

Kwazulu-Natal minibus taxi drivers' perceptions on HIV and AIDS: Transmission, prevention, support and effects on the industry

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Abstract

In South Africa, the minibus taxi drivers are largely becoming another high-risk category in the HIV and AIDS epidemic. Although previous studies have shown that knowledge of HIV and AIDS is relatively high among the taxi drivers it is still not clear how this sub-population perceive the support rendered to them with regard to HIV and AIDS prevention strategies. This study aimed to focus on this atypical workplace and explore the KwaZulu-Natal, minibus taxi drivers' perceptions on HIV and AIDS. In this study, qualitative methods were utilized to determine the minibus taxi drivers' understanding of HIV and AIDS infection, HIV prevention strategies, existing support strategies and effects of HIV and AIDS on the taxi industry. Focus-group discussions were conducted, to collect data. The results showed that even though the taxi drivers had some understanding on HIV and AIDS there was still a dire need for interventions that were geared towards addressing HIV-related needs of the drivers in this industry.

Keywords: HIV and AIDS, mini bus taxi drivers

Résumé

En Afrique du Sud, les chauffeurs de taxi-minibus sont en train de devenir en grande partie une autre catégorie à haut risque de l'épidémie de VIH et du sida. Les études précédentes ont montré que la connaissance du VIH et du sida est relativement élevée parmi les chauffeurs de taxi; pourtant, la façon dont cette sous-population perçoit le soutien qui leur est apporté en lien aux stratégies de prévention le VIH et du sida reste obscure. Cette étude s'est efforcée de se concentrer sur ce lieu de travail atypique et d'étudier les perceptions du VIH et du sida qu'ont les chauffeurs de taxi-minibus au KwaZulu-Natal. À cet effet, des méthodes qualitatives ont servi à déterminer la compréhension que les chauffeurs de taxi-minibus ont de l'infection du VIH et du sida, des stratégies de prévention du VIH, des stratégies de soutien existantes et des effets du VIH et du sida sur l'industrie du taxi. Les données ont été rassemblées par le biais de groupes de discussion. Les résultats ont révélé que malgré une certaine compréhension du VIH et du sida parmi les chauffeurs de taxi, il existe toujours un besoin extrême d'interventions répondant aux besoins liés au VIH des chauffeurs de cette industrie.

Mots-clés: VIH et sida, chauffeurs de taxi-minibus

Introduction

Many HIV and AIDS prevention interventions have focused on groups that are more susceptible to HIV infection, such as truck drivers, migrant workers, cross-border traders, fish traders, as well as uniformed personnel (Dube & Sachingongu 2008). Research studies have also been conducted which have focused on individuals who are viewed as high risk, such as sex workers, truck drivers and pregnant women (Morisky,

Nguyen, Ang & Tiglao 2005). Despite this major focus on the identified at risk groups, several studies conducted in Africa and India have turned their focus onto the transport sector and have associated long-distance truck drivers and taxi drivers with an increased risk of HIV infection (Aniebue & Aniebue 2009; Olugbenga-Bello, Oboro, Parakoyi & Akande 2007; Rao, Pilli, Rao & Chalam 1999). In general, members of mobile populations are highly vulnerable to HIV infection

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because of their social dislocation, the high-risk environment in which they operate and poverty (De la Torre, Khan, Eckert, Luna & Koppenhaver 2009; World Food Programme 2006). Those who travel frequently, it is argued, can facilitate the spread of the HIV AND AIDS epidemic through the practice of unsafe sex.

Background

In South Africa, relevant literature shows that the minibus taxi drivers are becoming another high-risk category in the HIV and AIDS epidemic (Jama, Jewkes, Nduna, Khuzwayo, Levin, Duvvury, *et al.* 2004). HIV and AIDS among the taxi drivers is a concern, as drivers fall prey to unhealthy sexual practices as a result of being away from their families for long periods of time and their exposure, in some cases, to a high-risk environment (Morisky *et al.* 2005; Orisatoki & Oguntibeju 2010). Despite the threat posed by the rapid spread of HIV, this population of mobile workers continue to engage in risky sexual behaviour, possibly due to ignorance, disbelief or recklessness (Figueroa 2008). Some studies have reported that long-distance drivers engage in concurrent relationships due to their extended periods of being absent from home, a practice that puts them at risk of contracting HIV and AIDS. Furthermore, many of those who are infected by the disease have delayed seeking health assistance due to the lack of health facilities along transport routes, and because the awkward hours they work are not conducive to visiting clinics. Consequently, many of the drivers only report to a clinic when they are already quite ill and beyond help (Tansey, Muteerwa & Hartnack 2010).

