

Risky Sexual Behaviours Pre-Disposing Boda Boda Riders Into HIV/AIDS Infections In Kisii County, Kenya

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Abstract: Commercial motorcyclist in Kenya, are predominantly made up of youths with high risk behaviour both in getting involved in accident as well in the contraction and transmission of HIV/AIDS. To some extent they might have become the reservoir for the transmission of HIV. Though little attention is given to them it is high time to focus and give regard to this groups' role in transmission of HIV. This study aimed at examining the role of commercial motorcyclists in the transmission of HIV/AIDS. Descriptive research design was adopted where a sample of 120 respondents from diverse background in the boda boda industry participated. The primary data was collected using structured questionnaires, interview guides and focused group discussions for the boda boda leaders. Both quantitative and qualitative data were collected and analyzed. The study was guided by Albert Bandura's Social learning theory. The study findings were; all the respondents were male (100%), majority of the respondents had attained college education (38.3%), majority of the respondents were single (70.8%), and all respondents had information on how to prevent HIV/AIDS. HIV prevalence on mode of transmission was; multiple partners and lack of consistent condom use (100%), there is no known cure for HIV had an approval of (100%), and getting tested helps in fighting the spread of HIV had a backing of (70.8%). Conclusion: there is a host of risky sexual behaviours pre-disposing the boda boda riders to HIV/AIDS infections in Kisii County.

Keywords: HIV/AIDS, sexual behaviour, Boda boda, multiple sexual partners, voluntary counseling and testing.

I. INTRODUCTION

This chapter presents; background to the study, problem statement, objectives, and research questions. In addition, it also covers significance of the study, scope, limitations and definition of significant terms.

A. BACKGROUND TO THE STUDY

According to the social scientists, development is a fluid term which lacks general agreed upon meaning. However, development encompasses three major areas that are, social, economic, and political activities which together promotes human welfare. To realize advancement in human welfare, good health and work are essential ingredients among others. Socioeconomic growth and public health are essential in determining human welfare in the contemporary society. Transport which is a socioeconomic activity can either

promote or undermine growth and development which ultimately has an effect on human welfare. Transport enables people from diverse background practicing different economic activities to come into contact and be able to exchange such goods and services. Apart from playing its primary goal which is mobility of people and their goods from one point to another, transport equally leads to cultural transmission among and between the groups or individuals that are in contact. Unfortunately, transport also plays a role in the transmission of infectious disease including sexually transmitted ones like HIV/AIDS.

For instance, early studies on HIV prevalence among the transport workers by the World Bank especially on truck drivers along the U.S Highways indicate that the infection rate is quite high. Some of the explanations given behind this scenario are; "that truck drivers tend to have poor AIDS awareness and misconceptions about condom use and HIV

transmission modes despite having moderate perception of being at risk of contracting HIV” (World Bank 2009)

The transport sector is very much vulnerable to HIV/AIDS owing to the fact that; those in the sector spend long periods of time away from home, often endure harsh working conditions, and may engage in unsafe behavior that can lead to infection. Due to the high mobility levels in the sector, especially among the motorcycle riders who can be considered to be extra-mobile, this trend makes it difficult for the riders to access health information, observe and adhere to the treatment plan. The high level of mobility witnessed among the motorcycle riders exposes them both to high and low HIV/AIDS prevalence areas for example from rural areas to peri-urban to urban areas hence serving as a vector in the transmission process (Apostolopoulos et al., 2010).

South East Asia is ranked as the second HIV most affected region after Sub-Saharan Africa. The Indian state of Andhra Pradesh has the highest HIV infection rates in the region and this has been partly attributed to its location within the five major highways hence showing how transport sector is a reservoir to HIV (Singh 2010). According to the study by Ganesh Oruganti in India on “HIV Infection, Genital Symptoms and Sexual Risk Behavior among Indian Truck Drivers from a Large Transportation Company in South India”, truck drivers just like other players in the transport sector form part of the high – risk mobile populations. Out of the one hundred and eighty nine (189) respondents only 19.1% indicated to have used condoms with their last sex partners. Majority of the truck drivers behave in sexually risky behaviours with 11.6% having reported to visit sex workers, 15.3% had multiple sexual workers.

Okada riding has negative social perceptions. It is perceived as a job only suitable for earning “quick money for the day, to eat, drink, possibly smoke jamba (marijuana), visit a prostitute, and gamble a little, but unfit to feed a family and sustain an orderly and responsible lifestyle” (Menzel, 2011, p. 98). Commercial motorcyclist in Nigeria comprises young males with predominantly high risk behaviours for HIV/AIDS. Despite the fact that this group of individuals is exposed to a wide range of health hazards, HIV/AIDS poses the greatest challenge of all. The okada riders as known in Nigeria forms one of the groups of interest in the fight against HIV/AIDS since majority of them are youths. The United Population Fund also confirms that the young people are at the center of HIV/AIDS scourge in terms of infection and vulnerability. Above all, it is reported that 5,000 – 6,000 young people contract the virus daily. This is because they lack comprehensive and correct information about how to prevent the infection (Adeoye, 2011).

