers needed correct information on HIV as it was seriously affecting them. Although statistics could not be given the key informants said that HIV prevalence was high among long distance truck drivers because they indulge in unprotected sex with commercial sex workers and inconsistent condom use. Such behavior was also blamed on alcohol abuse.
It's a very serious issue coz ,like I said earlier ,if they don’t have time to access health information-of course at times they are given pamphlets but ,there are times when they really need to be spoken to so that they get correct information about HIV/AIDS. Male Key Informant

Without citing any statistical figures, I can say that there is a high prevalence of HIV infection among truck drivers. This information is common knowledge that commercial sex workers and truck drivers engage in unsafe sex due to alcohol intake as I stated earlier. As a result, they do not use condoms consistently and correctly so HIV spreads quite fast especially at the border areas where the commercial sex workers are found in large numbers. Some of them regard sex as a form of industry as it provides them with a means of living. Male Key Informant

10.7 Community views about female sex workers
On how the community viewed commercial sex workers, the key informants in Chirundu highlighted that the border area had no stable community with three quarters of the population there being sex workers making it a community which is not respectable. They felt that this made it impossible for people to sit and plan the way forward together on how to handle the health situation in the area. They felt that if it was a normal residential area then renting regulations would be put in place there by formalizing the settlements and making work with the community easier.
The problem with this area is that there is no stable community in contrast with areas like Karoi and Chinhoyi because ¾ of the population in Chirundu are the sex workers ,so there is no location. They stay in an area called Baghdad ,so there is no stable community, where people can sit down and come up with a way forward. Since the bulk are the sex workers who can just build shacks anywhere without questioning. If it was a normal residential area where they were renting ,they would have been some regulation but as it is it’s just a community which is not respectable. Male Key Informant
They will be staying in Baghdad. They just come there and build their own temporary shelters. In some cases 3 sex workers can be sharing one shelter and they help each other in guarding their clothes at night when they go out to work (sex work). Male Key Informant

10.8 Places that offer help to long distance drivers

At both borders the key informants highlighted that health facilities were available for sex workers and long distance truck drivers at wellness clinics, local clinics, MSF (Médecins Sans Frontières) in Beitbridge for information. Truck drivers also get help from their companies.

Oh yes, they can visit truckers companies where they can receive information and IEC materials on HIV and SRH. Apart from the companies, they can also visit the Wellness centres at the border towns. At the Beitbridge border, they can also go to MSF where they can get information. Along the transport corridor, they can get the information from truck stops. In addition, clinics are available where the truck drivers as well as the sex workers can obtain useful information on HIV as well as SRH. Male Key Informant

It's either they come here or they go to the clinic over there. Male Key Informant

Help rendered

The key informants explained that sex workers and long distance truck drivers get a lot of help that includes health information on HIV/AIDS. They said that sessions on HIV AIDS were held daily explaining the benefits of getting tested, including the process and the preventive measures. For those who have tested positive assistance is given on support care issues and treatment issues. They said that the ill get treatment and also highlighted that all the services offered were free unless if the drugs were not available at the clinic then prescriptions would be given to patients for them to buy elsewhere. Patients are asked to buy the drugs and bring them to the clinics so that they are administered by health personnel but in most cases the challenge has been that the patients disappear. Due to such problems some diseases for example STIs go untreated for a long time complicating the health of many patients.

Apart from treatment, the truck drivers also receive counselling from the people trained to offer it. This is important so that those with SRH problems and any other health problems will be counselled on how to deal with the situation/condition. Male Key Informant

The support they get is like on a daily basis they get health information on HIV/AIDS as a standard. Everyday there will be sessions on HIV AIDS where they told of the benefits of getting tested, the process and the preventive measures. In the event that someone tests positive they are also told of the support care issues and treatment issues. For those who are ill they then get treatment there and more so, they get these services for free so there is nothing that stops them from accessing the services, except in cases where there are no drugs for instance with STIs which use a combination of drugs. As per policy if one drug is
not available then the treatment will not be administered at all. We can suggest that the patient goes to purchase the required drugs, but when they go to buy these required drugs, they take time. For example the missing drug will be Colomycin but the other 2 drugs are there, we won’t treat the patient. So sometimes when we tell them to go and look for the other drugs, some of them do not buy the drugs at all. The reason why we do this is that if you treat the patient with an incomplete combination, most of them will think that they are now well and will not make an effort to look for the remaining medication. So at times there are STIs which are going untreated because of shortage of STI drugs Male Key Informant

10.9 Challenges faced by commercial sex workers and truck drivers

Sex workers
The key informants highlighted that young sex workers had difficulties in accessing health services as they felt embarrassed or shy to reveal their health conditions to health practitioners yet in the long run untreated illnesses end up affecting them. The key informants blamed such behavior on lack of knowledge by the young people on the dangers of staying with untreated illnesses.

(Excuse me): Especially with sex workers in the 16 -20 years age group, it’s difficult for them to access health services because at times they will be embarrassed because they won’t be having enough information about STI infections and the subsequent complications resulting from lack of treatment, so this group can keep those infections because they are too shy or scared to go to the clinic. For some, it will be a case of ignorance. Male Key Informant

Long distance truck drivers
Despite that the long distance truck drivers try their best to seek help, the key informants said that they faced challenges with time to sort help due to the demands of their work. At times when they get to a hospital there will be long discouraging queues and since they would be on transit they lose patience and pass through to the next destination without treatment in the process harboring the infection. The other problem highlighted was lack of compliance to treatments and alcohol use while on treatment. The key informants also said that some drivers got treatment say in Beitbridge and ask for the same treatment when they get to Chirundu for the same or different problem complicating their health problems.

