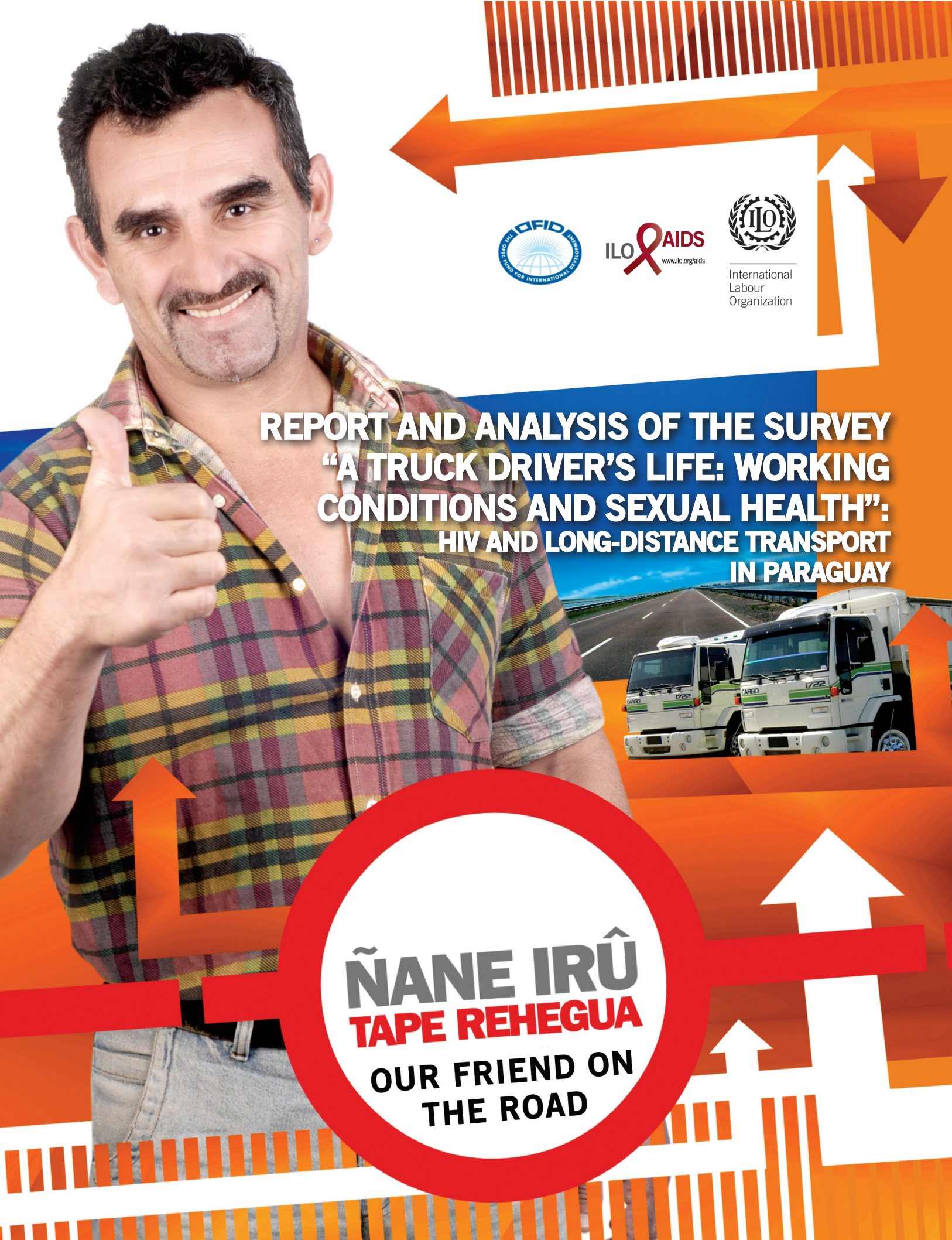

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REPORT AND ANALYSIS OF THE SURVEY "A TRUCK DRIVER'S LIFE: WORKING CONDITIONS AND SEXUAL HEALTH": HIV AND LONG-DISTANCE TRANSPORT IN PARAGUAY

ÑANE IRÛ TAPE REHEGUA

OUR FRIEND ON THE ROAD

ILO

Santiago, International Labour Office, 2012

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Contents

Suggestions for reading this report

Above all, the present report should be read with an open mind, free of preconceived notions.

One could read it selectively, focusing on the data about “promiscuity” (a word that is not used anymore for its pejorative connotations): that is, the number of sexual partners reported by the survey respondents, the percentage of respondents reporting having paid for sexual services, and the nature of each sexual encounter.

These data are clearly important for facilitating an understanding of the sexual behaviour of truck drivers to enable prevention and treatment services to be adapted to their needs.

However, these data should not be misused to stigmatize or belittle truck drivers. These workers deserve our highest respect for the job they do for the sake of others, many times under arduous conditions.

The long hours driving, the border documentation procedures, plus the wait while the cargo is being loaded, cause these men to be absent from their families for weeks, and sometimes months, at a time. Due to the lack of decent truck-stop rest facilities, they often have to park their trucks on the highway and stand guard over their cargo night and day. They sleep in the cabs of their vehicles and have limited access to clean water, clean toilets and showers, condoms and the HIV test.

Therefore, the data derived from the current survey should be used to cast these transport workers in a more human light, offer a better understanding of their working conditions, and motivate us to improve their conditions of health and safety. The job of a truck driver is not only arduous and selfless but also essential to a country’s economic growth and development.

For this reason, the present report is dedicated to the workers of the transport sector. We hope it will help to develop projects and programmes that respond to HIV in the transport sector, protecting in this way the rights of all workers, men and women alike.

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Vocabulary

HIV: refers to the human immunodeficiency virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures;

AIDS: refers to the acquired immunodeficiency syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both;

Stigma: means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV;

Discrimination: means any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, as referred to in the Discrimination (Employment and Occupation) Convention, 1958, and Recommendation, 1958;

Men who have sex with men: describes men who have sex with men, regardless of whether or not they also have sex with women or whether they define themselves as “homosexual”;

Transgender persons: describes transvestite, transgender and transsexual persons born with one biological sex whose gender identity differs from their sex at birth.

Introduction

The present survey, entitled "A truck driver's life: Working conditions and sexual health", in which 279 truck (goods transport) drivers and 58 long-distance (passenger transport) drivers participated, was conducted in seven cities throughout Paraguay during the months of April and May 2010.

The survey was conducted within the framework of the International Labour Organization (ILO) project "Strengthening the responses to HIV & AIDS in the world of work in Paraguay: Reducing the vulnerability associated with HIV and counteracting homophobia within the transport sector." The project was funded by the OPEC Fund for International Development (OFID).[1]

The name of the project encapsulates the main reason for the present survey: to extract data on the vulnerability of the transport sector to the human immunodeficiency virus (HIV).

This immediately gives rise to several questions: Why is the survey focused on HIV? Why the transport sector? And why truck drivers in Paraguay?

HIV in Paraguay

The first case of AIDS made its appearance in Paraguay in 1985; by December 2008, there were 4,501 registered cases of HIV and 2,302 registered cases of AIDS. In 2009, an average of 70 cases of persons living with HIV was registered every month.

The most frequent form of infection in Paraguay is through sexual transmission (92.5%). Also, according to the *National Report on progress towards the implementation of The United Nations General Assembly 26th Special Session (UNGASS) on HIV, "*The epidemic continues to be focused in the more vulnerable population segments: female sex workers, male sex workers, injecting drug users (IDU), and men who have sex with men."[2]

Every region in Paraguay has reported cases of HIV and AIDS. However, the majority of cases are concentrated in the capital, Asunción, the Central Region, and the regions bordering Argentina and Brazil (78.8%).

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1 OPEC is the acronym of the Organization of Petroleum Exporting Countries.

2 http://data.unaids.org/pub/Report/2008/paraguay_2008_country_progress_report_sp_es.pdf (page 3). [Translated from Spanish for the purposes of this present report.]

Mobile jobs as a risk factor

According to the abovementioned data, the greatest incidence of HIV occurs in places where trucks are loaded and unloaded, or where truck drivers stop to have their documentation inspected (which can take a considerable length of time). The ILO has indicated that immediate interventions need to be implemented in these "hotspots" to reduce the vulnerability of both truck drivers and the communities with which they interact.[3]

The 15-49 age cohort has shown the greatest increase in the number of cases of HIV infection (87.8%); it is also the economically-active population segment to which truck drivers belong.

Due to their high mobility and other factors, long-distance truck and bus drivers are more vulnerable to HIV infection. As *The ILO Code of Practice on HIV/AIDS and the world of work indicates*, "Certain types of work situations are more susceptible to the risk of infection than others", including:[4]

- work involving mobility, in particular the obligation to travel regularly and live away from spouses and partners;
- work in geographically isolated environments with limited social interaction and limited health facilities;
- single-sex working and living arrangements among men;
- situations where the worker cannot control protection against infection;
- work that is dominated by men, where women are in a small minority.

Stigma and discrimination

Long-distance truck drivers in Paraguay –like all highly-mobile workers worldwide– tend to be more vulnerable to HIV infection. However, they are not the problem. As the ILO has stated clearly, "The recognition of these risk factors means that transport workers are sometimes blamed for rising rates of HIV infection and for 'spreading the virus'. This is dangerous: stigmatizing transport workers helps drive the problem underground and makes the disease spread faster."[5]

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3 See "HIV/AIDS in the Transport Sector of Southern African Countries: A Rapid Assessment of Cross-Border Regulations and Formalities" (ILO, 2005).

4 Page 24.

5 International Labour Organization, *Using the ILO Code of Practice on HIV/AIDS and the World of Work: Guidelines for the Transport Sector*, (Geneva, 2006, page 4).

The second focus of the survey derives from this concern. The International Labour Organization, in addition to trying to collate data on the sexual behaviour of truck drivers, would like to gain a better understanding of the experiences of men working in the transport sector who have sex with men.

That is to say, HIV is not a "gay issue". It is an issue that concerns everyone, men and women, heterosexuals, gay men, lesbians, bisexuals, and the transgender community. However, in the context of the strong homophobia existing in Paraguay today (this negativity towards the gay community becomes apparent from the survey), men who have sex with men have less access to health services, and are subject to stigma and discrimination. Therefore, the survey contains questions on relationships with other men, the rights of the gay community and perceptions about them.

General objective

- To carry out a situation and needs analysis that would contribute to the design of a comprehensive programme for the prevention and care of HIV and AIDS -related diseases and sexually-transmitted infections (STI), focused on long-distance truck and bus drivers and their families and communities in Paraguay.

Specific objectives

- To describe and analyse the knowledge, attitudes and practices in terms of vulnerability to HIV infection and other sexually-transmitted infections which would help determine needs and priorities and establish a baseline for the development of a comprehensive programme for HIV/STI care focused on long-distance truck and bus drivers.
- To determine the study population's level of access to, utilization of, and intention of using the HIV/STI services.
- To identify the priority attention needs and the strategic locations.

Methodology and techniques employed - Field work implementation

In order to achieve the stated objectives, a rapid study was conducted using a quantitative methodological strategy. The data collection instrument was a brief questionnaire, mainly of closed, single-response options and some multiple-response options, formulated with the aim of revealing the main variables and establishing data, which would serve as the baseline for future interventions. The questionnaire was based on an instrument previously used in Argentina (Pecheny, 2008) whose design had, in turn, been based on instruments used in the past for this type of subject matter in both the general population and the male population in Argentina, and on instruments used with truck drivers in Brazil (CEARGS [Rio Grande do Sul Centre for the Study of AIDS], 2006a; UFRGS [Federal University of Rio Grande do Sul], 2006b).

The quantitative component: The survey

- **Survey universe:**
  - Long-distance truck and bus drivers currently in active employment within Paraguay.
  - Males over 18 years of age.
  - The minimum N envisaged by the project: 300 questionnaires.

- **Methodology:**
  - The questionnaire would be administered on the spot in a face-to-face interview.
  - Duration: approximately 45 minutes.
  -

- **Sample population:**
  - Convenience samples in strategic locations: metropolitan Asunción, Ciudad del Este, Encarnación, Coronel Oviedo, Villa Hayes, San Lorenzo and San Antonio. Based on preliminary interviews with key informants, these sites were selected for their high

concentration of truck and bus drivers, as well as the relatively-favourable prospect of their agreeing to answer the questionnaire.

- **Field work implementation:**
  - A strategy was established to reduce survey error as much as was feasibly possible. Priority was given to establishing the ideal contact conditions (such as suitable location, and proper training and sensitization of the survey interviewers) in order to obtain the best quality information possible from the survey respondents.
  - Once the questionnaire had been defined, the coordinating team took charge of training the survey interviewers. The training sessions provided information on HIV and AIDS, privacy ethics, the objectives of the project, and the purpose of the survey instruments.
  - Pilot test: pilot tests were run on the questionnaire, whose core objectives were to evaluate the text of the questions and the closed-response options, to evaluate the general design of the questionnaire, to analyse the survey procedures seeking suggestions for improvement, and to evaluate the degree of, and reasons, behind any failure to respond.
  - The questionnaires were uploaded as the survey was being conducted, to accelerate processing time.
  - The surveys were conducted in April and May, 2010. The final count was N = 337 interviews –administered to 279 long-distance truck drivers (goods transport workers) and 58 long-distance bus drivers (passenger transport workers).

A survey with a difference

The present survey has broken new ground in several areas. It is the first study on the sexual behaviour of the general male population of Paraguay. In addition, it is the first study on HIV in Paraguay focused specifically on truck drivers. Finally, the survey has investigated the stigma and discrimination associated not only with HIV but also with homophobia and transphobia, equally unacceptable forms of discrimination that augment the vulnerability to HIV of men and women alike.

Freedom from fear

One fact stood out in the survey data: despite national legislation on AIDS (which includes significant components of labour legislation), a sensitization campaign on HIV transmission focused on truck drivers, and the efforts of a team of national and international agencies working in the field, 49.9% of the truck drivers interviewed believed that being HIV-positive would be grounds for dismissal, and 30.6% did not know or were not sure. That is, only approximately 20% believed that a truck driver living with HIV would not lose his job.