The minibus taxi industry in South Africa, though not a regulated industry, employs about 65% of economically active people, the majority of whom are males (Manzi 2004). People working in the minibus taxi industry are exposed to the risk of contracting HIV and AIDS, like any other South African citizens. However, unlike other workplaces, the nature of the industry, being non-regulated and mobile, makes it difficult for the government to implement health and safety regulations and to execute HIV and AIDS prevention strategies, which places the drivers at risk. According to the UNAIDS (2008), HIV and AIDS is the leading cause of death in the world among the productive working persons aged between 25 and 44 years, and the minibus taxi drivers fall mainly into this age bracket (Manzi 2004). Although these employees are entitled to benefit from HIV and AIDS prevention strategies geared towards South African employees, it is not clear if there are any HIV- and AIDS-related support interventions that focus on employees in this industry.

Although previous studies have shown that knowledge of HIV and AIDS is relatively high among taxi drivers (Orisatoki & Oguntibeju 2010), it is still not clear how this sub-population perceive the support rendered to them with regard to HIV and AIDS.

It was therefore deemed imperative to explore the taxi drivers' perceptions on HIV- and AIDS-related issues, with special focus on transmission, available support, and the effects that the HIV and AIDS pandemic has on the taxi industry.

Purpose of the study

The study aimed to explore the minibus taxi drivers' perceptions on HIV and AIDS.

Research objectives

The objectives of the study were to explore:

1. The drivers' understanding of HIV and AIDS
2. HIV/AIDS prevention strategies in the minibus taxi industry, as perceived by the drivers
3. Perceived existing HIV and AIDS support strategies for minibus taxi drivers
4. The perceived effects of HIV AND AIDS on the taxi industry
5. Minibus taxi drivers' needs with regard to HIV- and AIDS-related support

Methodology

This was a three-phase study which utilized a mixed method approach, using both quantitative and qualitative methods, in order to best understand the phenomenon of interest. The study utilized mixed mode methods to gather baseline data regarding the minibus taxi drivers' knowledge, attitudes and perceptions regarding HIV and AIDS in the minibus taxi industry, and to ascertain self-reported information around HIV testing, disclosure patterns and health seeking behaviour. This article, however, reports only on the qualitative section of the study which aimed to determine the minibus taxi drivers' understanding of HIV and AIDS with regard to HIV prevention strategies, existing support strategies and the effects of HIV and AIDS on the taxi industry.

This section of the study focused on the minibus taxi drivers' understanding of HIV and AIDS in general, their perceptions regarding support strategies that they receive within the taxi industry and how the AIDS pandemic is affecting their industry.

Utilizing qualitative methods in this phase was therefore appropriate in order to capture the personal perspectives and experiences of minibus taxi drivers (Patton 2002). Also, the qualitative approach has direct contact with the participants in their own environment.

Research design

An exploratory qualitative design is used to explore in detail the participants' beliefs about or perceptions or accounts of a particular topic (Smith, Harre & Van Langenhoven 1995) and was therefore appropriate in this study. The exploratory qualitative design was also deemed appropriate because the sample was small and non-representative.

Population, sampling and setting

The targeted population for this phase of the study was the minibus taxi drivers who were currently working in this industry. As this industry is widely considered unsafe to outsiders, the researchers had to do intensive community entry in order to gain the trust of the participants. Key informants were identified and issues of community entry were discussed with them. These key informants included rank managers, taxi association managers and taxi owners. All key informants in the desired setting

were sampled in order to point researchers in the right direction and also to introduce the drivers.

The sites comprised of various taxi ranks within the eThekweni municipality and were purposely selected based on their accessibility. Purposive sampling of participants was done based on their availability and willingness to participate in the study.

Data collection and methods

The focus group method was used because it is a good way to explore what individuals believe or feel, as well as why they behave in the way they do (Rabiee 2004). A semi-structured interview guide was used to obtain information from the participants. However, probing was also used to gain further information.

The researchers were first introduced to the taxi rank managers, by identified taxi owners who introduced the researchers to the taxi drivers who were at the taxi rank at the time. The researchers had been told to visit the rank during the 'quiet time', which was normally between 9 a.m. and 12 a.m. During this time the drivers would be sitting in groups talking or playing games while waiting for their passengers.