The problems faced by truck drivers on health issues are that most of the time like I said earlier, they don’t get enough time. For instance when they get to a hospital there will be long queues and since they will be on transit they may not have the patience to wait and they pass through without treatment in the process harboring the infection. The other problem is of lack of compliance to treatments, for example some keep on drinking beer when they are on treatment. Some drivers also hoard drugs for example, they get treated
at Beitbridge, and they come here and ask for treatment of the same problem or a different problem. However they do try by all means possible to get help. I personally don’t see a big problem, because when they have problems, they come when they get the time. It's now different from the past where maybe people wouldn’t be open, these days they open up and even the sex workers also open up, which makes our job quite easy. **Male Key Informant**

### 10.10 Strategies to improve accessibility of services

**Increase HIV awareness raising**

Key informants also suggested that there be continuous and concerted awareness raising on HIV among long distance truck drivers with some of them trained as peer educators to assist their colleagues. *There is need for more effort on our part and other players to continue raising awareness especially among the truck drivers who should participate as peer educators to assist their colleagues. We also need to work closely with truckers agents so that they help in spreading the information to the truck drivers.* **Male Key Informant**

**Open all health facilities on weekdays and weekends**

To improve service delivery the key informants suggested that health facilities be open on both weekdays and weekends. The trend has been that the Wellness Centres close on weekends there by creating problems for long distance truck drivers and sex workers in need of medical help. They also suggested that closing times for health centres at the border posts be extended to about 2200hrs to cater for all drivers including those who get to the border post late at night. The problem at Chirundu border was that of wild animals but the officers were willing to continue working till late but feared for their lives that are threatened by wild animals. *If it was possible, like here we are closed during the weekends we will be closed. Most drivers will be parked here since the processing at the border will be slow. So that’s when there will be an opportunity for us to talk to them or get treatment. The other problem is that we close at 7 which is too early, because of the issue of wild animals. If it wasn’t for the wild animals at night we could extend opening hours up to say 22:00 hours, because most of them start coming at around 5 pm and from there, they will be left with 2-3hrs to close. By the time we re-open at 11am most of them who would have come, would have left. But so far there is an arrangement that we should extend with 2hours. The challenge is that we are doing the extension in the mornings since travelling at night is a problem, otherwise this would have promoted access of health services.* **Male Key Informant**

To improve accessibility of health services by sex workers the key informants suggested that senior sex workers be mobilized to assist the younger ones who are either shy or afraid to get to the health centres. The key informants also felt that there was a need to improve drug availability so as to treat those with problems effectively.
Then the other issue, for sex workers in my opinion if we could form other groups with these senior commercial sex workers I mentioned earlier, to find ways of identifying problems being faced by the younger commercial sex workers, like identifying whether they have STIs or any other problems, so that the shy ones and those unable to come, are able to access the available health services. It would also help a lot if drugs were readily available, it would help those with problems to be treated effectively. Male Key Informant

Increase drug availability
There however is a problem in that drugs are not always forthcoming at the health centres. We have heard of cases where drugs are not always available at the Chirundu border so truck drivers will cross into Zambia to get treatment. The situation at Beitbridge seems to be fine as drugs are available. Male Key Informant

Services that should be offered
The key informants highlighted that services given at the border were limited especially in HTC (HIV Testing and Counseling) services and this was due to unavailability of enough space to carry out HTC. The client flow was said to be high yet there was no enough space to carry out testing in the wellness clinics. The key informants felt that pitching up tents outside the wellness clinics would help ease congestion since group education, testing and post test counseling would be now done in the tents.

What I would like to say is that we are limited in terms of the services we are giving. Here our core business mostly is HTC (HIV Testing and Counseling) services and STI’s and basic primary health care. However on HTC, we are limited in terms of space, we have 2 rooms. The other room is for VCT, which is where we do group education, then from there, those who would have opted in or out, come here for testing and it is the same room that will be used for treating patients and dispensing. So the client flow becomes problematic. We were hoping that if we could get tents to pitch outside so that from group education, testing and post test counseling would be done in the tents. So the issue of space is limiting us in terms of meeting our desired targets Male Key Informant

10.11Views regarding truck drivers in relation to their sexual lives
The key informants viewed long distance truck drivers as vulnerable and exposed to HIV infection as they are separated from their spouses for a long time. On the corridor they engage in sexual activities with the people they meet and at times without protection putting their lives at risk. The key informants felt that MCPs were a bad habit and suggested that long distance truck drivers be allowed to travel with their wives to solve the problem. Truck drivers are predisposed to health problems such as HIV and AIDS as they are separated from their spouses for long periods while they are travelling from one border town to another. When they move along the transport corridors, they at times pick
passengers along the route and get cash from these travellers. They then use the extra cash to indulge in sexual affairs with women and in most cases end up suffering from STIs leading to HIV and AIDS as a result of unprotected sex. The women with whom they have sex consider this as a valuable service to be rendered to the long distance truck drivers.

**Male Key Informant**

Yes they are exposed to HIV as they engage in sex with partners who are not their spouses. This happens because they do not make use of protection such as with condoms. We have heard reports indicating that because they pay for having sex, they prefer what they refer to as “wet sex” which means sex without a condom or direct sex. Having unprotected sex then leads them to HIV infection from partners who are HIV positive. **Male Key Informant**

**10.12 Comments on relationship between Key informants and truck drivers**

Key informants also highlighted that they had a positive relationship with long distance truck drivers and also assisted employers to have workplace HIV policies as support for long distance truck drivers. They also work with agents in the distributions and conveying of health messages and condoms to long distance truck drivers for positive behavior change. The key informants however raised a concern of the lack of eagerness and interest by truck drivers to become peer educators. They considered peer education to be one of the best way towards the changing people’s behavior as they tend to understand their colleagues better but with truck drivers they found this to be very difficult.

"We encourage employers to have workplace policies especially regarding HIV and AIDS. We also encourage truckers’ agents to convey health messages to their drivers and in this regard, we distribute condoms and relevant IEC materials to the employers and employees. I would therefore like to appreciate the useful IEC materials on HIV and AIDS that I personally collected from your organisation which we are always distributing to the drivers and their employers. We also encourage truck drivers to volunteer as peer educators so that they help in educating their colleagues regarding safe sex and positive behaviour change. **Male Key Informant**"

The relationship has been quite positive. We have encouraged the employers to develop HIV and Aids workplace policies which help them in dealing with issues of HIV and AIDS. Since we distribute IEC materials and condoms, this becomes useful especially to the truck drivers who will realise the dangers of having unprotected sex. However we have noted a concern regarding the involvement of truck drivers as peer educators since this group is hard to reach as not many drivers are eager to become peer educators who will then help their colleagues. **Male Key Informant**

**10.13 Views about people who have sexual relationships with truck drivers**
The key informants said that people involved in sexual relationships with truck drivers were viewed as prostitutes or commercials sex workers as they benefit financially from such relationships. They also said that such people are viewed as people with loose morals who are not afraid of indulging in sex with mobile people they do not know. They are referred to as prostitutes or as commercial sex workers since they get a financial reward after rendering the service. They are also viewed as people with loose morals who are not afraid of indulging in sex with people that they do not know such as truck drivers who are not stationed at one place as they are mobile most of the time. Male Key Informant

10.14 Suggestions for future programs

Establish support groups and intensify IEC materials development

The key informants suggested that support groups be established at border areas to help those on treatment adhere to treatment. They also suggested that information dissemination be intensified so that it reaches all people.

