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Contextual barriers, motivations, and coping strategies in the uptake of HCT and condoms among truckers and female sex workers in Busia Township, Busia District

Findings of a Rapid Qualitative Assessment

January 2015



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Contents

SUMMARY	1
1. INTRODUCTION	2
2. OBJECTIVES	3
3. METHODS.....	3
3.1. Study population and recruitment	3
3.2. Data collection	4
3.3. Data analysis	5
3.4. Ethical Considerations.....	5
3.5. Limitation of the study.....	5
4. RESULTS.....	5
4.1. Socio-demographic characteristics of participants.....	5
A: FINDINGS FROM INTERVIEWS WITH TRUCKERS.....	6
4.2. Truckers' intentions for condom use and HCT: an overview of the findings.....	6
4.3. Barriers to condom use among truckers.....	7
4.3.1. <i>Distrust of free and cost of branded condoms</i>	7
4.3.2. <i>Ambivalence to commit own money to purchase condoms</i>	8
4.3.3. <i>Excess alcohol consumption and use of entertainment drugs</i>	8
4.3.4. <i>Trusting regular and young female sex workers</i>	8
4.3.5. <i>Misconceptions and fatalism</i>	9
4.3.6. <i>Stigma related to condom use</i>	9
4.3.7. <i>Malicious intent to spread HIV</i>	9
4.4. Barriers to HIV Counselling and Testing among truckers	9
4.4.1. <i>Mistrust for providers</i>	10
4.4.2. <i>Implications of knowing one's status</i>	10
4.4.3. <i>Little concern about HIV</i>	10
4.5. Coping strategies and motivations among truckers who adopted HCT and condom use.....	10
4.5.1. <i>Always carry condoms, and know the type of potential sexual partner</i>	10
4.5.2. <i>Close experience with someone who had or died of HIV</i>	11
4.5.3. <i>Active access to information on HIV</i>	11
4.5.4. <i>Seek other leisure activities</i>	11

B: FINDINGS FROM INTERVIEWS WITH FEMALE SEX WORKERS.....	12
4.6. Who are the clients of female sex workers?.....	12
4.7. Barriers to condom use among female sex workers	12
4.7.1. <i>Competing financial responsibilities and allure of quick cash</i>	13
4.7.2. <i>Fear of pregnancy and not HIV infection</i>	13
4.7.3. <i>Alcohol consumption</i>	13
4.7.4. <i>Religion, gender, and power relations</i>	14
4.7.5. <i>Lack of supportive legal framework</i>	15
4.8. Barriers to HIV Counselling and Testing among female sex workers	15
4.9. Coping strategies and motivations among FSW that are pro- HCT and condoms.....	15
4.9.1. <i>Family and social responsibilities</i>	15
4.9.2. <i>Avoiding alcohol and taking charge</i>	16
4.9.3. <i>Regular HIV testing</i>	16
4.9.4. <i>Fear of infection/ reinfection and pregnancy</i>	17
5. OPPORTUNITIES FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION	17
REFERENCES.....	19

SUMMARY

Background: HIV prevalence rates among key populations range between 7 to 33 percent, and is estimated at 35 and 18 percent among female sex workers (FSW) and their clients, respectively. HIV prevention efforts are particularly targeting key populations to take up HCT and condom use. This report highlights the findings of a rapid qualitative assessment to understand characteristics and coping strategies of truckers and female sex workers in Busia Township in the uptake of HCT and condom use.

Methods: Focus group discussions were used to explore normative perceptions about HCT and condom use among participants aged 18 years and above, regardless of their personal HCT or condom uptake status. In-depth interviews were used to explore characteristics and motivations for participants reporting HCT uptake and condom use at last sex. Analytical review of the data was iterative, involving a search for theme and patterns in factors reinforcing behaviors, particularly among truckers who had reportedly adopted preventive measures.

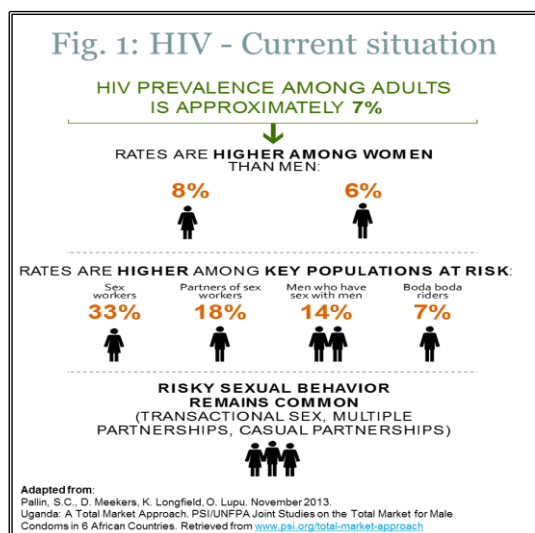
Results: Twenty five truckers and 40 FSW participated. Truckers and FSW were well informed of HCT services and condoms, and where to obtain them. However, HCT uptake was occasional. Among truckers it was mainly linked with unprotected sex with a potentially HIV-positive FSW. Among FSW it was in the event of unintended unprotected sex (due to coercion/ violence from clients). FSW carried condoms with them were presumed to be careful [not sleeping around recklessly without protection] and safe [free of HIV], hence the likelihood for a trucker who considers himself not to be HIV-positive to negotiate for unprotected sex. Such truck drivers apparently did not stop to consider how many others may negotiate for unprotected sex with the same woman on similar assumptions. The possibility of a fatal road accident was reportedly more real than chances of contracting HIV. Truckers and FSW highlighted fear of the implications of HIV-positive test results as key barriers to HCT uptake; 1) personal stress of chronic disease status, 2) burden of disclosure and lack of skills for it, and 3) the potential consequences of disclosure such as stigma and job loss. Familiarity with health providers at truck stops – because the health workers remain the same throughout – may be a barrier to HCT services targeting truckers.