Although this fact might seem of minor significance compared to the data on sexual behaviour, it says a great deal. It reveals a general attitude towards the epidemic and an opinion about persons living with HIV which is quite alarming.

The fear of seeking information on HIV, or of consulting a professional opinion or speaking to colleagues at work about the virus because of the fear of being dismissed, creates a highly-precarious situation, which must be counteracted through concerted action by the transport sector.

Results

The results of the present survey conducted among long-distance truck and bus drivers working in Paraguay are presented below. The aggregate data for truck drivers and bus drivers have been presented, since there was not enough variation in the disaggregated data to enable any statistically-sustainable conclusions to be drawn.[6]

[6] For the purposes of the present report, the term “truck drivers” refers to goods transport workers, and the term “bus drivers” refers to passenger transport workers. Although they share many characteristics, and demonstrate similar vulnerability to HIV infection, it is important to bear in mind that these are two separate sample populations.

1. Personal characteristics of the survey respondents

1.1 Distribution by survey location of the survey respondents participating in the Survey of Long-Distance Truck and Bus Drivers in Paraguay (EC Py-2010)

Due to logistical and time constraints, a suitable sample size was set for fieldwork, which prioritized a variety of locations in Asunción and routes through the national territory in the direction of Argentina and Brazil. Once the sample sites had been established, the survey was conducted with the participation of 337 truck and bus drivers, according to the distribution shown in table 1.1.

Table 1.1

Distribution of the survey respondents by sample city in the Survey of Long-distance Truck and Bus Drivers in Paraguay (EC Py-2010)

City where survey was conducted	Frequency	Percentage
Asunción	68	20.2
Villa Hayes	59	17.5
San Lorenzo	55	16.3
Ciudad del Este	51	15.1
Coronel Oviedo	51	15.1
Encarnación	38	11.3
San Antonio	15	4.5
Total	**337**	**100.0**

1.2 Distribution of the survey respondents by place of residence

Table 1.2 shows the distribution of the survey respondents by place of residence:

Table 1.2

Distribution of the survey respondents by place of residence (EC Py-2010)

Place of residence	Frequency	Percentage
Central	132	39.2
Ciudad del Este/President Franco/Hernandarias /HERNANDARIAS	78	23.1
Asunción	41	12.2
Paraguari/Cordillera	30	8.9
Encarnación	18	5.3
Coronel Oviedo/Villarrica/Caaguazu CAAGUAZU	17	5.0
Villa Hayes	5	1.5
Pedro Juan Caballero	3	0.9
Santa Fe (Argentina)	3	0.9
Canindeyú	2	0.6
Brazil	2	0.6
Province of San Pedro	2	0.6
Ñembucu/Pilar	2	0.6
Clorinda (Argentina)	1	0.3
Province of Concepción	1	0.3
Total	**337**	**100.0**

More than half of the survey respondents lived in Asunción and the Central Region, one quarter in Ciudad del Este/ President Franco/ Hernandarias, and the rest were scattered throughout several locations. Greater concentrations were also to be observed around the bus terminuses and truck depots, which should be considered as prospective sites for interaction with truck and bus drivers in prevention campaigns or other interventions.

1.3 Distribution of the survey respondents by age

Table 1.3 shows the distribution of survey respondents by age cohort. The majority of the survey respondents was concentrated in the intermediate adult age cohort. Two thirds of the sample were between 18 and 41 years old, generally considered to be the reproductive age cohort, in which the greatest proportion of HIV cases tends to be concentrated. There were not many younger males, those recently entering the phase of sexuality and reproduction: only 6.5% were between the ages of 18 and 25.

In general, therefore, the sample population was within the age range of sexually-active adult males.

Table 1.3

Distribution by age range of truck and bus drivers interviewed (EC Py-2010)

Age range	Frequency	Percentage
From 18 to 25 years	22	6.5
From 26 to 33 years	71	21.1
From 34 to 41 years	125	37.1
From 42 to 49 years	78	23.1
From 50 to 58 years	31	9.2
From 59 to 66 years	10	3.0
67 years or more	0	0.0
No comment	0	0.0
Total	**337**	**100.0**

The mean (average) age of the survey respondents was 38.7 years; the median (dividing the sample into equal parts) was 38 years, and the mode (age with the greatest number of survey respondents) was 35 years.

Compared to the data on male populations of similar age ranges (*Population and Housing Census 2002 Paraguay National Report: Final Results*), the sample population was largely clustered between the ages of 26 and 49 and, more specifically, between the ages of 34 and 41, whereas

there was a logical decrease in the concentration by age in the older age cohorts in the general (urban and rural) male population.

1.4 Distribution of the survey respondents by marital status

Table 1.4 shows the distribution by relationship or marital status of the truck and bus drivers interviewed.

Table 1.4

Distribution of the survey respondents by marital status (EC Py-2010)

Marital status	Frequency	Percentage
Married	172	51.0
Unmarried and cohabiting/partners	77	22.9
In a relationship without cohabiting	10	3.0
Single	51	15.1
Separated/divorced	22	6.5
Widowed	5	1.5
No comment	0	0.0
Total	**337**	**100.0**

A large majority of the survey respondents were in a relationship[7] (76.8%): 51% were married, 22.8% were cohabiting outside of marriage, and 3% were in a relationship without cohabiting.[8] 23.1% of the sample population were currently not in a relationship (15.1% were single, 6.5% were separated, and 1.5% were widowed).

The proportions were quite similar to those of the male population of similar age cohort. (In order to avoid large distortions in comparing structures of different ages, given that, in the general population census, the younger-aged cohorts were greater, the distribution according to marital

[7] Translator's note: "In a relationship" was used as the translation for "*en pareja*".

[8] Translator's note: "*De novio sin vivir juntos*" was translated as "in a relationship without cohabiting" and "*unidos*" as "cohabiting".

status was calculated, taking from the Census data the cohort of males from 25 to 59 years of age.) According to these data, 54% were married, 22% were cohabiting ("*unidos*"), and 21% were single. (The structure by age in the Census yielded a greater incidence of the youngest cohort, which would include single men and those "in a relationship without cohabiting.") (*Population and Housing Census 2002 Paraguay National Report: Final Results*).

1.5 Distribution of the survey respondents by level of education

Table 1.5 shows the distribution of the survey respondents by educational level to be quite heterogeneous.

Table 1.5

Distribution of the survey respondents by educational level (EC Py-2010)

Level of education	Frequency	Percentage
Primary school level incomplete	26	7.7
Primary school level completed	51	15.1
Secondary school level incomplete	116	34.4
Secondary school level completed	113	33.5
Tertiary technical school level incomplete	15	4.5
Tertiary technical school level completed	10	3.0
University/tertiary school level incomplete	5	1.5
University/tertiary school level completed	1	0.3
No comment	0	0.0
Total	**337**	**100.0**

Almost two thirds of the sample population had relatively low levels of formal education (secondary school level incomplete or less). A total of 7.7% had not even completed their primary school education, which practically demonstrated functional illiteracy. Approximately 1 out of every 10 respondents had embarked on tertiary level or university level education. The sample, thus, turned out to be heterogeneous in terms of educational level: however, it signalled that the design of prevention messages or any other communicational material should consider these data.

The sample of truck and bus drivers presented percentages in levels of education achieved that were quite similar to the 2002 Census data of the male population aged between 25 and 59. Despite their levels being somewhat higher than that of the general male population of those age groups, the proportions of those with completed and incomplete primary school level education and even incomplete secondary school education (from Basic Education up to ninth grade or less) was higher in the general population than in the sample population. Meanwhile, the proportion of persons having completed their secondary school education was slightly higher in the sample population than in the general male population in the aforementioned age cohort.

1.6 Distribution of the survey respondents by health-care coverage

The survey respondents were questioned about their principal source of health care, with the understanding that different types of health care often overlapped or that their subsector of origin may have been difficult to determine. Therefore, to simplify matters, the following categories of health care were identified for the purposes of the present study: coverage by the Institute of Social Security (IPS), private medical insurance, and public hospital care. Respondents were asked by means of multiple-choice, single-answer questions to indicate whether the data referred to a single source of health care or to the main source (when more than one option was applicable).

Table 1.6 shows the distribution of the truck and bus drivers interviewed in the sample population:

Table 1.6

Distribution of survey respondents by the main source of health-care coverage (EC Py-2010)

Health-care coverage	Frequency	Percentage
Public hospital	172	51.0
Social Security Institute *(Instituto de Previsión Social, IPS)*	126	37.4
Private medical insurance	33	9.8
Don't know/No comment	6	1.8
Total	**337**	**100.0**

Public hospital health care was the most frequent response for the group of truck and bus drivers interviewed (51.0%), followed by Social Security Institute *(Instituto de Previsión Social, IPS)* coverage (37.4%). The distribution by health-care coverage was the same for all survey respondents regardless of their work status; that is, whether they worked independently or in a situation of dependence. Only 1 in 10 survey respondents had private medical insurance.

These data differ from data on the general population in Paraguay: according to the *Permanent Survey of Homes* of 2007, 78.4% had public health-care coverage, 13.9% had IPS, and 7.7% other health-care coverage (DGEEC [Statistics, Survey and Census Bureau of Paraguay], 2007).

2. Work history and working conditions

The following are the results of the survey on the former and current occupations of the sample population of truck and bus drivers interviewed, which helped lead in to the topics of sexuality, health and HIV and AIDS.

The social and demographic characteristics presented earlier must be borne in mind during the analysis, since many of the aspects that are dealt with next have to do with age, marital status and other facets in the life of the survey respondents. In some cases, not only have the results for the whole sample population been presented, but also the statistical bias that demonstrates the weight of each specific variable, as well as the results for the entire sample population.

2.1 Distribution of the survey respondents according to the number of years they have been working as truck or bus drivers

Career seniority is basic to understanding the type of sample population under study. Research in other countries and informal conversations have indicated that it is not rare to find members of the same family working in the transport sector from generation to generation, thereby creating a masculine culture of occupational and gender socialization.

Table 2.1. shows the distribution of truck and bus drivers according to the number of years they have been working in the same occupation.

Table 2.1

Distribution of the survey respondents by the number of years they have been working as drivers (EC Py-2010)

Seniority as a truck or bus driver	Frequency	Percentage
Between 1 and 5 years	74	22.0
Between 6 and 10 years	88	26.1
Between 11 and 15 years	71	21.1
Between 16 and 20 years	53	15.7
Between 21 and 25 years	21	6.2
Between 26 and 30 years	15	4.5
31 years or more	15	4.5
No comment	0	0.0
Total	**337**	**100.0**

Over half of the survey respondents had been working in the same occupation for more than a decade, while 22% had been drivers for less than 6 years, and 26% for between 6 and 10 years. The average seniority in this occupation was 12.8 years, the median (which divided the sample population into equal parts) was 11 years, and the most frequent response on the question of seniority was 5 years.

Whatever the case, the data demonstrated a kind of job stability in the transport sector that does not always occur in other occupations.

2.2 Distribution of the survey respondents by ownership of the transport vehicle

Ownership of the transport vehicle with which they worked conferred a differentiation in the socio-economic status of the drivers, as well as in the degree of inequality in terms of autonomy of schedule and route, especially in the case of truck drivers.

Table 2.2 shows the distribution of truck and bus drivers according to vehicle ownership:

Table 2.2

Distribution of the truck and bus drivers interviewed by ownership of the vehicle (EC Py-2010)

Ownership of vehicle	Frequency	Percentage
Not owned	269	79.8
Owner	68	20.2
No comment	0	0.0
Total	**337**	**100.0**

The vast majority of survey respondents (almost 80%) did not own the vehicles they drove, which implied a dependency on the individual or company that owned the vehicle, and conditioned their freedom to choose the places and times for stops, and so on. In contrast, about 20% of respondents owned the vehicles with which they worked.

2.3 Distribution of the survey respondents by employment situation

A driver's employment situation often conferred differentiation in socio-economic status and unequal degrees of autonomy in schedule, route, and health-care coverage. Table 2.3 shows the distribution of truck and bus drivers by employment situation:

Table 2.3

Distribution of truck and bus drivers interviewed by employment situation (EC Py-2010)

Employment situation	Frequency	Percentage
Employee of a transport company	230	68.2
Employee of a single owner /boss	87	25.8
Independent worker, autonomous	17	5.0
Work through a cooperative	2	0.6
None	1	0.3
No comment	0	0.0
Total	**337**	**100.0**

The distribution reflected data concordant with that of vehicle ownership and demonstrated, with very few exceptions, that mere ownership of the vehicle did not imply autonomy of employment. In terms of employment situation, therefore, almost the entire sample population was in a position of dependency. The majority of drivers worked for transport companies, and one quarter of the sample population for single owners. Very few drivers (5%) worked on their own.

In Argentina, the data demonstrated that differences in health-care coverage depended on whether or not the vehicles were individually owned; drivers working in a dependent situation were covered by union social care, while independent owners were covered by private health insurance or through membership of chambers of commerce (Pecheny, 2008). The case was different for the Paraguayan data. No differences existed in terms of access to the health-care system from ownership of the vehicle and, in consequence, between independent employment and situations of dependency. Over 50% of both owners and non-owners of trucks or buses were covered by the public health-care system.

The fact that most of the sample population of drivers were in dependent employment situations suggested that it would be a good idea to involve the business sector in future prevention programmes for the promotion of healthy lifestyles, such as for the supply of informative material and products such as condoms.

3. Characteristics of the journeys and routes covered

The journeys of truck and bus drivers for the purposes of their work are characterized by duration and distance, the number and location of rest stops, whether the drivers are accompanied or not, and their occupational duties and recreational activities. These characteristics contribute to the vulnerability of these workers in terms of HIV infection and other health risks.

The daily routine of a drivers' work provides opportunities for masculine socialization. It also presents occasions for striking up acquaintances with women (with whom the driver may or may not have affective or sexual relationships, in some cases involving a financial transaction), with sex workers from the transgender community, and for engaging in occupational or friendly discourse with other men and women.

