

UNDERSTANDING HIV AND STI RISK BEHAVIOURS AMONG SHORT DISTANCE DRIVERS IN INDIA



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EXECUTIVE SUMMARY

This brief outlines the key findings of a comprehensive study in India investigating the sexual behaviours and risk factors among short-distance commercial drivers, with the aim of informing interventions to mitigate the risks of HIV/AIDS in this population. Data was collected from 11 districts in nine Indian states, comprising 413 qualitative interviews and 5,357 quantitative interviews with drivers, allied groups, and key informants. The study identified various driver categories, including OLA/UBER Drivers, Rental Car drivers, pedal rickshaw drivers, dumper truck drivers, and E-rickshaw drivers, each demonstrating distinct risk behaviours and levels of involvement with both paid and non-paid sex partners. Finding shows that less educated drivers were more likely to engage in risky sexual behaviours, such as unprotected sex and sex under the influence of alcohol, highlighting the need for targeted interventions with this sub-population. Alcohol consumption emerged as a significant predictor of risky sexual behaviour.

Knowledge gaps regarding STIs and HIV/AIDS were observed, especially among young and less educated drivers, emphasising the need for youth-friendly initiatives promoting safe sex and condom use. The study found that paid partners were often encountered at dhabhas and brothels, while non-paid partners were frequently contacted through mobile phones. Significant disparities in voluntary HIV testing rates were observed across various states and driver categories. Healthcare services predominantly favoured were government facilities. The potential of virtual platforms like WhatsApp and Facebook was recognised for sexual education and awareness campaigns, especially in remote areas. The study's recommendations spanned multiple aspects of HIV programs, including communication strategies, virtual outreach, condom quality enhancement, and tailored services for short-distance drivers. These findings offer valuable insights to inform targeted interventions for reducing HIV/AIDS risks within this diverse and high-risk population.



THE ISSUE

Commercial drivers and their assistants face high risk of contracting HIV and other sexually transmitted infections due to their active sexual engagement during extended driving shifts¹⁻³. These drivers play a crucial role as a 'bridge population, serving as a connection between high-risk groups and the general public. Recognising their significance, National Aids Control Organisation (NACO) has a dedicated Targeted Intervention (TI) programme for drivers who travel more than 800 km in a single direction which includes truckers³.

Recent findings suggest that there is a need to address risky sexual behaviours among short-distance drivers who travel less than 800 km in a single direction, even beyond those covered under the Targeted Intervention (TI) program for long-distance drivers. These specific vehicle-based minority interventions have shed light on the fact that risky sexual behaviours are not limited to long-distance drivers (truckers) and are also prevalent among their short-distance counterparts.

Based on the current challenges on sex work dynamics of truckers, **this study is an attempt to redefine the definition of truckers in India, and also to identify the different social and sexual networks of these short distance drivers, and their HIV/AIDs vulnerability. One of the ideas is to expand the scope to transport sector as such and not limit to truckers alone; taxi and rickshaw drivers, warehouse staff, etc. could potentially be considered. Therefore, this brief highlights key findings from a study conducted among short distance drivers in India. The study aimed to identify short distance drivers' sexual networks and assess their vulnerability to HIV/STIs. Additionally, it examines the health and wellbeing of the respondents while also exploring their preferences regarding healthcare mediums.**