Truckers and FSW who had reportedly adopted HCT and/or condom use were reportedly proactive in taking preventive actions in anticipation of risk environments. Practical protective mechanisms among truckers included 1) limiting or altogether avoiding alcohol, 2) seeking other leisure such as going to a gym to avoid idle status, 3) carrying condoms always, and 4) knowing the type of potential sex partner's condom use behavior. Strategies 1 and 3 were also noted among FSW. Truckers and FSW's main motivations to stay in good health derived from three mutually reinforcing factors; 1) responsibility to family, 2) need to keep their job, and 3) close experience with a PLHIV. They also reported conscious personal efforts to keep themselves updated on HIV matters through mass media, and peer education support provided at major truck stops and/or hotspots.

Conclusions: SBCC interventions targeting truckers should aim to engender reflection on personal goals and how perceived 'safe' unprotected sex fits in. Consistent supply of up-to-date information and strategies to facilitate practice of personal responsibility to avoid risk are critical to engendering behavioral changes, and maintaining healthy behaviors. HCT services should also engender trust and assurance of confidentiality to attract truckers to present for testing. On the other hand, opportunities for collaboration may be sought with organizations targeting sex workers from a human and public health rights approach to mobilize sex workers, their clients, bar owners, and the law enforcement sectors in hotspots to support a safer sex work environment as part of the response to HIV.

1. INTRODUCTION

HIV prevalence in Uganda is estimated at 7%. Rates among key populations range from 7% to 33%. Notably, HIV prevalence is highest among female sex workers (FSW) and their clients, estimated at 33% and 18% respectively (Figure 1). The Uganda National HIV Prevention Strategy 2011-2015 outlines four main approaches including 1) Abstinence, Be Faithful, Use Condoms (ABC), 2) elimination of mother-to-child transmission (eMTCT), 3) targeted interventions for key populations, and 4) safe male circumcision. HIV Counseling and Testing (HCT) is a key entry point to HIV prevention interventions (UAC, 2011). Condom use at last sex is extremely negligible, estimated at 13.7 percent overall in 2011. On the other hand, men are increasingly engaging in multiple concurrent sexual relations (Box 1). These behaviors are contributing to rising HIV infections in Uganda (UNAIDS, 2013).



Box 1: Condom use: UDHS 2011

- **At last sex:** 19% males and 12% females
- **Higher among unmarried youth:** 63% males & 54% females*
- **In multiple concurrent partnerships:** Increased for females but decreased for males
- **With a casual partner:** Increased for males but decreased for females
- **In transactional sex:** increased but remains low**

* Still too low to be adequate for dual protection (HIV, unintended pregnancies)
** Just over half of men reported using a condom at last time paid sex.

As part of the HIV response, all Ugandan hospitals were providing HIV counselling and testing (HCT) by 2010 (UNAIDS 2013), and refusal to take a routine HIV test was estimated at five (5) percent in Uganda around the period prior to that (WHO 2008). However, highlights of the USAID LQAS 2013 draft report, for example, indicate low uptake of HIV prevention behaviors

and/or services with respect to 1) receipt of HIV counseling and testing (HCT) results, and 2) condom use at last sex. Efforts are now targeting at-risk populations directly, including female sex workers, fisher folk, and long distance truck drivers to use condoms and obtain HCT and test results.

This report describes relevant mediating factors (including decision making processes) among truckers and FSW, to build on the evidence base for strategic social and behavior change communication (SBCC) communication towards overcoming barriers to condom use and HCT.

2. OBJECTIVES

The general objective was to document specific barriers and more closely examine the role they play in the process of health and care-seeking decisions and behaviors specific to HCT and condom use.

The specific objectives were

- 1) To document barriers (technical, fears, misconceptions) and perceived benefits of HCT and condom use among truckers and FSW, and
- 2) To examine characteristics, decision-making factors, coping strategies and processes among current truckers and FSW adopting desirable HCT behavior and condom use.

3. METHODS

The exploratory study employed Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) among truckers in Busia district.

3.1. Question domains

Similar to a study by Matovu and Ssebadduka (2012), our question domains covered socio-demographic characteristics (age, duration in business, marital status); sexual behaviors (defined as type of sexual partners); condom use at last sex with a non-marital or non-cohabiting partner; access to HIV prevention services including HCT; sources of HIV information and preferred channels; and risk perception. Additional questions assessed pregnancy prevention measures with sexual partners with whom there was no clear binding relationship. Our assessment also went further to document peculiar characteristics of the persons who reported condom use and having taken HCT and collected their test results (referred to as positive deviants).

