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Knowledge, attitude and perception of road transport workers to HIV/AIDS, STIs and condom use in southeast, Nigeria

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Abstract

Background: Road Transport Workers (RTWs) are highly mobile, transporting people and goods from one location to the other. Road transport exposes workers to sexual intercourse even with commercial sex workers. This risky behaviour exposes them to Sexually Transmitted Infections (STIs) like HIV/AIDS. Objectives: This study aimed at determining the knowledge, attitude and perception of RTWs to HIV, STIs and Condom Use. Method: A descriptive survey design was employed for the study. A total of five hundred and ninety-seven respondents drawn from four major motor parks in Imo and Abia States located at Owerri, Orlu, Umuahia and Aba were used for this study. Data collection was done with the aid of questionnaire and informal interview. The data analysis was done using Statistical Package for Social Sciences (SPSS) version 15.0 for windows. Frequency tables with percentages were generated for relevant variables Result: The result of the survey revealed poor knowledge of STIs including HIV and AIDS 306(51.3%); lack of interest in condom use 198(33.2%); inconsistent use of condom 237(39.7%) and 290(48.6%) of the respondents use condom to prevent HIV, STIs and pregnancy. Conclusion: Promotion of behaviour change and prevention of new HIV infection are major thematic focus of Nigeria's response to HIV and AIDS epidemic. This underscores the obvious importance of this study for a well articulated behaviour change communication intervention that employs innovative approach for this research.

1. Introduction

Transport worker is related to road transport service ordinance 1961 and means a person engaged in mobile duty, and includes drivers, cleaners, conductors and checkers employed by or in a road transport service. The service they provide is to carry passengers or goods or both by road in vehicles for hire or reward. The transport sector is especially vulnerable to HIV/AIDS due to the nature and

environment of its workplace and economic activities. Transport workers and staff who work long hours and away from home and family such as long distance truck drivers, seafarers, international air transport employees, and construction workers are often at risk of engaging in risky sexual behavior that can lead to HIV infection and other Sexual Transmitted Infections (STIs) (World Bank, 2009). Worldwide, Nigeria has the second highest number of new infections reported each year, and an estimated 3.7 percent of the population are living with HIV (UNAIDS, 2012; Federal Republic of Nigeria, 2012). Although HIV prevalence is much lower in Nigeria than in other African countries, such as South Africa, Ethiopia and Zambia, the size of Nigeria's population (around 166.6 million) means that by the end of 2011, there were an estimated 3.4 million people living with HIV (UNAIDS, 2012). Approximately 210,000 people died from AIDS in Nigeria in 2011 (UNAIDS, 2012) and, in 2012, the national life expectancy was 52 years (UNDP, 2013). Although national life expectancy remains low, this figure has been rising since access to antiretroviral therapy became available in the mid-2000s (UNDP, 2006).

Long distance travelling has been implicated to be a risk factor in HIV infections. The drivers are mostly at risk because of they leave their families frequently to satisfy their sexual need by patronizing commercial sex workers (CSWs) and engaging in casual relationship with female hawkers in stop stations. The sexual risk behaviours that lead to increased incidence of HIV and STIs include unprotected sexual intercourse, premarital sex, extra-marital and commercial sex, multiple sexual partners and extra-vaginal sex as in homosexuals as Peter, (2002) stated. The resulting co-mingling of the two mobile, sexually active, high-risk populations explains high prevalence of HIV and STI rates in truck drivers and the subsequent spread of the disease through the African continent. In addition to having sex with CSW, most truck drivers have regular girlfriends or wives at home who are likely to become infected with HIV by their husbands and boyfriends, and continue spreading the virus in their local communities (Hudson, 1996). Studies have however shown that despite high risk behaviours, long distance drivers consider themselves at low risk and so are not taking preventive measures in protecting themselves. (Stratford et al, 2000)