Each of these relationships and bonds transpires in the life of each worker because of being male, being a man. In this context, the identity of the male gender (Connell, 1997) is defined by positive affirmation (who I am, who we are: adult males, masculine, men, sexually active) and by its opposite (who and what we are not: women, homosexuals, sexually passive, transsexuals). The gender identity is established through the socialization between males, a socialization which characterizes this eminently masculine occupation and which is, in its turn, passed down through several generations. The building of identity as a male among men sometimes encourages discriminatory practices and discourse (towards women, homosexuals and transgender persons).

Working as a truck or bus driver offers a specific, temporal and spatial framework for these gender and sexual linkages. This becomes apparent through an analysis which some authors call "the political economy of sexuality" (Manzelli and Pecheny, 2002), which integrates the various social relationships in which the subjects engage, be they work-related or affective-sexual, in a global, systemic analysis.

As such, being able to identify the arrival and departure terminuses, the cargo loading and unloading stops, the rest and recreational stops, and the duration of such stops, provides a framework for the design of interventions on health-care and quality of life matters for these workers and their milieu.

3.1 Distribution of the survey respondents by fixed route

Table 3.1 shows the proportion of truck and bus drivers with generally well-established routes, and those without.

Table 3.1

Distribution of sample truck and bus drivers by fixed route (EC Py-2010)

	Frequency	Percentage
No fixed route	143	42.4
Infrequent route changes	98	29.1
Fixed routes for most trips	96	28.5
No comment	0	0.0
Total	**337**	**100.0**

The table shows that the work experiences were varied: over 40% had no fixed route, while almost 30% had fixed routes, and a similar proportion changed routes very infrequently.

In order to decide on the health-care intervention programmes for the routes themselves and to create a sustainable link with the truck drivers, it was important to know the variability of the routes travelled by them. It would probably be useful to establish access points for prevention and care on the routes themselves for drivers who always use the same route or had routes that were more or less fixed. It would probably be more suitable to design interventions for drivers without fixed routes in their cities of habitual residence, adapted to the timetables and seasonally unstable conditions of transport workers. Similarly, opportunities for health checkups (for primary prevention) could be carried out in various urban centres or border crossings and/or points of prolonged parking (such as rest stops).

Likewise, the key places on the road where truck and bus drivers might have the time and the disposition to accede to information and prevention material on HIV and AIDS and general health care must be determined. For more on the average duration of these routes (fixed or not), and the rest stop locations and durations in the course of such journeys, see paragraphs 3.3 to 3.7.

3.2 Distribution of the sample population of truck and bus drivers by the average number of round trips per month

Table 3.2 shows the average number of round trips, that is, from the starting point and back, that the sample population of truck and bus drivers interviewed made in one month. The distribution also showed whether the truck or bus drivers operated locally and whether the distances were short, medium or long.

Table 3.2

Distribution of truck and bus drivers by average number of round trips per month (EC Py-2010)

Number of round trips per month	Frequency	Percentage
1 to 5 round trips	284	84.3
6 to 15 round trips	49	14.5
16 to 30 round trips	4	1.2
No comment	0	0.0
Total	**337**	**100.0**

As shown in table 3.2, the majority of drivers carried out between 1 and 5 round trips monthly, which indicated that these were long-distance, round trips (unless they worked only a few days per month). A total of 14.5% carried out 6 to 15 round trips, and only 1.2% did 16 round trips or more per month (which would enable them to leave home in the morning and return home at the end of each day).

The average number of round trips per month was 4.2, the median number of round trips (dividing the sample into equal parts) was 4, and the mode (the number of round trips reported by the greatest number of drivers interviewed) was 3; however, the standard deviation was 3.03. This last fact revealed the large variation of the sample around the number of monthly round trips.

3.3 Distribution of the truck and bus drivers interviewed by the average duration of each round trip

Table 3.3 shows the average duration of each round trip. The table demonstrates wide variations in this respect, consistent with the periods that the truck and bus drivers were absent from their homes or habitual places of abode. Almost half of the drivers interviewed undertook round trips lasting an average of 4 to 7 days, one quarter of the sample population undertook round trips that lasted between 1 and 4 weeks, and one fifth were on the road for an average of 2 to 3 days.

Table 3.3

Distribution of the truck and bus drivers interviewed by average duration of each round trip (EC Py-2010)

Average time or duration of each round trip	Frequency	Percentage
From 1 to 12 hours	6	1.8
1/2 day to 1 day	10	3.0
2 to 3 days	70	20.8
4 to 7 days	163	48.4
From more than 1 week to 4 weeks	87	25.8
1 month or more	1	0.3
No comment	0	0.0
Total	**337**	**100.0**

There were some differences encountered on combining the data on the average duration of each round trip and the data on whether or not the routes were fixed. Among the drivers on fixed routes (28.5% of the sample population), some 41.7% undertook round trips that lasted from 2 to 3 days, and a similar proportion (42.7%) were on the road for 4 to 7 days, while 15% undertook round trips that lasted more than one week.

Drivers who changed route infrequently predominated in the subgroup undertaking journeys of between 4 and 7 days.

Likewise, among those drivers with no fixed route (42.4% of the sample population), more than 38% undertook journeys that lasted more than a week, almost 40% undertook journeys lasting 4 to 7 days, and approximately 13% worked for 2 to 3 days.[Table not shown].

There were too few drivers in the sample population working for 1 day or less to demonstrate any route pattern.

3.4 Most frequently travelled routes

On the questionnaire, the drivers were asked about the routes most frequently travelled during the past two years, requesting specific information on whether the routes were international, national or provincial. The survey asked for details on route and itinerary, from departure to arrival; it was an open question (without answers provided) allowing for multiple responses (up to three routes could be mentioned). Given that the responses were many and varied, they have been grouped into categories that take into account the locations where most of the work of the truck and bus drivers interviewed was concentrated.

Table 3.4.1 shows the number and percentage of truck and bus drivers that indicated international, national and provincial routes: in other words, which routes the survey respondents used more or less often, by frequency and percentage. The table shows the results for the principal route most frequently travelled (since up to three frequently-travelled routes had been allowed).

Table 3.4.1

Type of route most frequently travelled by the truck and bus drivers interviewed (EC Py-2010)

	Frequency	Percentage (cases)
International	318	94.4
National	8	2.4
Provincial	11	3.3
Total	**337**	**100.0**

Consistent with the data on duration and number of round trips, almost all the truck and bus drivers interviewed indicated an international route in first place in the order of routes most frequently travelled.

The following tables show the places of departure and destinations for the journeys of the truck and bus drivers interviewed. The question allowed multiple answers: that is, there could be more than one optional response; logically, therefore, the column of percentages adds up to more than 100%, indicating that some of the survey respondents gave more than one answer.

Table 3.4.2

Departure points for the routes most frequently travelled by long-distance truck and bus drivers (EC Py-2010)

	Frequency	Percentage
Asunción	173	51.3
Ciudad del Este Encat	40	11.9
Encarnación	38	11.3
Coronel Oviedo	26	7.7
Iguaçu Falls (Brazil)	23	6.8
Clorinda (Argentina)	23	6.8
Other	74	22.0
Total	**397**	

As expected, Asunción was the most frequent departure point for both truck and bus drivers: the capital city was listed by more than half of the survey respondents (n = 337). One fourth of the survey respondents mentioned a number of other localities as well, mostly scattered around Paraguay, with a few in Argentina and Brazil.

Table 3.4.3

Destinations along the most frequent routes of long-distance truck and bus drivers (EC Py-2010)

	Frequency	Percentage
Buenos Aires (Argentina)	63	18.7
Chile (in general)	33	9.8
Asunción	29	8.6
Santiago, Chile	29	8.6
Ciudad del Este	24	7.1
Concordia (Argentina)	24	7.1
Curitiba (Brazil)	23	6.8
Brazil (in general)	22	6.5
San Pablo (Brazil)	21	6.2
Argentina (in general)	21	6.2
Other *(Cascavel, Paranagua, Encarnación, Montevideo, Santa Catarina, others)*	179	53.1
Total	**468**	

There was more variation in terms of destination, with Buenos Aires (Argentina's capital city and port) being the locality most mentioned by the survey respondents (almost 20%). Consistent with the data on the kinds of route travelled, the destinations were mainly international. More than half of all the localities mentioned were highly dispersed; a large number of destinations fell into the category "other".

3.5 Most frequent points of loading and unloading

The survey respondents were also asked about the places where they usually loaded and unloaded their vehicles. While multiple responses were allowed (that is, more than one option could be chosen), table 3.5 shows the distribution of the answers given as the first option.

Table 3.5

Most frequent loading and unloading points for long-distance truck and bus drivers*
(EC Py-2010)

	Frequency	Percentage
Asunción	70	20.8
Coronel Oviedo	30	8.9
Montevideo	21	6.2
Talleres	21	6.2
Ciudad del Este	17	5.1
San Antonio	16	4.8
Chile (in general)	15	4.5
Buenos Aires	13	3.9
Encarnación	12	3.6
Others *(Villeta, Jujuy, Santiago, Iguaçu Falls, Iquique, Concordia, others)*	122	36.2
Total	**337**	**100.0**

* Options presented as first choice

The truck and bus drivers mentioned a large number of loading and unloading stops, with the capital city of Paraguay being the most frequently named (by a little over 20% of the survey respondents).

3.6 Distribution of the survey respondents by route stop locations

On the questionnaire, the truck and bus drivers were asked to name the places where they usually made brief stops on the route or during their trips, to either rest or eat, or for reasons other than sleep. The question had several, optional responses and allowed more than one answer: therefore, the percentage column adds up to more than 100%, indicating that some survey respondents gave more than one answer.

Table 3.6

Distribution of truck and bus drivers interviewed by route rest stop locations (EC Py-2010)

	Frequency	Percentage (cases)
Service station/kiosk	259	76.9
Customs checkpoint	58	17.2
Bus terminus or truck stop	57	16.9
Bar / restaurant	44	13.1
Public bathrooms	25	7.4
Police station/gendarmerie	19	5.6
Toll stations	14	4.2
Roadside	14	4.2
Motel/sauna	5	1.5
Hotel/boarding house/lodgings	4	1.2
At the home of a girlfriend or female friend	3	0.9
Church or religious centre	1	0.3
Do not stop on the road	4	1.2
Total number of stops mentioned	**507**	

As can be observed, the majority of drivers (approximately 80%) rested at service stations out of necessity. Some stopped at bus terminuses or truck stops (17%), customs checkpoints or police or gendarmerie stations (22.8%). About 13% stopped at bars or restaurants. The remainder of the spots mentioned had little statistical significance. In terms of coverage, the service stations,

and, to a lesser extent, customs checkpoints and vehicle terminuses seemed to be the prime locations where truck and bus drivers could be reached in a prospective health-care prevention or promotion programme.

3.7 Distribution of the survey respondents by average route stop time

On the questionnaire, each driver was asked to estimate the duration of their brief stops on the route or round trip, to rest or eat or for reasons other than sleep, both during the day and at night.

Table 3.7.1

Distribution of the truck and bus drivers interviewed by duration of average daytime rest stops (EC Py-2010)

	Frequency	Percentage
No rest during the round trip	17	5.1
Less than 1 hour	67	19.9
From 1 to 2 hours	209	62.0
From 2 to 6 hours	35	10.4
More than 6 hours	9	2.7
No comment	0	0.0
Total	**337**	**100.0**

During the day, the majority of drivers made short stops to rest: 62% stopped for between 1 and 2 hours, and almost 20% for less than 1 hour. About 10% stopped to rest for between 2 and 6 hours, and only 3% rested for more than 6 hours during the day. Approximately 5% of the survey respondents said they did not rest at all during day trips.

Table 3.7.2

Distribution of the truck and bus drivers interviewed by average duration of route rest stop at night (EC Py-2010)

	Frequency	Percentage
No rest during the trip	44	13.1
Less than 1 hour	35	10.4
From 1 to 2 hours	42	12.5
From 2 to 6 hours	134	39.8
More than 6 hours	82	24.3
No comment	0	0.0
Total	337	100.0

More drivers stopped to rest at night than during the day: at night, over 40% of the survey respondents stopped for between 2 and 6 hours with the intention of resting, and approximately one quarter stopped for more than 6 hours. Almost 23% stopped for less than 2 hours for the same purpose. About 13% said they did not rest at night when they were on the road.

3.8 Distribution of the survey respondents by accompanied or unaccompanied travel

On the questionnaire, each truck and bus driver was asked whether he usually travelled alone or accompanied on his journeys. Table 3.8.1 shows the distribution of the sample population by accompanied or unaccompanied travel, and table 3.8.2 shows the travel companions of drivers who did not always travel alone.

Table 3.8.1

Distribution of the survey respondents by accompanied or unaccompanied travel (EC Py-2010)

Travels alone or accompanied	Frequency	Percentage
Alone	195	57.9
Accompanied	142	42.1
Total	**337**	**100.0**

In the sample population, almost 58% of drivers usually travelled alone, and a little more than 42% responded that they always, or almost always, travelled accompanied.

Table 3.8.2 shows the most frequent driver travel companions. Only drivers that did not always travel alone answered this question: 142 truck and bus drivers, some 42% of the sample population. Given that this question allowed multiple responses, the percentages of the responses do not add up to 100% (since some respondents supplied more than one answer). The data, therefore, refer to the percentage of drivers that listed each of the options, taking as the denominator the number of drivers indicating that they travelled accompanied.

Table 3.8.2

Distribution of the survey respondents indicating accompanied travel by type of travel companion (EC Py-2010)

Type of travel companion	Frequency	Percentage (cases)
Colleague, another driver, assistant	120	84.5
Partner (spouse, live-in partner, girlfriend)	18	12.7
Male friend	8	5.6
Female friend	7	4.9
Other family member	6	4.2
Son(s) or daughter(s)	5	3.5
Stewardess	2	1.4
Security guard	1	0.7
Someone picked up on the road	1	0.7
Boss	1	0.7
No comment	0	0.0
Total number of responses	**169**	
n = 142 (number of drivers travelling accompanied)	142	100

The most frequent travel companion was the other driver or assistant, mentioned by 84% of this subpopulation; usually, this was to comply with the practices, routines and regulations of the enterprises and insurance companies, that generally ruled out travel companions not actively on the job. For this reason, wives/girlfriends (12.7%), family members (7.7%) and male or female friends (10.5%) were scarcely mentioned, in minimal percentages for the entire sample population of truck and bus drivers, although this was the subpopulation of "accompanied drivers", and a higher proportion of drivers always travelled alone.