3.2. Study population and recruitment

The study population was composed of truckers and female sex workers who are non-adopters of HCT and/or condoms, and truckers who are adopters of HCT and/or condoms.

Focus group discussions were deployed for objective 1 in sessions that included truckers and FSW regardless of their behaviors specific to HCT and condom use. The inclusion criteria was simply being a trucker or FSW. In-depth interviews were deployed for objective 2, prioritizing truckers

and FSW in either or both of the following categories: those who had ever taken an HIV test (and collected test results) and/or who used condoms at last sex.

FGDs were conducted first to provide a starting point for sampling participants for IDIs. Specifically, during FGD sessions we collected participant demographic profiles including age, duration in truck driving, condom use, and HCT practice. Potential participants for IDI were identified from these FGD demographic profiling sheets and asked whether they would be interested in participating further in in-depth interviews. Snow-balling technique was used to identify additional participants i.e., we asked these initial respondents to direct the study team to other 'adopters' that are known to them.

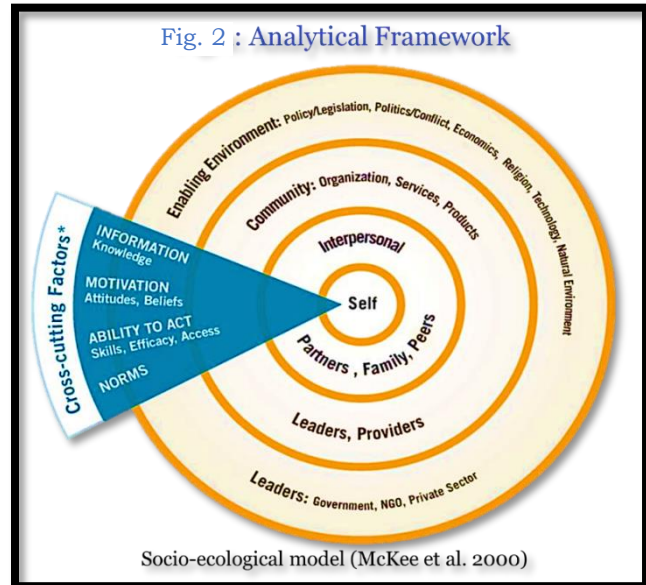
Appropriately briefed community mobilizers assisted in identifying and recruiting truckers from clubs and truck stops and invited them to interview sessions. FSW were purposively recruited with the support of the Amalgamated Transport and General Workers Union (ATGWU). ATGWU mobilized at places known to be frequently visited and patronized by FSWs including bars and brothels.

3.3. Data collection

Field work was conducted for 14 days between March and April 2014 in Busia Township. Data was collected by two teams each comprising three experienced interviewers; two female and one male. One team collected data among truckers while the other team collected data among female sex workers. As highlighted in participant recruitment above, data collection began with FGDs after which FGDs and IDIs ran concurrently. An FGD guide was used to document socio-demographics, sexual relationships, condom use, sources of HIV/AIDS information, HIV/AIDS risk perception, HCT, access to information and services and barriers. An IDI guide covering the same discussion topics was used to explore characteristics of 'adopters' of condom use and HCT, including their motivations.

3.4. Data analysis

Analytical review of the data was done using a flexible, interactive process involving a search for patterns and concepts emerging from the data; based on four cross-cutting factors highlighted in the socio-ecological model (Fig. 2). A code book was developed from key themes and patterns identified. Data was coded using qualitative software that enabled the cross-classification and retrieval of transcripts and segments of text by theme. The themes and interpretations were reviewed. Any emerging discrepancies and contradictions were discussed with the data transcription and coding team, and relevant supporting evidence systematically abstracted from the transcripts.



3.5. Ethical Considerations

This assessment included slightly greater than minimal risk to participants. All investigators and study staff completed training in human subjects' protection. Also, as condom use matters may be very personal and some people may not want to talk openly about them, strategies for getting information without causing offense were emphasized. During field work, all interviewers followed standard international research ethics requirements for protection of human subjects. All study participants were informed at recruitment point about project goals and their right to refuse being interviewed, to interrupt the conversation at any time, and to withdraw any given information during or after the interview. Oral informed consent was obtained from each participant. Participants were given a token, at a flat rate, to appreciate their participation in the study.

3.6. Limitation of the study

This qualitative assessment was conducted in one location only. The findings may be context specific and their interpretation and use must take cognizance of this factor. However, this study generated insight on underlying factors for truckers' and FSW decisions around when and whether to take HCT and/or use condoms.

4. RESULTS

4.1. Socio-demographic characteristics of participants

Tables 1 and 2 summarize participants' characteristics. Twenty-five truckers and 40 FSW overall participated in FGDs and IDIs. In-depth interviews captured a female trucker of Kenyan origin. Truckers were aged between 20-49 years. Most truckers had attained secondary education and

above, were married, had worked as truckers for at least five years, and had multiple and concurrent sex partners.