In Tanzania a study on “sexual behaviour in relation to HIV/AIDS among the fishing community” indicates that Transport plays a role in the transmission of HIV/AIDS. From those who were interviewed they had this to say “*I believe that travelling or migrating contributes to transmitting HIV. For example today I fish dagaa (sardines) here on one island and I have a lover whom I trust and she trusts me. I continue fishing and having sex with her. After some time I move to another island and leave her behind. At another island I get another woman whom I have unprotected sex with and I don't know with whom she was having sex before and whether her former*

boyfriend or husband had been infected or not; and I continue with the same trend in other fishing posts. This behaviour is common among many of my fellow fishermen.” (TAACAIDS 2010).

The role of Commercial motorcyclists in transmission of HIV/AIDS is a well-known phenomenon in Uganda. According to the 2011 survey report by Uganda’s Ministry of health and the Center for disease Control, *boda boda* riders’ sexual behaviour was compared to groups classified as 'most at risk' by the Uganda AIDS Commission, which include sex workers, uniformed services, prison populations and fishing communities. Some of the risky behaviours they engaged at included; transporting sex workers from one destination to another, from one client to the other, having multiple sex partners, engaging in anal sex with both men and women, buying and selling sex to/from women, placing little regard to use of condoms especially when having anal sex among other practices.

Kenya just like any other developing country is experiencing an upsurge in unemployment rate a situation that is further complicated with the dwindling economy. Commercial motorcycling has come in handy as one of the panacea to this problem. The rise of *Boda Boda* as a means of transport can be attributed to lack of proper transport facilities and the poor state of roads a fact that discourages the other service providers in the sector hence paving way for the dominance of motorcycles both in rural and urban areas. The commercial motorcycle industry has attracted largely the youth and with the hard economic circumstances, these young people spend much time in the business transporting their customers day and night. This practice has exposed the Motorcycle riders commonly referred as *boda boda riders* locally to a host of life threatening situations ranging from noise pollution, accidents, cold nights, to name the few. Of concern also is the high mobility frequency which enables them to interact with people from diverse backgrounds full of varied motives and the subsequent likelihood of being influenced by such people at times. Some of the practices into which these cyclists can be lured into include; alcohol and substance abuse, joining robbery gangs, unsafe sexual behaviours among others.

Sexual behaviour still remains to be the most dominant practice that accounts for the highest HIV/AIDS transmission cases in Kenya. The transport industry is considered to be highly vulnerable to this scourge owing to the nature and the working environment in the sector. The transport sector *boda boda* included mostly place a lot of demand on its workers to spend long hours and away from home and family as well a situation which puts them at risk of indulging in risky sexual behaviours that might lead to contraction of HIV/AIDS.

B. STATEMENT OF THE PROBLEM

Boda boda riders forms one of the high risk group in the spread of HIV/AIDS and yet it is the one which behaviour change and communication programmes, skills training and HIV/AIDS prevention information has given little attention (Burns, Ruland, Finger, 2004). Having youths dropping out of school finding refuge in the sector, the group without

doubt is at a higher risk with minimal knowledge on how to fight HIV.

C. OBJECTIVES

The study was guided by the following objectives;

- ✓ To examine ways in which the motorcycle riders contribute to the spread of HIV/AIDS.
- ✓ To explore the factors pre-disposing the motorcycle riders into risky sexual behaviours.
- ✓ To determine the awareness levels on safe sex among the motorcycle riders.

D. RESEARCH QUESTIONS

The research questions were;

- ✓ In which way do motorcycle riders contribute to the spread of HIV/AIDS?
- ✓ What are the underlying factors that pre-dispose the motorcycle riders into risky sexual behaviours?
- ✓ How much aware are the motorcycle riders on safe sex?

E. SIGNIFICANCE OF THE STUDY

The study findings are assumed to add to the body of knowledge about the role of *Boda Boda* in the transmission of HIV/AIDS among its operators. Also, publication of this study will enable other scholars who may be interested in undertaking related studies in this area to access such information. Therefore, the study will be beneficial to other researchers who may want to carry out similar studies by providing pertinent literature about the role of *Boda Boda* riders in the transmission of HIV/AIDS.

Further, the study is believed to provide information to policy makers in Health, social, and Transport sectors to formulate informed policies that can help mitigate the fight against HIV/AIDS.

F. SCOPE

The study was carried out in three Sub-Counties of Kisii County. These sub-counties were; Kisii Central, Kitutu Chache South, and Nyaribari Chache. These Sub-Counties were selected based on their close proximity to the County Headquarters, the high number of *Boda boda* riders, and above all, no such similar study had been conducted in the area. Kisii County is ranked number seven nationally with HIV prevalence rate of this prevalence is slightly much higher than the national index which stands at 4% (KHDS 2015).

In terms of content, the study covered; the various ways in which *Boda boda* riders contribute to spread of HIV/AIDS, pre-disposing factors to HIV/AIDS infections among the *Boda boda* riders, and the awareness levels among the *Boda boda* riders on safe sex. The study was conducted between May to July, 2016 focusing the *Boda boda* riders as the key respondents of the study. The *Boda boda* riders were targeted due to the unique composition that is; they comprise both the literate, semi-literate, and the illiterate youths.