It is important to establish support groups so that those who are undergoing treatment will be encouraged to continue. There is also a need to intensify the development of IEC materials so that more people will access the information. Male Key Informant

Have billboards at border areas

In addition to print materials developed and distributed to people the key informants suggested that billboards be put up at border areas and along the transport corridor as these would attract travelers who will read and benefit from the messages on these boards.

I know that your organization (Action IEHDC) develops IEC materials and I would like to say that in addition to the print materials, there is a need to develop bill boards which will be placed at the border areas as well as along the transport corridor. The bill boards will draw the attention of truck drivers, sex workers as well as other travelers and this will help in sending important messages concerning people’s health. Male Key Informant

Develop videos

The key informants also suggested that videos be developed so that the larger population including sex workers and long distance truck drivers watch and get messages that can them change their behavior.

It is also important to develop videos like the “Love stories” that you produced so that more people including commercial sex workers, truck drivers and other people watch them and get the messages and this will lead to some change in behaviour. Male Key Informant
11.0 Research findings from the target audience

11.1 Health care services around the border areas
In Chirundu the participants managed to identify the different health services that are accessible to them around the border area. They highlighted that there is a government clinic and North Star Wellness Centre popularly known as the container or Batsirai. The staff at the wellness centre also moves around the trucks parking areas distributing the materials that they will have. They stated that the container helps them a lot when they are not feeling but one has to go to the containers to seek help. In Beitbridge there is also the wellness centre at Batsirai and the MSF clinic and behaviour change programmes that are being implemented by World Vision. .

There is a container (North Star wellness Centre). If you feel sick and you go to the container you will be helped. Female Community of the mobile - Chirundu Border Post

There are behavior change programmes where people are taught how to live positively and those who are negative to remain negative. This is being done by World Vision. . Young Female Sex Worker - Beithbridge

There is Batsirai (Wellness Centre) Long Distance Truck Driver- Chirundu

There is also the STI clinic Long Distance Truck Driver- Chirundu

MSF have support groups which are closed and open and include both the negative and those living positively and they learn about HIV. Young Female Sex Worker - Beitbridge

There is Batsirai Wellness centre Young Female Sex Worker - Beitbridge

You have to visit these places first and explain what you need. Long Distance Truck Driver– Chirundu

Some sex workers when they have sexually transmitted disease go to clinics but others have their traditional healers and others you will see them limping in the beer halls. Male Community of the mobile – Beithbridge Border Post

There are support groups that move around and group people so they can get help there. Female Community of the mobile – Beithbridge Border Post
11.2 Activities offered by the health centres

The community of the mobile and migrant workers indicated that there are varied activities that are carried out at the wellness centre. They indicated that activities like education, counseling, treatment and general advisory activities are done at the wellness centre and the government clinic.

Educational activities

The mobile population and community of the mobile highlighted that the wellness centres offer them varied services like educational programmes on HIV and AIDS and STIs through giving out materials like books. They also indicated that the nurses at the wellness centre also offer advice on health issues.

*There are programmes that are there at the clinic/container such that they don’t take anything for granted. They start by teaching about the AIDS pandemic.*  
**Female Community of the mobile - Chirundu Border Post**

*Batsirai offers education about STIs Long Distance Truck Driver- Chirundu*

*Even if you want advice the nurses at the container can give you all health issues education on HIV and AIDS and other diseases it’s also done.*  
-----Ref

*If you want to be educated on HIV and Aids, you will be educated by being given materials like books Long Distance Truck Driver- Chirundu*

*Batsirai staff move around with books which they give out to travellers, truck drivers and members of the community Long Distance Truck Driver- Chirundu*

They carry out HIV tests

The research participants also indicated that the health facilities in the area also conduct HIV Testing and counseling.

*It also conducts blood tests to check if one is HIV positive Long Distance Truck Driver- Chirundu*

*At the Wellness centre they also do VCT. Young Female Sex Worker - Beitbridge*

*At the container there are some counselors who do counseling to those who are HIV positive. They tell people that if you are HIV positive it does not mean that that’s the end of your life but tell people that it’s the beginning of life and one has to start living from then onwards. Male Community of the mobile - Chirundu Border Post*

Treatment of HIV and STIS
The mobile population indicated that the wellness clinics and the MSF clinic in Beitbridge offer them treatment for free and offer education on the use of ARV treatment. They indicated that those who are on ART get their tablets at the government clinics but when not available at the Chirundu Wellness centre they are referred to Zambia across the border. In Beitbridge some organizations carry out home visits to those who will have tested positive or those that will have defaulted.

*At the container they also teach how to use the ARV treatment for those that are positive.*

**Male Community of the mobile - Chirundu Border Post**

*If you want treatment they give you for free unless if the tablets are not available that’s when they refer you to Zambia.*

**Female Community of the mobile - Chirundu Border Post**

*People get the ARVs at the government clinic*

**Male Community of the mobile - Chirundu Border Post**

*The wellness centre offer treatment for various illnesses for everybody the same as MSF clinic.*

**Young Female Sex Worker - Beitbridge**

*It treats people on sexual related diseases, Like gonorrhea*

**Long Distance Truck Driver - Chirundu**

*They also do home visits for those who will have tested HIV and also the defaulters*

**Young Female Sex Worker - Beitbridge**

**Distribution of condoms**

The wellness centre also distributes condoms and family planning tablets. The research participants also indicated that there is a mobile clinic from Harare which visits the areas and treat people of STIs and also offer various family planning methods. In Beitbridge the community of the mobile indicated that condoms are also distributed through the wellness centre, beer halls and MSF.

*You can get condoms; they will teach you how they should be used/ worn.*

**Long Distance Truck Driver- Chirundu**

*They also give out family planning tablets*

**Long Distance Truck Driver- Chirundu**

*There is a truck from UNFPA that visits the centre on a monthly basis from Harare and it distributes family planning services as well as treating STIs.*

**Female Community of the mobile - Chirundu Border Post**

*Condoms are found in beer halls, MSF and at the border.*

**Male Community of the mobile - Beitbridge Border Post**
11.3 Types of sexual relationships
The research participants in Chirundu highlighted that the short term marriages called “mapoto” in Shona and engaging female prostitutes is very common around Chirundu area. In Beitbridge the participants highlighted that prostitution and the issue of small houses was the most common. They also indicated that there are also normal husband and wife marriages but were quick to highlight that these are very few. With the truck drivers the wife will sometimes visit the husband at the border but go back leaving the husband alone thereby exposing him to the temptation of engaging female sex workers.