² Small Truck included – Lorry, Dumper truck, Mini truck, Tractor Drivers

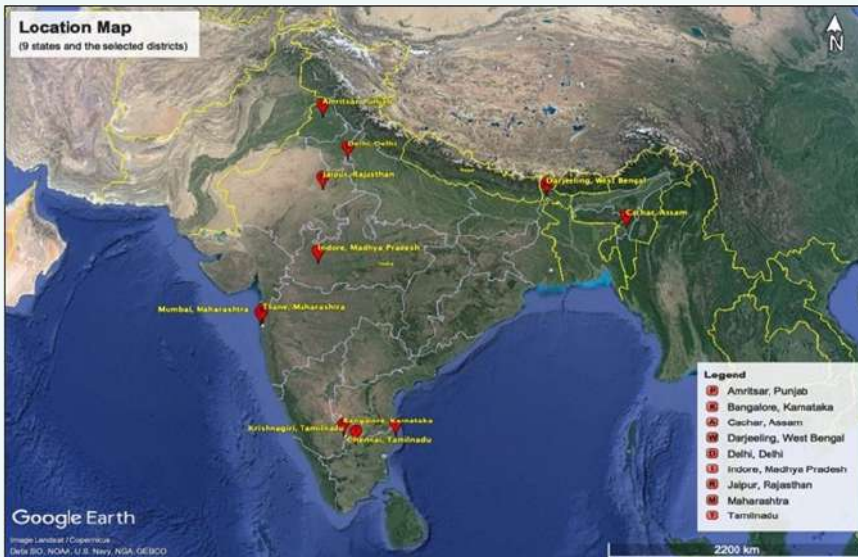


Figure 1 : Location Map of selected states and districts

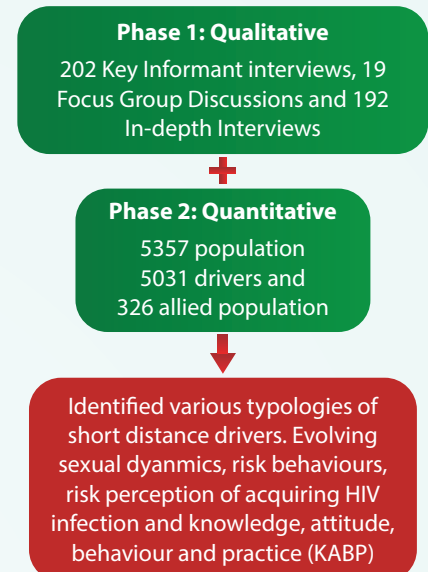


Figure 2 : Data Collection and Interpretation Approach

Sampling - The study initially used purposive sampling to collect 600 samples per state from different typologies of commercial drivers at risk. Sampling adjustment has been done in response to the discovery that not all driver types were uniformly at risk across all states. This adjustment involved reallocating samples from low risk to high-risk drivers' typologies while maintaining a consistent state sample size of 600.

Methods : The study identified 21 types of short distance drivers across nine states in India. This brief consolidates 21 driver categories into four primary groups, Small truck², Shared/Auto drivers³, Taxi drivers⁴, and Bus drivers⁵. Also, in this brief we calculated the sexual risk among the drivers and its predictors. Risky sexual behaviour was created and defined as all SDD who had multiple sexual partners, and/or men with one casual or commercial sexual partner or one regular sexual partner from a high-risk population group (e.g., sex worker or other male) who did not use condoms in last three months from the date of survey.

³ Auto/Shared auto included - Van/Omnib, E-rickshaw, Auto, Shared Auto, Jeep/Sumo, Mini pick up tempo, Pedal Rickshaw drivers,

⁴ Taxi Drivers included - Local Taxi/magic Taxi, OLA/Uber, Intercity Taxi, Rapido/Ola bike, Rental car/Tourist drivers

⁵ Bus Drivers Included - Intercity Bus, City bus, Mini Bus, and sleeper bus drivers