G. LIMITATIONS OF THE STUDY

The study had a number of limitations; to start with, the nature of the study respondents who are highly immobile made it difficult to administer the research instruments. Participation by the respondents was voluntary therefore the findings obtained only reflects the ideas of those who cooperated and hence the results may not be a representative of all *boda boda* riders within Kisii County. The information of those who did not volunteer may be different from those who volunteered. Despite these challenges, the researcher tireless made several visits to the *Boda boda* parking sites and also booked appointments after working hours to meet the riders thus the researcher successfully managed to collect data.

H. DEFINITION OF SIGNIFICANT TERMS

Boda boda – the local name by which commercial motorcyclists are known.

HIV – Human Immuno Deficiency Virus

AIDS – Acquired Immuno deficiency syndrome

KDHS – Kenya Demographic Health Survey

Multiple sexual partners – having more than one sexual partner.

II. LITERATURE REVIEW

A. INTRODUCTION

This chapter builds on chapter one especially on background to the study and the specific objectives of the study. This chapter seeks to review related relevant literature to the topic of study with close consideration to the study objectives. It also presents theoretical frame work for the study as well as conceptual framework.

Moreover, this chapter sets the basis upon which the subsequent chapter four and five are pegged.

B. UNDERLYING FACTORS PRE-DISPOSING THE MOTORCYCLE RIDERS INTO RISKY SEXUAL BEHAVIOURS

Commercial motorcycle riders are at high risk of contracting HIV/AIDS due to the following pre-disposing factors; complex social and cultural norms, having multiple sexual partners, long stay away from their homes, drug and substance abuse, mobility, and lack of consistent use of condoms. All these factors are responsible in different ways for the contraction and spread of HIV among the *boda boda* riders.

Complex social and cultural norms held and followed by the *boda boda* riders as well the health activists pose challenges to effective fight against the pandemic. Some of the practices observed in both ends tend to reinforce risk and bar behaviour change. For instance the health activists have made it a culture to encourage and focus on individual behaviour change and not group a practice that seems to undermine the fight against HIV. Besides stand-alone behaviour change interventions have proofed to be in- effective and a

combination of two or more is recommended. Wife inheritance as a cultural practice accounts for a good fraction of the HIV/AIDS infections within the community.

Mobility accounts for some percentage in the HIV transmission. As noted by Mwanga Joseph in his study "*Half plate of rice to a male casual sexual partner, full plate belongs to the husband*", mobility and migration are also linked with the risk of HIV transmission and contact. For example fishermen, business men/women, drivers, and all those whose income generating activities involves travelling from one point to another are at a high risk of HIV infection since travelling means more interaction and possibly having unprotected sex (Wambura, 2002).

The commercial motorcycle riders often spend long periods away from their homes a situation that puts them to be at a higher risk of HIV infection. Long spells away from home has been found to have a significant bearing on the risky sexual behaviours. As noted by El-Bassel in his study in Kazakhstan, market men and women who spend longer trips are reported to have more sexual partners. Among the Latino migrant men in New Orleans, intra and inter State travel was linked with inconsistent condom use with casual sex partners. In Cameroon, men who stay away from their homes relatively for a long period of time tend to exhibit high infection prevalence rates than those who are always at their homes. Also, within the group multi-partnering and non-spousal sexual relationships were evident (El-Bassel, 2011).

Low socio-economic status of the *boda boda* riders equally exposes them to risky sexual behaviours. Empirically there is evidence pointing to the relationship between low socio-economic statuses to high HIV risk. Majority of the *Boda boda* riders work for long hours for little pay this leaves them to occupy the lower economic status in society and thereby pushing some of them to indulge in other risky behaviours such as drug abuse and sex exchange for money. In some instances where the commercial riders occupation attracts some cash, still the group remains at risk for more cash flow to them attracts the attention of women to them (Thomas F. 2010). Additionally, *boda boda* riding is assumed to belong to losers in life; this coupled with the nature of harsh working conditions of their occupation lends the *boda boda* riders powerless. This shape their identity and risky sexual practices. In South Africa, mine workers explained how the hard and less desired mine work makes the workers to attach any sense to the risk and dangers posed by HIV/AIDS compared to the hard and dangerous mine works. The hard work and the dangers associated with *boda boda* riding more often than expected tend to negate the risk of acquiring HIV/AIDS thus promoting the risky sexual behaviours among its operators.

C. AWARENESS LEVELS AMONG COMMERCIAL MOTORCYCLE RIDERS ON SAFE SEX

Some groups within the population such as sex workers, long distance drivers, and alcohol and substance abusers happen to be at a high risk of contracting HIV/AIDS (Hope, 2001). The 2007 HIV/AIDS Integrated Biological and Behavioural Surveillance Survey (IBBSS) in Nigeria on sub-groups whose occupations expose them to high risks of

contracting and spreading sexually transmitted infections listed; men having sex with men (MSM), female sexual workers (FSW), intravenous drug users (IDU's), transport workers, and uniformed service workers as being the most at risk groups (Beyrer, 2007). Even though, a good percentage of these groups knew about the correct risk reduction behaviour in the transmission and contraction of HIV, only a small percentage minded to use condoms despite having multiple partners (Bwayo et. al 2009).

