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The sexual behaviours among long-distance truck drivers and the spread of HIV/AIDS in Tanzania: A Case of Bwilingu and Pera Wards in Chalinze District Council

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Abstract
Driving long hours increases the risk of contracting HIV among truck drivers. This study examines the sexual behaviour among long-distance truck drivers and the spread of HIV/AIDS. Specifically, the study identified factors influencing sexual behaviour, assessed challenges associated with behavioural change and established prevention measures towards the spread of HIV/AIDS. The study was conducted in Chalinze district council. A mixed-method design was used, whereby quantitative and qualitative methods of data collection were employed. Semi-structured questionnaires were employed to collect quantitative data while a check list guiding tool was used to collect qualitative data; six (6) in-depth interviews were conducted with the key informants. The collected quantitative data, were analysed through SPSS programme, while qualitative data were transcribed; hence themes were developed via content analysis. Key themes developed were sexual behaviours, challenges and prevention measures. Identified sexual behaviours include alcohol influence by 45(25%), multiple sexual partners by 41(25%), unprotected sex by 36(20%), unfaithful relationship by 29(16%), limited access of health services 17(9%), lack of regular HIV/AIDS testing by 8(4%) and precautions use negligence by 5(3%). Challenges include frequent mobility, substance abuse, peer influence, stigmatisation and discrimination, working culture, rigidity to behavioural change. Prevention measures include faithful relationship, use of precautions, avoidance of alcohol, access to HIV/AIDS testing, provision of peer education training, abstinence and a single sexual partner. Study findings inform policymakers as they recommend the following faithful relationships, abstinence, use of precautions, avoidance of alcohol influence, a small number of sexual partners, and peer education training would eventually minimise the detrimental effects of HIV/AIDS.

Introduction

Globally, HIV/AIDS remains a health and public concern as it has detrimental effects on society. This calls for the initiatives and efforts in the prevention measures at the global, regional, national, and community levels (WHO,2021). Truck drivers were among the group in society with specific health needs, as they are at high-risk of being infected with HIV/AIDS. Globally, they bear a disproportionate health burden, including high rates of sexually transmitted infections (STIs),

cardiovascular diseases, chronic conditions like diabetes, obesity, back pain, muscle pains and respiratory diseases (Global Fund Strategy,2023). Additionally, they have an array of mental health conditions; the most common being depression, anxiety, chronic insomnia and personality disorders. On the other hand, in occupational point of view, they have increased risk which involve irregular schedules, sedentary lifestyle due to long hours of driving, musculoskeletal and other injuries due to loading and unloading cargo, exposure to road accidents and deaths, extended periods of social isolation, unhealthy food choices on the road and limited access to health services (Global Fund Strategy, 2023)

In Africa, transportation services are crucial for local economies due to the limited availability of waterways and inadequate rail services. These services have been characterised as being affected by brevity, unemployment, and poverty (Mutie et al.2024). The transcontinental nature of the transport industry in Africa necessitates health programmes prioritising truck drivers with complementary national healthcare policies. Most countries in the region are aware of the susceptibility of transport workers to limited health outcomes Mutie et al., 2024). Lalla-Edward et al. (2019) further stated that truck drivers have unique health needs, and by virtue of their continuous travel and difficulty in accessing healthcare.