Short term marriages (Mapoto)

There are marriages that are called ‘mapoto’ (where two unmarried people stay together after an agreement. This type of marriage contract can end any time as there is always nothing binding. Male Community of the mobile - Chirundu Border Post

There are several types practiced here, here you won’t find a driver who stays with his wife Long Distance Truck Driver- Chirundu

Husbands and wives

There are also some married people who have their spouses but these are very few because most people are in the “mapoto” kind of relationships. Male Community of the mobile - Chirundu Border Post

There are those who stay with their wives are very few Long Distance Truck Driver- Chirundu

Yes there are cases where the wife can visit the husband but she will leave him on his own after a few days Long Distance Truck Driver- Chirundu

Yes but those who have sex with their wives are very few compared to those who have it with prostitutes. This is so because there is no way you can have your wife staying in the so called tangwenas (squalor, make shift houses) here Long Distance Truck Driver- Chirundu

It is therefore better that the wife stays in areas such as Harare instead of these tangwenas. Male Community of the mobile - Chirundu Border Post

Relationships with female sex workers and truck drivers

The research participants in both Chirundu and Beitbridge agreed that there are relationships between long distance truck drivers and female sex workers and these are
usually short time. The female sex workers and the community of the mobile indicated that they are pushed into these activities because they will want to fulfill a need in their lives for example school fees for children or taking care of the parents back home. It also came out quite prominently that the truck drivers and the female sex workers meet at beer outlets and in Chirundu the common place is called “Off-road”.

*Because of this, you will find that the driver will go out with these other ladies these are the women who patronise beer halls or prostitutes* Long Distance Truck Driver-Chirundu

*I will be moving around and then I meet a person and we agree on a fee and then we have sex. If the money I want for the activity I can then go back but if it’s not yet enough I then look for someone else.* Young Female Sex Worker - Beitbridge

*Others will just ‘catch” the women around here? This means having sex with sex workers* Long Distance Truck Driver-Chirundu

*The other is to go to the truck drivers. Here you meet one person and tomorrow you move on to the next truck driver until the money that you need for the day is enough. There are also some one day relationships for those truck drivers who will have the feeling to have sex.* Female Community of the mobile - Chirundu Border Post

*There are female sex workers who go to beer outlets and can have sex with more than one person in a day.* Young Female Sex Worker – Beitbridge

*What happens is that the women who deal with truck drivers deal with other man during the day such that by the time they go to the truck drivers they will have done seven short times and then go to the truck drivers for the whole night.* Female Community of the mobile - Chirundu Border Post

*You could go to a drinking place called “Off road” and witness what we are saying. It won’t surprise you to find that the ratio of women to men there will be almost 3 to 1. - 75% of the patrons are women)* Long Distance Truck Driver-Chirundu

*The thing is that I will be having a school going child and he wants fees so I go out there to look for clients so that I can get money for school fees.* Young Female Sex Worker - Beitbridge

The research participants felt that prostitution is a way of life for the female sex workers as it is critical to their survival because it is how they earn a living. It is seen as a form of employment because there are no viable industries in the border towns they engage in sex work.

*This is due to several reasons. For some, prostitution is their business while for others it is as a result of poverty. They believe that prostitution is a way of life which is critical for their survival.* Long Distance Truck Driver-Chirundu
They see prostitution as a business and a form of employment. If you look around, there are no industries here so prostitution becomes a viable industry for the sex workers. Long Distance Truck Driver- Chirundu

The most common relationships are the short time ones with the sexual workers because I will be looking for him. Because in Beitbridge there is no industry so that’s the only way of looking for money. Young Female Sex Worker - Beitbridge

Married women also pretend to sell some stuff as a way of getting to the truck drivers at the off road. Female Community of the mobile - Chirundu Border Post

Most people when they get here lie about the types of jobs that they do with some lying that they are maids or work at the farms. Young Female Sex Worker - Beitbridge

Small houses

The female sex workers also indicated that the other form of relationships is that of small houses. They indicated that there are instances when the truck drivers sort of have a permanent wife who resides at the border and stay with her every time they pass through the borders.

There are small houses where the husband has more than one female sex partner including the wife. Young Female Sex Worker - Beitbridge

There are also truck drivers in this area so they end up having partners that they pass through seeing every time they are crossing the border. Young Female Sex Worker - Beitbridge

Sex happens everywhere

The truck drivers and community of the mobile highlighted that sex at the border areas happens anywhere. They indicated that people can have sex in the trucks as at times it is expensive to book a room for an hour so the ideal place will be the tracks.

In the trucks, you can find the woman already seated in the truck waiting for you Long Distance Truck Driver- Chirundu

The trucks are the bedrooms so sex takes place there Long Distance Truck Driver- Chirundu

There is expensive accommodation so even booking a room for an hour or two is expensive so as a result, the ideal place is the truck Long Distance Truck Driver- Chirundu

Once you have managed to get your woman, you go to the truck which is complete with a kitchen and bedroom Long Distance Truck Driver- Chirundu
The female sex workers are having sex with everyone from loafers, truck drivers and other professions as long as you have your money. Male Community of the mobile – Beitbridge Border Post

The female sex workers have sex in their houses, clients’ houses if the wives are not there in booking rooms, trucks or even in the bushes. Male Community of the mobile – Beitbridge Border Post

11.4 Reasons for having these sexual relationships
The truck drivers felt that the practices of having multiple and concurrent partnerships are necessitated by their long absence from their wives due to the nature of their jobs. They also indicated that they are attracted to the female sex workers who are just too many at the border areas, and they are always milling around the areas that they park the trucks. The effects of beer were also highlighted as the key drivers to long distance drivers picking up female sex workers because they indicated that after taking beer they found it difficult to resist the female sex workers. The drivers indicated that the long time it takes for them to have their loads cleared at the borders also leaves them with lots of free time away from their spouses hence end up engaging female sex workers.

