

Population Council Knowledge Commons

HIV and AIDS

Social and Behavioral Science Research (SBSR)

2007

Reaching truckers in Brazil with non-stigmatizing and effective HIV/STI services

Magda Chinaglia

Sheri A. Lippman

Julie Pulerwitz Population Council

Maeve de Mello

Rick Homan

See next page for additional authors

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-hiv Part of the Demography, Population, and Ecology Commons, Family, Life Course, and Society Commons, International Public Health Commons, and the Medicine and Health Commons

Recommended Citation

Chinaglia, Magda, Sheri A. Lippman, Julie Pulerwitz, Maeve de Mello, Rick Homan, and Juan Diaz. 2007. "Reaching truckers in Brazil with non-stigmatizing and effective HIV/STI services," Horizons Research Summary. Washington, DC: Population Council.

This Brief is brought to you for free and open access by the Population Council.

Authors

Magda Chinaglia, Sheri A. Lippman, Julie Pulerwitz, Maeve de Mello, Rick Homan, and Juan Diaz

This brief is available at Knowledge Commons: https://knowledgecommons.popcouncil.org/departments_sbsr-hiv/ 553

REACHING TRUCKERS IN BRAZIL WITH NON-STIGMATIZING AND EFFECTIVE HIV/STI SERVICES

Truckers responded positively to HIVrelated services offered together with other health services, such as blood pressure and glucose screening, at a health post inside a customs station. Truckers passing through the intervention site reported greater uptake of HIV counseling and testing, and increased condom use and partner communication compared to truckers surveyed at the comparison site. These data suggest that the strategy was successful in reducing HIV risk among truckers.

H ighly mobile populations such as truck drivers are key audiences for HIV prevention and treatment efforts but can be difficult to reach with traditional programs. Truckers spend much of their time on the road, where—away from family and community—they may be more likely to engage in sexual risk behaviors. Their mobility also makes it less likely that they will receive sustained prevention messages from public health campaigns, or that they will have regular access to stationary health and prevention services.

A study conducted by the Population Council in 2001 found that truckers crossing Brazil's southern border had easy access to commercial sex and ex-



Truckers play health education game with outreach workers as part of activities offered at the health post.

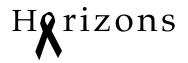
tremely limited access to health services, condoms, HIV testing and counseling, and HIV/STI prevention messages.

In response, the Horizons Program and the Population Council, in collaboration with the Municipal Secretariat of Health and the customs station in Foz do Iguaçu, the Paraná State Secretariat of Health, and the Uruguaiana Municipal STI/AIDS Program, conducted an intervention study from 2002 to 2005. The study examined the feasibility, acceptability, and impact of providing a range of health services to truckers at a health post inside a customs station, where truckers wait anywhere from one day to a week for documents and cargo to clear customs.

To read more about this study, go to www.popcouncil.org/pdfs/horizons/brtruckers.pdf







Methods

The quasi-experimental study took place in two similar border towns in southern Brazil: Foz do Iguaçu (the intervention site) and Uruguaiana (the comparison site). The research team first conducted formative research with truckers from Brazil and neighboring countries, customs station staff, and key informants, such as staff from the government's AIDS program, NGOs, and sex work-

ers. These data informed the establishment of a health post located inside the customs station in Foz do Iguaçu, which provided voluntary counseling and testing (VCT) for HIV and syphilis, STI syndromic management, as well as services to meet other health needs of truckers (Box 1).

To assess program impact, cross-sectional data were collected before and after the intervention from male truck drivers passing through customs in Foz do Iguaçu and compared to data from truckers going through customs in Uruguaiana (no intervention). During April to July 2003 the researchers conducted baseline interviews with 1,775 truckers (779 in Foz do Iguaçu and 996 in Uruguaiana). Follow-up interviews were conducted with 2,415 truckers (1,204 in Foz do Iguaçu and 1,211 in Uruguaiana) after the intervention had been ongoing for 18 months. In addition, in-depth interviews and focus group discussions (FGDs) were conducted before and after the intervention with truckers. Service statistics were compiled and the costs of the program were also tracked and are included in the full report.

Box 1 Key elements of the intervention

Truckers waiting to cross the border in Foz do Iguaçu were approached by two outreach educators who gave them educational materials and invited them to the health post to receive services, including testing and counseling for HIV and syphilis. Those who agreed to VCT received pre-test counseling, provided a blood sample, and were given a follow-up visit in 15 days to receive test results and post-test counseling. In addition, all truckers were offered an STI syndromic management consultation, STI/HIV education, condoms, and preventive health services, such as blood pressure and diabetes screening.

