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Comparative Analysis of Safe Sex Knowledge and Practice among long Distance Truck Drivers at Tafa Village, Niger State and Gwagwalada, Federal Capital Territory, Nigeria

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ABSTRACT

Long-distance truck drivers have been identified to play a very vital role in the spread of sexually transmitted infections in developing countries, they travel across states ,across border trips, spend weeks away from home and engage in activities to cope with the stress of loneliness, satisfy their emotional needs without safe sex. This study was conducted among long distance truck drivers at Tafa village, Niger state and Gwagwalada of FCT to assess safe sex knowledge and practices among long distance truck drivers. The use of quantitative and qualitative methods of analysis was employed using structured questionnaires administered to 273 truck drivers by hand and by interview using interview guides. Data were analyzed using statistical power for social sciences (spss). The study was designed to examine the safe sex knowledge and practices among long distance truck drivers in the selected stop over stations. The study examined the socio-demographic characteristics of the truck drivers such as sex, education, age and religion. The study revealed that there is little or no knowledge of safe sex with long distance truck drivers at Tafa village, Niger state and Gwagwalada stop over station of FCT. Infection and other sexually transmitted infections (STIs) due to the nature of their occupation, difficult work environment, poor economic and living conditions. The findings revealed that there was little or no knowledge of safe sex with long distance truck drivers at Tafa village and Gwagwalada stopover station. Findings a revealed that self-esteem, having one partner, promoting social norms and skills for condom usage, communicating with your sexual partner about what you want and enjoy sexually, having knowledge about HIV/AIDS, constant use of condom, self-efficacy and seeking doctor and medical advice about safe sex knowledge and practice are determinants of safe sex practice. The knowledge of safe sex practices of long distance truck drivers in Tafa stop station are not different from that of Gwagwalada stop station. Based on the findings, it was recommended that information regarding all modes of transmission of HIV/AIDS and other STIs should be given due importance. Promotion of condom usage to truck drivers by involving transport company owners, truck drivers unions, Non-Governmental Organization should be implemented. Sensitization and awareness program should be organized mainly around their stop over station and neighbouring communities to impact the right information and knowledge about safe sex practices, HIV/AIDS and other sexually transmitted infections.

Keywords: safe sex practices, HIV/AIDS, information, truck drivers, Niger state, FCT

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INTRODUCTION

Nigeria has a crowded population of long-distance truck drivers who contribute daily to economic activities by moving goods and services from one state to the other within the country and across the African sub-region. Sexually Transmitted Infections (STIs) continue to spread among this occupational group due to inadequate knowledge of safe sex and their effects and poor perception of risk of acquiring an infection from their sexual quest. (Atilola et al., 2010; Sunmola, 2005).

The Long-distance truck drivers have been identified to play a very high role in the spread of sexually transmitted infections in developing countries (Joint United Nations Programme, 2013; Instituto Nacional de Saúde, 2010; Weine and Kashuba, 2012). They travel across states or cross border trips, spend weeks away from home and engage in activities to cope with the stress of loneliness, satisfy their emotional needs (Deane et al., 2010). As a result, long-distance truck drivers have been reported to engage in alcohol and substance use including exposure to commercial sex (Ramjee and Gouws, 2002).

Safe sex refers to adoption of sexual practice which does not predispose self and partner to sexually transmitted infections (STIs) and/or pregnancy (Agofure, 2014). The high number of people living with HIV/AIDS especially among youths, its growing prevalence and its devastating consequences on the future of the country has made mandate the campaign of safer sex among people. Different studies have reported high prevalence of various sexual activities such as kissing, breast/genital fondling, oral/anal sex and unprotected sexual intercourse among people in Nigeria (Digban et al., 2014). Health care professionals are essentially trained to be care providers and educators. They are often viewed as role models to other professions in terms of safe sex practice and other health related issues. This is due to the assumption that they are more knowledgeable in the concept of transmission and prevention of diseases including STIs. Unfortunately, studies conducted among health care professionals revealed a discrepancy between peoples' knowledge of AIDS and the minimization of susceptibility among people (Abdulsalam, T. and Babatunde, 2015). The high number of people living with HIV/AIDS especially among Long Distance Truck Drivers (LDTD), its growing prevalence in Nigeria and its devastating consequences on the future of the country has made mandate the campaign of safer sex among truck drivers.