This practice takes place due to the lengthy absence from seeing our wives. Long Distance Truck Driver - Chirundu

It also is caused by seeing these sex workers around Long Distance Truck Driver - Chirundu

This is also caused by the effects of alcohol so that after taking in a lot of beers we find it difficult to resist the temptation to engage in sex with the sex workers. After taking in more beers, an old woman begins to appear as a young and beautiful woman so we get attracted to her. Long Distance Truck Driver - Chirundu

There at Chirundu, there are just too many of these sex workers. If you consider how they entice us with how they dress exposing their body parts, we find ourselves being disturbed mentally. Now if the wife is far away, like in Marondera (one of the towns in Zimbabwe), you realise that you will fail to control yourself so you go for the sex worker. Long Distance Truck Driver - Chirundu

The off road is popular because it is the only place where people who have money meet. Female Community of the mobile - Chirundu Border Post

The problem is that you may have left your wife in Mozambique or South Africa so when you get to the border post, you spend 4 or 5 days waiting for clearance so because of this delay, you find that you cannot control your sexual desires Long Distance Truck Driver - Chirundu
Alternatively just visit the truck’s parking area and you will see for yourself that the majority of people who frequent the area are women as they loiter around looking for clients. **Long Distance Truck Driver - Chirundu**

The community of the mobile also indicated that the other reason that makes these relationships flourish is that the Border areas are usually places of work for men who do not live with their wives and most women are aware of that hence they travel to the border to look for those men. The community of the mobile also indicated that even married women don’t bother to strengthen their marriages as they too can go to the truck drivers and engage in sex for money. The issue of fatalism also is the reason for them engaging in risky behaviour, the female sex workers in Chirundu indicated that they feel that they are already dead so they don’t fear anything including being infected with the HIV virus. The community of the mobile felt that the female sex workers are lazy and don’t want to work.

*The other thing is that this is a place of work for many men who do not live with their wives and that’s what causes women to come here and seek men.* **Male Community of the mobile - Chirundu Border Post**

*Women who are married here don’t bother strengthening their marriages because they know that if they go to the off road and get a truck driver they will get money.* **Female Community of the mobile - Chirundu Border Post**

*The women at the off road say that they are dead already so they don’t fear anything even without condoms they can have sex.* **Female Community of the mobile - Chirundu Border Post**

*Some people who are positive also say that they are already dead so there is nothing to protect.* **Male Community of the mobile - Beithbridge Border Post**

*The other issue is that the commercial sex workers are lazy. They don’t want to work hence end up being prostitution.* **Male Community of the mobile – Beithbridge Border Post**

*The other issue around this area is that there are many people who will want to be border jumpers or maids but when they get here and meet friends they are then introduced to commercial sex work.* **Female Community of the mobile – Beithbridge Border Post**

### 11.5 Views on multiple and concurrent partnerships and HIV and AIDS

The target audience indicated that multiple and concurrent relationships is the norm at the border town areas. They showed that they are aware of the dangers of being in multiple and concurrent relationships but continue to engage in them. The risks that they identified include being prone to HIV and AIDS infection and also gaining trust and ending up not using protection when in these kind of relationships. The other risk issues
raised by the research participants are that men who are having multiple and concurrent partners sometimes are tested for HIV and when positive they will never reveal that to their partners until they die. The truck drivers also indicated that there is a high rate of HIV infection due to prostitution.

*It is happening here as you may find that a sex worker hooks up with one Long Distance Truck Driver early in the day and at night she hooks up with yet another Long Distance Truck Driver* Long Distance Truck Driver- Chirundu

*Having more than one sexual partner makes one prone to HIV and AIDS because if you have a relationship with a person you build trust and stop using a condom.* Male Community of the mobile - Chirundu Border Post

*There is a high rate of HIV infection because of the multiple partnering especially around this place because the rate of prostitution is quite high* Long Distance Truck Driver- Chirundu

*Men go and get tested at the container but don’t tell their spouses if they are positive and they actually get to die without telling the wife.* Female Community of the mobile - Chirundu Border Post

The female sex workers acknowledge that God intends one person to have one partner but they stated that their situations push them to have multiple sex partners. The community of the mobile in Beitbridge on the other hand felt that the sex workers have demons that push them to having sex with several people and won’t think of MCP and its risks as long as they get money.

*The sex workers it’s not good to have many partners because God made that a woman should have one partner but at times the situation pushes us into commercial sex work but we know it’s wrong.* Young Female Sex Worker - Beitbridge

*The commercial sex workers want money so they will not think of MCP because as long as clients are there they will have transactional sex* Female Community of the mobile – Beitbridge Border Post

*Commercial sex workers are like soldiers going to war. They are ready for anything.* Female Community of the mobile – Beitbridge Border Post

*Prostitution is a demon because there are short times and others don’t want to deal with one person only and can have more than 5 people in a day.* Male Community of the mobile – Beitbridge Border Post

**Difficult to protect in an MCP relationship**

The participants indicated that it is difficult to have protected sex in a multiple and concurrent partnerships relationship. They however indicated that man should resist the temptation to have sex when away from their spouses. For truck drivers some
companies encourage their drivers to travel with their spouses. The drivers felt that they need to be courageous and use condoms when they travel.

*We should resist the temptation to indulge in sex when we are away from our wives* Long Distance Truck Driver- Chirundu

*Some companies encourage their drivers to travel with their wives* Long Distance Truck Driver- Chirundu

*We need to be courageous and use condoms. Let us have condoms all the time as we travel* Long Distance Truck Driver- Chirundu

*Spouses who live in the rural areas need education about the need to get tested first before having unprotected sex with their husbands* Male Community of the mobile - Chirundu Border Post

### 11.6 Views on condom use

**Provide condoms and encourage their use**

The participants also raised the issue of using condoms consistently and also the need to have more distribution points at the borders. They indicated that if condoms are available then people can use them. In Chirundu the participants indicated that condoms are not being used due to the high rate of new HIV infections and pregnancies.

**Male Community of the mobile - Chirundu Border Post**

*Here in Chirundu the condom is not being used at all because even the rate of pregnancies among the unmarried sex workers are very high.* Female Community of the mobile - Chirundu Border Post

*If you are going to have sex use protection like protectors or condoms or female condoms* Young Female Sex Worker - Beitbridge

*There is a need to prevent this from happening by providing condoms for prevention so as to reduce the HIV infection* Long Distance Truck Driver- Chirundu

*If condoms are available, people can access them and use them* Long Distance Truck Driver- Chirundu

**Condoms are not being used**

They however indicated that the use of condoms is not consistent because they will have built trust with their sex partners and then the use of condoms is discarded while others think of them after the sexual act. The other reason why condoms are not being
used is that some people are shy to collect condoms or be seen buying them. The issue of alcohol also was raised as a contributing factor as most people ask for sex when drunk hence no condoms are used.