Curiously, there was no mention of the *chiperas* (women who sell "*chipá*" bread on the road), nor sex workers, two groups that, according to key informants, usually travel with the drivers. This point needs to be compared with future studies on sex workers.

3.9 Distribution of the survey respondents by recreational activities during working hours

On the questionnaire, each truck or bus driver was asked to name his recreational activities or practises while at work. Table 3.9 shows the distribution by recreational activity. Given that the question allowed more than one answer, the percentage column understandably adds up to more than 100%. In this case, there were approximately two answers per respondent.

Table 3.9

Distribution of truck and bus drivers by recreational activities during working hours (EC Py-2010)

	Frequency	Percentage (cases)
Rest	136	40.4
Chat with friends	80	23.7
Watch television	79	23.4
Take a nap	58	17.2
Drink a beer, *caña*, wine	56	16.6
Have a drink	50	14.8
Have sex	47	13.9
Smoke a cigarette	46	13.6
Play football or some other sport	31	9.2
Play cards or table games	30	8.9
Read	24	7.1
Listen to music	11	3.3
Never stop	8	2.4
Visit relatives	4	1.2
Other	6	1.8
Dine with friends	3	0.9
Don't know/no comment	0	0.0
Total number of options	**669**	

The most common recreational activity engaged in by drivers on a break during working hours was rest, selected by 40% of the respondents. This was followed by chatting with friends, watching television or having a nap. One significant piece of information was that approximately 17% of the survey respondents said they had drunk an alcoholic beverage as a recreational activity while at work (a similar proportion chose "have a drink" –without specifying what kind– and "smoke a cigarette"). In this regard, HIV prevention could be integrated into some kind of more inclusive prevention intervention that included alcohol and tobacco. About 14% indicated that they had sexual intercourse as a recreational activity during trips.

3.10 Distribution of the survey respondents by location of rest stop to sleep

The survey respondents were asked where they stopped to sleep en route or during trips. It was a question allowing multiple responses.

Table 3.10

Distribution of the truck and bus drivers interviewed by location of sleep stops (EC Py-2010)

	Frequency	Percentage (cases)
Always sleep at home, never sleep while on the road	8	2.4
In the truck or vehicle	320	95.0
In a place provided by the company	24	7.1
In a hotel /boarding house /lodgings	17	5.0
At a terminus or truck stop	16	4.7
In hotel rooms rented by the hour	15	4.5
Motel/bar/sauna	9	2.7
At the home of a girlfriend or female friend	3	0.9
At a service station	1	0.3
At the home of a relative or friend	1	0.3
Total number of responses	**414**	

Practically all of the sample population of 337 truck and bus drivers stopped at some stage of their route to sleep, while only 2.4% (n = 8) declared that they always slept at home.

Once again, it became apparent that drivers who usually slept while on a trip had to sleep in service stations: 95% did so in the truck or vehicle, simultaneously saving on the cost of lodgings and protecting the vehicle and/or the merchandise being transported. Next, about 7% of drivers slept in a place arranged by the company and about 5% in a hotel. Approximately 4.7% of drivers slept in a terminus or truck stop, and a similar proportion usually slept in hotel rooms rented by the hour. There did not seem to be a wide variation in terms of choice of sleep location, since very few gave more than a single answer to this multiple-response question.

The data shown in these tables provide the framework for prospective interventions promoting health care and addressing specific states of vulnerability or security under particular conditions

and characteristics of workday activities. The majority of drivers undertake long, or very long, journeys; in consequence, many of their daily activities take place outside the home or place of permanent residence: overnighting, sleeping and resting, eating and even having sex (more than 1 in 10 indicated that sexual intercourse was a form of recreation during working hours). In addition, the fact that almost all of the drivers in the sample population have international routes adds a transnational dimension to the matter. There seems to be a wide variance in terms of the concentration of the sample population during working hours (in destinations, rest stops, and so on) and yet, almost all drivers in the sample population are clustered around Asunción and the Central province at one time or another (as the place of residence, point of departure and/or destination).

In research, as in daily life, issues relating to sexual behaviour tend to be sensitive for many reasons, including the existence of taboos, some of them generalized and others specific to men or women. It is sometimes difficult to speak to strangers about sex and to do so in the unbiased and uninhibited manner required by surveys. The categories barely express the multiplicity of experiences, relationships and perceptions of individuals and groups. Some matters are kept private by choice or, perhaps, are remembered too vaguely, or have been forgotten.

4. Behaviour, and perceptions about behaviour, relating to sexuality, health, HIV and AIDS

There are some issues that are surrounded by stigma or secrecy, particularly for adult males moving in predominantly masculine environments: for example, sex with transsexual persons or with other men.[9] For this reason, the data that are provided below should be interpreted in this light, without the assumption of complete, logical consistency or exhaustive accuracy, and taking into consideration the possibility of under-reporting. Likewise, it must be borne in mind that Paraguay is not used to surveys on reproductive health or sexually-transmitted diseases applied to heterosexual male populations: so these data are a first step towards more expanded research in the general male population.

[9] Given the complexities of gender identity, many transgender persons do not identify with the masculine gender, and many truck drivers do not consider them to be men. Therefore, there is a differentiation in the responses on sexual practices by the truck drivers between “transvestite”(the terms used in Paraguay to denominate all transgender persons) and “men”.

The fact is that 4 out of every 5 truck or bus drivers in the sample population were in what could be considered a "stable" relationship: 51% were married, 22.8% were cohabiting outside of marriage, and 3% had partners without cohabiting. Another 23.1% of the sample were currently not in a relationship (15.1% were single, 6.5% were separated or divorced, and 1.5% were widowed).

The indicators on the behaviour that places individuals in situations of risk of exposure to HIV in the framework of heterosexual relationships refer basically to the use of condoms, both for unmarried couples and non-cohabiting couples, and for transactional sex where money is exchanged for sexual services. The use of condoms in stable relationships (married and/or cohabiting) is not a "sensitive" indicator, as the use of condoms in such relationships is generally very low. The failure to use condoms in stable relationships may be a "non-risk" behaviour. This occurs when both partners know for a fact that their HIV status is negative, and that they either abstain from engaging in sexual relationships with other partners, or use condoms for any sexual relationship outside the stable partnership (and, should any failure or inconsistency occur in the use of condoms, get tested within the proper period to determine their serological status).

These parameters help improve the understanding of "what is being measured" through the question about condom use. Likewise, the question must be weighed of whether the use of condoms should be promoted solely for "occasional" sexual relationships (relationships other than with the cohabiting partner or spouse) or for all sexual relationships, given existing data that suggest that, in many cases, the sexual transmission of HIV to heterosexual women comes from their own spouses.[10]

4.1 Truck and bus drivers interviewed on occasional sexual relationships (not involving a monetary transaction)

For the purposes of the present study, those women who were neither the spouse nor the cohabiting girlfriend and with whom the truck or bus driver had engaged in a sexual relationship during the past year were categorized as "occasional relationships", provided that the relationship did not involve payment in either money or other goods or services.

[10] Latin American and Caribbean Movement of Positive Women (http://mlcmlac.blogspot.com/). Page 1.

4.1.1 Distribution of the truck and bus drivers interviewed by the number of women with whom they had engaged in occasional sex (not involving money)

Firstly, the survey respondents gave details on the number of women other than their wife or girlfriend with whom they had engaged in an occasional sexual relationship that had not involved money during the past year. The results were as follows:

Table 4.1.1

Distribution of the survey respondents by the number of women other than their wife/ girlfriend with whom they had had a sexual relationship during the past year (not involving money) (EC Py-2010)

Number of women	Frequency	Percentage
None	124	36.8
1	59	17.5
2	60	17.8
3	40	11.9
4	24	7.1
5	17	5.0
6 or more	13	3.9
No comment	0	0.0
Total	**337**	**100.0**

Practically two thirds of the total sample population had had a sexual relationship with at least one woman other than their wife/girlfriend in the past year (bearing in mind, moreover, that almost 80% of the sample population were in stable relationships). Almost 18% had had sex with one woman other than their wife/girlfriend and a similar proportion had had a sexual relationship with two women other than their wife/girlfriend. In the whole sample population, 27.9% had had occasional relationships with three or more women during the past year; this number included (if applicable) neither the woman of the stable relationship nor possible transactional sex.

The drivers had occasional sex with an average of 2 women, with a standard deviation of 3.9.

The following data were disaggregated for several parameters:

By marital status

Among the respondents stating they were in a relationship (married, cohabiting or in a relationship without cohabiting), approximately 40% claimed not to have engaged in sex with a woman other than their partner during the past year or, in other words, approximately 60% had had a sexual relationship with at least one woman apart from their stable partner. Approximately 20% had had occasional sex with one woman, a similar percentage with two women, and a smaller percentage with three or more women. There were no significant differences in the number of sexual partners by marital status (married, cohabiting, or in a relationship without cohabiting).

The survey of the truck and bus drivers not involved in stable relationships yielded the following results: Approximately 80% of the single men responded that they had had a sexual relationship with one or more women during the past year, while the proportion among separated/divorced drivers was 70%. (There were only five widowers, too few to observe any trend). Almost half of the sub-group "without stable partner" had had sex with three women or more. Another interesting fact that testifies to the diversity of experiences was that 20% of the single men and 30% of the separated men had not had occasional sex during the past year.

In summary, those drivers "without stable partner" had the highest proportion of occasional sex and with a greater number of women than those who were married or living with a partner. However, there were truck and bus drivers in both sub-groups who did have occasional sex; likewise, there was a relatively-high percentage in both sub-groups (more than 20% and more than 40%) that had engaged in occasional sex with three women or more. [Table not shown].

By age

There were no significant tendencies according to the age of the respondents regarding the number of sexual partners other than their wife/girlfriend.

By level of education

There were no clearly recognizable tendencies by level of education with regard to the number of sexual partners other than their wife/girlfriend. [Table not shown].

4.1.2 Distribution of the survey respondents by condom use during their most recent occasional sexual relationship (not involving money)

Respondents who had engaged in occasional sex (not involving money) were asked whether or not they had used condoms during their most-recent, occasional, sexual relationship in the past year. In principle, this indicator was likely to be more accurate, since the respondents could probably identify better and remember more clearly the last time they had sex. Still, this indicator was a "least possible" indicator: although the regular use of condoms is recommended for occasional sex, the data presented in this case referred only to their last encounter, and not to all their occasional sexual relationships. If, as shown, one in every ten truck or bus drivers stated that they did not use a condom during occasional sex, this meant that at least one in ten did not use condoms habitually during occasional sex and, therefore, led to the assumption that the percentage of habitual non-use was equal or greater.

Table 4.1.2

Condom use in the most-recent, sexual encounter with a woman other than their wife/girlfriend, not involving money (EC Py-2010) *(n = 13, number of drivers who had sex (not involving money) with women other than their wife/girlfriend during the past year)*

Condom use	Frequency	Percentage
Yes	178	83.6
No	35	16.4
No comment	0	0.0
Total	**213**	**100.0**

In their most-recent, occasional sexual relationship (reported by 213 of the respondents), almost 84% had used condoms and approximately 16% had not. According to standard indicators, these occasional, heterosexual relationships without condom use are considered behaviours of risk, and must be the target of prevention campaigns promoting the practice of safer sex. Looking at the bigger picture, this percentage of unsafe sexual practices corresponded to 10% of the total sample population.

By marital status

Condom use in the most-recent, occasional, sexual relationship was very similar among respondents both with and without stable partners. [Table not shown].

By age

The percentage of condom use in the most recent occasional sexual relationship appeared to diminish with age. Respondents 33 years of age or less used condoms 95% of the time (61 cases out of 64); respondents 34 years of age or over used condoms 80% of the time (117 cases out of 145). [Table not shown].

By type of trip

There were no differences in condom use by average duration of the journey. It must be borne in mind that the trips for the current sample population cover long, or extra-long, distances. The Argentine study showed some correlation, as the sample contained a significant number of truck drivers working short, day trips (Pecheny, 2008). [Table not shown].

It might be interesting to have data on the prevalence of occasional sex and condom use in the most-recent, occasional sexual relationship for the general, heterosexual male population of Paraguay: this would enable a comparison of the uniqueness –or normality– of the sub-population of long-distance truck and bus drivers.

4.2 Truck and bus drivers interviewed and transactional sexual relationships involving money

Based on research carried out in other countries on long-distance truck and bus drivers, and on qualitative studies of female sex workers in Paraguay, the issue was raised about whether or not truck and bus drivers might buy sex during working hours, especially when they were far from home.

4.2.1 Distribution of the survey respondents by the number of women with whom they had engaged in sexual relationships for money during the past year.

The survey respondents indicated the number of occasional, female partners with whom they had had a sexual relationship for money during the past year, and on condom use in their most recent encounter with an occasional sex partner.

Table 4.2.1 shows the results, as follows:

Table 4.2.1

Distribution of the survey respondents by the number of women with whom they had engaged in transactional sex during the past year. (EC Py-2010)

Number of women	Frequency	Percentage
None	199	59.1
1	30	8.9
2	26	7.7
3	43	12.8
4	15	4.5
5	10	3.0
6 or more	14	4.2
No comment	0	0.0
Total	**337**	**100.0**

Approximately 40% (n = 138) of the truck and bus drivers interviewed had sex with women for money during the past year. It must be remembered that the questionnaire asked about the “number of women”, not the “number of sexual encounters”. Within the sub-population of the 40% of survey respondents who had engaged in transactional sex, two thirds had had sex with three or more female sex workers. In other words, almost one quarter of the total sample population of truck and bus drivers had had sex with three or more sex workers during the past year.