Of the sexually transmitted infections prevalent in the population, the Human Immunodeficiency Virus (HIV) is of concern not only due to its high risk prevalence, and the potential role truck drivers' play in its spread. Being a highly mobile population, truck drivers have been known to engage in high-risk sex with female commercial sex workers who can be potential reservoir of HIV and other STIs. Workers in the transport sector are vulnerable to Human Immunodeficiency Virus (HIV) infection and other Sexually Transmitted Infections (STIs) due to the nature of their occupation, difficult work environment, poor economic and living conditions (World Bank, 2015).

Studies have reported the spread of HIV along major truck routes, and the crucial role played by long-distance truck drivers and their helpers traveling 800km or more in a single direction in carrying HIV infection from one place to another and transmitting infection from high-risk populations such as female sex workers, men who have sex with men, and injecting drug users to low-risk populations such as spouses of migrant/mobile population (Chandrasekaran et al., 2006). Multiple sex partners, ignorance about the use of condoms, and inconsistent or no condom use during sexual acts are commonly reported behaviour patterns among long truck drivers (Singh, S. Malaviya, 2004). In addition, long distance truck drivers lack complete and correct information about HIV and other STIs, resulting in low self-perceived risk of HIV infection and other STIs (Bhalla et al., 2005).

Of all people living with HIV globally, 9% of them live in Nigeria (Sunmola, 2005). Recently, it is estimated that about 3,229,757 people live with HIV in Nigeria and about 220,393 new HIV infections occurred and 210,031 died from AIDS related cases (UNAIDS, 2015). The country already burdened by political instability and endemic political corruption as a result of almost 33 years of military rule now seems prepared to 'wipeout' the virus within a few decades (Morris et al., 2010). Notwithstanding the progress in institutional reforms and political commitment to tackle the disease, the country has seen more citizens placed on life saving medication of active antiretroviral therapy (AART) to increase the survival of such HIV sero-positive individuals (Lagarde et al., 2006).

To curb HIV/AIDS to its lowest level, the Nigerian government initiated the National Strategic Plan (NSP) 2017-2021. The vision of the NSP 2017-2021 was "An AIDS-free Nigeria, with zero new infection, zero AIDS related discrimination and stigma, with a broad goal to "Fast-track the national response towards ending AIDS in Nigeria by 2030". In line with the UNAIDS investment framework, the NSP 2017-2021 targets five thematic areas: (i) Prevention of HIV among General and Key Populations; (ii) HIV Testing Services; (iii) Elimination of Mother-to-Child transmission of HIV (eMTCT); (iv) HIV Treatment; and, (v) Care, Support and Adherence (Wilkins et al., 2003).

Nigeria encompasses a blended plague, meaning that whereas HIV predominance among the common populace is tall, certain bunches still carry a distant more noteworthy HIV burden compared to the rest of the populace. In Nigeria, Sex laborers, men who have sex with men and individuals who infuse drugs make up as it were 3.4% of the populace, however account for around 32% of modern HIV infections (UNAIDS, 2017). Children and vagrants, ladies, youthful individuals are moreover portrayed as powerless (UNAIDS, 2017). In spite of the fact that Long Separate Truck Drivers is considered a tall hazard gather, which constitute an critical supply of HIV contamination for persistent transmission to the common population (Awofala and Ogundele 2018).), information on these specific gather is meager. The predominance of HIV

among this gather has remained tall and on the increment from 17.5% to 37. Between 1991 and 2007 (NACA, 2015). Numerous of the truck drivers engage in a long separate travel from areas within the distant northern portion of Nigeria to the south-west zone (especially Lagos) to carry both products and fuel. Due to the remove, and the nature of the street organize, the travel ordinarily takes the truckers absent from their families and prompt situations for days and now and then weeks, in this manner uncovering them to the enticement of fulfilling their sexual needs with female sex specialists in and around the truck terminals.

