Sex and Drugs: Preventing HIV/AIDS among Truckers and Sailors in Georgia

Anne Bakilana

Key Messages

- **Awareness of HIV/AIDS among transport sector workers in Georgia is high; however, knowledge on transmission and prevention varies and misconceptions are common.**

- **High level of awareness does not necessarily change risky behavior which is prevalent among both truckers and sailors.**

- According to a November 2007 study, more than 50 percent of truckers and almost 80 percent of sailors in Georgia paid for sex in the preceding 12 months. There is easy access to sex workers along transport routes but condoms to prevent HIV transmission are not readily available. Sex workers had more than ten different partners in a week but less than 50 percent of Georgian truckers had always used condoms in the preceding 12 months.

- **Some interviewed health officials did not perceive a link between the transport sector and the spread of HIV or, at best, viewed it as a minor risk. Others saw it as one of the big challenges for the future. Health officials at the regional level were more inclined to see the link and perceived HIV in the transport industry as an issue of concern.**

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HIV/AIDS in ECA and Georgia

This Knowledge Brief summarizes the results of a November 2007 study that examined attitudes and approaches toward HIV prevention and care among health and transport sector institutions, non-governmental organizations (NGOs), transport sector workers, and sex workers (SWs) in Georgia. The aim was to identify the unique needs of transport sector workers with respect to HIV so that specific strategies and targeted intervention programs within both the health and transport sectors can be developed. The study was based on two quantitative surveys conducted with truckers, sailors and sex workers in Poti, Batumi and Gori in Georgia, and on qualitative surveys conducted with health and transport sector institutions and NGOs.

The number of people living with HIV in the Europe and Central Asia (ECA) region more than doubled between 2001 and 2007. While injected drug use remains the main mode of transmission, in some cases HIV infection through sexual transmission has been increasing. Georgia was selected as a case study because more than half (60 percent) of the 1,156 registered HIV cases so far were reported in the 2004-2006 period; and the annual number of newly registered HIV infections has been rising each year. Its neighbors in the Caucasus sub-region, Russia and Ukraine, also have a high prevalence of HIV. Research from other countries around the world shows that transport sector workers tend to have many sexual partners, often visit SWs, and are therefore at increased risk of infecting themselves and their partners. An understanding of the risks of HIV infection for transport sector workers in Georgia is essential so that an appropriate policy response through prevention, care and treatment interventions can be initiated.

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1. Knowledge, Attitudes and Behavior Related to HIV/AIDS among Transport Sector Workers--A Case Study of Georgia, World Bank, 2007. The study was designed by the World Bank and was implemented by the Euro Health Group and IPM Georgia.

The Knowledge-Behavior Gap: HIV/AIDS Knowledge does not Guarantee Safer Sex

Overall, awareness of HIV/AIDS among interviewed transport sector workers is high; however, knowledge on transmission and prevention varies, misconceptions and myths about HIV/AIDS are common, and stigma remains prevalent. About 99 percent of all interviewees in the study had heard of HIV/AIDS and nearly all knew that HIV could be transmitted by sharing needles. Compared to maritime workers, truckers were generally less informed about HIV/AIDS issues and less knowledgeable about HIV transmission. Almost half the foreign truckers interviewed did not know that a healthy-looking person could be infected, and nearly half of the Georgian truckers (43 percent) believed a mosquito bite could transmit HIV or that a person could become infected by sharing food. However, 72 percent of the Georgian truckers knew that condoms can prevent HIV. Foreign transport sector workers were included in the study because estimates suggest that there are twice as many Georgian companies as foreign ones. They are an important part of transport sector activities. Nationalities included Turkish, Armenian, Bulgarian and Uzbeks. On a summary index (created by counting the number of correct answers—out of seven—given by respondents on HIV/AIDS), truckers on average showed less knowledge than sailors, as might be expected due to the formers’ comparatively lower educational status. In addition, myths and misconceptions about HIV fuel the stigma and discrimination towards people living with HIV. Georgian truckers tended to express more stigmatizing attitudes towards people living with HIV—for example, only 22 percent thought an HIV-positive teacher should continue teaching and only 18 percent said they would buy food from a vendor with HIV.

High level of awareness does not necessarily change risky behavior among transport workers; risky behavior is prevalent among both truckers and sailors. Even though most interviewees knew about HIV/AIDS, only a few saw the link between the nature of their work, the risky behaviors many of them practice, and the threat of either being infected with HIV or infecting their partners. They did not perceive transport workers in general as being at risk of being infected and transmitting HIV to their partners. At the same time, their average frequency of visits to SWs was high and the number of transport workers who always used condoms was low (Figures 1 and 2). Among truckers, the study found that long hours spent on the road away from regular sexual partners and the easy availability of and frequency of visits to SWs along trucking routes, resulted in a high HIV risk. Among maritime workers, the study identified a close link between sexual behavior and the use of alcohol, especially among sailors who were more likely to have unprotected sex after alcohol use (Figure 3).

There is easy access to SWs along transport routes but condoms to prevent HIV transmission are not readily available. The Survey found that sex workers work an average of 10 hours a day, seven days a week, and have sex with an average of two clients per day (Figure 4). Their knowledge of HIV transmission and prevention, and of the symptoms of sexually transmitted infections (STI), is low. Only 64 percent of them knew that condom use in every sexual act can reduce the risk of HIV. Condom use among the SWs was low: only 29 percent said that they always used condoms with their clients. Nearly one in four sex workers (23 percent) went to public clinics or hospitals to get condoms, and another 19 percent bought condoms at drug stores. Half of the SWs interviewed said that there were no condoms available at their place of work.
Some interviewed health officials did not perceive a link between the transport sector and the spread of HIV. In addition, according to most transport company respondents, their own drivers do not have relationships with sex workers but drivers from other companies do (see Box 1). Other officials in the transport sector that were interviewed saw HIV prevention as the responsibility of the Ministry of Health and said that it was not one of their own core competences. On the other hand, the need for awareness on the risks of HIV infection and the challenges of addressing the risks among sailors were acknowledged as being necessary by some of the interviewed health and transport sector officials.