HIV/AIDS is still a public health concern in Tanzania; however, the severity of the epidemic varies geographically. In mainland Tanzania, HIV/AIDS prevalence varies across regions, with the southern highland regions of Njombe, Iringa and Mbeya, as well as the Mwanza region, having much higher HIV prevalence compared to the other areas. Meanwhile, HIV /AIDS prevalence in Zanzibar is low, with about 6,990 people living with HIV, while Kusini Unguja and Kaskazini Pemba report no HIV cases (Tanzania HIV/AIDS impact Survey, 2023). The prevalence of HIV/AIDS among people aged 15-49 years has declined progressively from 7% in 2003/2004 to 4.4% in 2022/23(Tanzania HIV/AIDS impact Survey, 2023). Among women, HIV/AIDS prevalence ranged from 0.8% in those aged 15-19 years to 13.0% in those aged 45-49 years. HIV/AIDS prevalence was also over 10% among women in the age groups from 40-59 years, markedly higher than HIV prevalence among those in the age groups from 15-34 years (targeted mainly by HIV prevention interventions). Among men, HIV/AIDS prevalence varied from 0.3% among those aged 15-19 years to 8.4% among those aged 50-54 years. It was close to or over 6% in age groups from 40-64 years. HIV/AIDS prevalence was markedly higher among women than among men in the age groups between 30 and 49 years (Tanzania HIV/AIDS Impact Survey, 2023). Saidi et al. (2025) further noted that truck drivers and their assistants in Tanzania were at higher risk for HIV infection. This is connected with the fact that many of the landlocked countries neighbouring Tanzania use the port of Dar es Salaam to import their goods. This creates a vibrant transportation industry for long-distance truck drivers. Truck drivers are often on the road for long periods of time due to long distances and border crossings. Kohli et al. (2017) noted that these drivers must make stops at various truck stop centres along the major transport routes and corridors connecting Tanzania to its neighbours. While on the road, truck drivers are believed to engage in sexual practices with multiple sexual partners at roadside settlements.

This study was informed by the Health Belief Model, which was developed to explain people's participation in programmes to prevent and detect disease and their behaviours in response to diagnosed illnesses. The Health Belief Model (HBM) was pioneered by Hochbaum et al. (1952) and modified by Wethington et al. (2015). The HBM predicts whether and why people will take action to prevent, detect, or control health conditions. The model applies to behaviours with the potential to reduce the risk of developing a disease as well as the effects of an existing disease. The HBM posits that people are likely to engage in health-related behaviours if they believe these aspects. The susceptibility to risk of contracting the disease is particularly high for long-distance truck drivers. The

other aspect is the conditions that could potentially have consequences for them, such as frequent mobility, which is a common practice among truck drivers. Another aspect is the belief that they can carry out the behaviour successfully, meaning behavioural change is crucial for the truck driver to be safe in the spread of HIV/AIDS. The assumption of HBM is that demographic and psychological factors influence individual beliefs, thereby indirectly affecting health behaviour. The model is capable of comprehending behavioural change among long-distance truck drivers versus the spread of HIV/AIDS as it was pin pointed by Rudovick et al. (2018) in their study that, the most critical resource in any organisation is the human resource so as the long-distance truck drivers hence the prevalence of Human Immunodeficiency Virus (HIV)/AIDS) among them is a threat therefore behavioural is vital among them.

The United Republic of Tanzania joins other countries globally in applying evidence-based interventions to achieve set global and regional targets and goals. Hence, in 2021, following the development of the new Political Declaration on HIV and AIDS (2021) and the Global AIDS Strategy – End Inequalities. End HIV/AIDS (2021-2026), the Government of Tanzania engaged multiple stakeholders to revise its two blueprint HIV/AIDS strategies which include the Fifth National Multi-Sectoral Framework [NMSF V] – 2021/22 -2025/26, and the Fifth Health Sector HIV and AIDS Strategic Plan [HSHSP V] – 2021- 2026) to align with the new global guidance. The strategy identifies the classical key and vulnerable population, such as commercial sex workers, people who inject drugs, adolescent girls/boys, and young women/men, as well as other unreached KVP, which include fisherfolk, miners, long-distance truck drivers and plantation workers. The HIV Prevention Road Map 2023/24 – 2026/27 was further developed to guide all stakeholders seeking to reduce new HIV infections in Tanzania. Despite the initiatives taken by the government to mitigate the spread of HIV/AIDS among long-distance truck drivers, they are still at a higher risk of contracting HIV/AIDS. Therefore, this study intends to examine sexual behaviour among long-distance truck drivers and the spread of HIV/AIDS. Specifically, the study intends to identify the influencing behaviour among long-distance truck drivers, assessing challenges associated with behavioural change and establish prevention measures towards the spread of HIV/AIDS.