_The issue of money makes people not to use condoms. Even the truck drivers don’t want to use condoms but if you cannot then you just go ahead and get off his truck._ Male Community of the mobile - Chirundu Border Post

_There are however cases where it is not possible for us to use condoms all the time because we eventually build a relationship of trust with the sex workers. Because of this trust condoms will not be used all the time but only during the first stages of the relationship._ Long Distance Truck Driver- Chirundu

_Some of us will not think of using condoms as we lock ourselves in our trucks. We will only think about the condoms early in the morning after having had unprotected sex._ Long Distance Truck Driver- Chirundu

_Some people are shy to collect condoms or to be seen buying them._ Long Distance Truck Driver- Chirundu

_For some men, asking for sex while they are sober is not possible as instead they have to drink beer and get drunk before they have enough courage to do so. When drunk, you don’t even think properly as you take the woman into your truck and quickly have sex with the woman without even thinking of protection._ Long Distance Truck Driver- Chirundu

**Access to condoms difficult at times**

The truck drivers indicated that the issue of access to condoms is also a very big issue as they can only access them from the wellness centres at the borders or buying from the nearby shops. Some drivers do not want though to be seen visiting the wellness centres due to the stigma associated with it like suffering from an STI. In Beitbridge the participants indicated that access to condoms is not a problem as they are available at the clinics, beer halls and at the border.

_They can also be obtained from the shops but not in large quantities_ Long Distance Truck Driver- Chirundu

_The only place where you can get them all the time is at the container_ Long Distance Truck Driver- Chirundu

_Some drivers do not want to be seen visiting the containers as they are shy and think that whoever sees them will think that they are suffering from an STD so they hesitate to visit the container even if they want to collect condoms._ Long Distance Truck Driver- Chirundu
What I am saying is that the situations in life are the ones that push us to go out and look for money like rent, school fees, and all but as a woman with everything you need you can live without having sex. I can go and sell but there are problems there as well like having your goods confiscated by the council police. **Young Female Sex Worker - Beitbridge**

One can get condoms by visiting the Batsirai wellness centre, border post toilets, salons, clinics, hospital and MSF. **Young Female Sex Worker - Beitbridge**

If you want female condoms you can get them at the MSF. **Young Female Sex Worker - Beitbridge**

Consistent condom use prevents one from getting all sexual diseases **Young Female Sex Worker – Beitbridge**

**Beliefs and attitudes about condoms**

The female sex workers and the community of the mobile in Beitbridge believe that condoms are not 100% safe as they can tear. The males felt that the tearing of condoms is basically to do with one not being able to put it on well. The sex workers also indicated that they are just not comfortable with the condom as they feel that it might burst.

The condoms are not 100% because they can tear and then the virus is transferred to many people. **Female Community of the mobile – Beitbridge Border Post**

It’s good to use a condom but it’s not 100% efficient it protects from HIV but does not stop people engaging in commercial sex work. You find that many people are being pushed into multiple and concurrent partnerships because they are protected by the condom. **Young Female Sex Worker - Beitbridge**

Some people don’t know how to use the condom so it will tear. **Female Community of the mobile – Beitbridge Border Post**

The other issue is that there are very few peer educators because some people are not well educated on these issues of HIV and AIDS. **Male Community of the mobile – Beitbridge Border Post**

For me as long we are using a condom I am not comfortable even if he puts on two of them I still won’t feel comfortable because I am afraid that it might burst and I get infected. I will use it because its protection but I still won’t be comfortable **Young Female Sex Worker – Beitbridge**
When I have a boyfriend for a long time we stop using condoms because we trust each other hence end up not using any protection or when one needs a child. Young Female Sex Worker – Beitbridge

If a person says we won’t use a condom then that person will be a carrier so it’s best that we stop than to get the virus. Young Female Sex Worker – Beitbridge

11.7 Problems faced by female sex workers in their trade
The female sex workers and the community of the mobile indicated that female sex workers face various problems like being involved with cheating clients who tear the condoms making them susceptible to HIV infection. Some clients abuse them sexually through forcing themselves on the sex workers and also refusing to pay. The female sex workers also indicated that at times they are accused of stealing from their clients especially things like cell phones. The other problems faced by sex workers are that they can get diseases and may also fall pregnant.

Problems that they face are that they get involved with cheats who can tear the condom and at times they are raped. Male Community of the mobile – Beitbridge Border Post

Some clients will pick you up and refuse to pay there after having sex. If you decide to go and report that I had sex with this person and he refused to pay you will be arrested as sex work is illegal. Young Female Sex Worker – Beitbridge

You are exposed to diseases. Young Female Sex Worker - Beitbridge

Some clients are raped. Young Female Sex Worker – Beitbridge

Some you take them home and when you get there they steal from you. Young Female Sex Worker - Beitbridge

You can also get pregnant. Young Female Sex Worker - Beitbridge

They accuse you of stealing their property like phones. Female Community of the mobile - Chirundu Border Post

Transmitting of sexual transmitted diseases like gonorrhea, warts (corn flower) in this area the most common is the one of pubic lice (zvindakwenya) Female Community of the mobile - Chirundu Border Post

Help needed by commercial sex work

If we are given money to start income generating projects we can stop commercial sex work. Young Female Sex Worker - Beitbridge

11.8 Prevention strategies that can be used
The research participants highlighted several prevention strategies that can be used to reduce HIV infection in the border areas. These include more educational programmes, Condom use, and more activities along the transport corridor.
More educational programmes

The research participants felt that there is still the need for more educational activities and programmes around HIV and AIDS, MCP and SRHR. They indicated that these should be conducted at the truck stops which should be supported by condom distribution activities.

_If only we could have more educational programmes especially at the truck stops where condoms will also be made available. There sex workers should also receive awareness programmes on HIV and Aids at these truck stops Long Distance Truck Driver-Chirundu_

_We need to learn more about HIV and Aids. Once we have learnt more about this, it makes it easier for us to go for blood tests so that we know our HIV status. When giving the educational programmes, give us the condoms and explain the importance of using them._ Long Distance Truck Driver- Chirundu

_People need to be educated on the dangers of HIV and AIDS Male Community of the mobile - Chirundu Border Post_

_We should be able to control ourselves from engaging in sexual activities with commercial sex workers Long Distance Truck Driver- Chirundu_

_Stop having sexual relationships - Abstaining_

_A person must just stop having sex if you are a single mother. Young Female Sex Worker - Beitbridge_

_But it depends with your age Young Female Sex Worker – Beitbridge_

_Opening up about ones status_

_The female sex workers felt that there is need to be open about one’s status to a partner if you know it. In Chirundu that participants indicated that radical measures like mass testing of all people and publishing of the results must be done so that people are aware of each other’s status._

_I should open up to my partner if I was tested so that he can make a decision about our sexual life. Young Female Sex Worker - Beitbridge_

_We can all go and get tested and then go to counselors and get tested. Young Female Sex Worker - Beitbridge_

_There is need to have all people tested and the results are then put up on a notice board so that people are aware of who is positive and who is not. Male Community of the mobile - Chirundu Border Post_

_Increase number of community mobilisers/educators_
The research participants highlighted the need to have more organizations that will make available more mobilisers who move around educating people about HIV and AIDS. The truck drivers indicated that there are very few organizations that target them hence they felt that if that is increased they will be able to learn from these health programmes.