FINDINGS

Profile of the short distance drivers in India, 2022-23

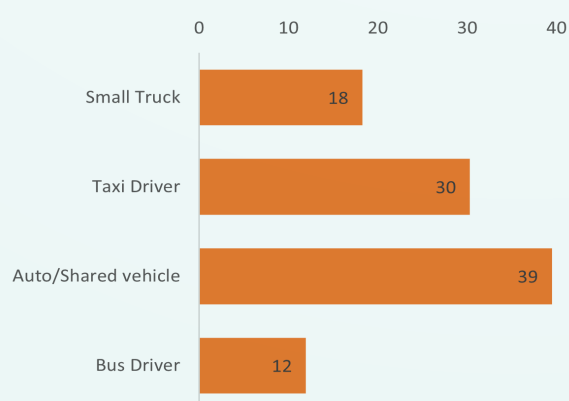


Figure 3: Short Distance drivers identified in the study (%), India, 2022-23

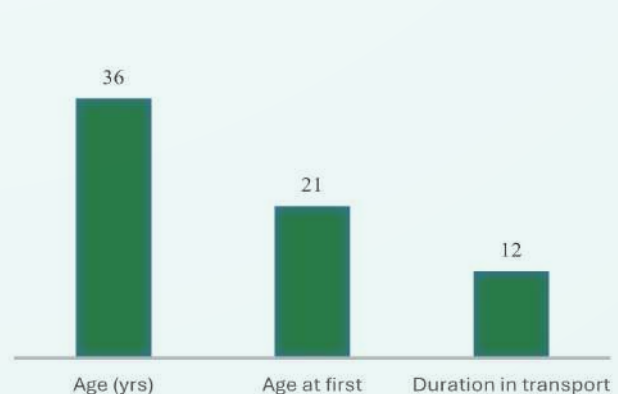


Figure 4: Characteristics (mean) of short distance drivers, India, 2022-23

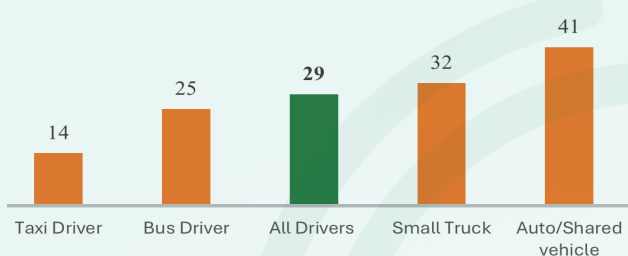


Figure 5: Proportion of short distance drivers with less than secondary education in the study (%), India, 2022-23

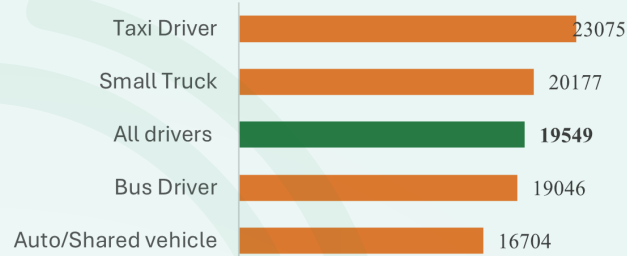


Figure 6: Mean Monthly income (in Rs) short distance drivers, India, 2022-23

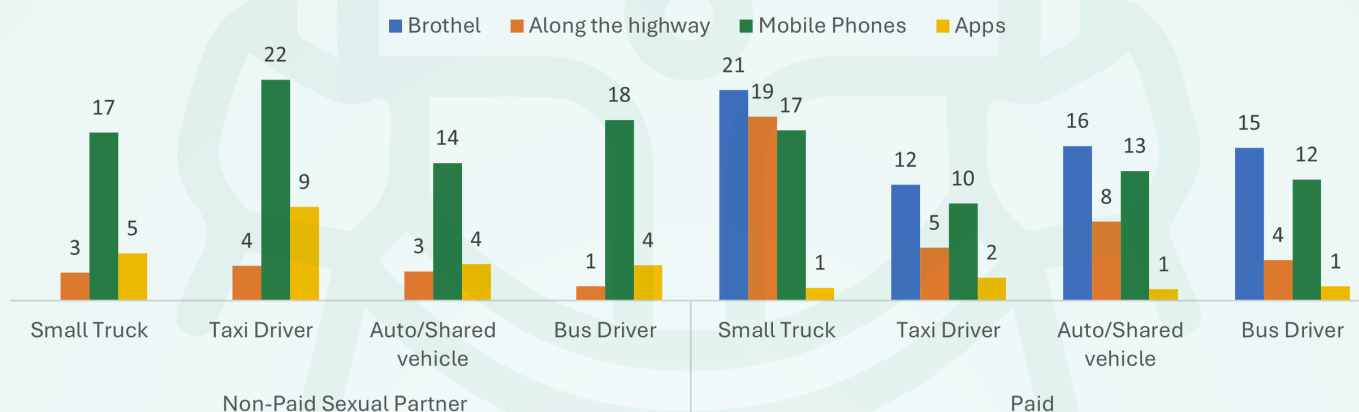
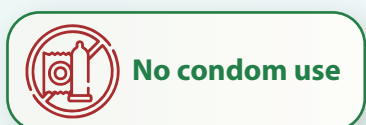