FSW mostly had primary level of secondary level education. They were either single (never married) or divorced/separated. Majority were relatively new in sex work (at least 2 years), and also newly operating in Busia (at least 2 years). However, the interviews also captured relatively 'seasoned' sex workers both in sex work in general and in Busia.

Table 1: Participants (Truckers) n=25 characteristics	
Sex	
male	24
female	1
Age	
20-29	7
30-39	7
40-49	6
50+ years	4
Education attainment	
None	1
P1-P7	3
S1-S4	11
S5-S6	9
Marital status	
Single	8
Married	16
Other	1
Usual residence	
Busia town	12
Other town	13
Duration as a trucker	
1-2 years	2
3-4 years	7
5+ years	14

Table 2: Participants (FSW) n=40 characteristics	
Age	
20-29	24
30-39	13
40-49	3
Education attainment	
None	1
P1-P7	19
S1-S4	15
S5-S6	1
University	1
Marital status	
Single/Never married	19
Currently married	0
Divorced	11
Widowed	1
Other (Separated)	9
Sex work venue	
Bar	6
Brothel	27
Other (Street/Home)	7
Duration as a FSW	
<= 11 months	20
1-2 years	10
3-4 years	3
5+ years	7

The results hereafter are presented for truckers, followed by FSW, and finally a discussion of the opportunities for social and behavior change communication (SBCC)

A: FINDINGS FROM INTERVIEWS WITH TRUCKERS

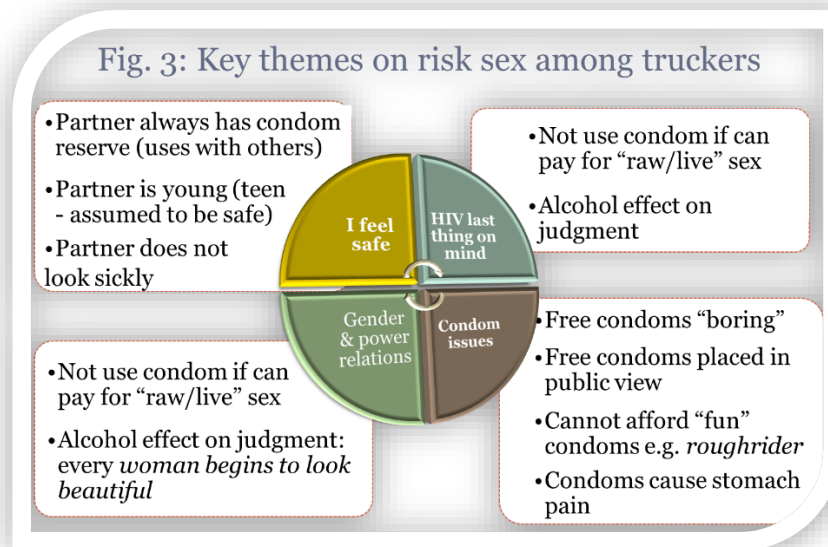
4.2. Truckers' intentions for condom use and HCT: an overview of the findings

Truckers expressed mixed feelings about using condoms. Some used them and others were totally opposed to their use. Participants even alleged that the extent of limited condom use

among truckers could be gauged by the number of children a given trucker may have at different truck stops.

“Drivers are womanizers, you find someone extremely old but he has women yet they do not use condoms. No driver uses condoms, they should not deceive you. When he tells you he uses condom, you find that he has produced a child there, another in Naluweerere, Iganga, and Kampala until he even reaches Zaire.so he has about twenty children on his route.”

Figure 3 summarizes key themes emerging from the data with regard to reluctance to use condoms. The detail into these themes are provided in the next section labeled *barriers to condom use*.



In spite of the availability of HIV testing services at both health facility and outreaches near them (plus moonlight clinics provided at border truck points), many truckers said they did not test for HIV regularly. Majority only took the tests when they suspected a sex worker they had sex with may be HIV positive. Others tested to confirm previous HIV positive test results. A small number however tested to just to know their HIV status.

4.3. Barriers to condom use among truckers

4.3.1. Distrust of free and cost of branded condoms

Participants observed that although there is wide distribution of free condoms in public places, truckers do not use them because they doubt their quality. They instead prefer branded and ‘more enjoyable’ condoms like *Rough Rider*.

“Drivers do not like things that look cheap [of poor quality]. May be you can reduce the prices of the condoms but if you give them out free, obviously they will not be the best [free things are always of poor quality]. You will bring these ones that are always used at the district hospitals here and those ones are not the best...slight use of it, and it bursts.”

They noted, however, that branded and ‘enjoyable’ condoms are more costly compared to other brands on the market. A pack of three Rough Rider condoms costs between Uganda Shillings 4,000-5,000 (approximately USD 1.5-2) compared to Protector or Life Guard brands costing Uganda Shillings 1,500 (approximately USD 0.5).

“We really want Rough Rider condoms but they are usually sold at 4000 or 5000 shillings for a packet of three pieces which is expensive.”

4.3.2. Ambivalence to commit own money to purchase condoms

Ironically, while truckers disliked free and cheap-looking condoms, they demonstrated reluctance to spend their own money to obtain their preferred brands of condoms. One expressed this dilemma as follows:

“Others find difficulty buying a condom. It is the way someone hesitates buying a school child a pen yet they very well know that the child goes to school and must have a pen. Likewise, they find it so difficult to take their money to buy condoms.”