*Instead of relying on the few people at Batsirai, there is need for more people in your team to move around and offer educational programmes to truck drivers at the truck stops. Even when the truck drivers are not staying for lengthy periods at these truck stops, your team can quickly provide a few minutes session with them so that they will be able to learn the importance of these health programmes.* Long Distance Truck Driver- Chirundu

*It is also necessary to increase the number of people employed in educating truck drivers as we often see very few people doing this* Long Distance Truck Driver- Chirundu

*It is not possible for one employee to cover the entire area from here extending to the area known as Bagdad as the area is quite big with many people requiring service.* Long Distance Truck Driver- Chirundu

**Reduce the number of sex workers**

The truck drivers felt that there is need to reduce the number of sex workers by using the law enforcement agencies. They felt that there is need to arrest the prostitutes so that they are minimized.

*The idea here is to minimise the prostitution industry. Right now the sex workers go home to sleep in the morning at six o’clock instead of reporting for meaningful work. During the afternoons like now, they are busy washing their bodies in preparation for soliciting clients. This activity would be minimised if there were industries around this place.* Long Distance Truck Driver- Chirundu

*This can be done by even arresting those who will be loitering around* Long Distance Truck Driver- Chirundu

*Instead of the police mounting several roadblocks along the highway, they should mount a programme aimed at arresting prostitutes such as “Operation Prostitutes”* Long Distance Truck Driver- Chirundu

*By arresting them it means that there will be few sex workers who will be moving up and down the area where truck drivers are. Because of this it means that the truck drivers will not be seeing several women who will solicit for sex so it will reduce the cases of prostitution.* Long Distance Truck Driver- Chirundu

*The law makes it easy for women to be arrested as they are the ones who are said to be soliciting especially after 8 pm. This is because women are generally attractive so seeing them more and more will get us to act. There is no point in arresting men as they will just be moving unlike women who will be soliciting.* Long Distance Truck Driver- Chirundu
Need for gainful employment

The research participants indicated the need to have more people in formal employment if the issue of multiple and concurrent relationships is to be curbed at the border areas.

*It is important for the people leading such lives to get gainful employment so that they can fend for themselves without relying on other people for a means of survival.* Long Distance Truck Driver- Chirundu

*If it is possible people should get employment as general hands so that they are paid and also the need for income generating projects will be helpful and I won’t go to the beer hall because I will be able to get money and look after myself.* Young Female Sex Worker - Beitbridge

Improve accommodation

The research participants in Chirundu felt that there was a need to improve accommodation in the area by building new proper houses as the make shift squatter camp called Baghdad encourages multiple and concurrent partnerships

*Build houses to reduce overcrowding and that people won’t go to the next house to look for a sexual partner.* Male Community of the mobile - Chirundu Border Post

*People need to be mobilized by police and soldiers so that they attend these functions maybe people can lean and change their behaviour.* Female Community of the mobile - Chirundu Border Post

*Increase staff at the wellness centres.* Male Community of the mobile - Chirundu Border Post

Women are generally more faithful than us men because they can stay for much longer periods without having sex unlike us men. They can however engage in sexual affairs without your knowledge if they decide to. Long Distance Truck Driver- Chirundu

Support from employers

The truck drivers highlighted that they need support from their employers concerning their health as most of them are after the production and when you get ill they need to be moved to lighter jobs and not travel long distances.

*Oh nothing much since all the employer wants is production and not your health. Some of them are not even worried about your health* Long Distance Truck Driver- Chirundu

*By looking at you and assessing your health condition, some employers will not offer you employment yet there will be vacancies. By assessing your health, they can conclude that the job seeker’s life span is short so they won’t offer you the job.*

Long Distance Truck Driver- Chirundu
The employers require counseling for them to realise that even if a driver is suffering from HIV and AIDS, he can go on for long periods while taking drugs. Most of them do not understand this important thing. Long Distance Truck Driver- Chirundu

Employers should allocate those suffering from the advanced stages of HIV and Aids lighter duties as opposed to the strenuous ones where a driver has to travel long distances Long Distance Truck Driver- Chirundu

The advice should come from the employers' agents and peer educators Long Distance Truck Driver- Chirundu

Transport corridor

The truck drivers highlighted that there is need for more services on the transport corridor between Chirundu and Beitbridge. They indicate the need for reading materials like posters and more organizations to support the efforts of Batsirai.

Need posters so that travellers will know about HIV and AIDS Long Distance Truck Driver- Chirundu

Batsirai Group as well as other interested organisations to increase the numbers so as to reach many more places along the transport corridor Long Distance Truck Driver- Chirundu

We also said that if Batsirai and other partner organisations can be found at truck stops giving out condoms and educational awareness programmes, we will not run short of condoms Long Distance Truck Driver- Chirundu

11.9 Means of packaging messages

The participants highlighted that there is need for the messages to be packaged in the form of booklets which will be distributed at the border posts and truck stops. The female sex workers indicated that there is need to have information packaged in different ways like television dramas, and road shows because they feel that they learn more by seeing as books and posters have been over used. The truck drivers indicated the need to have billboards as well at the border posts.

We need booklets that talk about the dangers of HIV and Aids which will be given out at the border posts as well as at truck stops Long Distance Truck Driver- Chirundu

We need the information to come up in all forms like books, TV dramas radios, dramas and road shows. Young Female Sex Worker - Beitbridge

Some of us learn by seeing so I feel that if we need to make people see on the screen. If I stand in front with people with a chart/poster many people will go away. Because books are being torn by most people saying this we are used to. Male Community of the mobile - Chirundu Border Post
There should be billboards near border areas so that we all see the information that we should not engage in sex with several people Long Distance Truck Driver- Chirundu

Social mobilisation

Social mobilization through the use of former sex workers can be done where they conduct group discussions; they indicated that this model is being used in South Africa. Other educational programmes can be done through the radio and television.

I heard of an effective system in South Africa where former sex workers who are HIV positive are used to conduct educational programmes with truck drivers. They share their personal testimonies regarding their own lives with the truck drivers. They give out books and advice to the truck drivers as well as condoms. They also show the drivers videos which will help in convincing them that it is dangerous to practice unsafe sex. I feel that this system can also be done in Zimbabwe. Long Distance Truck Driver- Chirundu

Yes we can do so through educational programmes on television and radio because we also have radios in our vehicles so we can listen to the programmes. Television programmes can be watched when we are at home and other people can also learn from them. Long Distance Truck Driver- Chirundu

Use of USB flashes, CDs and DVDs

The truck drivers also indicated the need to have audio and television dramas on USB, CDs and DVDs so that they can play in their trucks. They indicated that they can listen to them and share with their peers.