Method

Study design

The study used mixed-method approaches; the design was chosen because it enables the researcher to triangulate the collected data. Furthermore, the design was flexible, allowing the researcher to work in various contexts based on the nature of the study problem. Whereby qualitative and quantitative methods of data collection were employed. In this regard, quantitative design enables the researcher to capture the influencing behaviours among long-distance truck drivers, challenges associated with behavioural change, and establish prevention measures. Semi-structured questionnaires were used to collect data from 180 respondents. At the same time, qualitative design helps the researcher to comprehend the feelings, attitudes and opinions on the sexual behaviours among long-distance truck drivers and the spread of HIV/AIDS. A checklist-guiding tool was used to collect data from key informants, which included ward executive officers from Bwilingu and Pera wards, ward gender desk officers, and ward social welfare officers. A total of six (6) in-depth interviews were conducted within the study area.

Study area

The study was carried out in the Chalinze district council. The district has sixteen (16) wards; however, the study was conducted in Bwilingu and Pera wards (Chalinze district profile, 2020). The two wards were purposefully selected because of the following reasons. First, they are located along the

Morogoro Road, which is the main trunk road in Tanzania, connecting several countries in eastern, northern, and southern Africa. Second, the two wards were well-connected, as there were no clear-cut variations in terms of truck drivers. Third, Chalinze is one of the stop centres for long-distance truck drivers in Tanzania, where several long-distance trucks with their drivers tend to stop since the area is the main junction between the southern and central corridor, as well as the northern corridor, hence several trucks pass through it.

Study population

The study population were long-distance truck drivers aged 18 years and above. The age group was selected because it is the active working age group.

Sample and sample size

Stratified random sampling is a helpful method for data collection if the population is heterogeneous. In this method, the entire heterogeneous population is divided into several homogeneous groups, commonly referred to as strata. Each of these groups is homogeneous within itself, and then units are sampled at random from each of these strata. The sample size in each stratum varies according to the relative importance of the stratum in the population. The technique of drawing this stratified sample is known as stratified sampling. In other words, stratification is the technique by which the population is divided into subgroups/strata. Sampling will then be conducted separately in each stratum. Strata or subgroups are chosen because evidence is available that they are related to the outcome. The selection of strata will vary by area and local conditions. After stratification, sampling is conducted separately in each stratum (Kothari,2004). Therefore, in this study, truck drivers were divided into groups based on their age, occupational experience, and route type, as they were all passing through the Chalinze truck stop centre, mainly in Bwilingu and Pera wards. A stratified sampling technique was employed in this study because the truck drivers were sourced from two wards, which differed in terms of age, occupation experience, and the type of truck routes they operated. The technique enables the researcher to select representative sample and increased the generalizability of the study findings (Kothari, 2004). In that, the sampling process involved three main procedures.

First, the sample was selected because it was representative based on the formula. Second, Bwilingu and Pera wards were chosen because they are located along Morogoro Road and at the main junction of the north, east, and southern corridors of socio-economic development, connecting the nation with other neighbouring countries (Chalinze District Profile, 2020). The study was conducted in Bwilingu and Pera wards because these wards are situated along the main road and are well-connected. After selecting the study wards, the next step was to establish the number of trucks which stop in the respective wards per day. It was stated that a minimum of fifty (50) trucks stop in Bwilingu ward per day (Bwilingu ward office, 2025), while sixty-five (65) trucks stop in Pera ward per day (Pera ward office, 2025). A total of 115 truck stops per day in the two wards. The statistical power analysis was conducted to determine the minimum required sample size, adopted from (Cohen, 1988), to calculate the sample size as follows:

$$S = \frac{X2}{NP(1-P)} \quad \text{.....Equation 1}$$
$$d2(N-1) + X2P(1-P)$$

Where X= Z – score (1.96 for confidence level)
P = population portion (50% for maximum sample)
d = degree of accuracy (0.05 for 95% confidence level)
N = population size (115)