Figure 7: Ways of pickup of sexual partner by short distance drivers in the study (%), India, 2022-23

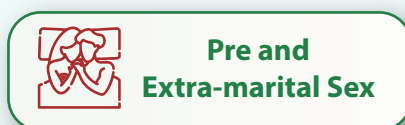


RISKY BEHAVIOUR OF THE SHORT DISTANCE DRIVERS

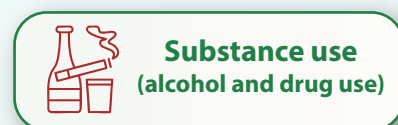
Dimensions of Risky Sexual Behaviour



No condom use



Pre and Extra-marital Sex



Substance use (alcohol and drug use)

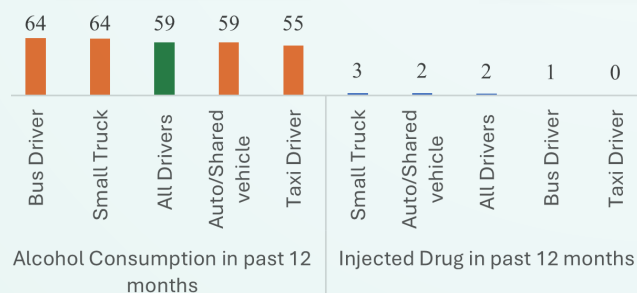


Figure 8: Substance use among short distance drivers in the study (%), India, 2022-23

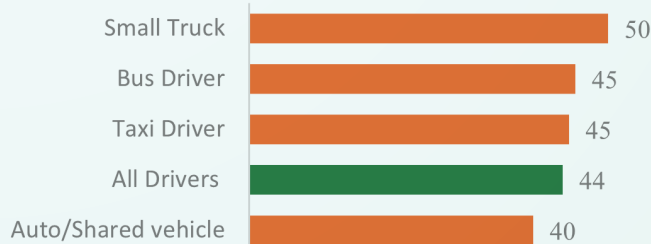


Figure 9: Pre-Marital and Extra Marital sexual relations among short distance drivers in the study (%), India, 2022-23

The qualitative study revealed that intoxication significantly predicted engagement in unprotected sexual activities across all states. In Punjab, drivers consumed various drugs like tobacco, ganja, hashish, opium, poppy seeds, capsules, injections, heroin and pregabalin tablets both while driving and after trips. In West Bengal, drivers used substances such as smoking and smokeless tobacco, alcohol, intravenous drugs like brown sugar, and codeine containing cough syrups.

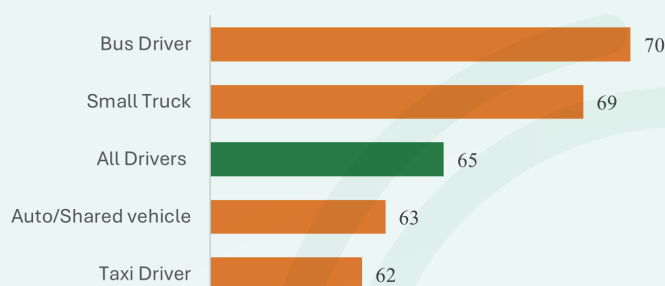


Figure 10: No condom use in their last sexual encounter during last three months from the date of survey with any partner (wife or any partner) among short distance drivers in the study (%), India, 2022-23