Road Transport Workers (RTWs) are listed among the most-at-risk population (MARPs) for HIV infection alongside Female Sex Workers (FSWs), Intravenous Drug Users (IDUs), Men who have Sex with Men (MSM), Young People and Members of the Uniformed Services (National Agency for the Control of AIDS (NACA, 2010). The nature and workplace of RTWs exposes them to non-marital sexual intercourse even with commercial sex workers (Society for Family Health (SFH) and Action Aid International Nigeria, (Action Aid, 2006). The chances of road transport workers of contracting HIV and STIs are

high and when they involve in sex, transmit to their partners. Most long distance drivers do have sexual partners at all their "STOP OVERS". Multiple sexual partners has behavioral link with higher level of STIs (Spradley and Allender, 1996). Park, (2007) identified some demographic and social factors that predispose to STIs especially in developing countries which include population explosion marked by increase in young people, commercial sex work, travelling, changing behavioral patterns, alcoholism which impairs judgment. According to Park (2008), who noted that STIs are major public health challenge as the true incidence world over, is not known due to inadequate reporting emanating from the secrecy that shrouds the infection? STIs are transmitted mostly through sexual contact (which can be vaginal, anal or oral) from one person to another. They are caused by wide range of bacterial, viral, protozoa, fungal agents and ectoparasites with more than twenty agents under the five broad classifications. The risk of STIs varies depending on the number of partners involved in sexual intercourse including partner of partners.

The aim of this study was to determine the knowledge, attitude and perception of RTWs to STIs, HIV/AIDS and Condom Use. The information gathered formed input for the design of an appropriate STIs and HIV prevention education intervention programme for the target population. For this study, RTWs consisted of commercial motor drivers and their assistants who were either interstate or intrastate operators are considered. The type of vehicles they use ranged from small, mini, big or luxury buses and small vehicles like the saloon and station wagon cars.

2. Methodology

A descriptive survey design was employed for the study. Five hundred and ninety seven (597) road transport workers from four major motor parks in Imo and Abia State were recruited between January and March, 2014. The motor parks are located at Owerri and Orlu for Imo State and Umuahia and Aba for Abia State. The selection of these two states was purposive being states approved by the funding agency while the selected sites were the major motor parks in the study area. Other criteria for the selection of motor parks include among others; number of drivers/vehicle that use the park, existence of National Road Transport Workers Union with well constituted executives, lack of previous similar interventions and availability of allies typified by presence of restaurants/eating houses, drinking parlous (joints), and hawkers.

Semi-structured questionnaire and informal interview were used for data collection by trained research assistants. The questionnaire was made up of three sections covering demographic characteristics of respondents, knowledge, attitude and perception of STIs, HIV/AIDS and condom use. Knowledge of respondents was assessed based on their

ability to correctly state or describe in full the meaning of HIV, AIDS and STIs. The knowledge of respondents were assessed on the routes of transmission; ways of prevention; signs and symptoms; difference between HIV and AIDS; challenges faced by people living with HIV; meaning of condom and indication for its use. The time for data collection was worked out with their union executives bearing in mind the nature of their job. This guaranteed minimal interference with their daily schedule reducing undue hurry which might affect the quality of information gathered. The data was coded into computer software and analyzed using Statistical Package for Social Sciences (SPSS) version 15.0 for windows. Frequency tables with percentages were generated for relevant variables for presentation of important observations.

3. Results

The results are presented in four broad headings: Demographic characteristics of respondent; Knowledge of HIV/AIDS, STIs and condom; Attitude and perception of HIV, AIDS, STIs and Condom use.

3.1. Demographic Characteristics of Respondents

The five hundred and ninety-seven (597) respondents consisted of 507 (84.9%) males and 90 (15.1%) females. The ages of the respondents ranged from fifteen (15) years to sixty (60) years with mean age of 38.3 ± 9.4 years. 21(3.5%) were aged above 55 years, 63 (10.6%) were aged between 15 to 25 years, 162 (27.1%) were aged 26 to 35 years, 231 (38.7%) were aged 36-45 years while 120 (20.1%) were aged 46-55 years. Out of 597 of the respondents, male had 507(84.9%) while female had 90(15.1%). For the marital status of the respondents, four hundred and seventy-one (78.9%) of them were married while 126 (21.1%) were single (Table 1, indicated).