$$\frac{(1.96)2 \times 0.5(1 - 0.5)}{}$$

$$n = \frac{0.052}{1 + (1.96)2 \times 0.5(1-0.5)}$$

$$(0.52)\ (115)$$

$$3.8416 \times 0.25$$

$$0.0025$$

$$1 + 3.816 \times 0.25$$

$$115$$

$$0.9604$$

$$0.0025$$

$$1 + 0.954$$

$$384.16$$

$$1.954$$

$$n = 196.6$$

Interviewed respondents withiin the respective ward

Respondents from Pera ward: $\frac{196 \times 65}{115} = 111$

Respondents from Bwilingu ward: $\frac{196 \times 50}{115} = 85$

However, the researcher managed to interview (180) long-distance truck drivers within the study area based on the context of the respondents, time and financial constraints as well.

Data collection

Quantitative data were collected through semi-structured questionnaires, whereby 180 respondents were interviewed. All of them were males (100%), while qualitative data were collected through a checklist-guided tool, comprising six in-depth interviews with key informants. The key informants interviewed were ward executive officers, ward social welfare officers and ward gender desk officers from Bwilingu and Pera wards. The key informants were familiar with the study area and well knowledgeable on issues related to truck drivers versus the spread of HIV/AIDS. In-depth interviews with key informants enabled the researcher to obtain detailed information on the topic under study. Moreover, the researcher thoroughly carried out the literature review.

Data analysis

Quantitative data were analysed through the SPSS computer programme. Thereafter, data were first fed into the computer, coded, and various frequency tables, histograms and pie charts were computed. Inferential statistical analysis, such as Fisher's test, was employed to determine the relationship between variables. A significance level of 5% was used. A p-value less than 0.05 indicates a significant association between the two variables. A p-value lying outside the limits of confidence suggests no statistically significant difference between the two variables. While qualitative data employed several steps, the data were manually analysed using a content analysis approach. The process involved carefully reading the data to gain an in-depth understanding and identifying key concepts and emerging themes (Hammerley and Atkinson, 2019). Data were further compared and contrasted to explore similarities and differences in the sexual behaviour among long-distance truck drivers and the spread of HIV/AIDS. Emerging issues include sexual behaviours, challenges in behavioural change and prevention measures towards the spread of HIV/AIDS.

Limitations of the study

Respondents of this study were long-distance truck drivers who typically tend to stop at the Chalinze district for a while. Therefore, it was hard for the researcher to interview all truck drivers crossing Bwilingu and Pera wards in Chalinze district; instead, 180 respondents were interviewed. This was enriched by carrying out six (6) in-depth interviews with the key informants, and the literature was thoroughly reviewed.

Ethical consideration

The study has considered all ethical procedures, which involve several steps, including registration of the research project with the Department of Research, Consultancy, and Postgraduate Studies at the Mwalimu Nyerere Memorial Academy, Karume campus, Zanzibar. This was followed by the provisioning of a permission letter from the deputy campus director of academic, research and consultancy, which goes to the Chalinze district council. The letter was further granted to the researcher from the Chalinze District Council office with reference number HWC/A—11/18 VOL 111/16. The given letter directed the ward executive officers to allow the researcher to proceed with the data collection process in Bwilingu and Pera wards. In-depth interviews were conducted with six (6) key informants in the respective ward offices. Throughout the data collection process, confidentiality was maintained, and rapport was established with the respondent before data collection.