4.3.3. Excess alcohol consumption and use of entertainment drugs

Truckers reported that consuming alcohol in excess impaired their judgment and led to unprotected sexual encounters with female sex workers, bar waitresses, and any females willing to engage in transactional sex. In addition to alcohol, some truckers used other entertainment drugs such as *kuber*, *miraa*, *mairungi* during leisure time.

“Now like us drunkards, it is a must they will say let’s take at least four bottles...and after one is done with drinking, the other waitress who was not good looking during the day, now is looking good. So you tell her to sit down there and pay 20,000 shillings at the counter [for a room]...”

“During leisure time one takes a little alcohol...soon he looks for a woman to have sex with...so when someone is drunk, he cannot remember putting on a condom.”

4.3.4. Trusting regular and young female sex workers

Some truckers abandon condom use after beginning to “trust and fall in love” with their constant commercial sexual partners. Some end up having long term relationships and children.

“You will use a condom for the first four times with this girl when you always come from your journey...after phone numbers have been exchanged and she calls you, she will be like your wife in that area. You may leave Kisumu and come to Busia. In Busia you may

have one lodge for rest therefore in that lodge you find that is your woman, your partner and you cannot sleep with her for a long period using a condom.”

Some truckers reportedly targeted younger girls for unprotected sex because they believed that these young girls are free from HIV infection and may also be good to have children with.

“You will reach the second truck stop and you will find another girl you are used to and she will serve you... you can bear children out of the girls you are fond of...”

4.3.5. Misconceptions and fatalism

There was a general belief that if a man has ever suffered from any other Sexually Transmitted Infection (STIs) they are automatically protected from HIV because other STIs provide some kind of immunity that guarantees protection from HIV. Participants also claimed to use local herbs to treat the STIs especially syphilis.

“They say that a person who has ever been sick of Gonorrhoea, that he can’t have HIV. They say, I have got that disease and so I do not have AIDS.”

Some had a false belief that healthy looking FSWs are HIV free. Others believed that condoms contain chemicals that cause diseases such as cancer. Some truckers appeared to only fear accidents and not diseases such as HIV.

“Most people know that HIV is there but there is a person who doesn’t take heed and don’t take care of themselves. Someone says that how come all these years I have not contracted HIV/AIDS; so ignorance is what killing people is.”

4.3.6. Stigma related to condom use

Some truckers are ashamed to buy or ask for condoms at public condom distribution points. There is a general belief that people who are seen with or who use condoms are promiscuous. Therefore in order not to be labeled promiscuous – especially because most truckers were known to be married – some truckers opted not to carry or use condoms.

4.3.7. Malicious intent to spread HIV

Participants also suggested that some truckers who are HIV-positive knowingly aimed to spread the virus and would not use condoms.

“Some truckers already know they have HIV so they intentionally spread it”

4.4. Barriers to HIV Counselling and Testing among truckers

4.4.1. Mistrust for providers

Participants said some truckers are unsure of confidentiality among the service providers about client HIV status especially when found to be positive, and this prevented many from taking HIV tests even at available moonlight clinics or truck stops with HCT services.

“Tests should be confidential; health providers should not reveal one’s secret. Information on the health of the other person should be confidential.”

4.4.2. Implications of knowing one’s status

Participants indicated that knowing one’s HIV status comes with a lot of burden, especially if the test result is positive. Apart from personal stress of knowing one is now HIV positive, one has to think about disclosure, and the consequences of disclosure such as stigma and job losses.

“If the manager sees you have HIV, then he will go and report to my boss about my weak health state and you will be retired.”

4.4.3. Little concern about HIV

Many truckers have not tested and are not bothered to do so specially because of a silent perception that HIV is common among their peers and they may already be HIV positive.

“When I am seated with them and I start talking about HCT, you hear them saying “leave that issue, HIV is for Chicken, meaning HIV does not worry people anymore ...”

4.5. Coping strategies and motivations among truckers who adopted HCT and condom use

Truckers who practiced desirable behavior for HCT were sober all the time and did not consume alcohol. Additionally, they expressed awareness of the consequences of their actions on their families and loved ones. As such they had made up their minds to use condoms no matter the situation. Generally, they know their HIV status and have decided to avoid infection or stop infecting others. Below is a range of personal experiences with strategies to ensure HCT and condom use.

4.5.1. Always carry condoms, and know the type of potential sexual partner

Some participants said they always carry condoms with them and ensure that they have a stock in their trucks to easily access when they need them. It was also critical to assess the type of potential sex partner including checking verifying their inclination to use condoms. Any supposedly ‘carefree’ sex worker was to be avoided by a trucker who is committed to condom use.

“You know there are free condoms which you get and keep in the car and a small box (of condoms) usually has 100 pieces.”

“There is this driver I usually stay with; the man is very intelligent and condoms are always in his vehicle. He is brilliant. When he goes to buy sex workers, he sometimes tries them by asking for sex without a condom. If she asks for a given amount of money, he then knows that such a person has problems (has HIV); then he pretends to be making a call and goes to get another sex worker who insists on condoms.”