The average number was 1.5 female sex workers, with a standard deviation of 3.4. Unfortunately, there were no data on the amount of transactional sex for the general male population of Paraguay to be able to make a comparison. The data from Argentina showed this practice to be slightly more frequent among truck and bus drivers than in the average male population (Pecheny, 2008).

By marital status

In terms of marital status, a higher proportion (64%) of respondents that were not in stable relationships (n = 78) had engaged in transactional sex than the proportion of those that were (34%), and the average number of sex workers with whom they had engaged in transactional sex was also higher. [Table not shown].

By age and by type of trip

There seemed to be no identifiable correlation between these variables and the number of female sex workers with whom the respondents had engaged in sexual relationships during the past year. [Table not shown].

4.2.2 Distribution of the survey respondents by condom use in their most recent transactional sexual relationship

Table 4.2.2

Condom use in the most-recent, sexual relationship for money with a female in the past year (EC Py-2010) *(n = 138; the number of respondents who had transactional sex during the past year)*

Condom use	Frequency	Percentage
Yes	131	94.9
No	6	4.3
No comment	1	0.7
Total	**138**	**100.0**

Approximately 95% of the respondents had used a condom in their most-recent, sexual relationship for money (for which the sample sub-population was 138 survey respondents out of 337). These data were not disaggregated because the number of respondents who had not used a condom (6 respondents) was too low for analysis. The use of condoms was more prevalent in occasional sex involving money (almost 95%) than in occasional sex not involving money (83.6%).

If transactional sex is considered to be behaviour carrying a risk of HIV transmission, the very high percentage of condom use in the most recent sexual relationship is a good indication of the precautions taken by clients and/or, which is perhaps more probable, the women who are sex workers. Nevertheless, the fact that at least 5% reported not having used protection in their most-recent relationship is a baseline for the measurement of the habitual use of condoms. The failure to use condoms in the context of commercial sex can become a significant factor for the transmission of HIV among different sub-populations.

4.2.3 Distribution of the survey respondents by location of transactional sexual relationships

The survey respondents were asked about the locations where they had engaged in sex with women for money (a question allowing multiple responses).

Table 4.2.3

Distribution of the survey respondents according to the location where they had sex with women for money (multiple answers allowed) (EC Py-2010) *(n = 138; respondents who had had commercial sex with a woman during the past year)*

Location	Frequency	Percentage (cases)
In the truck	92	66.7
Motel / guest house/ hotel	38	27.5
Bar / sauna / brothel	29	21.0
Private residence of woman	11	8.0
Own residence	8	5.8
By the roadside	2	1.4
		0.0
No comment	0	
Total	**180**	

Despite instructions concerning precautions regarding the security of the vehicle or merchandise, in the sense of not inviting strangers into the vehicle, the truck was the location chosen by the majority of survey respondents (67%) for transactional sex. This was followed by motel/hotel and bar/sauna/brothel. The private residence of the woman or their own residence were mentioned by a few. These data are significant when availability and accessibility (or lack) of condoms is being considered.

4.2.4 Distribution of the survey respondents by agreement or disagreement with the statement, "Many of my workmates have sex with prostitutes or female sex workers."

Table 4.2.4

Distribution of the survey respondents by agreement or disagreement with the statement, "Many of my workmates have sex with prostitutes or female sex workers." (EC Py-2010)

	Frequency	Percentage
Yes, it's true. I agree	75	79.8
Don't know/not sure	9	9.6
No, it's not true, I disagree	10	10.6
Total	**94**	**100.0**

The practice of sex for money did not seem to be a hidden or taboo practice within the sample population of truck and bus drivers. The data of the preceding table show that almost 80% of the survey respondents considered than "many" of their colleagues had sex with sex workers; only 10% considered that this was not true.

4.3 Distribution of the survey respondents by whether or not they had ever had sexual relations with transgender persons, and whether these had taken place during the past year – Perceptions about this behaviour

Despite the possible complications associated with questions and answers on the issue, the questionnaire included questions on sex with "transvestites" (the commonly-used term for transgender persons in Paraguay) and with other men. The question about sex with transgender persons was included so as not to lose its specificity within the category of "sex workers" (taking into consideration the fact that sex between transgender persons and drivers could or could not have taken place within the context of commercial sex). In addition, transgender persons had not been included in the category "men who have sex with men", since organizations for transgender persons have opposed that categorization, which is considered to violate their gender identity –which is separate from, and even rejects, the nomenclature "man". (Manzelli & Pecheny, 2002; United Nations Population Fund (UNFPA), 2010).

The following data must be interpreted in light of the difficulty of answering questions on such sensitive issues. Despite the guarantee of confidentiality, the fear of either exposure or the disparagement of their workmates was always present, since the survey was conducted in a public place.

For this reason, in accordance with the instructions arising from the pilot surveys, the present survey included neither more detailed questions on habits nor a more detailed study on condom usage. It is to be hoped that that topic would be researched in greater detail in the future.

The results are as follows (see table 4.3.1):

Table 4.3.1

Distribution of the survey respondents according to sexual relationships with transgender persons (EC Py-2010)

Sexual relationships with transgender persons	Frequency	Percentage
No, never	327	97.0
Not during the past year, but prior to that, yes	6	1.8
Yes, during the past year	4	1.2
No comment	0	0.0
Total	**337**	**100.0**

Among the survey respondents, 3% reported having had sex with transgender persons (10 cases); only four of the respondents stated that they had had sex with transgender persons during the past year.

The preceding data contrasted with the considerably-higher percentage of survey respondents (31.5%) that had indicated knowing truck and bus drivers who had had sex with transgender persons, as shown in table 4.3.2 below:

Table 4.3.2

Distribution of the survey respondents by their knowledge of other drivers who have or have had sex with transgender persons (EC Py-2010)

Knowledge	Frequency	Percentage
Yes	106	31.5
No	231	68.5
Total	**337**	**100.0**

The gap between the low percentage declaring that they did have sex with transgender persons, and the relatively high percentage of persons who knew a colleague who had, leads to the supposition that there had been some evasion in reporting the practice; in other words, that some of the truck and bus drivers interviewed had not reported having had sex with transgender persons despite this being the case. In a non-contradictory way, this could also be interpreted as the word about "sex with transvestites" getting around. This was supported by the following data (table 4.3.3) on the number of truck and bus drivers who believed that "there were a lot" of workmates who had sex with transgender persons.

Table 4.3.3

Distribution of the survey respondents who agreed or disagreed with the statement, "There are a lot of truck and bus drivers who have sex with transvestites." (EC Py-2010)

	Frequency	Percentage
Yes, it is true. I agree	179	53.1
I don't know / I'm not sure	123	36.5
No, it's not true, I don't agree	35	10.4
Total	**337**	**100.0**

Beyond their personal behaviour or actual knowledge about workmates, 53% of the survey respondents believed that there were many workmates who had sex with transgender persons; more than one third stated that they were not sure. Only 1 in 10 disagreed that there were "a lot" of truck or bus drivers who had sex with transgender persons.

All this information pointed to the fact that, whatever the prevalence of the behaviour, it was not something that transport workers wanted to talk about, from personal experience or otherwise. This was consistent with the data in table 4.3.4 below:

Table 4.3.4

Distribution of the survey respondents by agreement or disagreement with the statement, "If a driver had sex with a female transgender person, he would lose the respect of his colleagues." (EC Py-2010)

	Frequency	Percentage
Yes, it is true. I agree	216	64.1
I don't know / I'm not sure	42	12.5
No, it's not true, I don't agree	79	23.4
Total	**337**	**100.0**

Despite the fact that half of the truck and bus drivers interviewed agreed that many of their colleagues had sex with transgender persons, only 1 in every 4 respondents considered that this information would not make that colleague lose the respect of his workmates: 64% considered that he would lose the respect of his fellow drivers, and the remaining 12.5% were not sure.

4.4 Distribution of the survey respondents by whether or not they had ever had sexual relations with another man, and whether this had taken place during the past year – Perceptions about this behaviour

The gap between personal behaviour and knowledge about the behaviour of others remained when it came to sex with other men. Indeed, none of the survey respondents in the sample population reported having had sexual relations with another man in the past year. Only one reported having done so, albeit more than a year previously.

Table 4.4.1

Distribution of survey respondents by whether or not they have had sex with other men (EC Py- 2010)

Sexual relations with men	Frequency	Percentage
No, never	336	99.7
Not in the past year, but yes, prior to the past year	1	0.3
Yes, in the past year	0	0.0
No comment	0	0.0
Total	**337**	**100.0**

Once again, the responses on personal experience contrasted with the responses about knowledge of colleagues who had had sex with other men, suggesting that the behaviour itself, as well as the word passing around, was even more taboo than in the case of relationships with transgender persons.

At this point, it is important to inquire into the cultural connotations surrounding the terms “sex with transvestites” as opposed to “sex with other men”. Perhaps it was more culturally acceptable for the survey respondents to admit to sexual relationships with transgender persons, for reasons of gender, power and perception.

Table 4.4.2

Distribution of the survey respondents according to their knowledge of other drivers who have, or have had, sexual relations with other men (EC Py-2010)

Knowledge	Frequency	Percentage
Yes	49	14.5
No	288	85.5
Total	**337**	**100.0**

According to the above data, only 1 respondent out of 337 reported having had sex at some time or other with other men, but approximately 15% knew of a colleague who had done so.

In another section of the questionnaire, there was a question about the general mindset towards homosexuality among truck and bus drivers –that is, attitudes outside of personal behaviour and apart from knowing someone personally who was a practicing homosexual.

Table 4.4.3

Distribution of the survey respondents by agreement or disagreement with the statement, "There are truck and bus drivers who are homosexual." (EC Py-2010)

	Frequency	Percentage
Yes, it's true. I agree	116	34.4
I don't know / I'm not sure	165	49.0
No, it's not true, I don't agree	56	16.6
Total	337	100.0

In this case, the percentage of respondents who agreed that there were homosexual truck and bus drivers coincided with the previous percentage of respondents who knew some colleague who had had a sexual relationship with another man. Of the remainder, two thirds did not know, and one third said that there were no homosexual drivers.

When it came to attitudes of acceptance or rejection of the homosexuality of a colleague, the sample population was divided: half of them thought their relationship with a fellow driver whom they discovered to be homosexual would continue to be the same, whilst the remainder did not know (one eighth) or believed that the relationship would change. These data can be observed in table 4.4.4 below:

Table 4.4.4

Distribution of the survey respondents by agreement or disagreement with the statement, "If you were to discover that a fellow driver was homosexual, your relationship with him would remain the same." (EC Py-2010)

	Frequency	Percentage
Yes, that's true. I agree	159	47.2
I don't know / I'm not sure	42	12.5
No, that's not true, I don't agree	136	40.4
Total	**337**	**100.0**

These data could not be analysed more fully without a more detailed understanding of what characterized the friendships and social-occupational interactions of truck and bus drivers. However, the first impression was that there was explicit rejection and, while non-homophobic attitudes appeared to predominate, the reflex mechanism of anticipating discrimination –that is, preferring not to risk being discriminated against by acknowledging homosexual behaviour and/or a homosexual identity– could have induced an almost-complete lack of disclosure.

In summary: The epidemiological category of "men who have sex with men" used by some Ministries of Health and international organizations, includes men who have had sex with men and with transgender persons. Using this definition, the survey would show that 3.3% (n = 11) were within this category. These data were not disaggregated since the number of cases was too small.

Explicit or implicit discrimination, and the environment conducive to concealing personal behaviour or that of a close colleague, must be taken into account both for the statistical survey and for the design and implementation of HIV prevention programmes, the promotion of well-being and in anti-discrimination matters; stigma would act as a veil behind which such information would be likely to be kept secret or discretion exercised.

4.5 Sexual behaviour

Certain kinds of unprotected, sexual behaviour are considered to be of greater or lesser risk in HIV transmission; some kinds of behaviour can result in pregnancies (wanted or unwanted), while others do not. In the current survey, truck and bus drivers were asked about their favourite sexual

practices –a question allowing multiple choices (more than one response, and the possibility of adding another response that was not included among the options).

Vaginal intercourse was the most common practice: 93% of the truck and bus drivers reported this behaviour.

Table 4.5

Distribution of the survey respondents by positive response (YES) to favourite sexual practices. (EC Py-2010)

Practice	Frequency	Percentage "Yes"
Vaginal sex / frontal penetration	315	93.5
Oral sex / "blow job"	161	47.8
Anal sex / penetration "from behind"	125	37.1
Masturbation	120	35.6
Other practices	16	4.7

Apart from vaginal intercourse, half of the sample population indicated oral sex to be among their frequent practices (they were not asked about the active and/or passive role played in this practice) and 4 out of every 10 indicated anal sex (they were not asked about their role in this practice either) and masturbation.

These data demonstrated a certain degree of variability among the favourite or habitual practices apart from vaginal sex. In accordance with the suggestions that emerged from the pilot surveys used to finalize the survey instrument, and bearing in mind the manner in which the survey was carried out, neither the gender nor gender identity of the partner(s) (woman, transgender person, man), nor the type of relationship (stable, occasional, occasional for money), nor the role (active, passive, reciprocal, for oral or anal sex, or even for masturbation if it were mutual or solo) was ascertained.

Neither was there any in-depth research into prevention measures for each practice. A more comprehensive study could be carried out through the method of qualitative interviews used in other countries or with other sub-populations (Pecheny, 2008; UNFPA, 2010). It would be useful to collect data on the failure to use condoms for anal sex, since that practice is one of the main transmission channels for HIV and other sexually-transmitted infections.

4.6 Distribution of the survey respondents by availability of condoms in the truck or vehicle

The data on the distribution of the truck and bus drivers interviewed according to whether or not they had condoms available in their vehicle could have been included in more than one of the sections of the present report, since it is the pivot between working conditions, prevention behaviour and sexuality.

The motives for using condoms or not were highly diverse, and had to do with information, perceptions about their own and others' risk, values, cultural and gender patterns, social constructs on love, trust and so on, pleasure, desire, and fortuitous or structural circumstances of accessibility. Immediate access was also among the reasons for and against using condoms, which is why the questionnaire asked if the drivers had "condoms handy" in the truck or vehicle.

