

BEHAVIORAL AND HIV BIOMARKER STUDY AMONG LONG DISTANCE COMMERCIAL DRIVERS IN THE ACCRA AND TEMA METROPOLITAN AREAS

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BACKGROUND: The HIV/AIDS epidemic in Ghana is a concentrated epidemic among most at risk populations (MARPs). Ghana's strategic response to controlling the epidemic is to put well-targeted interventions in place to reduce HIV and STI transmission among high-prevalence and most-at-risk populations. Such targeted interventions must use an evidence-based approach to effectively identify these populations.

PROGRAM ISSUE: Studies in various parts of Africa have found that transport hubs are often associated with high HIV/AIDS levels. Previous studies in Ghana found high-risk behaviors such as the frequent changing of partners, one-night relationships, multiple partners, or the use of commercial sex workers for sex when not operating on regular routes among Long Distance Drivers (Project Road Works, GSMF, 2004).

A study conducted in five regions of Ghana concluded that long distance drivers always take new sexual partners at every stop on routes they work, and stay away from home for long periods, during which they might

engage in sex to either kill boredom or loneliness.” (Mark J, 1999)

Prior to investing resources to target long distance drivers in Ghana with HIV/AIDS interventions, the Strengthening HIV/AIDS Response Partnerships (SHARP) project conducted a behavioral and biomarker survey to generate evidence that would either substantiate or rebut the wide-spread opinion that long distance drivers (LDDs) are a MARP in which the HIV epidemic is concentrated.

RESEARCH DESIGN: The study population was comprised of LDDs who had spent at least one night away from home while transporting commercial goods in the past 12 months. A total of 430 participants were selected on random days from 6 LDD welfare associations. Four hundred and six (94%) of the drivers agreed to have blood samples taken for HIV testing.

MayDay Rural Project, in collaboration with SHARP and the Public Health Reference Laboratory (PHRL), collected the data in January-February 2006.

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Questionnaires and specimens were identified only by their study identification number, and no names or other unique identifying information were recorded. Participants were invited to learn the results of their tests at the nearest designated clinic.

The commercial driver sample in this study was older than the population studied in the 2003 Ghana Demographic and Health Survey (DHS) therefore, it was necessary to adjust (weight) the survey sample to match the age distribution of men interviewed in the DHS. This age-adjustment made the results of the LDD sample comparable with the results from male samples in the DHS.

KEY FINDINGS

1. HIV Status

- 3.2% of the drivers tested were HIV positive.
- The age-adjusted LDD sample showed slightly higher HIV prevalence than the DHS samples, for both the 15-59 age group (compared to men in the DHS who had ever had sex) and the 15-49 age group (compared to all men in Greater Accra). Neither of the differences was statistically significant, meaning that there is no real difference between HIV prevalence among LDDs and the general male population.

2. Marital Status and Sexual Partners

- 83% of the LDDs said they were married, 6.2% were living with a woman and 10.5% were not in any union.
- 77% of LDDs reported never meeting sexual partners in places they spend overnight for work. 18.6% (80) reported meeting sexual partners at least some of the time where they passed nights, and only 7 respondents reported meeting sexual partners all the time when they are away from home overnight.

3. Sexual Behavior/Practices

- Less than one third (133) of drivers interviewed said they had one or more sexual partners apart from their wives or regular partners in the last 12 months. 34% of respondents used a condom at last sex with a non-regular partner.
- The age-adjusted sample was significantly less likely to engage in higher-risk sex (with a non-regular partner) than the men in Greater Accra, 46.7% of whom reported at least one non-regular partner in the last 12 months.
- Overall, 14% of the age-adjusted LDD sample reported highest-risk sex (having had sex with a non-regular partner and not using a condom at last sex), compared to 22% of the DHS Greater Accra sample.

4. Knowledge and Experience of STIs

- The vast majority (92%) of LDD interviewed said they had heard of sexually transmitted infections (STIs), and were able to cite symptoms.
- Six percent of the respondents reported having had a symptom of STI in the last 12 month. The majority of LDDs experiencing STI symptoms reported seeking medical advice.
- The age-adjusted LDD sample was somewhat more likely to report having had a symptom of STI in the last 12 months than the DHS Greater Accra sample.

5. Knowledge about HIV/AIDS

- Almost all the LDD (99.8%) said they had heard of HIV/AIDS. About a third (28%) knew someone who has the virus or has died of AIDS.
- The majority (73%) of the respondents knew one could reduce chances of HIV infection by using condom, by having only one uninfected sexual partner (82%) and by abstaining from sex (78%). Eighty-five percent knew that a healthy looking person could have the AIDS virus.
- When asked how a person could get AIDS, 94% said through using needle previously used by an infected person, 46% through a mosquito bite and 17% through sharing food with an infected person.

6. HIV Testing

- Twenty-two percent of respondents had previously been tested for HIV, and 74% of those tested had picked up their test results.
- More than half of all respondents did not know of a place where they could be tested for HIV.
- The main reasons given for not going for HIV testing included not having time (21%) and never thought of it (19.3%).
- The age-adjusted LDD sample was more likely to report having been previously tested for HIV than the DHS Greater Accra sample. It should be kept in mind that the commercial driver survey was conducted more than 2 years after the DHS, during which time availability and promotion of voluntary counseling and testing for HIV had markedly increased throughout Ghana.

7. Exposure of LDDs to Interventions

- 62% (268) of the LDDs said they had attended a meeting to discuss HIV in the last 12 months.
- The most common groups said to have organized the meetings were said to have been GSMF, CARE, the Salvation Army, and MayDay Rural Project.
- Only 11% of the LDDs had ever visited an STI clinic.



CONCLUSIONS:

Commercial drivers in Ghana do not have statistically significantly higher rates of HIV prevalence than the general male population, nor do they have higher rates of non-marital sex, non-condom use, or other behaviors that would put them at increased risk of contracting HIV.

Based on the age-adjusted comparison, this study provides evidence that LDD in Accra-Tema are not a most at risk population.

RECOMMENDATIONS:

1. Given the limited resources available, and

the need to prioritize interventions in Ghana's response to the AIDS epidemic, the evidence from this study suggests that LDDs are not a priority group for HIV/AIDS program interventions.

2. It is nevertheless worthwhile to note the ability of the LDD unions to mobilize members, and the willingness of members to participate in research. This observation suggests the unions are a unique, low-cost and effective communication channel to reach and mobilize LDD on a variety of issues, including malaria, family planning, HIV, and even non-health related subjects.

Comprehensive reports for other Behavioural Surveillance Studies, good practices and success stories are also available.

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