Horizons conducts global operations research to improve HIV/AIDS prevention, care, and support programs. Horizons is implemented by the Population Council in partnership with the International Center for Research on Women (ICRW), PATH, the International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.

Respondent Profile

Key sociodemographic and occupational characteristics of truckers surveyed at the intervention site (Foz do Iguaçu) were similar to those from the comparison site (Uruguaiana). Overall, the median age of truckers was 40 years, ranging from 18–80 years; the median years of schooling was 8, with a range of 0–22 years. Almost threequarters of truckers interviewed were

Brazilian and over 87 percent were married or living with a primary partner. Most truckers had held their jobs for many years and reported traveling frequently, spending most of their time on the road.

Key Findings

The intervention successfully reached truckers with health promotion services. Just over half (54 percent) of the truckers who gave follow-up interviews in Foz do Iguaçu had participated in the intervention. A third (32 percent) visited the trailer and accessed VCT, and an additional quarter (22 percent) did not receive VCT but did participate in educational activities or received educational materials or condoms. Only 13 percent had not heard of the intervention.

Service statistics collected during the 18 months of the intervention indicated that thousands of truckers participated in educational activities, and received materials and condoms (Table 1).

Truckers responded positively to the services and found them to be non-stigmatizing. During the formative research, truckers expressed concern that interventions advertised specifically as HIV programs for truck drivers would reinforce negative stereotypes about them as carriers of HIV and STIs.

...they implement campaigns for and about truckers as if truckers were the cause [of the AIDS epidemic]....

Brazilian trucker

These findings helped to inform the intervention: rather than only providing services related to HIV/STIs,

the intervention would provide additional health services that were of interest to truckers, such as glucose and blood pressure monitoring.

The holistic strategy of offering non-HIV related services together with HIV/STI-related services was received very positively by truckers, and the majority reported that they found them nonstigmatizing. Plus, many of the truckers seeking non-HIV-related services ended up participating in HIV/STI educational activities. FGDs revealed that truckers appreciated the health post being located in the customs station, as it was easily accessible, and the high quality of the services.

This service was the best thing in this region. Now, you have a problem and you have all you want here, not needing to go to other places and you use the time when you are waiting for your cargo authorization papers.

Brazilian trucker

I really loved the way I was treated...the nurses and all the health workers are very helpful and kind...they know how to treat people. Paraguayan trucker

Truckers passing through the intervention site had greater uptake of HIV testing. At baseline, less than half of the respondents surveyed had ever taken an HIV test and respondents in the comparison site were more likely than those in the intervention site to have ever been tested. By follow-up, the opposite was true: the number of truckers who had ever had an HIV test increased by 49 percent in the intervention site (from 39 percent at baseline to 58 percent at follow-up; p < 0.01), but only by 15 percent in the comparison site (from 46 percent to 53 percent; p < 0.01).

The intervention succeeded in encouraging truckers to return for test results. At the health post, where VCT was offered as part of health services, 1,821 truckers gave a blood sample for HIV testing over the course of the intervention, and of these, 82 percent returned to receive test results and post-test counseling. Considering the mobile nature of the population tested, the return rate was quite high and comparable to return rates documented at testing services serving more stable populations in Brazil.

Table 1 Statistics from intervention site

Intervention component	Number
Truckers using VCT services	1,944
Truckers participating in HIV/AIDS prevention talks	2,524
Truckers participating in other educational activities	5,489
Educational booklets and pamphlets distributed	9,831
Condoms distributed	35,613

Partner communication about condom use and HIV testing increased significantly among truckers passing through the intervention site.

There was a significant increase (p < 0.05) in reported communication about condoms with all types of sexual partners (occasional, commercial, and regular) in Foz do Iguaçu. For example, 76 percent of truckers reported talking to occasional partners about condoms at baseline, which increased to 87 percent at follow-up (p < 0.05). Communication about condom use did not change in the comparison site between the baseline and follow-up surveys.

Similarly, significantly more truckers in the intervention site, but not in the comparison site, reported discussing HIV testing with their partners as well as their partners' STI status. For example, 63 percent of truckers asked their regular partner about getting an HIV test at follow-up, compared to 41 percent at baseline (an increase of 54 percent; p < 0.05).