In Nigeria and numerous other nations of the world, the sexual conduct of long remove truck drivers coupled with their low level of instruction and destitute HIV mindfulness, campaign among them have positioned tall as the most cause of the generally tall rate of HIV predominance among them (NACA, 2016). In numerous situations, the truck drivers, trying to find elective outlets for fulfilling their sexual needs and to decrease the depression caused by the nonattendance from their families, have been known to visit female sex workers (FSW) very regularly (Azunwu et al., 2011). It is on this foundation that the analyst extreme to carry out a inquire about on comparative investigation of secure sex information and hone among long separate truck drivers in Tafa town, Niger State and Gwagwalada Region Chamber, FCT-Abuja.

The high prevalence rate of HIV/AIDS for Niger state and FCT in comparison to the regional and national rates is a cause for concern. The unusual trait about these two states is the concentration of long distance truck drivers that base there. Long distance truck driver's fall under the classification of mobile people and this can be broadly described as people who move from one place to another seasonally or permanently for a host of voluntary and or involuntary reasons (UNAIDS, 2015). Studies have indicated that mobility increases vulnerability to HIV/AIDS both for those who are mobile and for their partners back home. Being mobile in and out it is not a risk factor for HIV/AIDS (Morris et al., 2010; Lagarde et al., 2006). It is the situations encountered and the behaviour possibly engaged in during mobility that increases vulnerability and risk regarding HIV/AIDS. Mobile people are exposed to exclusive pressures, challenges and living environments. Many are separated from their families and spouses or regular partners. They may feel anonymous and freed from the social norms that guided their behaviour in their family, community and culture (Lagarde et al., 2006). Lonely people away from home may be especially susceptible to peer pressure. These factors may provoke people to take risk and engage in behaviour they would not have engaged in at home. Studies have shown that long distance truck drivers constitute an important group both in the horizontal and vertical transmission of HIV/AIDS (Chandrasekaran et al., 2006; UNAIDS, 2017). Long distance truck drivers also fall under the category of bridge population, that is, men who have sex with commercial sex workers and noncommercial sex workers. The problem with this group is that because of the nature of their occupation, it is difficult to reach them with appropriate

Information, Education and Communication (I.E.C) materials for behavioral change. This study therefore seeks to compare safe sex knowledge and practices among long distance truck drivers in Tafa village, Niger state and Gwagwalada Area Council FCT-Abuja.

Objective

The broad objective of this study is to compare safe sex knowledge and practice among distance truck drivers at Tafa village and Gwagwalada stopover station.

Specific objectives

The specific objectives were formulated to guide the study and they are;

- i. To access the level of knowledge on safe sex practices among long distance truck drivers at Tafa village I Niger State and Gwagwalada stopover station.
- ii. To determine common safe sex practices of long distance truck drivers at selected Tafa and Gwagwalada stopover station.

Research questions

The following research questions were formulated to guide the study;

- i. What are the safe sex practices of long distance truck divers at Tafa village in Niger state and Gwagwalada stopover station?
- ii. What do long distance truck drivers at Tafa village in Niger state and Gwagwalada stopover station know about safe sex practices?

Hypotheses

The following research hypotheses were formulated at 0.05 level of significance to guide the study.

1. **H₀:** There is no relationship between the knowledge of safe sex among long distance truck drivers at Tafa village in Niger State and Gwagwalada stopover station in FCT.

H_A: There is relationship between the knowledge of safe sex among long distance truck drivers at Tafa village in Niger State and Gwagwalada stopover station in FCT.

2. **H₀:** There is no relationship between common safe sex practices of long distance truck drivers at selected Tafa and Gwagwalada stopover station.

H_A: There is relationship between common safe sex practices of long distance truck drivers at selected Tafa and Gwagwalada stopover station.

LITERATURE REVIEW

Knowledge of safe sex

It is generally assumed that the general populace has a high knowledge of HIV because it has become a topical issue (Bhalla et al., 2005). Although there is good understanding of the epidemiology of HIV/AIDS across Africa, surveys of the knowledge among different populations reveal that such knowledge does not necessarily reduce risk taking behavior (UNAIDS, 2017; Sunmola, 2005; Singh and Malaviya, 2004). The available information paints a worrying picture. For example, while superficial knowledge about HIV may be high, there are many gaps about how HIV is or is not transmitted. A study about people attending an STI clinic in the Cape Peninsula, South Africa, found that the responses to a series of true – false questions suggested high levels of understanding but open-ended questions revealed that this was not the case (Wilkins et al., 2003; UNAIDS, 2017). Sixty three percent of respondents in the study admitted that they knew little or nothing about HIV (UNAIDS, 2017). Since knowledge of HIV is a determinant in guiding sexual attitudes and practice, some studies have assessed LDTD knowledge of these problems (Awofala et al., 2018; Chandrasekaran., 2006; NACA, 2015). Among young LDTD, high levels of HIV/AIDS knowledge increased the likelihood of condom use (NACA, 2016).