HIV transmission among transport workers is more likely to take place through sex than through intravenous drug use. The Study found minimal indications of intravenous drug use among transport sector workers, or sexual and drug-use networking between transport workers and intravenous drug-users (IDUs)--the group with the highest prevalence of HIV in Georgia. Both qualitative and quantitative data indicate that IDU is little known among sailors and truckers. This may be partly due to the regular testing required by shipping companies for sailors and intolerance of drug use within the trucking sector.

### Box 1

**Mixed Views on HIV Infection Risks Faced by Transport Sector Workers when they are Away from Home**

“Sometimes our seamen have to go to Kenya or South Africa; then I give them a little talk before they go to sea. I tell them [to] remember about HIV/AIDS. For malaria they do have to sign a statement saying they have been informed that there is malaria and they know what to do about it. But there is no such international rule on HIV/AIDS prevention. It is my own idea to talk to them about it. But they are grown men; it is up to them to protect themselves.”

**Member of a crewing company**

“The seamen are well-informed about the risk, but it seems they forget everything as soon as they reach the port. Just imagine how long they are at sea, separated from other people and suddenly they arrive in a big city, with a lot of money in their pockets... drugs, alcohol, casual sexual relations... In almost every port there are a lot of so-called ‘interclubs,’ where the sailor can easily meet SWs. Such clubs were established by trade unions with quite different reasons. In Batumi such interclubs were recently opened on the right side of the entrance of the Boulevard, close to the fountain... All the sailors agree that while having relations with prostitutes they should always be protected. But it is one thing to say something and another to do it. We, doctors, who conduct these trainings used to be on board and know the psychology of the seamen. We know what they do when arriving at the ports...”

**Medical services personnel member**

“Georgian drivers who work in Europe do not visit SWs very often. I exclude my drivers from this behavior, but I do not know about others. Foreign drivers tend to have more contacts with SWs. There are also so-called transit drivers who work individually, mainly transporting cars from abroad. They may have more active relationships with SWs and they are maybe more ‘dangerous’ regarding drug transportation. But I think that in general 99 percent of Georgian drivers do not pose any danger from this point of view. They make 10-12 voyages per year. I have known them for years and if there was some disease, it would show up.”

**Transport company member**
Recommendations for Reducing HIV Infection Risks in the Transport Sector

In the transport sector, there are barriers towards better dialogue about prevention services for sector workers. Prevention messages might be hindered by contradictory attitudes about sexual behaviors of transport workers, despite acknowledging that many drivers visit sex workers (Box 1).

While the enabling environment to fight the HIV/AIDS epidemic in Georgia is changing for the better, there is still need to further develop it by:

- Clarifying the mandate for HIV prevention, treatment and care
- Ending large scale imprisonment of IDUs
- Providing needle exchange programs and condoms in prisons
- Reevaluating the need for mandatory HIV testing in some sectors
- Ending discrimination toward people living with HIV (PLHIV)

Actions to be Taken

Enhance the dialogue and interaction between public health institutions, NGOs and the private sector on transport and HIV/AIDS issues. This might encourage cross-sector collaboration among national transport companies, international transport companies, NGOs, the health sector, and the education sector to identify transport sector needs and develop a strategic plan within the framework of the National Strategy for HIV/AIDS. Engaging transport industry representatives in Country Coordination Mechanism (CCM) meetings and other HIV/AIDS-related activities would expose them to issues around HIV/AIDS programs in Georgia and raise awareness on transport issues for those working on programs provided for by the Global Fund.

Raise HIV/AIDS awareness among transport sector officials. While transport sector officials feel that their workers are well-educated and know how to protect themselves, their knowledge of HIV transmission and its potential dangers is limited. Further awareness-raising is recommended on HIV/AIDS, its modes of transmission, the risks involved in having unprotected sex with multiple partners, and various prevention measures. This could be accomplished through identifying champions and influential persons from the transport industry to talk to transport workers about HIV/AIDS.

Introduce actions on transport and HIV/AIDS, such as those advocated by the EU, which call for targeting workers who are involved in building and maintaining transport infrastructure as well as those who operate transport services. Actions could include targeted health education, prevention services, distribution of condoms, reducing time spent away from home, providing information and other services at rest stops, and reducing time spent at border posts. Though the Government needs to support some of these initiatives, some programs could be initiated through private sector initiatives with NGOs. An excellent example is the partnership among the International Labor Organization, the International Transport Workers Federation and the International Road Transport Union: they have produced a toolkit providing information on HIV/AIDS for transport workers which includes a ‘training of trainers’ manual, a training course for management personnel of road transport companies, and an awareness raising and advocacy course for transport workers.

Work towards behavior change through persistent and intensified efforts and interventions. Even though awareness of HIV/AIDS is high among transport workers, unprotected paid sex is common. Many transport officials said that condom use is strongly, and inversely, related to alcohol use. Survey respondents often said that they “didn’t think of” using condoms at the critical moment even though many sex workers had them on hand. Therefore, it is important to provide both condoms and information about the risks of HIV at truckers’ rest stops, places where transport workers and sex workers meet, and facilities where transport workers obtain health services.

Lastly, the maritime sector in Georgia serves as a model of how modernization and reforms that meet international standards can improve awareness of health. There are opportunities to build on this model by creating a program that aims to reduce HIV transmission among men who buy sex, as well as their spouses, partners and sex workers.