Table 4.6

Distribution of the survey respondents according to whether or not they had condoms handy in the vehicle (EC Py-2010)

Condoms available	Frequency	Percentage
Always	179	53.1
Almost always	48	14.2
Sometimes	44	13.1
Never	66	19.6
No comment	0	0.0
Total	**337**	**100.0**

A little over half of the drivers interviewed stated that they always had condoms available in the truck. Approximately 27% stated that they had condoms handy almost always or sometimes. A total of 2 out of every 10 drivers never carried condoms in their truck.

There might be several reasons for not having condoms handy: because they would not be needed; because it would be considered as showing a "readiness" to have sex on the job; because condoms were only sought after when they were going to be used; because it was thought condoms could be obtained when they were needed; or, because the partner was expected to bring them (for example, female sex workers usually carry condoms (UNFPA, 2010)).

In any case, the availability of an HIV prevention product, concretely, “to always have the condom handy”, is the key to systematic use: that is, “always”. In this sense, the implementation of extensive, user-friendly, distribution policies is crucial to placing the condom in the everyday life of this sample population and its sexual environment.

By marital status

A greater proportion of drivers without stable relationships always kept condoms in the truck than did drivers in stable relationships (approximately 68% versus 49%). Inversely, approximately 25% of the married/cohabiting drivers, versus 3% of the single/separated drivers, said they never kept condoms in the truck. [Table not shown].

By age

Age had a direct association: young men kept condoms handy much more than older men. [Table not shown].

By type of journey

There was a correlation with the duration of the journey: drivers away for longer periods kept condoms handy much more than drivers doing shorter trips. [Table not shown].

4.7 Distribution of the survey respondents by places where they bought or acquired condoms

Where did the survey respondents get their condoms? The distribution of the multiple-choice answers is shown in table 4.7 below.

Table 4.7

Distribution of the survey respondents by places where they bought or acquired condoms (EC Py-2010)

How condoms were obtained	Frequency	Percentage (cases)
Pharmacy	162	48.1
Service station	96	28.5
From friends or workmates	25	7.4
Kiosk	25	7.4
Bar/motel/hotel	22	6.5
Always given away wherever they go	22	6.5
My partner, or the other person, takes care of it	12	3.6
Health clinic/hospital/health-care centre	9	2.7
Non-governmental organization	7	2.1
Gifts from workmates	7	2.1
Given away in Argentina	4	1.2
Given away in Brazil	4	1.2
Public toilets (dispenser)	1	0.3
Given away in Foz/Ciudad del Este	1	0.3
Union	1	0.3
Don’t use/don’t buy	46	13.6
No comment	0	0.0
N	**444**	

Some 13% (n = 46) responded that they did not use, purchase or obtain condoms. The remainder (n = 291) did, 55% from pharmacies and 33% from service stations (48% and 28% of the total sample population, respectively). The remaining sites or sources were fairly disperse and did not appear to be statistically significant. The data were disperse: apart from the pharmacies, the main sources of access mentioned were associated with their everyday activity, significantly more than through any health-sector institution. Once again, it would be crucial to involve the business sector (for interventions in the rest stops or service stations) and unions (mentioned by only one respondent).

5. Distribution of the truck and bus drivers interviewed by specific knowledge about the transmission, prevention and treatment of HIV and AIDS

5.1. Distribution of the truck and bus drivers interviewed by knowledge of HIV prevention and transmission

The questionnaire contained a series of statements (correct and incorrect), intended to measure the degree of knowledge on the part of the survey respondents about the methods of HIV transmission and prevention, to which respondents were asked to express agreement or disagreement, or declare their lack of knowledge.

The statements were the following:

a. HIV (the virus that causes AIDS) can be transmitted through a sexual relationship between a man and a woman when a condom is not used (correct)

b. HIV can be transmitted from mother to child during pregnancy (correct)

c. HIV can be transmitted through a mosquito bite (incorrect)

d. HIV can be transmitted by sharing a drink of *mate* or *tereré*[11] (incorrect)

[11] Translator's note: *mate* and *tereré* are traditional herbal beverages in Paraguay that are shared by passing them around in a group and drinking from the same metal straw.

Table 5.1.1

Distribution of the survey respondents by agreement with the statement: "HIV (the virus which causes AIDS) can be transmitted through a sexual relationship between a man and a woman when a condom is not used" (EC Py-2010)

	Frequency	Percentage
Agree	330	97.9
Don't know, not sure	4	1.2
Disagree	3	0.9
No comment	0	0.0
Total	**337**	**100.0**

As Table 5.1.1 shows, and coinciding with the results of different samples of the general population and of specific groups in Latin American countries, people already know that the human immunodeficiency virus (HIV) that ultimately causes the acquired immunodeficiency syndrome (AIDS) can be transmitted through unprotected (heterosexual) sexual relations. However, it is worth noting that 7 respondents, a small 2.1%, disagreed, or did not know this fact.

Table 5.1.2

Distribution of the survey respondents by agreement with the statement: "HIV can be transmitted from mother to child during pregnancy" (EC Py-2010)

	Frequency	Percentage
Agree	273	81.0
Don't know, not sure	45	13.4
Disagree	19	5.6
No comment	0	0.0
Total	**337**	**100.0**

The possibility of HIV transmission from mother to child during pregnancy was less well known, by 1 in 5 respondents. Almost 6% did not consider it to be a mode of HIV transmission, and approximately 13% did not know at all, despite the campaigns to this effect.

In measuring awareness, statements representing myths or erroneous beliefs reaching to the heart of a particular sample population are usually used as indicators. The following two tables show agreement or disagreement with two incorrect statements pertaining to HIV and AIDS.

Table 5.1.3

Distribution of the survey respondents by agreement with the statement: "HIV can be transmitted through a mosquito bite" (EC Py-2010)

	Frequency	Percentage
Disagree	182	54.0
Don't know, not sure	72	21.4
Agree	83	24.6
No comment	0	0.0
Total	**337**	**100.0**

The first row of the questionnaire was disagreement, which was the correct answer.

The rest of the results contrast with those of the first statement, and the wrong answers are significantly greater in number.

A little more than half of the survey respondents responded correctly to this question, whilst almost half agreed that HIV could be transmitted by this means or that they were not sure; the data demonstrate the ambiguity that still characterizes awareness of HIV transmission.

Table 5.1.4

Distribution of the survey respondents by agreement with the statement: "HIV can be transmitted by sharing a drink of *mate* or *tereré*" (EC Py-2010)

	Frequency	Percentage
Disagree	220	65.3
Don't know, not sure	62	18.4
Agree	55	16.3
No comment	0	0.0
Total	**337**	**100.0**

In the question relating to the casual, daily interaction with a person living with HIV, it was observed that over one third of the survey respondents held the erroneous belief or doubt about the possibility of HIV transmission by sharing a drink of *mate* or *tereré*, which does not involve any kind of risk.

5.2 Distribution of the truck and bus drivers interviewed by their knowledge of HIV treatment

Apart from the issues relating to HIV transmission and prevention, the survey included other questions relating to treatment. Therefore, in order to measure how much they knew about the treatment of HIV and living with the virus, the survey respondents were asked to indicate their agreement or disagreement with, or explicit lack of knowledge about, certain statements (which could be either correct or incorrect).

The statements were the following:

a. There are treatments for AIDS that can maintain people in good condition and prolong their lives (although AIDS cannot be cured) (correct)

b. Generally speaking, a person that has the AIDS virus is physically able to continue working normally (correct)

Table 5.2.1

Distribution of the survey respondents by their agreement with the statement: "There are treatments for AIDS that can maintain people in good condition and prolong their lives (although AIDS cannot be cured)(correct)" (EC Py-2010)

	Frequency	Percentage
Agree	229	68.0
Don't know, not sure	67	19.9
Disagree	41	12.2
No comment	0	0.0
Total	**337**	**100.0**

The majority of survey respondents (68%) considered, correctly, that there were beneficial treatments for persons living with HIV, although the disease was still incurable. However, one third declared ignorance: almost 20% did not know or were not sure, and 12% asserted that it was not true.

Table 5.2.2

Distribution of the survey respondents by their agreement with the statement: "Generally speaking, a person that has the AIDS virus is physically able to continue working normally (correct)" (EC Py-2010)

	Frequency	Percentage
Agree	136	40.4
Don't know, not sure	54	16.0
Disagree	147	43.6
No comment	0	0.0
Total	**337**	**100.0**

A proportion of 4 out of every 10 survey respondents responded correctly that, generally speaking, a person living with HIV could keep on working normally. However, a similar proportion (43.6%) thought that this was not true, and 16% were not sure. This coincided with the pervading impression that the disease was pathologically debilitating in every instance.

This perception became widespread during the first stage of the epidemic, especially when there were no treatments available that would significantly prolong life or improve the quality of life of persons living with HIV.

The proportion of respondents in disagreement or uncertain can be explained by their erroneous perception about the efficacy of current treatment –which, in the majority of cases, enables persons living with HIV to carry on working in their normal occupations. It could also be the case that the survey respondents were of the opinion that, in practice, the difficulties in providing antiretroviral treatment and access and adherence to the treatment in the context of Paraguay made HIV infection a disabling pathology.

The widespread opinion about the disabling character of HIV infection could give rise to discriminatory practices (such as the dismissal of a worker diagnosed as seropositive) or anticipation of discrimination (that is to say, that a worker knowing or believing himself to be infected with HIV would prefer to conceal the fact to avoid the likelihood of dismissal).

There is a generalized sentiment that being diagnosed as HIV-positive has negative workplace consequences, as demonstrated in the following section.

5.3 Distribution of the truck and bus drivers interviewed by their perception of discrimination in the workplace due to HIV diagnosis

Table 5.3

Distribution of the survey respondents by agreement or disagreement with the statement “If an employer were to find out that a driver had HIV, he would fire him” (EC Py-2010)

	Frequency	Percentage
Yes, that is true. I agree	168	49.9
I don’t know/I’m not sure	103	30.6
No, that’s not true, I disagree	66	19.6
Total	**337**	**100.0**

Table 5.3 shows that 4 out of every 5 truck and bus drivers believed (or did not know, or were not sure) that HIV would cause them to lose their jobs. Only approximately 20% thought that this would not occur. These data are very disturbing, and call for the implementation of sensitization campaigns in the transport sector to validate the employment rights of persons living with HIV.

6. Distribution of the survey respondents by personal perception of risk of exposure to HIV and health in general

6.1 Distribution of the truck and bus drivers interviewed by personal perception of their vulnerability to HIV infection

In order to have an indicator that captured the perception about their own risk of exposure to HIV, the survey respondents were asked to indicate their agreement or disagreement with the statement, "It is possible for an ordinary person like you or me to get HIV/AIDS."

Table 6.1

Distribution of the survey respondents by agreement or disagreement with the statement, "It is possible for an ordinary person like you or me to get HIV/AIDS." (EC Py-2010)

	Frequency	Percentage
Agree	290	86.1
Don't know, not sure	18	5.3
Disagree	29	8.6
No comment	0	0.0
Total	**337**	**100.0**

A large majority of survey respondents declared that they, and others like them, were just as likely to be exposed to HIV infection; only 1 in 10 said that it was impossible, and only a few (5%) said they were not sure. There was no correlation between agreement with the statement and marital status, age or trip duration. [Table not shown].

6.2 Distribution of the truck and bus drivers interviewed by acquaintance with persons living with HIV

The literature has shown that the fact of knowing someone infected with HIV has helped both to visualize personal vulnerability to the infection and to reduce the stigma associated with the disease and/or its transmission channels (sexual or otherwise).

Table 6.2 shows the data collected from the truck and bus drivers interviewed:

Table 6.2

Distribution of the survey respondents by acquaintance with someone living with HIV or who had died of HIV/AIDS. (EC Py-2010)

Knowledge of someone living with HIV	Frequency	Percentage
Yes	45	13.4
No	291	86.4
No comment	1	0.3
Total	**337**	**100.0**

The majority responded that they did not know anyone living with HIV; however, 13% of the survey respondents indicated that they knew someone living with HIV or someone who had died of AIDS. This fact would be useful for comparison with data on the general population of Paraguay.

6.3 Distribution of the truck and bus drivers interviewed by their experience with HIV testing

In addition to the habitual use of condoms and other prevention methods, voluntary HIV testing (and in conditions of confidentiality) is one of the recommended protection and prevention measures. HIV testing is pivotal to prevention, both to maintain awareness through pre- and post-test counselling and when embarking on a long-term, monogamous relationship, in deciding whether or not to use condoms and/or to start a family.

Should the HIV test produce a seropositive result, early detection would enable treatment and monitoring so as to improve quality of life and extend the lifespan of the infected person as well as prevent the transmission of HIV to third parties.

Table 6.3 shows the data on testing for the truck and bus drivers interviewed:

Table 6.3

Distribution of the survey respondents by whether or not they had ever been tested for HIV (EC Py-2010)

HIV testing	Frequency	Percentage
Yes	129	38.3
No	208	61.7
No comment	0	0.0
Total	**337**	**100.0**

Less than 4 out of every 10 survey respondents had ever been tested for HIV. These data were disquieting, especially as they referred to “ever” and not to the past year or any other temporal limitation. Moreover, the data called attention to the importance of promoting HIV testing and voluntary, confidential counselling in the present sample population; to this end, outreach strategies –such as rapid testing and counselling on the spot in accessible locations where confidentiality can be maintained– should be evaluated and tested.

6.4 Distribution of the truck and bus drivers interviewed by consultations in the public health-care system

The scant realization of HIV testing fits in with the general reticence of adult males to consult the public health-care system, where they go only in cases of absolute need. The following data (table 6.4.1) show that scarcely more than half of the survey respondents had been to a doctor or a health-care centre during the past year, and the rest had not.

Table 6.4.1

Distribution of the survey respondents by whether or not they had consulted a doctor or health-care service during the past year (EC Py-2010)

	Frequency	Percentage
Yes	185	54.9
No	152	45.1
No comment	0	0.0
Total	**337**	**100.0**

The proportion of survey respondents that had consulted a doctor in the past year increased with the increase in age of the respondent. [Table not shown].