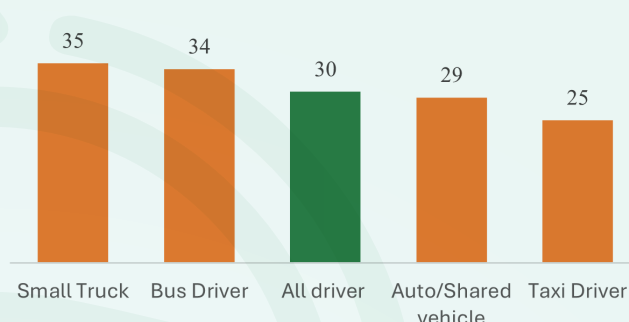


Figure 11: Ever engaged in sexual relations with any partner under the influence of alcohol among short distance drivers in the study (%), India, 2022-23

According to the qualitative study, drivers reported

“Sometimes if I don't have a condom, I do without a condom, or sometimes when I get drunk, I don't know whether the condom is on properly or not.”

Driver Y, 28 years, Amritsar, Punjab

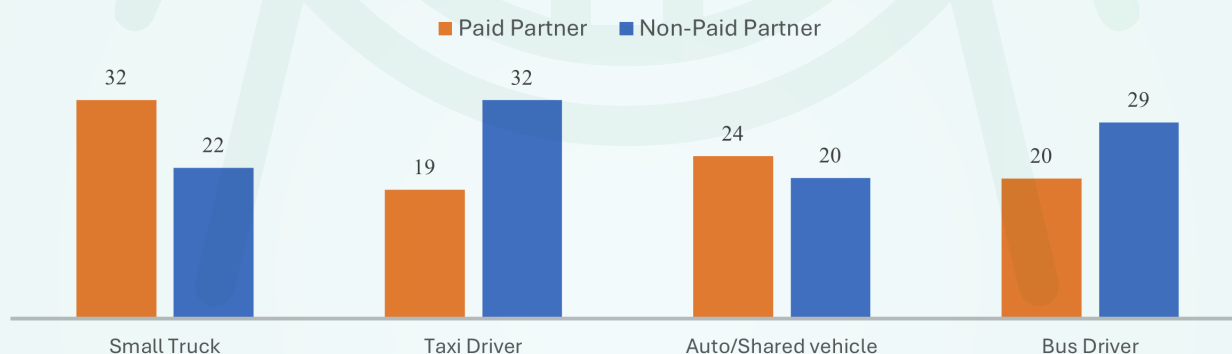


Figure 12: Involvement of short distance drivers with type of sexual partner (Paid or non-Paid) (%), India, 2022-23

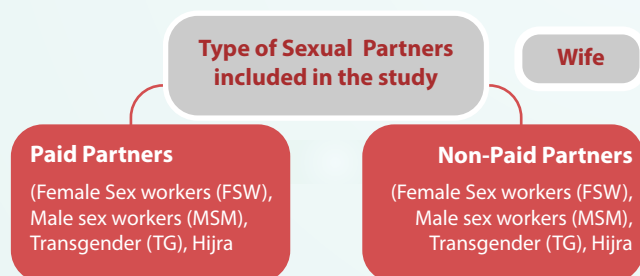


Figure 13: Types of sexual partner included in the study (%), India, 2022-23

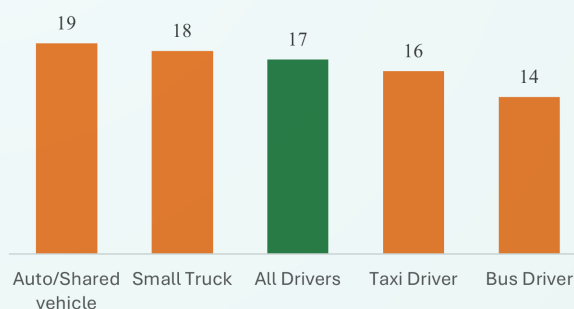


Figure 14: Percentage of short distance drivers engaged in risky sexual behaviour (%), India, 2022-23

Despite possessing the knowledge regarding the use of condom and its merit while being engaged in sexual activity with FSWs, most of the drivers were not using the condoms.