The researchers then asked the drivers if they would be interested in participating in the study and initiated the focus-group discussions (FGDs). Each focus group consisted of 8–10 taxi drivers and the discussions were conducted inside a stationary taxi or in any private sitting area. A total of three focus groups were conducted, but the third one had to be abandoned since the drivers had to leave as their taxis had filled up before the discussion had finished. The researchers made use of probing questions to elicit experiences of the taxi drivers regarding their perceptions of HIV and AIDS. The FGDs facilitated taxi drivers to openly share their perceptions as issues raised by one of the group served as a catalyst for dialogue among all the participants. Each of the focus-group interviews lasted for about 45 min.

The researchers worked in pairs and both took copious notes during the discussions as the drivers were not comfortable with a voice recorder being used. These notes were compared by the two investigators after the interviews.

Data analysis

The research objectives guided the analysis process. Since only two focus groups were conducted, data were analysed manually, using the content analysis technique. Data from both focus groups were analysed together as a single data set. Data were organized based on the questions, and the researchers started coding the data under common themes. Any issues that were recurring while reading through the data were identified as themes, and as these themes were emerging, they were grouped under categories and sub-categories (Strauss & Corbin 1990).

Data quality

Although the FGDs were used as a data collection method in this study, they were only part of an on-going research which utilized mixed methods. In order to encourage participants to talk freely during the discussion, the focus groups were homogenous and

the discussions were conducted in the participants' home language, isiZulu.

Trustworthiness

To achieve credibility, the researchers conducted member checks wherein informants were asked to comment on the data and researchers' interpretation (Lincoln & Guba 1985). Peer review of coding was conducted by other researchers with experience in the analysis of qualitative data.

Confirmability was enhanced by taking detailed field notes and making field notes available for audit checks and verification by researchers experienced in qualitative data collection and the taxi industry management.

To ensure investigator triangulation, data were obtained by two different investigators. The field notes taken by both investigators during focus-group interviews were compared for consistency during analysis.

Ethical considerations

The researchers obtained ethics approval from the University of KwaZulu-Natal Humanities and Social Science Ethics Committee. Permission to undertake the study was obtained from the Durban Minibus Taxi Driver's Association, which controls the activities of the minibus taxi drivers.

Participants were provided with information regarding the purpose and background of the study and were informed that participation was voluntary and that they may withdraw from participating at any time. Participants were promised that all data collected would remain confidential.

To maintain confidentiality, no names or identifying data were collected on the study forms. Pseudonyms were used so that participants could not be identified and the research settings were not specified, thus protecting the participants. Verbal informed consent was obtained from all participants before their participation in this study.

Data management and storage

Data were stored in a password-protected computer and external hard drive. Papers used to transcribe data were kept under lock and key. All data collected were kept confidential.

Findings

The categories that emerged from the analysed data are summarized below. Quotes are also used to emphasize what was said by the focus group participants.

Understanding of HIV and AIDS

It emerged from the FGD that the participants understood how the disease was transmitted. Most of the group understood that the virus was transmitted via sexual intercourse, though some knew that it can be contracted via contact with contaminated blood.

Transmission

Well personally I cannot say much the only understanding I have is that one can get HIV through sexual intercourse. (FGD 1)

Eish! This thing came in a bad way my sister because it is transmitted through sexual intercourse, but why? Why not other bad things and not something as good as sex? This is so unfair. (FGD 1)

I know that one can get it when you get into contact with contaminated blood. We in the taxi industry are not as exposed as ambulance drivers, but because we love sex, then we get caught in it. (FGD 2)

Incurability

The participants voiced their concerns on the lack of cure for the disease and understood the fact that people die from the disease since it cannot be cured.

I know that there is no cure for this disease. (FGD 1)

Eish this disease is very serious, cannot be cured and is going to kill us all madoda! (FGD 1)

All I know is that it kills 'akuna double up' (one cannot escape it). (FGD 2)

I know that there is still no cure for this disease. (FGD 2)

Prevention strategies

When the participants were asked if there were any formal HIV and AIDS prevention strategies that were aimed at taxi drivers, the response was that there were no HIV prevention strategies specifically aimed at minibus taxi drivers. The participants indicated that although there are occasional campaigns aimed at the general public, as far as they knew, neither the government nor the Taxi Associations have any organized strategies aimed specifically at HIV prevention in the taxi industry. The following excerpts indicate this finding.