Results and Discussion

Socio-economic characteristics of respondents

Findings of the study revealed that a total of 180(100%) respondents were interviewed. In that, all of them were males. In terms of age group, it was revealed that 27 (15%) of respondents were in the 18-25 years age group, while 45 (25%) of respondents were in the 25-32 years age group. Another reported age group was 32 – 39 years by 60(33%) respondents. In addition, 48(27%) respondents were in the age group of 40years and above. Education was another aspect, with 15 (8%) respondents having a primary level of education and 136 (76%) respondents having a secondary level of education. In marital status, 97(54%) respondents were married while 63(35%) were single. In terms of the religious aspect, it was reported that 71 (38%) respondents were Christians, while 109 (61%) respondents were Muslims. There was a statistically significant between age group, marital status, and the religious aspects of the respondents. In that, the reported Chi-Square results were (P-value: .017, .000 & .000). Table 1 provides detailed demographic characteristics of respondents.

Table 1: Demographic characteristics of respondents

	Demographic characteristics of respondents	Gender Male (n (%)) N=180	Chi-square P-value
1.	Age group		
	18 – 25	27(15%)	
	25 – 32	45(25%)	
	32 – 39	60(33%)	.017
	40 years and above	48(27%)	
2.	Education level	180(100%)	
	Primary level	15(8%)	
	Secondary level	136 (76%)	.054
	Above secondary level	29(16%)	
3.	Marital status		

	Married	97(54%)	
	Single	63(35%)	.000
	Cohabited	20(11%)	
4.	Religion		
	Christian	71(39%)	.000
	Muslim	109(61%)	

Source: Field data, May 2025

Reported sexual behaviours among truck drivers

The study findings revealed the sexual behaviour among long-haul truck drivers, which influences the spread of HIV/AIDS. Findings showed that among the 180 (100%) respondents interviewed 45(25%) reported the influence of alcohol, followed by multiple sexual partners by 41(25%), unprotected sex by 36(20%), unfaithful relationship by 29(16%), limited access of health services 17(9%), lack of regular HIV/AIDS testing by 8(4%) and negligence of taking precautions by 5(3%). Figure 1 provides a detailed description of the reported sexual behaviour among truck drivers. Similarly, it was stated by Rotich et al. (2024) in their study that frequent mobility and long durations away from their spouses often contributed to the situations of high-risk sexual behaviour, such as transactional sex with female sex workers, often without condom use, and the use of alcohol, which impaired judgement and encouraged risky sexual behaviour. Rotich et al. (2024) further reported that routine HIV testing is limited along trucking routes due to limited access to healthcare facilities; hence, these factors contribute to the ongoing transmission of HIV within this population. Lalla-Edward et al. (2019) in their study added that migration of truck drivers justified sexual relationships with partners at truck stop centres, whom they consider permanent, eventually contributed to the spread of HIV/AIDS. It was further stated by Kohli et al. (2017) in their study at Iringa region in Tanzania, that long-distance truck drivers and other mobile men are at increased risk of contracting HIV infection, while women who travel away from home are twice as likely to be infected with HIV as women who do not travel.

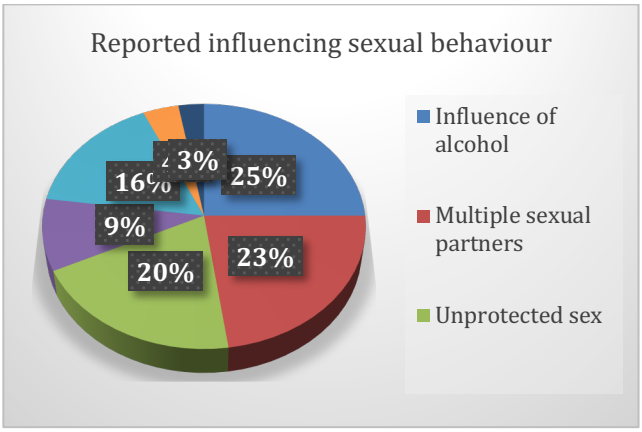
In the in-depth interview, the ward executive officer was of the view that:

> *Long-distance truck drivers contributed a lot to the spread of HIV/AIDS to local women in this area. Due to their habit of having multiple sexual partners in every centre, they stopped. In essence, HIV/AIDS impose suffering on individuals and their families, and profoundly affects the social and economic fabric of society. HIV/AIDS are a significant threat as they affect the most productive segment of the labour force, thus reducing earnings and imposing huge costs on enterprises in all sectors* (IDI, Ward executive officer, Bwilingu, May 2025)