According to UNAIDS (2008), only 18 of women per cent and 21 per cent of men aged between 15 - 24 correctly understood ways of preventing HIV contraction. Lack of accurate and correct information about sex has led to increase in HIV transmission and stigma. Although there is no much literature on the role of motorcyclists in the spread of HIV/AIDS, this group is almost similar to the long distance truck drivers in terms of behaviour and the nature of their work. Just like truck drivers, motorcyclists are exposed to close interactions with different segments of the population a factor which equally puts them at a risk state (Munakata, 2003).

Early studies have indicated that the mobile population lack adequate knowledge about HIV/AIDS despite the public health campaigns. In Mexico, the knowledge levels among truck drivers and migrants on modes of HIV/AIDS transmission is higher but there are misconceptions surrounding how one contracts the disease; some believe mosquitoes can transmit the virus, HIV is the disease for the homosexuals, drug addicts and one's physical appearance can tell his/her HIV status.

D. THEORETICAL FRAMEWORK

Glanz et al. (2008) described a theory as a set of interrelated concepts, definitions, and propositions that present a systematic view of events or situations by specifying relations between variables in order to predict events or situations. Theories are very valuable in social sciences especially in sociology for they help in explaining the cause – effect relationship which is critical in explaining people's behaviour from context to context. In attempt to give a theoretical backing to this study, close scrutiny of social theories was done and Social learning theory was picked.

Social learning theory which has been recently re-named "Social cognitive Theory" was propounded by American sociologist Albert Bandura. Bandura's Social Cognitive theory was considered to be more suitable for this study since it gives one an opportunity to understand the motivational factors as well as the self - regulatory mechanism that shapes one's behaviour as opposed to just the influence of the external environment.

In an attempt to explain how children learn behaviour through modelling, Bandura conducted an experiment using Bobo doll with three different groups of children that is; one group was exposed to adult violent model, another one to a passive adult model, and the third one was not exposed to any model which served as a control experiment. Those children who were exposed to the violent model were asked to verbally and physically attack the doll, and those in passive were asked to play gently with the doll. Later these children were left to

play freely and the results indicated that those who interacted with the violent Bobo doll exhibited similar behaviours that they acted aggressively while those who interacted with the non-violent doll also played less violently (Bandura A. 1986). These findings supported Bandura's arguments that children learn through modelling. Therefore the same way children learn through modelling, so are the adults.

This theory presents modelling as a process which requires learners to follow a certain path before finally acquiring the behaviour imitated and it can be either direct or indirect. The modelling process as presented by Bandura involves; paying attention, retention which involves recalling the observed behaviour, and finally motivation which calls for self-drive to practice the admired observed behaviour. In explaining the risky sexual behaviour among the commercial motorcyclists, the theory gives room for one to explore how the existing social factors pre-disposes the riders to this behaviour.

III. RESEARCH METHODOLOGY

A. INTRODUCTION

This chapter highlights on the methods employed in the study. It describes the study research design, population, location, and sampling process of the study. It goes further to explain the sampling strategies, sample size, as well as the research instruments employed. In addition it covers data collection, data analysis, and finally it covers ethical considerations.

B. RESEARCH DESIGN

The study adopted both descriptive and participatory action research designs. The use of mixed method design is supported by Creswell. Mixed method design focuses on collecting, analyzing and mixing both qualitative and quantitative data in a single study or series of studies. Its central premise is that the use of qualitative and quantitative approaches, in a combination, provides a better understanding of research problems than either approach alone" (Creswell & Plano Clark, 2007). The use of both qualitative and quantitative methods allows the researcher to confirm, cross-validate, or corroborate findings within a single study (Creswell, 2003). Descriptive research design was considered to be relevant in conducting this study owing to the fact that it allows a researcher to describe a unit in details in context and holistically.

Participatory research design on the other hand was used to conduct Focused Group discussions and in-depth interviews with the respondents. The study observed the principles of participatory research design since the design offers a framework to partner with the study population in a way that can improve the quality of research and also help the community to be in a position to better address problems related to HIV/AIDS and other venereal diseases (Morin, Maiorana, Koester, Sheon, & Richards 2003).

C. STUDY LOCATION

The study was conducted in three Sub-Counties of Kisii County, Kenya. These sub Counties are; Kisii Central, Kitutu Central, and Nyaribari Chache respectively.

D. POPULATION

A population in a research study is a group of individual persons, objects, or items from which samples are taken for measurement (Maheshwari, 2011). Polit and Hungler (1999:37) refer to the population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. This study was carried among the commercial motorcyclists and their leaders. The study focused on the boda boda riders due to their vulnerability to HIV/AIDS infection which is largely attributed to their high mobility which denies them the opportunity and time to access health information. Health care workers were also involved to furnish the research with valuable information on HIV/AIDS prevention.