Factors that influence knowledge

Theories of learning have many concepts in common such as personalization, susceptibility, efficacy, social norms and skills. These concepts are important as they determine acquisition, retention and usage of knowledge, especially knowledge that pertains to HIV/AIDS. Discussed briefly below are some of the concepts that influence one's knowledge

Personalization

Susceptibility

Many people deny their susceptibility to health consequences, especially young adults who are notorious for believing themselves to be invulnerable (Tanaka et al., 2008). Perceived susceptibility refers to subjective assessment of risk of developing a health problem. The health belief model predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviors to reduce their risk of developing the health problem (28). Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness (30). Others may acknowledge the possibility that they could develop the illness, but believe it is unlikely. Individuals who believe they are at low risk of developing an illness are more likely to engage in unhealthy, or risky, behaviors. Individuals who perceive a high risk that they will be personally affected by a particular health problem are more likely to engage in behaviors to

decrease their risk of developing the condition.

The health belief model predicts that higher perceived threat leads to a higher likelihood of engagement in health-promoting behaviors.

Efficacy

Even if long distance truck drivers believed themselves susceptible to health consequences, they still may not trust the effectiveness of certain behaviors or products recommended to lower their risk. Young adults gain knowledge by observing others performing successfully; or by self-practice in role-plays; and by experiential learning exercises (27). Through these methods they will gain trust in the effectiveness of the object (condom) or behaviour and want to know more about it. Young adults are caught in the middle of political and cultural controversy that undermines their trust in condom efficacy. Opposition groups engage in disinformation campaign about condom effectiveness and safer sex practices, in an attempt to discourage sexual activity outside monogamous, lawful marriages. This tends to cloud the acquisition, retention, and usage of knowledge on the effectiveness of safe sex in the prevention of AIDS.

Social norms

These are expected modes of acting and behaving by virtue of membership in a certain social group in order to gain or maintain approval or status (29). By belonging to a group a person willingly learns from what members do or say. If the discourses of a group can be changed to influence others positively, the individuals can acquire positive information from the peers (30). LDTD can be used to present a structured educational programme and to serve as positive role models in the promotion of safe sex and prevention of sexually transmitted infections.

Sources of information

The credibility of the source of information is as important as the information to be learned (31). This is so because the educator influences a number of factors that impinges on or supports knowledge acquisition, such as the learning atmosphere, the manner in which information is presented, the attitude of the educator towards the subject, the comfort level of the educator (32) and the knowledge possessed by the educator. Media reinforce peer pressure norms 'to just do it', while social stigma for sexual consequences no longer exist.

Sexual risk behaviour of truck drivers

Sexual risk behaviors seem to be a major route through which human immunodeficiency virus (HIV) as well as other sexually transmitted infections (STIs) are spread within different populations. Long distance truck drivers have been reported as one of the groups at higher risk for HIV infection throughout the world (12, 33-38.). This assertion is based on drivers' involvement in various

sexual risk behaviors, which include unprotected sex, casual sexual relationship, and heavy use of alcohol before sex, and frequent unprotected sex with commercial sex workers (39, 37).

The level of Long distance truck drivers' involvement in sexual risk behaviors may be reduced if effective HIV prevention intervention that has a strong theoretical basis is employed. This conforms to (40) assertion that HIV prevention intervention that has Information, Motivation and Behavioral skills (IMB) components would be more appropriate in reducing sexual risk behaviour. The IMB model proposes that information which is relevant to preventive behaviour, motivation to act on this information, and behavioral skills for acting on this information effectively are fundamental determinants of preventive behaviour. Relating the model to this study, HIV prevention knowledge, and motivation to use condoms, social support to the use of condoms, and seeing oneself as less vulnerable to HIV infection activates a driver to regularly and consistently use condoms in their sexual relationships. Thus, certain psychological variables that are related to the IMB skills model need to be considered in HIV prevention and intervention programmes (41). With this in mind, examining HIV knowledge as a related variable to information component, attitude towards condoms, perceived vulnerability to HIV/AIDS, and peer support to condom use as motivation components, while condom use self-efficacy as the behavioral skill component of IMB model, is appropriate in this study.