“I know that AIDS happens if you don't have sex with a condom.”

Driver X, 21 years, Mumbai, Maharashtra

The widely quoted reason for not using the condoms is that it reduces the sexual pleasure. For majority of the driver sexual pleasure is an important criterion due to which they abstain using protection and they often pay the FSWs some extra money to indulge in this risky sexual

behaviour. So, this shows that FSWs also have the knowledge regarding the use of condoms and want to practice safe sex however, the monetary incentive to earn more pushes them to engage in risky sexual behaviour.

“If someone eats ice cream with wrapper, then what will be the fun, the fun of having sex like this comes without condom only. I have sex very rarely with a condom on. I have had sex with boys and women without condoms.”

Driver X, 25 years, Indore, Madhya Pradesh

Table 1: Percentage Distribution of Risky Sexual Behaviour among short distance drivers by selected background characteristics, India, 2022-23

Characteristics	% Risky Sexual Behaviour
Age of the Respondent (In Completed Years)	
15-24	34.1
25-34	20.8
35-44	14.3
45+	10.9
Gender	
Male	17.3
Transgender	66.7
Educational Status	
No Education	27.6
Primary	19.9
Secondary	15.6
Higher Secondary	15.7
Graduation & above	11.4
Marital Status	
Currently Married	12.5
Never Married	38.9
Others	16.6

Characteristics	% Risky Sexual Behaviour
Living Status	
Living Alone	23.4
Living With Family but Not with Wife	40.6
Living With Other Drivers/Allied Population	33.7
Living With Spouse/Wife and Family	12.0
Others	9.1
Daily Travel (In Km)	
Didn't Travel	19.2
<100	20.5
100-199	17.5
200-399	18.3
>400	10.5
Monthly Income (in INR)	
<15000	20.4
15000-20000	19.0
>20000	13.0

*For all variables, this square was significant at 5% level of significance.



HIV & STI KABP

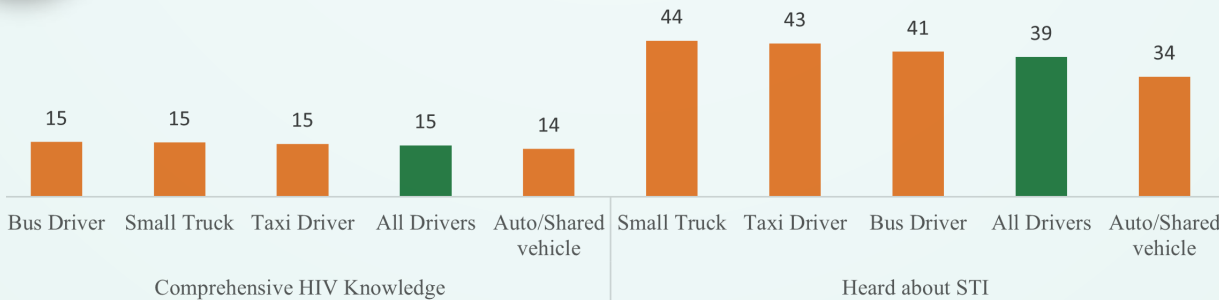


Figure 15 : Comprehensive HIV knowledge and awareness about STI among short distance drivers, India, 2022-23

Figure 16 : Ever had HIV testing among short distance drivers, India, 2022-23



According to the qualitative findings, it was found that various stakeholders those who were interviewed reported that HIV transmission among drivers are low as well as they have no interest in HIV testing.

“No, I never got it (testing) done. I mostly have sex without condom nothing happened to me, I am standing in front of you healthy.”
(Auto Driver, Punjab)

The qualitative study throws highlight on the taboo related to HIV testing among drivers.