E. SAMPLING AND SAMPLE PROCEDURE

a. SAMPLING PROCEDURE

Boda boda riders comprise a group that is highly mobile and as such the study adopted simple random sampling. Thus, random sampling was used to control sampling error, which occurs when the selected sample does not represent the studied population. In addition, random sampling provides the researcher with the chance that all respondents had an equal opportunity to be selected regardless of his or her job title, age, gender, working experience, or level of education (Fraenkel & Wallen, 1996).

b. SAMPLE SIZE

A total of 110 respondents were engaged in the study as the primary respondents, while the 5 leaders of the *boda boda* riders and 5 focused group discussions. This sample size was determined using the Krejcie and Morgan Table of determining sample of a population.

F. RESEARCH INSTRUMENTS

The study utilized a mixture of instruments to collect data, it utilized questionnaires, Focused Group Discussions (FGDs), and Interview Schedules to gather relevant data of the study.

The questionnaires assumed both closed and open ended questions with majority of the questions being closed ended. The structured questionnaires were used to help in yielding information pertaining to the different ways in which the commercial motorcyclists contribute to the spread of HIV/AIDS. Focused group discussions on the other hand were used to investigate the factors pre-disposing commercial motorcyclist to the spread of HIV/AIDS. The study adopted to using a mixture of methods in order to yield more detailed exploratory and descriptive data about the role of commercial motorcyclists in transmission of HIV/AIDS afield that is considered to less researched. This approach is bound to offer

diverse perspectives which can be used to explain as well understand the link between commercial motorcycling and the spread of HIV/AIDS than when one.

a. VALIDITY

Validity is the extent to which the instruments used during the study measure the issues they are intended to measure (Amin, 2005). To ensure validity of the instruments, the researchers sought expert judgement and peer review. Later, the developed instruments were subjected to test – re-test method in which a tenth of the questionnaires were administered to *Boda boda* riders but in non-study sites to avoid prior knowledge of the study to the respondents. This method allows the researcher to identify gaps and ambiguities within the instruments and correct them in advance.

b. RELIABILITY

Reliability is the extent to which the measuring instruments will produce consistent scores when the same groups of individuals are repeatedly measured under the same conditions (Amin, 2005). This study conducted a test retest analysis to ensure the reliability of the instruments. The test retest reliability in the study was established by administering the same instrument to the same respondents on two different occasions. The reliability test was administered to twelve people who were not in the sample, but who were working at the sampled parking stages twice, two weeks apart, in order to assess the consistency of the measure. The researcher used pilot testing method because it was expected that some items or questions would have several possible answers

G. DATA COLLECTION

Data from the respondents was collected using; questionnaires, interview schedules, and focused group discussion guides. These research instruments were designed in a manner that they captured the objectives of the study. They comprised both closed and open ended questions which solicited demographic information which included; age, residence, information about daily activities, knowledge and history of STI's, sexual behaviours (such as types and number of sexual partners, sex frequency, condom use, venues where sex is sought). In addition, questions regarding riding history (such as own, squad, or hired to ride for someone), period away from home per month, and the length of sexual relationships with their other sexual partners.

H. DATA ANALYSIS

The collected data was first edited to clean any error/gap that might be realized from the field. To ensure the errors had been adequately addressed, the researchers employed constant comparison method and peer review. The cleaned data was then coded before entries were made to the Statistical Package for Social Sciences (SPSS) for analysis. Data was analyzed using SPSS version 22.

STUDY FINDINGS ANALYSIS, PRESENTATION, AND INTERPRETATION

GENDER

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	120	100.0	100.0	100.0

Table 4.1: Gender

Table 4.1 shows that all the respondents 100% were male. This shows how *boda boda* riding is one gendered occupation. This might be attributed to the cultural gender division of labour which assigns risky and hard activities to men as opposed to women. Gender practices which considers women as feminine also prevents women from social mobility hence the reason for the sector being male dominated.

EDUCATION LEVEL

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Primary	10	8.3	8.3	8.3
Secondary	43	35.8	35.8	44.2
Tertiary	46	38.3	38.3	82.5
University	21	17.5	17.5	100.0
Total	120	100.0	100.0	

Table 4.2: Education

From the above analysed statistics, the results show that 38.3% of the respondents had attained tertiary level education, 35.8% secondary education, 17.5% university, and 8.3% primary education. These statistics suggests that majority of the *boda boda* riders are tertiary and secondary school leavers, followed by university graduates, and lastly primary school drop outs. The high number of tertiary and university graduates is partly attributed to lack of employment opportunities in the country, while the secondary and primary school drop outs in the sector indicates the poverty levels which denies this group from accessing educational services.

MARITAL STATUS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single	85	70.8	70.8	70.8
Married	20	16.7	16.7	87.5
Separated	15	12.5	12.5	100.0
Total	120	100.0	100.0	

Table 4.3: Marital Status

Out of the 120 respondents who participated in this study, 70.8% were single, 16.7% were married, and 12.5% reported to have been separated. Going with the statistics, *boda boda* riding is dominated by unmarried young men.