3.2. Knowledge of HIV/AIDS, STIs and Condom

Concerning the knowledge of respondents on HIV/AIDS, STI and condom, three hundred and six (51.3%) out of 597 respondents had poor knowledge of HIV/AIDS, STIs and Condoms, 54 (9.0%) had good knowledge of HIV/AIDS, STIs and Condoms, while moderate knowledge of HIV/AIDS, STIs and Condoms, had 237(39.7%). Three hundred and ninety (65.3%) of the respondents could state the difference between HIV and AIDS while 207 (34.7%) had poor and could not state the difference between the two. However about 284 (47.6%) of them were knowledgeable on the routes of HIV transmission and prevention while 313 (52.4%) of the respondents had poor knowledge as seen in table 2. With regards the knowledge of STI's, about 290 (48.6%) have a good knowledge of STIs while 307 (51.4%) did not. Most of the respondents 486 (81%) had seen condom before

and could recognize it while the rest 111(19%) had never seen condom and could not recognize it (Table 2 indicated).

3.3. Attitude of Respondents toward HIV/AIDS, STI's and Condom

297 (49.7%) had access to HIV counseling while 300(50.3%) had not. 315(52.7%) respondents claimed to know their HIV status while 282(47.3%) said they did not know their HIV status. 399(66.8%) out of 597 respondents had used condom before while 198 (33%) had never used condom for sexual intercourse. Reasons for condom use as given by those who had ever used include: to prevent HIV and STIs and prevent pregnancy 361(60.4%) and used it before getting married during extra marital sexual intercourse 236(39.6%). The 398(64.8%) respondents who had never used condom gave reasons for their non-use as: condom hinders sexual satisfaction while 208(36.2%) stated that they had not used condom because they were still virgins as shown in table 3.

3.4. Perception of the Respondents HIV/AIDS, STI's and Condom Use

Majority 316(53%) of the respondents strongly agree on the effectiveness use of condom in the prevention of STI, HIV transmission while 281(47%) the prevention of pregnancy. 72(12%) of the respondents strongly agree that wearing condom during sexual intercourse does not affect the level of pleasure. 72(12%) strongly agree that it is a sin to use condom and 72(12%) strongly agree that a true Christian or a true Muslim should not use condom. 179(30%) strongly agree that HIV infection is as a result of promiscuity. 101(17%) strongly agree that HIV positive status of a friend or relation will not affect their relationship with such a person. 101(17%) strongly agree that anyone can be infected by HIV (Table 4 indicated).

Table 1. Demographic characteristics of Road Transport Workers.

Demographic characteristics	Frequency (n=597)	Percentage (%)
Age		
15-25	63	10.6
26-35	162	27.1
36-45	231	38.7
46-55	120	20.1
>55	21	3.5
Gender		
Male	507	84.9
Female	90	15.1
Marital status		
Married	471	78.9
Single	126	21.1

Table 2. Knowledge of respondents on HIV/AIDS, STI's and Condom use.

Characteristics	Frequency(n =597)	Percentage (%)
Overall Knowledge on HIV and AIDS, STI's and Condom		
Good	54	9.0
Moderate	237	39.7
Poor	306	51.3
Knowledge and difference between HIV and AIDS		
Good knowledge	390	65.3
Poor knowledge	207	34.7
Route of HIV transmission and prevention		
Good knowledge	284	47.6
Poor knowledge	313	52.4
Knowledge of Sexually Transmitted Diseases		
Good knowledge	290	48.6
Poor knowledge	307	51.4
Have you seen condom before		
Yes	486	81.4
No	111	18.6

Table 3. Attitude of respondents toward HIV/AIDS, STI's and Condom.

Characteristics	Frequency(n =597)	Percentage (%)
Overall Knowledge on HIV and AIDS, STI's and Condom		
Had access to HIV counseling	297	49.7
Had no access	300	50
Know HIV status		
Yes	315	52.7
No	282	47.3
Used condom before for HIV transmission and prevention		
Yes, used	399	66.3
Never use	198	33.2
Reason to use condom		
To prevent HIV and STIs and prevent pregnancy	290	48.6
Used before marriage during extra-marital sex	307	51.4
Reason for never use condom		
Never used condom, it hinder sexual satisfaction	389	64.8
Still virgins	208	36.2

Table 4. Perception of respondents on HIV/AIDS, STI's and Condom.