The ward executive officer further added it in Pera ward during the in-depth interview, he said that:

> *Interrelated social norms associated with long-distance truck drivers' stop centres influenced HIV/AIDS risk behaviours such as peer influence and expectations, availability of sex workers, ability to purchase sex throughout their travel and influence of alcohol consumption. These social norms among truck drivers in Bwilingu and Pera wards and other rest points facilitated the risk of spreading HIV/AIDS* (IDI, Ward executive officer, Pera, May 2025)

Figure 1: Reported influencing sexual behaviour among long-distance truck drivers



Source: Field data, May 2025

Challenges associated with behavioural change among long-distance truck drivers

Several behavioural challenges were established which hinder behavioural change among long-distance truck drivers. Including stigmatisation and discrimination by 156(87%) respondents, p-value .867. This was followed by working culture by 83(46%) respondents while 97(54%), p-value ,464. Alcohol influence among truck drivers was another challenge reported by 109(61%) respondents. p-value .608. Multiple sexual partners were reported by 141(94%) respondents, p-value .994. Of the 159 (88%) respondents, 88% further reported peer influence, with a p-value of 0.840. Decision to engage in safe sex behaviours was another challenge, which was reported by 99(55%) respondents, p-value .972. It was further reported that frequent mobility was another challenge for 176 (98%) respondents, p-value < 0.005. Study findings revealed that there was no statistically significant between stigmatisation and discrimination, working culture, alcohol influence, multiple sexual partners, peer influence and decision to engage in safe sexual behaviour challenges. Whereby the reported p-value was (P-value .867; p-value .464; p-value .608; p-value .994; P-value .840; P-value .972; P-value .001). Table 2 provides a detailed description of Fisher's test, describing the reported challenges versus behavioural change among long-distance truck drivers. It was further noted by Mwangi et al. (2018) that stigma is a major challenge for HIV prevention and thus a priority area for intervention. They added that HIV stigma manifests at both individual and community levels and negatively affects mental health, invoking feelings of shame, guilt, fear, and depression. Many people prefer to attribute a relative's sickness to witchcraft beliefs rather than to admit it is AIDS. Stigma has multiplier effects on the delivery of key services, as it influences discriminatory attitudes among service providers and contributes to a lack of uptake among those who need the service. Stigma is regarded as a barrier to important HIV prevention actions, such as condom use, HIV testing, disclosure of HIV status and access to antiretroviral treatment. Stigma is a detrimental social phenomenon in which individuals with certain discrediting attributes are devalued and rejected by other members of society. Pundhir et al. (2021) stated that HIV/AIDS is not an emergency but rather a development crisis, as it has emerged over a long period of time. Therefore, the government needs to continue campaigning on proper precaution to minimise the risk of contracting HIV/AIDS among the vulnerable groups in the society, long-distance truck drivers included. This is even though it involves financial capability in offering dual protection, such as condom access in all stop centres. Investing in successful strategies would eventually address social and economic issues connected to the spread of HIV/AIDS. The health belief model stipulated behavioural change among the risk group in society, whereby truck drivers were

among the group with a high-risk of contracting HIV/AIDS. Study findings reported that frequent mobility was a challenge among truck drivers in 176 (98%) cases. Meaning, truck drivers are faced with the challenge of frequent mobility, which makes them prone to contracting HIV/AIDS. This is also noted by Adeoti et al. (2021) that long-distance truck drivers were among the vulnerable groups in society to acquire HIV/AIDS, as they are highly prone to infection and could spread it owing to their high degree of mobility. Rudgard et al. (2023) further added that HIV/AIDS prevalence patterns among truck drivers tended to mirror the local epidemics. Truck drivers tend to travel for the whole day, so they may desire to stop, drink, dine and have sex with women; hence, they can transfer HIV from urban to rural settings. Those with frequent contact with many customers are more likely to contract the disease and then spread it to others, hence behavioural change among them is vital. The Health Belief Model further posits that people are likely to engage in health-related behaviours if they believe in the behavioural aspects. Based on the findings, truck drivers were familiar with the challenges which constrained them; hence, behavioural change would minimise the chances of being affected by HIV/AIDS among them.