KNOWLEDGE OF HIV PREVENTION

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	120	100.0	100.0	100.0

Table 4.4: Knowledge on how to prevent HIV infections

Concerning knowledge on HIV prevention, all the respondents 100% acknowledged of being aware on how to prevent the HIV infections. This shows that the awareness levels are very high and this could be linked to the fact that

some of the *boda boda* clothings such as the reflector jackets carry information on HIV prevention, and also most motorcycles being installed with radios would help in conveying safe sex practices.

a. FACTORS PRE-DISPOSING BODA BODA RIDERS TO RISKY SEXUAL BEHAVIOURS

The study explored some of the underlying factors that pre-dispose *boda boda* riders to engaging into risky sexual behaviours. Some of the factors discussed here included; culture, drug and substance abuse, lack of consistence condom use, long stay away from home, high mobility, and low economic status. The responses to these factors were as presented in the tables which follow here below;

HARMFUL CULTURES PROMOTE HIV INFECTIONS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	4	3.3	3.3	3.3
Agree	12	10.0	10.0	13.3
Neutral	8	6.7	6.7	20.0
Disagree	40	33.3	33.3	53.3
Strongly Disagree	56	46.7	46.7	100.0
Total	120	100.0	100.0	

Table 4.2.1: Certain cultural practices promote spread of HIV among *boda boda* riders

From the above table, the statistics indicates that; 46.7% of the respondents strongly disagreed to the believe that culture plays a role in pre-disposing the commercial motorcyclists to HIV infections, 33.3% disagreed, 10.7% agreed, 6.7% were indifferent on the issue, and only 3.3% strongly agreed to the believe that culture plays a role in the spread of HIV among the *boda boda* riders. The high percentage of the riders not believing in the role of culture in the transmission of HIV can be explained by the tender age of the respondents who might have not fully understood some of the harmful cultural practices that may expose one to HIV infections. It might also be as a result of high levels of awareness that is linked to the education levels of the respondents who probably knows well how HIV is transmitted. The small percentage of the population which believes in the role of culture can be attributed to a few of the riders who come from rural areas where some cultural practices that are harmful are still observed. These findings confirms UNESCO (2001) findings which pointed out that cultural stigma and social bans especially those related to sexual activities prevent one from accepting HIV prevention information thereby facilitating its transmission.

b. MULTIPLE SEXUAL PARTNERS

MULTIPLE SEXUAL PARTNERS INCREASES CHANCES OF CONTRACTING HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	100	83.3	83.3	83.3
Agree	20	16.7	16.7	100.0
Total	120	100.0	100.0	

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	100	83.3	83.3	83.3
Agree	20	16.7	16.7	100.0
Total	120	100.0	100.0	

All the respondents were of the same opinion concerning having multiple sexual partners increased one's chances of getting infected by HIV/AIDS. This statistics confirms that people are aware of sexual intercourse as being the leading mode of HIV transmission. It also communicates that all the *boda boda* riders who participated in this study were sexually active.

c. LACK OF CONSISTENT CONDOM USE

LACK OF CONSISTENT CONDOM USE LEAD TO HIV INFECTIONS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	104	86.7	86.7	86.7
Agree	16	13.3	13.3	100.0
Total	120	100.0	100.0	

The results displayed by the above table points out that all the respondents 100% know that lack of consistent use of condom exposes one to HIV infection. This is a reflection that there a strong campaign on the use of condoms and the *boda boda* riders are very much informed on the same. The high levels of awareness can be attributed to peer sharing among the riders themselves and possibly that the fact that almost all the motorcycles are fitted with radios media could be playing a big role in creating awareness.

d. LONG STAY AWAY FROM LEADS TO HIV INFECTIONS

LONG STAY AWAY FROM HOME LEAD TO RISK SEXUAL BEHAVIOURS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	30	25.0	25.0	25.0
Agree	70	58.3	58.3	83.3
Neutral	5	4.2	4.2	87.5
Disagree	10	8.3	8.3	95.8
Strongly Disagree	5	4.2	4.2	100.0
Total	120	100.0	100.0	

Regarding long stay away from home by the *boda boda* riders whether it is a risk factor, the respondents answered as follows; 58.3% agreed, 25.0% strongly agreed that the practice was a risk factor, 8.3% disagreed, 4.2% strongly disagreed, and lastly the similar number 4.2%, were indifferent. Majority of the respondents agreed and considered long stay away from home as a risk factor that pre-disposes *boda boda* riders to risk sexual behaviours which potentially may cause them to get

infected. The small number who dis-regarded long stay away from home as being a risk factor would represent the few principled members of the industry.

e. HIGH MOBILITY AMONG BODA BODA RIDERS EXPOSES THEM TO RISK SEXUAL BEHAVIOURS

HIGH MOBILITY AMONG BODA BODA RIDERS EXPOSE THEM TO HIV INFECTIONS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	15	12.5	12.5	12.5
Neutral	30	25.0	25.0	37.5
Disagree	50	41.7	41.7	79.2
Strongly Disagree	25	20.8	20.8	100.0
Total	120	100.0	100.0	