No formal strategies

Truly speaking our association and management are really not doing much to ensure that something is done to prevent the disease. In fact some of them are also dying of the disease (Whispering jokingly). (FGD 1)

There is really nothing in existence that we can point out as organized strategies. Life is tough here my sister. We know we have to protect ourselves from the disease but how do we do that if we do not get any assistance condoms are expensive. (FGD 2)

Occasional prevention campaigns

In this place people come occasionally and just issue condoms in passing. These are not formal strategies; I suppose it's just people with extra stock or just feeling sorry for us. (FGD 2)

You see them from a distance during world AIDS day, these are just on certain days and we never see them again. (FGD 1)

Ad hoc brand promotion

From the FGDs it emerged that taxi drivers were not usually the targeted recipients of condoms, but were 'accidental' recipients of products during brand advertising:

You know my sisters I cannot lie to you, there is not much that is being done here. All that I can remember is that at some stage we were given condoms by some white man who was in the area. He was just handing out the condoms to any driver who stopped at the traffic lights. (FGD 2)

At some stage there was a man who was there at the traffic light next to Gateway. He was just handing condoms, we think he was just promoting the brand because he was giving out Lovers Plus to any one going by. (FGD 1)

Self-prevention strategies

When asked what precautions they took to prevent HIV, it emerged that while condoms were the most widely used prevention method, the taxi drivers also utilized various other prevention strategies. Some of the drivers described their preferred prevention methods and these included condoms, immune boosters and traditional medicines. This was shown in the following excerpts:

Condom usage

There is nothing much that one can do except for relying on condoms for protection. I always tell myself that I am working and forget about the worldly things, but how easy is that? (FGD 1)

I just tell my girlfriend that we have to use the condom, it's just that I still don't have the courage to go and test for now. We do have condoms at least so that's the only hope we have for now. (FGD 2)

Use of herbal medicine

I will tell you my sister all of us here take izimbiza (immune boosters and traditional medication). Here is my bottle (pointing at it). Ask any driver here, they will be lying if they say they don't drink imbiza, we just have to do it to survive. (FGD 1)

People react differently to this disease most of us here just use 'izimbiza' (immune boosters), they are all over this place. Just go there across the road, there is everything you need. Everyone is using it without even knowing their status. But in town also people are selling some good stuff, but by then it's too late for prevention you are already ill. (FGD 1)

Go to the containers there and see what they are selling, they bring all kinds of immune boosters. We drink them because we think we will get better. Even some of our bosses rely on these bottles (imbiza). (FGD 2)

The feelings of the participants were varied with regard to the use of prevention methods. Some participants felt that they were vulnerable and people were selling them herbal medicines to make money, not because they cared about their health; some participants indicated that they were afraid of learning their status and preferred to use preventive strategies without knowing the status; and others described feelings of despair, indicating that they had given up on their health and did not believe in prevention any longer.

Vulnerability

Because we are desperate, and yet we don't want to know our status we just drink these things and yet these people don't know our status. (FGD 1)

... because they know we are vulnerable, they don't care about prevention, they just give us imbiza. Yet we do buy from them because we don't want condoms we want an easy way. (FGD 2)

Fear of testing

I still don't have the courage to go and test for now. I will just continue using other means of prevention but for now the test is out of question. (FGD1)

I don't even think I will go at any stage. How will that help me? Heh? Instead it will make me die soon because I will be worried sick. You can even see now most young people here don't even want to talk to you. They are scared you might take blood samples!! (FGD 2)

Despair

I just feel that it's too late now to do something; the disease has infected a lot of people. People are still not checking their status it's so painful, they are dying a painful death. (FGD 2)

The role of women in HIV AND AIDS prevention

The participants felt that as much as they tried to prevent contracting HIV and AIDS, women sometimes pose a huge challenge and play a role in their endeavours not being successful.

Cannot resist temptation from women

Hey these women are really giving us problems here. 'Kunomapakisha' (girls) that are tempting us here. Every Friday they are waiting for us here wanting our attention. So what can we do? We have to give them a bit of attention and have sex with them, sometimes unprotected one. (FGD 1)

As people, we are not the same. Our problem here in the taxi industry is that sometimes women tempt us. Even if we want to stay faithful to our spouses, women come to the taxis wearing revealing clothing, what do we do then? We try my sister not be tempted, but it's tough. (FGD 2)

Women should play a protective role

They must also protect us and encourage us to use condoms. Maybe it's better with married people my sister; they can easily negotiate condom usage with us if you insist on condom usage you can loss the girl. (FGD 2)

Women should respect us. They should respect us and tell us when they have the disease. They must also insist that we both use condoms not to just be happy to have sex and not to care whether the condom is on or not. (FGD 1)

Concurrent relationships

Some participants confessed to having concurrent relationships, either with married women or having an affair with other women while they are themselves married. But they were adamant that they should use condoms in such relationships.