Truckers surveyed in the intervention site reported a significant increase in condom use with occasional partners. Participants who reported ever using condoms with an occasional partner increased by 21 percent in the intervention site (from 67 percent at baseline to 81 percent at follow-up; p < 0.05) while decreasing 3 percent in the comparison site. Condom use with sex workers was very high at baseline and did not change much at follow-up, and condom use with regular partners remained very low.

HIV prevalence among truckers was low.

Although the sample was not representative, only five of the 1,821 truckers tested for HIV were positive (0.3 percent), which is comparable to the prevalence of HIV in Brazil's general population. This unexpectedly low prevalence was even less than that found in Uruguaiana, which found an HIV prevalence of 0.7 percent among truck drivers tested during 2001–2005.

Conclusions

Formative research highlighted that truckers were very concerned about HIV-related stigma and being identified as vectors of HIV and STIs. Given participants' high level of satisfaction with the services in Foz do Iguaçu and general lack of concern about being stigmatized as a result of participation, this holistic intervention, offering both HIV-focused and non-HIV-focused services, succeeded in allaying truckers' fears and reluctance to participate in HIV/STI-related programs.

Prior to the intervention, less than half of the interviewed truckers had ever been tested for HIV. These results are consistent with other Brazilian studies with truckers (Malta et al. 2006, BEMFAM 2006). After the intervention period, a much higher proportion of truckers surveyed in Foz do Iguaçu reported having been tested for HIV. In addition, the proportion of truckers who returned for their test results and post-test counseling was quite high (over 80 percent), especially considering the mobile nature of their profession.

Results indicated that the intervention was largely successful in moving truckers toward HIV risk reduction behaviors. Truckers in the intervention site reported increased condom use with occasional partners. There were also clear increases in reported communication surrounding safer sex behaviors with a range of sexual partners. Significantly more truckers in the intervention group reported speaking to their last commercial, occasional, and regular partners about condom use, getting an HIV test, and/or about STI at follow-up as compared to baseline, while this change was not found in the comparison group. Of particular note is the increase in communication with regular partners, as condom use at baseline with this group was low. Given the low prevalence of HIV, truckers in southern Brazil may not be a priority population for HIV specific programming at this time. But truckers have various health needs due to their mobility and should be reached with comprehensive health services that include HIV/STI prevention.

During the final year of the study, the project team focused on creating links with other institutions to promote the sustainability of the intervention. Ministry of Health officials and program managers from the State and Municipal Secretaries of Health indicated that the services should be maintained. In response, the project team transfered the management of the health post to the University of the Americas in Foz do Iguaçu; the University has committed to maintain the health post and add additional health services. The customs administration, EADI, also committed to the continued provision of water and electricity for the health post, and to regularly clean the health post facilities. **X**

May 2007

References

BEMFAM. 2006. Caminhoneiros Parcerias do asfalto. Conhecimentos, atitudes e práticas sobre o HIV/Aids em Uberlândia. Rio de Janeiro: BEMFAM.

Malta, M. et al. 2006. "A qualitative assessment of long distance truck drivers' vulnerability to HIV/AIDS in Itajai, southern Brazil," *AIDS Care* 18(5): 489–96.

Study investigators include: Juan Díaz, Horizons/Population Council, Brazil; Magda Chinaglia and Maeve Mello, Population Council, Brazil; Sheri Lippman, University of California, Berkeley, and consultant; Julie Pulerwitz, Horizons/PATH, Washington DC. Rick Homan, Family Health International, led the costing analysis and Cristina Ogura, Municipal Secretariat of Health, Foz do Iguaçu was the field research coordinator. A complete list of individuals involved in the study can be found in the full report.

Suggested citation: Chinaglia, Magda, Sheri A. Lippman, Julie Pulerwitz, Maeve de Mello, Rick Homan, and Juan Díaz. 2007. "Reaching truckers in Brazil with non-stigmatizing and effective HIV/STI services," *Horizons Research Summary*. Washington, DC: Population Council.

Herizons

Population Council/Horizons Communications Unit 4301 Connecticut Avenue, NW Suite 280 Washington, DC 20008

Population Council

Tel: 202-237-9400 Fax: 202-237-8410 horizons@pcdc.org www.popcouncil.org/horizons





This research summary is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief under the terms of HRN-A-00-97-00012-00. The contents are the responsibility of the Horizons Program and do not necessarily reflect the views of USAID or the United States Government.

© 2007 The Population Council Inc.

This document may be reproduced in whole or in part without permission of the Population Council provided full source citation is given and the reproduction is not for commercial purposes.