From the above statistics, 41.7% of the respondents disagreed, 25.0% were neutral, 20.8% strongly disagreed, and 12.5% agreed. 62.5% of respondents rejected mobility as having any role in exposing one to HIV infections while only 12.5% approved that mobility had a bearing on HIV infections among the *boda boda* riders and 25% were neutral. This reflects lack of information on the subject.

f. THE LOW SOCIO-ECONOMIC STATUS OF BODA BODA RIDERS EXPOSES THEM TO HIGH SEXUAL RISK BEHAVIOR

LOW SOCIO-ECONOMIC STATUS PUTS BODA BODA RIDERS AT RISK OF ENGAGING IN RISK SEXUAL BEHAVIOURS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	28	23.3	23.3	23.3
Agree	85	70.8	70.8	94.2
Neutral	2	1.7	1.7	95.8
Disagree	5	4.2	4.2	100.0
Total	120	100.0	100.0	

Low socio-economic status of the riders got a big approval as being a pre-disposing factor in the spread of HIV; 94.1% supported this view while 6.5% did not see any correlation between the two.

I. AWARENESS LEVELS AMONG BODA BODA RIDERS ON SAFE SEX

HAVING SEX WITH HIV POSITIVE PERSON LEADS TO CONTRACTION OF HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	120	100.0	100.0	100.0

Table 4.3.1: Having sex with a HIV positive person makes contract the virus

Table 4.3.1 indicates that all respondents 100% were very much aware that having sexual intercourse with a HIV positive person can lead to contraction of HIV. These findings implies that all the *boda boda* riders identifies sex as the most prominent mode of HIV transmission.

ONE CAN BE BE-WITCHED TO CONTRACT HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	5	4.2	4.2	4.2
Neutral	15	12.5	12.5	16.7
Disagree	96	80.0	80.0	96.7
Strongly Disagree	4	3.3	3.3	100.0
Total	120	100.0	100.0	

Table 4.3.2: Bewitching can cause one to contract HIV

The study results in table 4.3.2 above indicates that 80% of the respondents disagreed that one can be be-witched to contract HIV, 12.5% were indifferent, 4.2% supported the believe that witchcraft can potentially cause one to get infected of HIV, and only 3.3% strongly disagreed. These statistics points out that majority of the respondents do not believe that one can contract HIV through be-witching this is an indication of high levels of awareness among the respondents on the modes of HIV transmission. The few who believes that witchcraft can cause one to get infected represents those who are still superstitious and those who still lack understanding of HIV, its myths on modes of transmission and having prejudice.

ONE'S PHYSICAL APPEARANCE CAN BE USED TO TELL HIV STATUS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	18	15.0	15.0	15.0
Disagree	21	17.5	17.5	32.5
Strongly Disagree	81	67.5	67.5	100.0
Total	120	100.0	100.0	

Table 4.3.3: One's physical appearance can tell whether one is HIV positive or not

The results of table 4.3.3 indicates that 67.5% of the respondents strongly disagreed that one's physical appearance can tell one's HIV status, 17.5% disagreed, and 15% agreed. These results indicates that majority of the respondents were well knowledgeable on the signs and symptoms of HIV/AIDS. The 15% who agreed shows that there are those who have stereotype minds about how a HIV person looks like.

THERE IS A KNOWN CURE FOR HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	20	16.7	16.7	16.7
Strongly Disagree	100	83.3	83.3	100.0
Total	120	100.0	100.0	

Table 4.3.4: There is a known cure for HIV

Table 4.3.4 above indicates that 83.3% of the respondents strongly disagreed to the assertion that there is known cure for HIV, while 16.7% disagreed. These results confirms that all the respondents were aware of HIV having no cure even though they engaged in risk sexual behaviours.

SLEEPING WITH A VIRGIN CAN CURE ONE'S HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	7	5.8	5.8	5.8
Valid Disagree	113	94.2	94.2	100.0
Total	120	100.0	100.0	

Table 4.3.5: "Sleeping" with a virgin can cure one of HIV

The above analysed results shows that 94.2% of the respondents disagreed with the notion that "sleeping" with a virgin can cure one from HIV, and 5.8% agreed that one can get cured. These results suggest that majority of the respondents are well informed on prevention and treatment of HIV while a few still holds to the myths surrounding the cure of HIV. These results shows that even though all the respondents had shown having knowledge that there is no known cure for HIV, this does not prevent one from believing in the myths surrounding HIV.

GETTING TESTED HIV HELPS TO PREVENT ITS SPREAD

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	24	20.0	20.0	20.0
Agree	61	50.8	50.8	70.8
Valid Neutral	8	6.7	6.7	77.5
Disagree	16	13.3	13.3	90.8
Strongly Disagree	11	9.2	9.2	100.0
Total	120	100.0	100.0	

Table 4.3.6: Getting tested helps in preventing the spread of HIV

Table 4.3.6 above indicates the following; 50.8% agreed that getting tested of HIV helps to prevent spread of HIV, 20.0% strongly agreed, 13.3% disagreed, 9.2% strongly disagreed, and 6.7% were indifferent. From these results one can deduce that; majority of the respondents believes that testing HIV can help prevent its spread, a few disagrees. Voluntary counselling and testing services should be encouraged among the riders as it helps to prevent HIV infections.