Hey, just let her go if she does not want a condom. Maybe married women are safe and cannot easily get infected with HIV ... Because they are in a safe relationship. (FGD 1)

What we usually do is tell them (women) that you are number 2 because I have a wife at home, but they still want us. There is this belief that we buy all the goodies for them, they don't pay in the taxi. We also sometimes enjoy having 'sidekick' although we know it's dangerous and not safe for us. (FGD 2)

HIV- and AIDS-programme-related needs

The drivers made various suggestions relating to what they believed was needed in the taxi industry with regard to HIV and AIDS prevention and management, ranging from condom distribution to educational programmes. While some participants felt that basic programmes such as condom distribution and education were necessary, others felt that people already had the necessary knowledge and that there was more need for behavioural change and interventions such as circumcision. These suggestions are highlighted in the following excerpts:

Condom availability

Eish there is nothing much except to have condoms readily available at the taxi ranks because as far as I know there is no cure for this disease, so there is no other way than to request for the condoms ... The issue is, will the people use them when they are available, that's another story. (FGD 1)

We would like to see more condom dispensing machines in the ranks as it happens in the toilets in other places maybe that can stop the spread. (FGD 1)

Just having condoms available here at the rank would make a difference. We can always hope the machine does not get vandalized. (FGD 2)

Educational programmes

For me I see the solution being having more educational sessions so that we know what to do when we have problems. We

would like to get more education on this disease we would really appreciate it. (FGD 2)

Yes, we would like assistance with checking ours status. We really need to be educated because with HIV if you don't have the correct understanding of things you will end up being sick. (FGD 2)

Counselling and testing services

We do need to get tested first because most of us don't know their statuses. But I am not sure how will that help because people react differently to this disease so if I have it I will just keep quiet too and just use 'izimbiza'. (FGD 1)

We would really like to be protected by our bosses and association. I would appreciate it if we can have counseling services. It is so painful to die alone with no one, no support at all. (FGD 1)

Maybe to have a marquee here at the taxi rank where people can be tested and get counseling. But obviously we will need privacy, I would not want people to see me testing and getting my results. (FGD 2)

Healthy lifestyle and disclosure

The problem is we don't know if we will get support if we test and disclose or people will just start gossiping about us. Let's get support for people who are already sick and disclosed first. (FGD 1)

I won't lie to you my sister, we need help. We have all the information it's just that some people are stubborn and don't want to listen. We need those who are knowledgeable like yourselves to come and visit us regularly to remind us on how to leave healthily and do the right thing. (FGD 2)

People have to come out about their status and disclose in order to get support. Usually we just suspect that a person is having the virus they never tell anyone until they die before getting help. (FGD 2)

Male medical circumcision

I just think people need to be encouraged to go and get circumcised, because research has shown that circumcision can reduce infection rate. (FGD 1)

I have heard that circumcision heals, how far true is that? Maybe someone can talk to us about what is happening when you are circumcised can it prevent HIV? (FGD 2)

Effects of HIV and AIDS on the taxi industry

All participants agreed that the HIV and AIDS pandemic has a negative impact on the taxi industry. The participants were concerned that the disease is affecting young people. There were also

concerns that taxi drivers sometimes live unsafe lifestyles which put them at risk of getting the disease. The disease not only has an impact on them in terms of high levels of morbidity and mortality, but also in terms of their relationships, as their spouses don't trust them anymore. The following themes came from this discussion:

Effects on the industry

High level of morbidity and mortality

The disease has affected the industry so much. The issue is people are sick but they don't know their status. Young people in this industry are affected most, they are dying young. (FGD 1)

We in this industry are the mostly affected my sister. Look around and tell me what you see. People are dying but still they are hiding their status. People are busy pointing fingers at each other but they themselves don't even know their status. (FGD 2)

Taxi drivers are part of a larger society

We are dying here because at the end of the day we are all part of the larger society. We are no different from other South African citizens. The issue is that we also have a very risky sex lifestyle and therefore I think we are dying in more numbers than other people. (FGD 2)

This disease is affecting everyone my sister, so we are very much affected but the difference is that we are always here at work most of the time and cannot go to see doctors. (FGD 2)