“The Foremost step in HIV treatment is testing. The fear if tested (+ve) society will abandoned my kids.”
(Rikshaw Driver, Delhi)

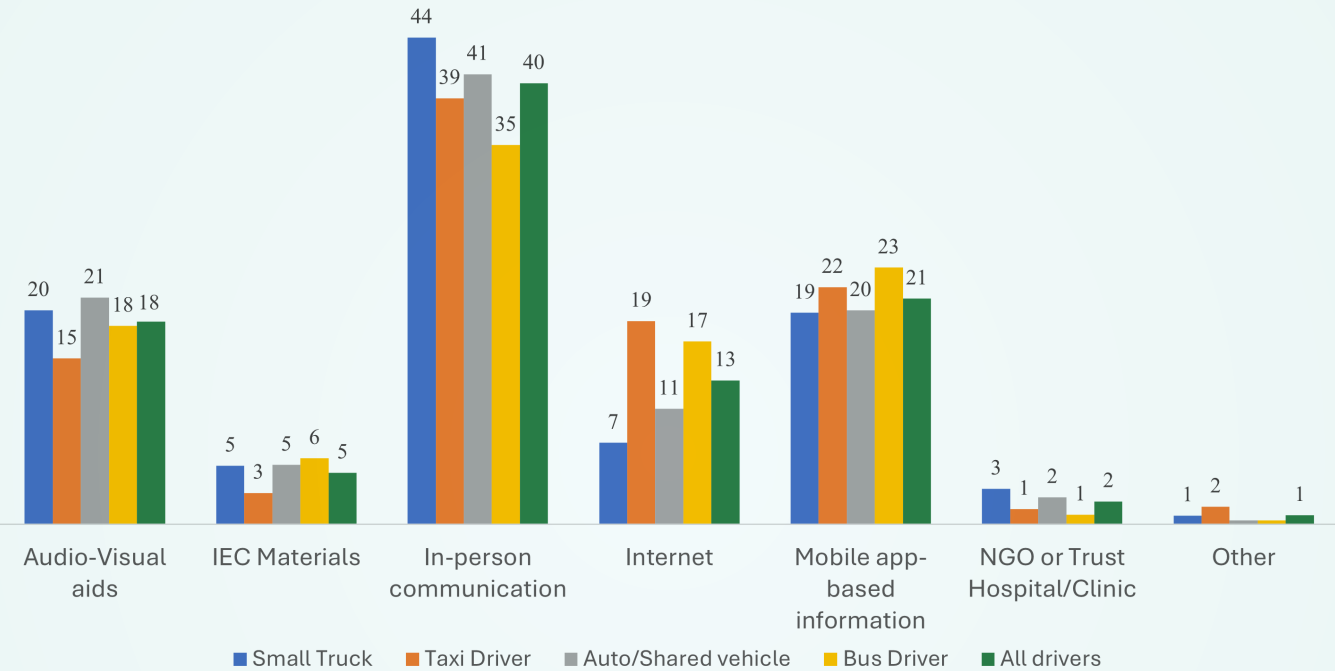


Figure 17: Health Message prefer medium among short distance drivers, India, 2022-23

RECOMMENDATIONS

-  Reconceptualising and extending targeted interventions to cater to a wider array of at-risk short-distance drivers.
-  Increasing awareness of HIV/STI among short-distance drivers through outreach campaigns including social media platforms.
-  Providing in-person counselling to short-distance drivers engaged with both conventional and non-traditional sexual partners is essential.
-  Targeting interventions beyond trans-shipment zones, such as toll booths, auto stands, RTO offices, and roadside eateries, is recommended.
-  Focus on engaging ride-sharing companies like OLA/Uber to intervene with the drivers associated with these companies.



KEY MESSAGE



The study encompassed 22 distinct categories of short-distance drivers across 9 states spanning 11 districts, shedding light on various hotspots, both physical and virtual.



Only one-fourth of short distance drivers has undergone testing for HIV with lowest among auto/shared auto drivers (19%).



Study shows low levels of comprehensive HIV knowledge among the short distance drivers with lowest rates among auto/shared auto drivers.



The study indicates that most drivers express a preference for receiving in-person health messages from government institutions/setups.



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