Sexual risk behaviors have been commonly documented across different populations in Nigeria (42, 43), South Africa (44), and India (45, 46). Some of the various risky sexual behaviors documented include inconsistent and incorrect use of condoms, heavy alcohol use before sex, unprotected sex with CSWs, casual sex, and multiple sexual partners. These aforementioned sexual risk behaviors have also been reported as common among long distance truck drivers worldwide (47, 39). In Nigeria, however, the few available studies conducted on truck drivers confirm the prevalence of sexual risk behaviors such as low rate of condom use (48, 49) and the need to research on this population as a high-risk group to HIV/AIDS (50).

Sexual risk behaviour in the trucking population may have some underlying psychological and social factors. Psychological factors such as HIV knowledge, attitude towards condom use, peer support to condom use, perceived vulnerability to HIV/AIDS, and condom use self-efficacy may directly or jointly contribute to high levels of sexual risk behaviour among long distance truck drivers. Similarly, social factors such as age, number of years of education, number of wives, number of intercourses in the last three months, number of partners apart from primary partners, and number of weeks spent outside home may have some relationships with sexual risk behaviour among the drivers. Knowledge about the levels of HIV infection in a population, how HIV is transmitted, and how to avoid contracting it may contribute to how people who engage in high risky behaviour would adopt safe sexual behaviors or refrain from sexual risk behaviour all together.

In Nigeria, HIV knowledge has been found to relate with sexual risk behaviour among the drivers (51, 52). Focusing on increasing HIV knowledge was said to be insufficient in itself in HIV prevention intervention strategies (53). Therefore, having the knowledge of HIV/AIDS may not be enough in the trucking population. An individual who is knowledgeable about HIV infection may also require other relevant factors that would help in reducing any form of sexual risk behaviour. In other words, being knowledgeable about HIV and AIDS may not be enough to ensure a change in risky sexual behaviour among long distance truck drivers.

Condom use has been reported to be highly effective against contracting HIV and other STIs, when it is used correctly and consistently (54, 55). Therefore, practice towards condom use is very germane in explaining safe sexual behaviour among individuals. On this note, attitude towards condom use may contribute to sexual risk behaviour among long distance truck drivers. Previous studies have shown that long distance truck drivers with a positive attitude towards condom use were more likely to use condoms when the need arises (56, 57).

Social support is critical to an individual's personal change because changes take place within a network of social influences. People within a given social network can either support or neglect various behaviors associated with sexual practices. In support of this assertion is (57) report that 'behaviour that violates prevailing social norms brings social censure or other punishing consequences; whereas behaviour that fulfills socially valued norms is approved and rewarded'. Peer support to condom use can help a driver to adopt the use of condoms, and thus reduce his involvement in sexual risk behaviour. This suggests that when condom use is encouraged in a particular group, there is a higher tendency for a group member to have a positive attitude towards condom use.

Another figure that will contribute to clarifying sexual chance conduct of long distance truck drivers may be a person's capacity to arrange condom utilize with the accomplice, known as condom utilize self-efficacy. (58) Highlighted the significance of self-efficacy in clarifying the impacts of skill-building sexual risk-reduction mediation's on sexual chance conduct.

Additionally, (41) pushed the significance of condom utilize self-efficacy in behavioral aptitude preparing for long remove truck drivers. Condom utilize self-efficacy in this setting is the drivers' capacity to viably arrange the utilize of condoms with sexual accomplices and frequently make utilize of condoms amid sex.