4.5.2. Close experience with someone who had or died of HIV

Other participants have experienced death of loved ones due to HIV and therefore are determined not to contract HIV.

“My sister died of that disease (HIV). So in my heart whatever I do, am a little bit careful but other people do not have the same perception. I am mindful that when I get a sexual partner, I don’t have to risk, I use a condom but there may be my friend who is not bothered, he goes for sex without a condom.”

4.5.3. Active access to information on HIV

Adopters said they have active access to mass media – radio, TV (at truck stops) or newspapers, hence readily obtained information on health issues including HIV. They were also motivated by the visits to their lodgings or truck yards by peer educators and health workers. During the visits, HIV related issues are discussed and the truckers also have an opportunity to seek clarifications and ask questions.

“We usually listen to HIV information on the radios, or at times when you watch TV or read newspapers. At times you might be at the yard and people come to sensitize us on sex related issues and HIV.”

“Now when I want to know about those issues, I usually go to the doctor or to the health centres and ask about my health.”

4.5.4. Seek other leisure activities

Participants mentioned that during their leisure time, they engaged in entertaining and educative activities that occupy them instead of spending their time in alcohol joints and fall prey to unplanned sex.

“During my leisure time if I have stopped in a good town, I go to the gym and thereafter, I go back to my room and just sleep.”

B: FINDINGS FROM INTERVIEWS WITH FEMALE SEX WORKERS

4.6. Who are the clients of female sex workers?

Clients of female sex workers were diverse, ranging from men in the neighborhood who are either married or known to be in relationships to truck drivers. The age of the client was not important when a sex worker is in need of cash.

“These men are truck drivers, husbands to women, people’s men... When it comes to evening their desire for sex is high, they don’t fear sex workers...they don’t fear.”

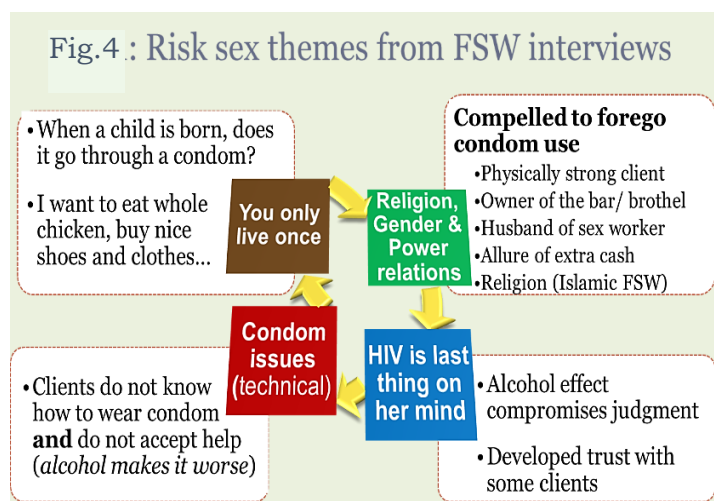
“I will not lie to you...we even have a man of 55 years, but when he comes at times he finds when I do not have money in the house...so I welcome him.”

“...and many more of them are those school going boys, they are more than others.”

4.7. Barriers to condom use among female sex workers

Emerging themes for failure to use condoms at the individual level included: competing financial responsibilities, allure for quick cash, fear of pregnancy and not so much of HIV infection, and alcohol consumption. Structural level barriers were: gender-power relations between FSW and clients (plus lack of supportive legal framework in case FSW are assaulted or coerced into unprotected sex), and religious beliefs against condom use. Three categories of condom use status among FSW emerged from the data: 1) targets earning more money always, thus uses a condom only if the client insisted, 2) frequently uses but may succumb to the allure of more cash, 3) nearly always uses but may forego condom use if she has not had clients for a while and is faced with the threat of eviction from rental premises. Because of their desperate situation, a sex worker in category three may lose bargaining power even to negotiate a high fee for unprotected sex.

These insights are summarized in “Risk sex themes from FSW interviews” (Fig. 4), and resonate with themes that emerged in interviews with truckers (refer to Figure 3). The main difference noted was that while truckers cited feeling safe, FSW indicated that one lives only once and must enjoy life. Also, FSW discussed condom issues in terms of lack of condom skills among their difficult clients who also might not



accept assistance. The detail are discussed in the next pages.

4.7.1. Competing financial responsibilities and allure of quick cash

Female sex workers in the interviews were reportedly the primary income earners in their family, with heavy demands to fulfil the subsistence needs of their dependents including their own children and/or younger siblings and widowed mothers.

“I had a regular boyfriend when my mother was still alive, but ever since my mother died and left me with other siblings – yet I even have my own children – I left issues of boyfriend and concentrated on looking for the one that wants me...pays me some little money to which I live on and also help my children.”

When faced with unrelenting clients and the possibility that they may have no money to pay for rent or even food, FSW succumbed to the allure of more money that unprotected sex offers. Clients reportedly hiked the rate for unprotected sex to entice sex workers.

“If someone has offered you more money it compels you to accept...”