It was further expressed by the ward gender desk officer of Bwilingu ward, in the in-depth interview, that:

> *Truck drivers and their assistants have been identified as a group at higher risk of contracting HIV/AIDS. Among the problems are social and structural factors, including embedded norms and personal and societal contexts. More critically, HIV/AIDS has a complex relationship with poverty since women at truck stop centres are often involved in sexual practices mainly for income earning. These factors contributed to the increased risk, as they are characterised by a high level of migration and mobility, sometimes even crossing the border of neighbouring countries* (IDI, Gender desk officer, Mbwilingu, May 2025).

Another challenge stipulated by the ward gender desk officer in Pera ward during the in-depth interview was that she was of the view that:

> *Controlling HIV/AIDS is as challenging as it involves individual decisions on behavioural change. More importantly, truck drivers are a mobile and essential group in the transportation industry, providing significant social and economic benefits to society. Despite the challenges, awareness creation should be a continuous process in a holistic manner. All segments in the society have to incorporate in minimising the risk of HIV/AIDS spread not only to long-distance truck drivers but also to all societal members* (IDI, Gender desk officer, Pera ward, May 2025).

Table 2: Chi-Square on the association between challenges and behavioural change among long-distance truck drivers

Reported challenges	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Stigmatisation &discrimination					
Pearson Chi-Square	.154a	1	.695		
Continuity Correctionb	.000	1	1.000		
Likelihood Ratio	.285	1	.593		
Fisher's Exact Test				1.000	.867
N of Valid Cases	180				
Working culture					
Pearson Chi-Square	1.161a	1	.281		
Continuity Correction	.005	1	.942		
Likelihood Ratio	1.542	1	.214		

Fisher's Exact Test				.464	.464
N of Valid Cases	180				
Alcohol influence					
Pearson Chi-Square	.649[a]	1	.420		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	1.000	1	.317		
Fisher's Exact Test				1.000	.608
N of Valid Cases	180				
Multiple sexual partners					
Pearson Chi-Square	.006[a]	1	.940		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.011	1	.916		
Fisher's Exact Test				1.000	.994
N of Valid Cases					
Peer influence					
Pearson Chi-Square	.192[a]	1	.661		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.350	1	.554		
Fisher's Exact Test				1.000	.840
N of Valid Cases	180				
Decision to engage in safe sexual behaviour					
Pearson Chi-Square	.029[a]	1	.866		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.056	1	.813		
Fisher's Exact Test				1.000	.972
N of Valid Cases	180				
Frequent mobility					
Pearson Chi-Square	180.000[a]	1	.000		
Continuity Correction[b]	44.749	1	.000		
Likelihood Ratio	12.391	1	.000		
Fisher's Exact Test				.006	.001
N of Valid Cases	180				

Source: Field Data May, 2025

Prevention measures among long-distance truck drivers

Among the 180(100%) respondents interviewed, 57(32%) respondents reported that encouraging faithful relationships would prevent the spread of HIV/AIDS. 125 (69%) respondents reported correct use of precautions. Another reported prevention measure was the avoidance of alcohol influence by 144 (80%) respondents. 142 (79%) respondents reported regular access to HIV/AIDS testing. 165 (92%) respondents reported provision of peer education training. Additionally, 20(11%) respondents reported abstinence, and a small number of sexual partners was reported by 112(62%). On the other hand, Kelvin et al. (2019) in their study were of the view that multiple actions need to be taken in the prevention of HIV/AIDS among truck drivers. This needs to include individual drivers, social and structural barriers to HIV/AIDS prevention, together with partnerships with the health and transportation sectors, local government and local communities. It was further added that a focus on positive messaging and addressing specific challenges, including the continual challenge of re-choosing and reinforcing decisions to engage in safer sexual behaviours, is essential (Sastry, 2016). It was further reported by Kapesa et al. (2018) that new HIV infection cases in Tanzania have been decreasing; however, some populations are still at higher risk than the general population. These vulnerable populations include commercial sex workers, and mobile populations such as truck drivers and fishermen, hence prevention strategies were crucial to establish for the health of societal members.