No access to health-care services

We are sick and dying, other people have access to the clinics and get treatment, yet it's difficult for us to get help like other people. We work long hours and by the time we finish work, the clinics are closed, so we cannot stick to treatment. (FGD 1)

Even if we get TB we don't tell other people, we can't go to the clinic because we have to be at work early and finish late. So tell me if we were to take ARVs where will we get time to collect them, like our wives and girlfriends. (FGD 2)

Individual effects

Lack of trusting relationships

Another thing is that some men have lost interest in women because even if they look beautiful and they want to sleep with them they are scared that they might be infected and will infect them, they don't trust them. (FGD 1)

Hey it's tough. Some of us continue to have secret lovers. This disease is so complicated and is causing relationship problem. If you get the disease you have to explain to the spouse where and how you got it, so rather stay not knowing your status,

and using a condom whenever you can. They don't trust us; they become scared of sleeping with us because they are scared of the disease. (FGD 2)

Discussion

The findings of this study demonstrated that the minibus taxi drivers understood the dangers of HIV AND AIDS and how the disease is transmitted and this was in line with previous literature (Orisatoki & Oguntibeju 2010). However, although the participants understood about the transmission, it was a concern that they did not seem to understand that there was treatment available for those who have been infected by HIV.

The participants' responses regarding HIV and AIDS prevention strategies indicated that they were aware of the existing prevention strategies, but they expressed concern that these strategies were aimed at the general public and that their work as taxi drivers made it difficult for them to participate. Although some HIV/AIDS interventions target individuals and others target communities, HIV/AIDS prevention activities have often been criticized for being 'one-size-fits-all' interventions (Mavedzenge, Doyle & Ross 2010) as such approaches can have implications on the effectiveness of the intervention activities. From the findings it was apparent that the taxi drivers are eager to have interventions that are tailor made for them and take their unique work environment into consideration. The lack of research focusing on the taxi industry could be attributed to the fact that this industry is informal and not regulated, thus resulting in inaccessibility of its employees.

As expected, some drivers were using herbal medicines such as immune boosters. However, it was shocking to learn that they used these herbal medicines as an alternative to getting tested. Although the taxi drivers felt that they were being used by the people selling these herbs, they felt it was better than knowing their status. This finding calls for a vigorous campaign in the taxi industry, encouraging people to get tested and know their HIV status.

While exploring the prevention strategies used by minibus taxi drivers, an interesting finding emerged relating to the role that women play in their lives. The drivers were blaming women for their HIV and AIDS infections. This finding was later explored further through focus groups with the girlfriends of the taxi drivers and what emerged was even more shocking as the participants perceived such relationships as safe because it was easy to negotiate condom usage in such a relationship.

It emerged from the interviews that the mini bus taxi drivers have no formalized HIV- and AIDS-related support whatsoever from the government or the taxi industry associations. However, it was very exciting to learn that they were very aware of their needs and were eager to learn more about male medical circumcision as an option. The researchers found this very positive and saw it as an opportunity to explore this finding in further research.

The drivers were very concerned about their future as members of the society and all agreed that the HIV and AIDS pandemic has a

negative impact on the taxi industry. While this topic was being discussed, the drivers displayed elements of fear and vulnerability. It emerged from the interviews that they required time and resources to deal with the epidemic. This finding was in line the findings of previous research on long-distance truck drivers (Tansey *et al.* 2010). The most pressing concern was that they don't have enough time to attend to their health needs due to their awkward working hours. The perception was that the management in their associations were also affected by the disease and did not want to talk much about it. Intervention strategies should therefore not only focus on the drivers, but also on different structures within this industry.

Conclusion and recommendations

The findings of this study have shown that taxi drivers have a good understanding of HIV and AIDS. This is aligned to previous research where Orisatoki and Oguntibeju (2010) noted that HIV and AIDS are well understood among taxi drivers. The findings also correlate with the experiences of long-distance truck drivers, as documented in the study by Tansey *et al.* (2010). The results of this study, however, highlighted the need for HIV/AIDS prevention strategies that will address the specific needs of taxi drivers. This is supported by Mavedzenge, Doyle and Ross (2010), who criticized the 'one-size-fits-all' interventions which are generic and do not address the specific needs of vulnerable groups, such as that of the taxi drivers.

Relevant policies need to be put in place to address these needs. Taxi associations together with the relevant government departments need to act fast to address the mini bus taxi drivers' identified needs relating to HIV and AIDS.

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