Nevertheless, some FSW went outright for unprotected sex in order to maintain a lifestyle.

“...I want to be able to take home whole chicken [rotisserie chicken], and purchasing stylish clothes and shoes.”

4.7.2. Fear of pregnancy and not HIV infection

Sex workers reportedly worry more about pregnancy than HIV when it comes to decisions about condom use. Contraceptive use is also low, and abortion is common among sex workers who do not want pregnancy to interfere with their means of earning income.

Sex workers see pregnancy as a bigger problem more than HIV because of demands...now you have many children and then you add....some carry pregnancy but many abort. Out of ten you can have only three who carry a pregnancy to full-term...”

“...I even over-aborted...that is why I put this [pointing to implant in the arm].”

4.7.3. Alcohol consumption

Consumption of alcohol was cited as a major impediment to condom use. Notably, alcohol compromised the judgment of both the FSW and her client even where there was initially an intention to use condoms during sex. For instance, 1) a sex worker may be too incapacitated to resist clients who change their mind about using a condom, 2) a client with no condom use skills

may get too impatient and refuse to be assisted, or 3) a condom may be worn but because the client is clumsy and sometimes rough, the condom bursts.

“When you are drunk, the customer may refuse [to use a condom] and you realize your mistake after you have had sex without a condom...”

In other instances, alcohol made FSW fail to distinguish between sex work (no emotional involvement) versus sexual fulfilment (emotional involvement). It was reported that once emotions are involved a sex worker was likely to need sexual fulfilment and may not insist on condom use.

4.7.4. Religion, gender, and power relations

Participants observed that many clients hold the perception that condoms affect sexual pleasure and will use all kinds of excuses to avoid using condoms.

“...a sweet is not eaten in a kaveera (wrapping)”

Sex workers with a prior decision to use condoms usually found themselves in an unprotected sex situation – 1) condoms bursting due to roughness and bad intentions of clients, and 2) clients who turn violent once they get sex workers into a room. Bar and lodging owners do not help the situation because of fear of losing their customers.

“I negotiated with a client. He undressed and lay on the bed. When I went to pick a condom he told me...I have never used such a thing. I told him...with me you will need to use it...why don't you want to use it yet you don't know my life and I also don't know yours.... and he slapped me. I screamed until the guards came and rescued me, but the owner of the lodging came and told me...never to create a scene in his lodge...”

“The condom can burst in case the person having sex with you is not reasonable...you go for sex and he feels he has given you his money so he has rough sex with you and the condom bursts. Others will finish and ejaculate his semen in the condom and you know how he is...he may try to continue having the sex until the condom just bursts.”

Some religions such as Catholic and Islam are opposed to using condoms. Clients (and sometimes even sex workers) from these religious denominations will not use condoms whatsoever. This creates difficulty to negotiate condom use, especially if the client has become regular (with the tendency to refer to the FSW as ‘wife’).

“You find someone who says that our religion does not allow us to use a condom...the Muslims do not allow their wives to use condoms, even Catholics were also like that but we see they are changing...”

4.7.5. Lack of supportive legal framework

Participants also raised the fact that sex work is illegal in Uganda which makes it difficult for sex workers to seek redress where clients abuse their rights through acts that intentionally expose them to unprotected sex. Clients know that a sex worker cannot report them, while bar/lodging owners want to avoid trouble with the law.

“Sometimes there are venues where there are many customers sleeping in...If you are to scream [for help] sometimes the lodge owner will throw you out the next day and you lose a place to do your business...”

4.8. Barriers to HIV Counselling and Testing among female sex workers

The outstanding individual level barrier to HCT was listed as fear of test results. Knowing that they always engage in risky unprotected sex all the time, some sex workers would rather not try to test since it may simply confirm HIV-positive status and cause them stress.

“Because of the way they have live [unprotected] sex...of course one who refuses [to test] has live sex...but one who allows [to test] knows that she uses protection...”

4.9. Coping strategies and motivations among FSW that are pro- HCT and condoms

Objective 2 of the assessment prioritized successful adopters of HIV testing and/or condom use. Adopters were mainly single mothers or no longer in committed relationships and as such, were always conscious of dependents including children and/or siblings under their care. Similarly with truckers, FSW were motivated by family and social responsibilities which caused a consciousness of their health in sex work.

A number of strategies are deployed to ensure HIV testing, and condom use; avoid alcohol, have a condom reserve, and conduct regular HIV testing. They carry condoms with them at all times and made an unequivocal decision to use them with each client. Below, participants reported personal experiences.

4.9.1. Family and social responsibilities

The adopters have a belief that their lives are far more important than any amount of money.

“If someone knows themselves and you know your status even if you don’t have the disease, and you know that you love your life, money is not more than your life.”

Most of the FSWs have children and siblings who depend on them for survival. These family dependents serve as inspiration for the adopters.

“If you protect yourself, you can help yourself stay for many years, you can’t die quickly. Protecting yourself is something so important; it helps you care for your children. My mother died long time ago but up to now, I care for my siblings.”

4.9.2. Avoiding alcohol and taking charge

All participants who were pro-HCT and condom use reported they do not take alcohol prior to sexual activity. This is to ensure they remain alert, avert focus on sexual fulfilment, and to increase chances of correct condom use.