Some of us have usb sticks and modulators so the information can be passed in this form

We also play CDs so we can also have these to convey the information Long Distance Truck Driver- Chirundu

We can listen to radio discussions and share these with friends and colleagues. This is like books that we get so that after reading them, we can give them to other drivers to read as well. If the book or radio programme is interesting and educational, we can share them with friends and fellow drivers. Long Distance Truck Driver- Chirundu

12.0 Discussion of findings

The research participants highlighted that prostitution, malaria and HIV were the greatest challenges faced at the border areas. The findings also revealed that the lives of long distance truck drivers and sex workers were at risk of HIV and Aids due to unsafe sex they indulge in suggesting that a lot of interventions must be put in place to help this target population. Although health services are offered at border posts it came out clearly that behavior change still needs more work for it to be achieved. Long distance truck drivers engaged in multiple and concurrent sexual relationships with cross border traders, sex workers and other passengers they carry on the way. Due to the mobility of truck drivers the sexual activities were said to be done in the trucks, by
the roadside, client’s houses, at truck stops and motels or lodges most of the times without any protection. The research participant’s observations were that at times due to trust built between some long standing relationships condoms were not used at all or used inconsistently. On the other hand it was said that sex workers engaged in unprotected sex to get more money as large amounts were paid for unprotected sex with such behavior fueled by poverty.

Besides spending long hours travelling and waiting for clearances at the border posts the research participants highlighted that truck driver faced health challenges such as failing to get enough time to seek health services to an extent that they un prescribed drugs and at times fail even to adhere to treatment schedules given to them. Information gathered from the key informants showed that a lot of intensified heath services have to be put at border post. It was however amazing to find out that long distance truck drivers and sex workers valued the services put in place for then although in most cases wellness clinics were linked to long distance truck drivers and not the whole community thereby bringing up discrimination and stigmatization issues.

In terms of programming and information dissemination the research participants valued contributions done by different health organizations and government departments at border posts. They however still felt that more interesting and effective ways of information dissemination and engaging the target population be explored.

13.0 Recommendations
In view of the above discussion the following recommendation are made.

• Findings show that the use of the condom is not being consistently and correctly used. There is therefore a need to send messages that reinforce the importance of using condoms. The issue of accessibility of the condoms throughout the transport corridor has to be addressed as well.
• There is need for education on HIV and AIDS, SRHR and MCP to truck drivers and female sex workers so that it will help to reinforce
  o Adherence to treatment
  o Voluntary testing and counselling
  o Fighting stigma associated with those who visit health centres.
  o Seeking medical assistance early
  o Disclosing status to spouse.
• Gender inequalities that reinforce male dominance and female subservience need to be addressed. There is a need to promote skills education especially among the commercial sex workers so that they have a means of earning income apart from them relying exclusively on sex work.
• Develop IEC materials like posters, DVDs and CDs to reinforce the messages to be used in social mobilisation activities with the communities.
• Advocate for transport companies to offer health support to the truck drivers through health education at the workplace and development of a policy on HIV and AIDS.
• The wellness centres need to adjust their opening hours or have alternative points where truck drivers can get access to services after hours or open for 24 hours and staff must be gender sensitive. There is need to also make sure that drugs are available all the time to improve on adherence and treatment.

14.0 Conclusion
The research revealed that a lot of HIV prevention programmes have been put in place at Beitbridge and Chirundu posts targeting mainly the sex workers and the long distance truck drivers. It was encouraging to find out that the Wellness clinics at the two border areas were very popular and accessible by sex workers, long distance truck drivers and the communities at large. Despite the limited space at these centres a lot of services are offered to the population at the border areas in terms of testing and counseling, condom distribution, information dissemination and treatment of other diseases. Information from the research showed the importance of working together demonstrated by different organizations at the two borders. The findings showed that organizations complemented each others’ activities there by strengthening the fight against the spread of HIV and Aids among long distance truck drivers, sex workers and the general population.

15.0 Annexes

15.1 Interview schedule (For mobile populations)
• Tell me about health care services around this area. (Referring to the border and/or transport corridor)
  Probe:
  o What kinds of programmes are available?
  o Where and how do they access them?
• Where do you get information on general health, HIV, STDs, and SRH etc?
• What types of sexual relationships happen around this area? Which ones are the most common? Why?
• What are your views regarding HIV infection and having multiple sexual partners?
• How can one prevent him/herself from HIV infections?
• What are your views regarding the use of condoms?
• Where do people get condoms in this area?
  Probe:
  o Are condoms easily available? If not, why?
  o What do you think about consistent condom use?
o Why do people use condoms consistently?
o Why do people use condoms inconsistently?

• Tell me how one protects himself/herself from HIV infection when having multiple concurrent sexual relationships?

**Probe:**
o How do you ensure that your partner/spouse is protected against HIV infection?

• What SRHR problems do you face in your work? (Truckers and sex workers)
  o Where do you seek help from?
  o What help would you want to have?
  o What support does your employer provide?
  o What challenges do you face? What needs to be done? Probe: by who?

• What are your views on health care services you access along the transport corridor?
  o Where do you go to get help when you have any SRHR problem?
  o Tell me about the service/help that you get?
  o How would you prefer to get the help?
  o What needs to be done to improve service delivery?

• What information would you want to get to address issues of health care, HIV transmission, sexual relationships, MCP etc?
  **Probe:**
  o How is the information to be packaged? Why?

• What are your preferred sources of information? Why?

15.2 Interview schedule (For Communities of the Mobile and Key Informants)

• What are your views regarding truck drivers in relation to their sexual lives?
  **Probe:**
  o What problems do they face?
  o Probe on HIV if not mentioned.

• What are your views on MCP in relation to truck drivers?
  **Probe:**
  o What influences such behaviours?
  o Who do they have sexual relationships with?
  o Where do they have sexual encounters?

• How do you as community members relate with truck drivers?
  **Probe:**
  o Reasons why the relationship is positive or negative
  o What needs to be done?

• How do people in this community view people who have sexual relationships with truck drivers? Why?

• What are your views on HIV transmission in relation to truck drivers?

• What are the local places where truck drivers could get condoms?

• What do truck drivers do when they have problems regarding SRH for example STIs?
**Probe:**
- What help do they get?
- What help are they supposed to get?

- Are there places where truck drivers and sex workers can go and get information about HIV and SRH?
  - **Probe** as to what these places are?
  - Do they make use of these services? (Probe on the answer)
  - What needs to be done?