Figure 2 provides a detailed description of the reported prevention measures among long-distance truck drivers.

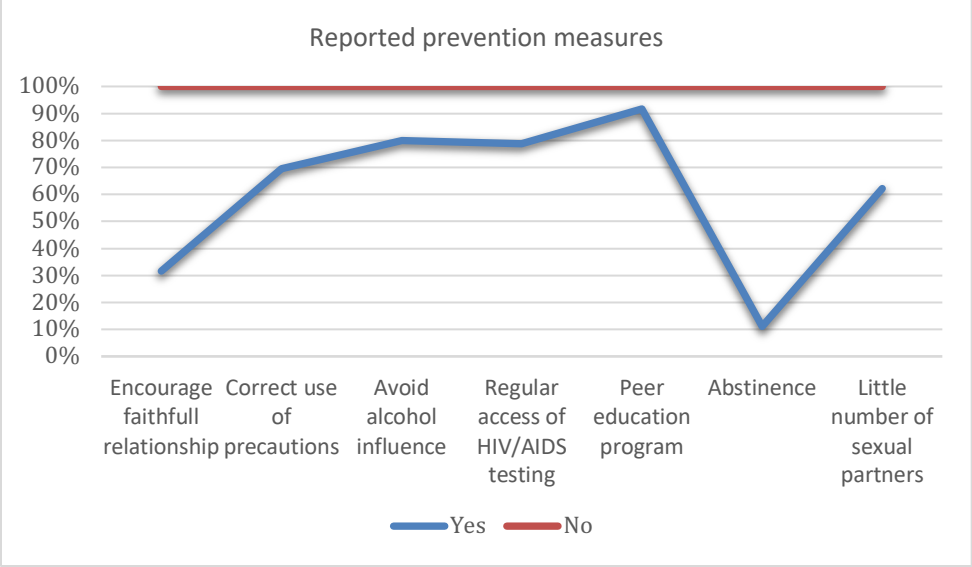
The ward social welfare officer added it during the in-depth interview; she was of the view that:

> *HIV/AIDS prevention measures should be adopted for drivers' times and places of availability. Meaning in every stop centre, a condom should be readily available. There was a need for awareness creation on the importance of safe sex practices among long-distance truck drivers, as well as the availability of women in the stop centres* (IDI, Social Welfare Officer, Bwilingu Ward, May 2025).

A social welfare officer from Pera ward was of the view that:

> *Prevention of HIV/AIDS is a continuous process from the national, regional, district, ward, village and sub-village level since it affects not only the person but also the entire society. Joint efforts on behavioural change would eventually result in positive results, hence minimise the chances of spreading HIV/AIDS among truck drivers* (IDI, Social welfare officer, Pera Ward, May 2025).

Figure 2: Reported prevention measures among long-distance truck drivers



Source: Field Data May, 2025

Conclusion

This study examines the sexual behaviour and the spread of HIV/AIDS among long-distance truck drivers. Study findings have identified the influencing behaviour, assessed challenges associated with behavioural change and established prevention measures toward the spread of HIV/AIDS among long-distance truck drivers. Study findings inform policymakers through their recommendations. These recommendations include the faithful relationships, abstinence, use of precautions, avoidance of alcohol influence, small number of sexual partners and provison of peer education training would eventually minimise detrimental effects of HIV/AIDS. The stipulated recommendations incorporate concerted efforts from the individual driver, the entire society, and the respective ministries of

Community Development, Gender, and Children, as well as the Ministry of Health and Social Welfare and TACAIDS.

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