Characteristics	Frequency(n=597)	Percentage (%)
Perception of respondents on effectiveness use of condom		
Effectiveness use of condom in the prevention of STIs	316	53
Strongly agree it prevention of pregnancy	281	47
Perception of respondents on use or not of condom during sexual intercourse		
Agree that condom use during sex does not affect the level of pleasure	72	12
Strongly agreed that it is a sin to use condom	72	12
Agreed that a true Christian and Muslim should not use condom	72	12
Agree that HIV infection is as a result of promiscuity	179	30
Strongly agree that HIV positive status of a friend will not affect their relationship	101	17
Strongly agrees that anyone can be infected by HIV.	101	17
Total	597	100

4. Discussion

In this survey, about 48.6% out of 597 respondents in the study groups have a good knowledge of STIs and HIV/AIDS as reported in a similar study carried out in India in 1999 where only 56% of the drivers were aware of HIV/AIDS infection (Singh and Malaviya, 1994). This increased awareness or knowledge might be due to the increased health education about the infection on mass media over the years. The good knowledge or awareness of HIV/AIDS in this study was corroborated by a study done by Odeyemi and Osibogun (2003), in Lagos, Nigeria among drivers and conductors, in which 97.2% of the respondents had heard of HIV infection. The result of this study was in line with the work done by Odeyemi and Osibogun (2003) where 65.3% of the respondents from this study, heard and have good knowledge of HIV/AIDS and can differentiate between HIV and AIDS. High awareness of HIV/AIDS amongst truckers also does not imply they always have the necessarily knowledge of transmission routes and prevention methods. For instance, work done in a Burkina Faso, nearly all (96%) road transport workers of high-risk populations have heard of AIDS, their knowledge of HIV transmission routes, transmission risk and available preventive measures was quite low (Meda et al, 1998) when compare to the result of this study where HIV transmission and prevention had 66.3%. In a 2001 survey of Mozambican truckers, only a quarter could point out positive aspects of condom use (Mohamed & Pacca, 2002.) In studies of Kenyan truck drivers, almost all of them (99%) have heard of HIV/AIDS (Bwayo et al., 1991), although the extent of knowledge about specific aspects of HIV/AIDS was less consistent.

Truck drivers also seem to have a problem translating the knowledge they do have into perception of individual risk, and denial is a part of their attitudes to HIV/AIDS. In a Burkina Faso study cited above, fewer than half of drivers felt they were at risk, and less than one-fifth (18%) reported using condoms when compared to this study where there was observed increase in condom use of 66.3% and increased awareness shows the effectiveness of the education programme on HIV/AIDS.

Road transport workers belong to the most-at-risk population of HIV infection (NACA, 2010; SFH and Action Aid, 2006). The poor knowledge of HIV/AIDS, STIs and condom use of 51.4% in this study will hinder the adoption of preventive behaviours. This is evident in the low use of condom among respondents. Those that ever used condom appear not to be consistent and might not have used it correctly. This is clearly evidenced in the response of those respondents that claimed to have used condom "once in a while". Even those that said they used condom regularly meant "most times" rather than "always". Protection from HIV and other STIs transmission by condom use can only be effective if condom is consistently and correctly used. If not, the infection rate is as for the non-condom users (Finger, 1996).

Perception of HIV and STIs susceptibility is low among RTWs. Only 41 percent could mention prevention of HIV or STIs as indication for condom use. This signifies that they had not given any serious thought to infection prevention in relation to the use of condom. This may explain the non-use of condom by some of the respondents.

5. Conclusion

The Nigeria National HIV/AIDS Strategy framework for 2010-2015 clearly states that promotion of behaviour change and prevention of new HIV infection are major thematic focus of Nigeria's response to the HIV and AIDS epidemic. This is geared towards protecting the more than 90% uninfected Nigerians.

There is need for innovative, effective and non-traditional sexual health promotion approaches that will be targeted to this most-at-risk population. The approach will address specific needs of RTWs as identified by this study. A well designed sexual health education intervention will increase knowledge and bring about positive behaviour will minimize exposure to STIs and HIV. Active involvement of various stakeholders in the behaviour change process is required for changed behavior maintenance. The task ahead is continuous health education programs and seminars on HIV prevention practices to be organized by NGOs, and Ministries of Health within the motor parks for the drivers, to inform and equip them with skill on how to protect them from the infection.

Conflict of Interest

All authors of this article indicated no conflicts of interest throughout the period of this work.

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