IV. SUMMARY, CONCLUSION, AND RECOMMENDATIONS

A. INTRODUCTION

This section presents the summary, conclusions, and recommendations of the study based on its findings. The study conclusions and summary presents the critical findings of the study from the from the discussions and interviews with the respondents. Recommendations are geared towards providing more insight to the policy makers and other actors in the fight

against HIV/AIDS on how best to protect this category of individuals and other mobile population from the epidemic.

B. SUMMARY OF THE STUDY

The main objective of the study was to determine the exposure of *Boda boda* riders to HIV/AIDS infections in Kisii County. The study utilized a sample size of 120 respondents who were drawn from three Sub Counties of Kisii County. All the respondents were male.

a. FACTORS PRE-DISPOSING THE BODA BODA RIDERS TO RISKY SEXUAL BEHAVIOURS

Majority of the boda boda riders are of the age bracket 25 – 29 (41.7%), followed by 30 – 34 (25%), 20 – 24 (15%), 35 – 39 (13.3%), and finally, 15 – 19 at 5%. These statistics reflects lack of alternative employment opportunities for the youths and also the changing economic practices in the society. The youthful population represented in this form of transport also confirms the risky category since these are sexually active individuals who need proper information on HIV/AIDS.

Majority of the respondents had attained college (38.3%) and secondary education (35.8%), university (17.5%), and only (8.3%) primary level.

Pertaining exposure to HIV infections, the study findings indicated that; lack of consistent use of condoms and having multiple sexual partners are the most risk exposing factors supported 100%, followed by low socio-economic status at 94.1%, long stay away from home 83.3%, high mobility, drug and substance abuse 20%, and finally culture at 13.3%.

b. AWARENESS LEVELS AMONG THE BODA BODA RIDERS ON SAFE SEX

The awareness levels of the respondents were examined by posing statements seeking responses in the following areas; having sex with the HIV positives, drug and substance abuse, inconsistent condom use, long stay away from home, high mobility rates, and also, the low socio-economic status of the *boda boda* riders and the relationship with HIV infections.

All respondents expressed being fully aware that multiple sexual partners and blood transfusion can lead to transmission of HIV. These findings are inconsistent with Aitalegbe's study on "HIV/AIDS knowledge, sexual behaviour and condom use among commercial motorcyclists in Lagos State, Nigeria". Additionally, all attested of being aware that there is no known cure for HIV. Besides, bewitching elicited a mixture of reactions from the respondents, where 80% disagreed, 12.5% were indifferent, 4.2% agreed, and 3.3% strongly disagreed that bewitching can potentially cause one to contract the HIV virus. The misconceptions surrounding lack of clear understanding on modes of HIV/AIDS transmission, remains consistent with Roberto Orellana's study on "Structural Factors That Increase HIV/STI Vulnerability Among Indigenous People in the Peruvian Amazon". In this study the findings indicated that although most people knew the role of unprotected sex in the transmission of HIV, a lot of misconceptions equally existed. For example some believed

that hand shaking, talking, mosquito bites to name a few could make one get infected of HIV.

C. CONCLUSION

The study arrived on the following conclusions based on the study objectives;

- ✓ That all the underlying factors that were being investigated whether they pre-disposed the *boda boda* riders to the risk of contracting HIV, had an influence however, multiple sexual partners and lack of consistent use of condoms were the ones which had the greatest significance.
- ✓ All the respondents were aware of the various modes of HIV transmission, there is no known cure for HIV, and getting tested helps in preventing spread of HIV/AIDS.

The character of most *boda boda* riders indulging in risky sexual behaviours can best be explained by adopting social learning theory by Albert Bandura. Peer influence played a role in converting principled riders into engaging into irresponsible sexual affairs. In addition, the environment shapes one's behaviour and attitude as presented by some of the *boda boda* riders believing that bewitching can make one contract HIV, and also, that one's HIV status can be told through his or her physical appearance.

D. RECOMMENDATIONS

Drawing from the summary and conclusions of the study, the researchers made the following suggestions to the policy makers and the transport sector in general.

- ✓ That the policy makers need to direct their attention not only to the general public but give a special attention to the *boda boda* riders which is a category of individuals at risk but often neglected by the health activists.
- ✓ The ministry of transport to collaborate with the ministry of health to integrate safe riding campaign with safe sex among the stake holders in the sector.
- ✓ The young *boda boda* riders be provide with alternative job opportunities that can help them to improve their socio-economic statuses in the society.

E. AREAS FOR FURTHER RESEARCH

This study sought to determine the pre-disposing factors into risky sexual behaviours among the commercial motorcyclists, a similar study can be carried on the other service providers in the transport sector. Also, from the study findings HIV testing seems to help in fighting HIV therefore, a study on HIV testing as a strategy in controlling the spread of HIV/AIDS can be conducted. Above all, this study was only conducted in three Sub counties of Kisii County; the study can be conducted in a larger geographical area and in different regions to bring out the dynamics in the sector.

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