The respondents were also asked about health issues on the road or during a work trip. Half of them indicated that they had experienced some kind of health problem while on the road, while the other half indicated that they had not (table 6.4.2).

Table 6.4.2

Distribution of the survey respondents by health issues during work trips (EC Py-2010)

	Frequency	Percentage
Yes	169	50.1
No	168	49.9
Total	**337**	**100.0**

Those who had experienced some kind of problem during their trip (n = 169, that is, 50.1% of the sample population), took the following action (table 6.4.3):

Table 6.4.3

Distribution of the survey respondents that experienced some sort of health issue during a trip by action taken to resolve the problem (EC Py-2010) (Base: n = 169)

Action taken	Frequency	Percentage (cases)
Went to a health-care centre/doctor during the trip	72	42.6
Took medication of their own accord/self-medicated	44	26.0
Went to a pharmacy	59	34.9
Did nothing	12	7.1
Consulted colleagues/friends	14	8.3
Other	3	1.8
Total	**204**	

As table 6.4.3 shows, 4 in 10 survey respondents had had some sort of health problem while on the road, or had consulted a health-care service or doctor during one of their trips. Other options had been to take medication of their own accord (26.0%), to go to a pharmacy (34.9%), or to consult colleagues or friends (8.3%). Approximately 7.1% had taken no action.

6.5 Distribution of the survey respondents by attitude to prevention campaigns and AIDS response programmes targeting truck and bus drivers

The truck and bus drivers interviewed were asked about possible HIV and AIDS response programmes that were especially targeted towards them. Table 6.5 shows the responses to the question, “If there were to be an HIV prevention and AIDS response programme for truck and bus drivers, would you be interested in participating?”

Table 6.5

Distribution of the survey respondents by attitude towards participating directly in HIV prevention campaigns and AIDS response programmes for truck and bus drivers (EC Py-2010)

	Frequency	Percentage
Very interested	206	61.1
Somewhat interested	115	34.1
Don't know or not interested at all	14	4.2
No comment	2	0.6
Total	**337**	**100.0**

As table 6.5 shows, approximately 95% responded that they would be (very or somewhat) interested in participating directly in HIV prevention campaigns and specific AIDS response programmes for truck and bus drivers. Younger men showed more interest than older men did; there were no variations by any other indicator. [Table not shown].

7. Opinions and attitudes of truck and bus drivers on gender and sexuality

The objective of the present study was to learn about the conditions of vulnerability and protection pertaining to HIV and AIDS and other health concerns in the sample population of long-distance truck and bus drivers in Paraguay. It also sought to gain the measure of existing attitudes of acceptance or rejection on issues of gender and sexuality, and the manner in which these were manifested.

However, these issues are inseparable: it has been shown that prejudice and discriminatory attitudes (towards women, gay men, lesbians and transgender persons) are reflected in negative health indicators, just as respect and acceptance are reflected in healthy behaviour and positive indicators.

Table 7.1

Distribution of the survey respondents by attitude towards gender and sexuality (EC Py-2010)

Statement	Agree (%)	Disagree (%)	Don't know/ not sure (%)	**Total**
It is acceptable for the men you know to be sexually unfaithful	46.0	46.6	7.4	**100.0**
It is acceptable for the women you know to be sexually unfaithful	34.4	57.0	8.6	**100.0**
Homosexuality (men who have sex with men, or women who have sex with women) is a vice, a perversion	70.9	10.7	18.4	**100.0**
Homosexuality (men who have sex with men, or women who have sex with women) is a sickness	57.3	27.0	15.7	**100.0**
Public demonstrations by gays and lesbians should be prohibited	50.1	36.8	13.1	**100.0**

Among the truck and bus drivers interviewed, the proportion that accepted "sexual infidelity" did not predominate, and the degree of acceptance was higher when it came to men (46%) than to women (34%). However, the combined data gave the impression that the respondents were "*machistas*", although not entirely so: about 10% considered male, but not female, infidelity acceptable; the remaining 90% concurred (acceptable for men and women; unacceptable for men or women).

These opinions coincided with the behaviour mentioned earlier, that demonstrated that there was a high percentage of men that were married or in stable relationships that had sexual relationships with other women –including sex workers.

The three statements pertaining to homosexuality revealed a high degree of rejection that was strong and consistent (they included moral, pathological and normative aspects). Only 1 in every 10 truck and bus drivers interviewed stated that they disagreed that homosexuality was a vice or a perversion; only 1 in 4 rejected the idea that homosexuality was a sickness, and only one third of the sample population rejected the prohibition of public gay and lesbian demonstrations. In other words, 90% condemned homosexuality quite strongly in moral terms: three quarters of the sample

population considered homosexuals to be sick persons, and two thirds supported the restriction of the basic right to freedom of expression of gays and lesbians through public demonstrations.

The opinions on homosexuality revealed that homophobic attitudes prevailed and that there did not exist, as might have been the case in other sub-populations, a “politically-correct” discourse which would mask discriminatory practices. In the present case, the truck and bus drivers interviewed explicitly indicated their negative points of view towards homosexuals or persons who engaged in such practices.

Apart from revealing hostility towards homosexuality, these data indicate an environment that would discourage men who have sex with other men (with or without a gay or homosexual identity) from proclaiming their status openly, seeking information, or recurring to health-care and other services on matters relating to HIV.

Observations

This section, rather than repeat the data already provided in the present report, will group together the principal observations and salient issues under two categories: (*A) Vulnerability to HIV infection in the transport sector; and (B) Discrimination and gender/sexual values.*

(A) Vulnerability to HIV infection in the transport sector

i. The data on knowledge and behaviour have demonstrated a status of vulnerability to HIV and AIDS in the transport sector in Paraguay;

ii. With the exception of the mode of sexual transmission of HIV, knowledge about prevention and treatment of HIV infection was arbitrary and generally weak (for example, in terms of mother-to-child transmission);

iii. Several of these misconceptions can lead to discriminatory behaviour based on unfounded fears (such as sharing a drink of *mate* or *tereré*);

iv. Several high-risk practices were extremely frequent, such as use of commercial sex, sexual relations with more than one woman, and the practice of anal sex (which, without protection, carries a much higher risk of HIV infection than vaginal sex);

v. The data indicated that the survey respondents used condoms in occasional sexual relationships, especially for commercial sex. However, the issue of habitual use of condoms in sexual relationships built on trust ("*de confianza*") needs to be addressed;

vi. Voluntary HIV testing, accompanied by counselling, is a pending issue for many survey respondents, who did not consider it a standard prevention practice, not even in the face of a "scare".

(B) Discrimination and gender/sexual values

i. The consensus was that personal and job discrimination in terms of HIV and sexuality did exist.

ii. The predominant perception in terms of job discrimination and HIV was that HIV infection was debilitating and could be grounds for dismissal or for not being hired.

iii. Although they were not very marked, there were evidently different standards for comparing male and female infidelity. In general, infidelity appeared to be fairly well tolerated.

iv. The percentage of rejection of homosexuality and of homosexuals was very high, and included opinions of a moral (that it was "a vice") or pathological (that it was "a disease") nature, or that it was a status that precluded the exercise of basic human rights ("demonstrating in public").

v. Heterosexual sexual relationships outside those of the stable relationship, including commercial sex, did not appear to be taboo to the survey respondents. What were definitely taboo (whether due to understatement or not having acknowledged the occasions when they had occurred) were sexual practices with transgender persons or men having sex with men. There was a contradiction between the virtual lack of mention of experiences of this type and the higher percentage of respondents who claimed to have known other men who did engage in such practices.

vi. The "homosocial" environment –that is, that milieu made up exclusively or predominantly of persons of the same sex– tends to establish boundaries that define gender identity by exclusion: women, transgender persons, and homosexuals. Means of exclusion can sometimes include denigration, insults and violence. It is, therefore, crucial to work in this environment to reduce vulnerability to HIV and eradicate homophobia and transphobia in the transport sector.

Recommendations

The initial quantitative data highlight the urgent need to carry out interventions on matters of HIV prevention and anti-discrimination targeting long-distance truck and bus drivers in Paraguay. The following ten recommendations are the product of the analysis of the present survey "A truck driver's life".

1. In order to provide the framework for HIV prevention programmes and the promotion of health in the workplace, a policy must be developed to deal with the issues of HIV and AIDS (and of gender and sexual prejudices, homophobia and transphobia) within the transport sector, through tripartite consensus and in dialogue with civil society.

2. More than half of the survey respondents resided in Asunción/Central, one quarter in Ciudad del Este/President Franco/Hernandarias, and the rest were scattered among several localities. Concentrations were also observed around the departure and arrival terminuses, which should be considered as potential contact hotspots for prevention campaigns.

3. It became evident during the conduct of the survey that conditions were conducive to its being carried out: the surveys were generally well received and the rates of response, good.

4. The data suggested that certain geographical and structural conditions should be taken into consideration in selecting potential sites for intervention programmes:

    a. The area around Asunción seemed to hold the highest concentration of truck and bus drivers, which would make it the most appropriate place for interventions, independent of the routes used by drivers.

    b. Additionally, activities could be implemented in the same localities where the present survey had been conducted: Villa Hayes, San Lorenzo, Ciudad del Este, Coronel Oviedo, Encarnación and San Antonio.

    c. The data suggest that the bus stops and rest stops are propitious places for interventions. From the perspective of coverage, service stations and, to a lesser degree, customs check-points and terminuses seemed to be promising sites where truck and bus drivers could be approached in a prospective prevention or health-care programme.

d. The fact that most transport workers were dependent on employers suggests that it would be appropriate to involve the business sector in prospective prevention and health-care programmes, including the provision of informative leaflets and materials such as condoms.

5. The relative longevity and stability of the occupation of truck driving indicates that prevention and health-care promotion campaigns would be sustainable through time in the workplace environment.

6. The production of printed and audiovisual material could include general aspects of security and rights in the workplace, as well as specific details on HIV and anti-discrimination, both written and oral, in Spanish and Guaraní. "Word-of-mouth" should also be borne in mind, seen as crucial to acknowledging the culture of camaraderie on the road.

7. The components of a prevention programme must be adapted to the working and living conditions of long-distance truck and bus drivers, biased towards bachelors and/or adult males at the age of greater sexual activity, and incorporating levels that are both specific (to truck and bus drivers) and general (educational, for the whole community).

8. The modus operandi of the interventions should take as much advantage as possible of initiatives already in existence in different workplace environments, such as for the prevention of accidents and monitoring mechanisms that are the initiative of, or being implemented by, diverse tripartite bodies.

9. The realization of epidemiological studies and/or analysis of existing studies (obviously, under the strictest conditions of confidentiality) would provide key information for evaluating the magnitude of infection by HIV and other sexually-transmitted infections in the population of truck and bus drivers, their partners and families. There are no precise data yet available on the incidence and prevalence of HIV in this population.

10. It may be necessary to distinguish between cargo transport and passenger transport (for example, in terms of flexibility of schedule and route) so that the intervention strategies can be fine-tuned.

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Annexes

Annex 1: Models to consider in an HIV prevention campaign in the transport sector:

The data on knowledge and behaviour relating to HIV and AIDS, sexuality and gender, and attitudes towards sexual diversity and transactional sex underscore the relevance of devising comprehensive campaigns that integrate health and human rights, and that target the male heterosexual population in general and workers in the transport sector in particular.

Such integrated campaigns, nationwide and sectoral, must take into consideration certain information, values and circumstances.

(1) The information must at least deal with issues concerning:

(a) the consequences of infection by HIV and other diseases;

(b) the transmission channels for HIV and other sexually-transmitted infections, dispersing myths about supposed means of transmission which are misleading, and instilling the concept that HIV infection is an infectious disease and not a contagious one;

(c) the means of preventing transmission, the conditions of access to materials, testing and, eventually, treatment;

(d) the risk to personal health and the health of others arising from inadequate workplace conditions and environment;

(e) the quality of life and the capacity for work of workers living with HIV, given proper treatment and care;

(f) the specific risk of transmission and prevention generated by working conditions in long-distance transport: relatively long periods away from the place of customary residence, time scheduled for trips, loading/unloading, etcetera.

(2) The values which must be understood and that make intervention essential include issues pertaining to:

(a) sexual and gender culture: more or less "*machista*", misogynous, homo-transphobic, tending to exclusively or predominantly male company;

(b) values associated with sexuality, gender, relationships between men and women, expected behaviour (for example, behaviour associated with condom use);

(c) conduct associated with personal welfare: on matters of workplace security, personal and group health, and links with health-care professionals and services;

(d) the decoupling of the image of HIV infection that is still directly associated with homosexuality;

(e) confronting stigmatizing behaviour that leads to the discrimination and marginalization of persons living with HIV.

(3) The topics that must be dealt with during an intervention include:

(a) access to preventive products, especially condoms: so as to have them available when needed;

(b) diffusion of the rights of workers in relation to the voluntary nature of HIV testing, job stability and non-discrimination in access to jobs;

(c) recognition of the rights of workers: in terms of conditions of work and rest, health care (including primary health care), access to treatment and job protection, free of discrimination based on state of health, sexual orientation or any other arbitrary pretext;

(d) involvement of the workers and their professional associations and unions, employers and companies in the sector, and officials and organs of the State;

(e) coordination with other endeavours promoting health and safety in the workplace (such as the Internal Commissions for the Prevention of Accidents) to include information and activities on HIV and AIDS and anti-discriminatory practices;

(f) adjusting the opening hours and conditions of attention in the health-care system, or bringing primary health care to hotspots in terminuses or on the routes used by this cohort of mobile workers;

(g) multisectoral coordination through positive synergies aimed at maximizing the efficiency of the outcomes and use of resources within the public sector, in labour, transport, health, education and human rights;

(h) involving existing non-governmental organizations and networks of female sex workers, transgender sex workers, gays, lesbians and persons living with HIV in the activities;

(i) examine the feasibility of coordinated strategies at the level of Mercosur (and Bolivia and Chile) centred around the transport sector and the ensemble of associated sectors/actors (such as the networks of service stations and terminuses, and persons who sell sexual services).