“For me whenever am the road [sex work], the first reality is I have my own problems and must not let alcohol control me. I don’t take alcohol...you remain alert even when you are at the game [having sex]. Your mind concentrates down there [what the client is doing] you think about the condom...that is what you think...you are not there looking for sweetness [sexual fulfilment].”

They also ensure that they personally dress the client with the condom. In instances where the client does not have a condom, the sex worker ensures that she wears a female condom or provides a male condom because she carries them in her bag or has a stock in her house.

Respondent: *For me when I have sex with a client, I am the one to put the condom on him, if it’s a male condom. If it’s not me to dress him, I put it on myself [female condom]*

Interviewer: Some clients may perhaps want to pay an extra amount of money to have sex without a condom. For example, if you told him you want UGX 5000, he can add more money and perhaps says let’s go I will give you UGX 10,000 or UGX 20,000 for sex without a condom

Respondent: *Yes, we have those who say like that, but if someone knows themselves [why they are in sex work] and you know your status, even if you don’t have the disease [HIV]... money is not more than your life... money is not more than the life of a human being... you leave the much money and go with the little money. If he wants to have sex without a condom, you leave his money and look for another...*

4.9.3. Regular HIV testing

The adopters reported that they regularly took HIV tests to establish a change in status – especially in cognizance of the fact that condoms may occasionally break. FSW living with HIV continued to monitor their CD4 count.

“I endeavor to test every three months. I test myself because you also know condoms break.”

“Even when some others have refused I advise them that please this blood and knowing this body, it is necessary to do this [take an HIV test] and know your health state...don’t just live like that’.

4.9.4. Fear of infection/ reinfection and pregnancy

Some FSW reported they had made a conscious decision to use condoms after seeing some of their friends and colleagues get infected and die from HIV. Dual protection offered by condoms against pregnancy and HIV also provided motivation for FSW to use condoms.

"I take the issue of HIV seriously because I have seen its effects..."

"...at my 30 years of age...I do not desire to add on [another child] with the virus [HIV] in my body. I have my one child. I have never even cherished a pregnancy my entire life."

Almost all the adopters reported dual method use (being on method of contraception other than condoms, in addition to using condoms).

"I do not want to give birth that is why I put the implant."

5. OPPORTUNITIES FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Opportunities for SBCC are summarized based on four cross-cutting factors of the socio-ecological model (McKee et al, 2000): information, motivation, ability to act, and social and/or gender norms.

Information[♦]

At the information level specific misconceptions and concerns should be addressed among truckers. Promoting sustainable relationships with health providers is also important to encourage truckers to seek HCT (*this is also linked to ability to act*). Partnerships could be developed with peers to pass on vital HCT and condom information.

Motivation

Truckers and FSW that exhibited desirable health behaviors for condom use and HCT were motivated by a host of factors. Mainly, personal desire for safety, health and wealth were at the core of their positive deviance. Staying healthy secured ones job for longer periods, resulting in more money earned in the long term. Condoms need to be repositioned as something that can still be enjoyable for those who cannot avoid sex while on the transport route [truckers] or in pursuit or as an income generation activity [FSW].

FSW who were pro-condoms clearly separated sex work from sexual fulfilment. For the others, motivators for undesirable behavior, including FSW fear of pregnancy more than HIV, resulted in condom use only during the times of the month when they feared pregnancy. The dual protective benefits of condoms need to be better communicated.

[♦] **Information:** Our assessment did not highlight any HIV (HCT and condom use) knowledge gaps among FSWs.

Ability to act

At the core of the sexual interaction of adherent truckers, there emerged a theme of responsible enjoyment, avoiding idle status, and staying in control of ones actions. Practical steps towards taking charge included 1) always carrying a condom, 2) ensuring to learn a sex partners' behavior condom use behavior, and 2) finding alternative leisure to support efforts to avoid alcohol and distractions that come with idle status. This responsibility is at a personal level. Courage to take up HCT could also be enhanced by skills for managing disclosure of personal HIV status, especially disclosure to loved ones.

Among sex workers, the effect of poverty and physical weakness, coupled with demand for rent and daily subsistence most often came in the way of consistent condom use. Also, while female sex workers may be assertive regarding condom use, they are sometimes overpowered by their more physically strong clients. Alcohol avoidance messages need to be enhanced through peers and in collaboration with programs targeting sex workers from a human rights/public health approach.

Norms

No particular norms issues were identified among truckers. However, in link to motivations, a generalized perception that most truckers are HIV positive appeared to contribute to reluctance to take up HCT. SBCC interventions to address these assumptions by encouraging HCT as a first step to personal protection and securing one's life goals are needed to break this barrier.

The key norms issues identified in FSW interviews relate to the illegal status of sex work which makes it appear alright to society when sex workers get violated by clients, thus reducing their bargaining power for condom use. Notably, the legal framework is beyond the mandate of an SBCC program. However, opportunities for collaboration may be sought with organizations targeting sex workers from a human rights approach to educate sex workers, their clients, bar owners, and the law enforcement sectors in hotspots about the benefits of a safer sex work environment as part of the response to HIV.

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