Annex 2: The survey instrument of "A truck driver's life"

Survey: "A truck driver's life: Working conditions and sexual health" 2010

INTRODUCTION

Good morning/afternoon, my name is…… . Our team works for CEAMSO, the Centre for Social and Environmental Studies, a non-governmental organization that specializes in carrying out surveys. We are carrying out a study for the International Labour Organization (ILO) on the job situation of truck and bus drivers in relation to health issues. To do so, we would like to ask you to answer a few questions. The aim of this exercise is to try to prevent disease, and to enable you, your workmates and your families to access health care more easily. We want to assure you that your responses will be completely anonymous; no one –apart from the members of our team– will know who made them, and the results disclosed will be based on the answers of everyone interviewed: there is no possibility of anyone finding out what each survey respondent answered individually. Your participation in this survey is entirely voluntary, and can be discontinued at any point if you so wish. There will be no personal risk or benefit to yourself (in terms of compensation or financial gain); instead, you would be contributing towards improving the future health-care service offered to all transport workers in Paraguay. If you have any questions or doubts, please contact Mr. Marcos Caceres at ##########. The present survey is applicable to workers currently in employment. If you no longer work in the transport sector, or if you are retired, please let us know.

READ/SAY CLEARLY: I am now going to ask you some questions. Please do not be afraid to answer, because nobody except you and I will know your answers. I am going to read each question aloud and explain what it means. This is not a test, and it is not an evaluation: we just want to know what you think, what your opinions and experiences are on matters related to health care and your job. If you have any doubts or questions, please ask me, and we will clarify them, either right away or at the end.

Section 1: Sociodemographic characteristics (including marital status) and background

We will begin with some general questions about your life. Remember, take your time in answering each question.

1. Where do you live? *(That is, where do you normally reside? Read the options. Put a cross by the city, or write down the name of the city and the province. One answer only.)*

Asunción	1
Dpto. Central	2
Ciudad del Este/Hernandarias/Pte. Franco	3
Oviedo/Caaguazú/Villarrica	4
Paraguari/Cordillera	5
Encarnación	6
Other *(write the name of the city)*:	

2. Are you currently married or cohabiting? *(Put a cross next to the option that best defines your marital status. One answer only.)*

Married	1
Living together (cohabiting)	2
In a relationship but not living together	3
Single	4
Separated/divorced	5
Widowed	6
Other	

3. What is your grade or level of education? *(Put a cross in the right-hand column. Read the optional answers. One answer only)*

Primary education incomplete	1
Primary education completed	2
Secondary education incomplete	3
Secondary education completed	4
Tertiary technical education incomplete	5
Tertiary technical education completed	6
University/tertiary education incomplete	7
University/tertiary education completed	8

4. What is your main source of health-care coverage? *(Put a cross in the right-hand column. Read the optional answers. One answer only)*

Institute of Social Security (IPS)	1
Private medical insurance	2
Public hospital	3
Don't know	4

Section 2: Occupational and sociodemographic labour characteristics

5. How long have you been working as a truck or bus driver? *(Insert the number of years; if only months, put 1 – one)*

___ ___ YEARS

6. Do you own your vehicle? *(Mark with a cross. One answer only)*

Yes	1
No	2

7. What is your present job status? *(Put a cross in the right-hand column. Read the optional answers. One answer only)*

Employee of a transport company	1
Employee of an owner/boss	2
Work in a cooperative	3
Work alone, independent	4
Other *(Please specify)*:	

8. Do you follow the same route on most of your round trips? Are some of your routes always the same? *(Put a cross in the right-hand column. Read the optional answers. One answer only)*

Yes, most of the time	1
Change route very seldom	2
No fixed route, varies a lot	3

9. How many round trips do you make per month? (round trip = depart from and return to point of departure) *(Insert the average number; if not, put the number worked in the last month.)*

___ ___ ROUND TRIPS

10. What is the average duration of each of your round trips? *(Insert the average time; if not, insert the duration of your last round trip. From the place of origin and back to the place of origin. One answer only)*

From 1 to 12 hours	1
Half day to one day	2
Two to three days	3
Four to seven days	4
From more than one week to four weeks	5
One month or more	6

11. What routes have you used the most during the past two years? *(Insert number of routes and indicate if these are national, provincial or international and the points of origin and destination.) (Ask for the three most frequently travelled routes, if there is more than one)*

ROUTE N P I	FROM:_____ TO:_____
ROUTE N P I	FROM:_____ TO:_____
ROUTE N P I	FROM:_____ TO:_____

N = National
P = Provincial
I = International
(*please indicate)*

12. Where do you stop most frequently to load or unload your vehicle? *(Indicate places)(Ask for the top three places, if there is more than one place)*

ROUTE	LOCATION_____
	LOCATION_____
	LOCATION_____

13. Do you always travel alone or accompanied? *(Put a cross against the correct options. Multiple answers allowed except for the response "Always travel alone")*

Always travel alone	1
With my partner (wife, common-law wife, girlfriend)	2
With a child/children	3
With another family member	4
With a colleague, another truck driver, an assistant	5
With a male friend	6
With a female friend	7
With another person (..... *Specify*)	

14. With the exception of stops to sleep or spend the night, where do you usually make brief stops to rest or have something to eat, or for other reasons? *(Put a cross against as many correct options as you like. Multiple answers allowed)*

Service station/kiosk	1
Customs checkpoint	2
Police/gendarmerie/highway	3
Public bathrooms	4
Toll stations	5
Bar/Restaurant	6
Hotel/Boarding house/lodgings	7
Motel/sauna	8
Home of family or male friend	9
Home of girlfriend or female friend	10
On the roadside	11
Church or religious centre	12
Terminus or truck stop	13
Other *(Please specify)*:	

15. How long do you usually stop to rest or eat? *(Insert number of hours and minutes if necessary)*

Day_____ HOUR(S) _____ MINUTE(S) [Editor recalculate the total in minutes]
Night_____ HOUR(S) _____ MINUTE(S) [Editor recalculate the total in minutes]

16. While you are on a work trip, do you have any time for recreational activities? *Put a cross next to all the options that apply, however many (Multiple answers allowed)*

Rest	1
Play cards or table games	2
Have a drink	3
Have a beer, *caña*, wine	4
Have sexual intercourse	5
Play football or another sport	6
Have a nap	7
Smoke a cigarette	8
Watch television	9
Read	10
Chat with friends	11
Other *(Please specify)*:	

17. During a journey or round trip, where do you normally sleep? *Put a cross next to all the options that apply, however many (Multiple answers allowed)*

Always sleep at home, never sleep while on a trip	1
In the truck	2
In a hotel/boarding house/lodgings	3
In a motel/bar/sauna	4
In hotel rooms rented by the hour	5
At the home of a family member or male friend	6
At the home of a girlfriend or female friend	7
At a terminus or truck stop	8
At a place provided by the company	9
Somewhere else *(Please specify)*:	

Section 3: Knowledge about transmission channels and ways of preventing the human immunodeficiency virus (HIV) and other sexually-transmitted infections (STI)

The following section is a study intended to help design programmes for the prevention of HIV, of AIDS. This is why we need to gain a better understanding of what people think and know about that disease, as well as about matters relating to sex. Please indicate, in response to each sentence I am going to read out now, if you are in agreement with the statement, or if you think it is not true. This is not an evaluation; we just want to know your opinion, that is all.

(Put a cross next to one option only for each sentence)	Yes, that's true. I agree	No, that's not true. I disagree	I don't know, I'm not sure
18. HIV (the virus that causes AIDS) can be transmitted through a sexual relationship between a man and a woman when a condom is not used	1	2	9
19. HIV can be transmitted from mother to child during pregnancy	1	2	9
20. HIV can be transmitted by a mosquito bite	1	2	9
21. HIV can be transmitted through sharing a drink of *maté* or *tereré*	1	2	9
22. There are treatments for AIDS that can maintain people in good condition and prolong their lives (although AIDS cannot be cured)	1	2	9
23. Generally speaking, a person with the AIDS virus is physically able to continue working normally	1	2	9
24. It is possible for an ordinary person like you or me to get HIV/AIDS.	1	2	9
25. It is acceptable for the men that you know to commit sexually infidelity	1	2	9
26. It is acceptable for the women that you know to commit sexually infidelity	1	2	9
27. Homosexuality (sex between men and men or between women and women) is a vice, a perversion.	1	2	9
28. Homosexuality (sex between men and men or between women and women) is a sickness.	1	2	9
29. Public demonstrations by gays and lesbians should be prohibited.	1	2	9
30. There are homosexual truck and bus drivers.	1	2	9
31. If you were to find out that a workmate of yours were homosexual, your relationship with him would still be the same.	1	2	9
32. There are many truck and bus drivers who have sex with transvestites.	1	2	9
33. If a driver were to have sexual relations with a transvestite, he would lose the respect of his workmates.	1	2	9
34. If an employer were to find out that a driver had HIV, he would fire him.	1	2	9
35. Many of my workmates have sex with prostitutes or female sex workers.	1	2	9

Section 4: Practices that increase vulnerability/risk, and precautions, by type of relationship and context (home, in transit, with or without the exchange of money), patterns of condom use, number of sexual partners during the past twelve months.

In the final section, if you consent, I am going to ask you some questions about your sexual partners and sexual relationships during the past year. Some things might be hard to remember, but we would like you to answer the questions as best you can, because this information is very important to the survey. Let me remind you that this information is totally private and anonymous, and that your name will not be mentioned anywhere.

36. During the past year, have you had sexual relationships with any women other than your wife or the woman with whom you cohabit? How many women? Please mention here only relationships that have not been for money. *Women with whom you have had sex once or only a few times, strangers, and so on. (One answer only).*

None
1
2
3
4
5 or more – *(Approximately how many?)* ___ ___ ___

37. During the past year, in your most recent sexual relationship with a woman other than your wife, did you use a condom? *Read the options aloud. (One answer only)*

Yes, we used a condom	1
No we did not use a condom	2
I don't have occasional sex, or I have not had during the past year **[n/a]**	9

38. Have you had sex with women for money during the past year? With how many? *(That is, how many women have you had sex with for money or in exchange for some other favour, gift, etc. during the past year? One answer only.)*

None
1
2
3
4
5 or more – *(please specify approximately how many)* ___ ___ ___

39. Did you use a condom in your most recent sexual relationship for money? *(One answer only)*

Yes, we did use a condom	1
No, we did not use a condom	2
I don't pay for sex, nor have I during the past year **[n/a]**	9

40. Where did the commercial sex with female sex workers take place? *(Multiple options allowed)*

Bar/sauna/brothel	1
Private home of female sex worker	2
Your place of residence	3
In the truck	4
Motel/ boarding house / hotel	5
Other *(specify)*	
I don't have sex for money, or I have not had in the past year **[n/a]**	9

41. What are your favourite sexual practices when you have sex? *(read them one by one)*

Masturbation	Yes (1)	No (2)
Frontal penetration (vaginal)	Yes (1)	No (2)
Blow job	Yes (1)	No (2)
Penetration from behind (anal)	Yes (1)	No (2)
Other practices *(specify)*	Yes (1)	No (2)

[For processing and analysis, apply filters and "not applicable"]
So far, we have been looking at female partners and sexual relationships with women. Now we are going to ask a few questions about another kind of relationship. Please respond freely, because this is confidential, so you do not have to worry.

42. Do you know any driver who has, or has had, a sexual relationship with a transvestite? *(Clarify if necessary the meaning of transvestite. One answer only.)*

Yes	(1)	No	(2)

43. Do you know any driver who has, or has had, a sexual relationship with another man? *(One answer only)*

Yes	(1)	No	(2)

44. Have you yourself ever had a sexual relationship with a transvestite? *(Read the options aloud. One answer only)*

No, never	1
Not during the past year, but yes, prior to that	2
Yes, during the past year	3

45. Have you ever had a sexual relationship with another man? *(Read the options aloud. One answer only)*

No, never	1
Not during the past year, but yes, prior to that	2
Yes, during the past year	3

46. Let's go back to your trips. Do you normally have condoms handy in the truck or vehicle? *(Read out the options. One answer only)*

Always	1
Almost always	2
Sometimes	3
Never	4

47. Where do you buy or get condoms? *(Read the options aloud. Multiple options allowed except for "I don't use them".)*

I don't use them – don't buy, don't get	1
Pharmacy	2
Kiosk	3
Health-care centre, hospital, clinic	4
Service station	5
Public bathrooms(dispenser, vending machine	6
Non-governmental organization (NGO)	7
Union	8
From friends or workmates	9
My partner, the other person, takes care of it	10
Bar, motel or hotel	11
Other *(How?)*:	

48. Do you personally know anyone with HIV (the AIDS virus)? *(Indicate with a cross. One answer only)*

Yes	(1)	No	(2)

Section 5: Access to and utilization of health-care services

49. I do not want you to tell me the results, but have you ever been tested for HIV? *(Indicate with a cross. One answer only)*

Yes	(1)	No	(2)

50. During the past year, have you consulted a doctor or a health-care service for any reason? *(Indicate with a cross. One answer only)*

Yes	(1)	No	(2)

51. Have you ever had any health issues during your trips? What did you do? *(Read the options aloud. Multiple options allowed except for "I never had a problem")*

I never had a health problem	1
I did nothing	2
Consulted a health-care service/doctor during the trip	3
Went to a pharmacy/pharmacist	4
Discussed it with colleagues/friends	5
Self- medicated	6
Other *(What did you do?)*:	

52. Are you very interested, somewhat interested, or not at all interested in participating in a prevention campaign and treatment programme for HIV (the virus that causes AIDS) specifically for truck drivers? *(Indicate by a cross. One answer only)*

Yes – very interested	1
No – somewhat interested	2
I don't know – not at all interested	3

Questionnaire Identification (FOR ADMINISTRATIVE USE ONLY)

Identification code _____

1. Questionnaire identification order number: (complete Data Entry)

2. Date: _____ / _____ / _____ **Start time:** _____ **Age of respondent** _____

Interviewer _____

3. City of interview: _____ **Location** _____

Comments


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