METHODOLOGY

Study area

The study was carried out in Tafa village stopover station in Niger State and Gwagwalada stopover station in Gwagwalada Area Council, FCT. Tafa local government area is found in Niger state, North-central geopolitical zone of Nigeria. The headquarters of the LGA are in the town of

Wuse and the LGA shares boundaries with parts of the FCT. Towns and villages that make up Tafa LGA include Zuma, Jakoro, Iku, Garam, Ija, Wuse, Dogan kurmi, and New Bwari. The current estimated population of Tafa LGA is put at 159,005 inhabitants with the area mainly inhabited by members of ethnic affiliations such as the Gbagyi, the Koro and the Hausa. The Hausa language is commonly spoken in Tafa LGA while the religions of Christianity and Islam are mostly practiced in the LGA. Gwagwalada Area Council is one of the six area councils in Federal Capital of Nigeria; it is located between 8° 56' 29" North and 7° 5' 31" East. It is bordered in the South by Kwali Area Council, in the North by Niger State; Kuje Area Council in the East and AMAC in the North-East. The study area occupies a land area of about 1,043 km². The topography of the study area is ranged with numerous valleys view hills, with Zuba hills at the north west of the territory. It is also drained by river Usuma. It has tropical climate, with the temperature ranging from 30° -37°C, with the highest recorded in the month of March; the annual mean annual temperature of 1,650mm. It is estimated to have a population of 402,000, with population density of 385.4/km² (National Population Commission of Nigeria).

Study population

The study population comprises of all the long distance truck drivers and workers within aged 18 years and above that stop over at Tafa and Gwagwalada stopover stations.

Sample size determination

Total sample for the two group = 324 participants. Stratified sampling was applied in selecting our sample size for purpose of relevance of safe sex knowledge and practice among truckers. Stratification sampling is done according to considered sexual activity impact on the health and social life of the truckers among truckers to ethical standards.

Sampling procedure

Multi-stage sampling was carried out applying purposive, simple random and systematic random sampling to arrive at the respondents. Two long truck stopover stations were randomly selected from a sampling using simple random sampling. Two areas with normal settlements were then purposively selected basing on the two lorry stopover stations selected.

Inclusion and exclusion criteria

Inclusion criteria

All long distance truck drivers aged 18 years and above present at the study area at the period of data collection were given opportunity to participate.

Exclusion criteria

The following are the exclusive:

- i. Not willing to participate in the study.
- ii. Not able to communicate with English/Hausa.

Data collection tools and methods

Data was collected using structured questionnaires. The questionnaire was designed in English but was administered in Hausa for truck drivers who cannot read/speak in English.

Data quality control

To ensure the quality of data collected, the reliability and validity of the data collection tools was assessed. Also, completed questionnaire was reviewed before leaving the field to confirm completeness and correctness of the data gathered.

Validity of data collection tools

To make sure the questionnaire address the objectives of the study, face validation was used. To carryout face validity of the measuring instruments, copies of instrument was given to two (2) expert researchers in Public Health, University of Abuja, where necessary corrections were made in such a manner that the questions effectively addressed the objectives of the study and to rate each item on the scale of very relevant (4), quiet relevant (3), somewhat relevant (2) and not relevant (1). Validity was determined using Content Validity Index (CVI). CVI = item rates 3 or 4 by both experts divided by total number of items in the questionnaire after which, the project supervisor carried out a final face validation of the instruments.

Reliability of data collection tools

To ascertain the reliability of the questionnaire, the researcher conducted a pilot study using 38 copies of the approved questionnaire on some truck drivers in two of the selected study areas. After two weeks, the exercise was repeated in the same study area to check for consistency of measurement. The extent to which responses in the two pre-test were consistent revealed that measured what it intended to measure (addresses the broad and specific objectives of this study).

Data analysis

Raw data was sorted, cleaned and entered into MS Excel from where it was exported into SPSS for analysis. Data collected was subjected to descriptive statistics- frequency count, simple percentage, standard deviation and mean statistic for analyses and answering the research questions. Correlation analysis was used to test the hypothesis at 0.05 level of significance.

Ethical considerations

Ethical consideration was sought and collected from HREC before the research.

Informed consent

Informed consent was sought and obtained from each participant before the commencement of data collection.

Autonomy

Involvement in the study was totally voluntary. In the event that a participant takes an interest to fill the given questionnaires, the participant may leave any question that he/she would prefer not to reply. Participants are at liberty to pull out from the study whenever they wish without penalties.

Confidentiality

All reactions were kept confidential. Only members of the research team and associated support staff was see completed questionnaires. No information was addressed in a way that permitted a reader to relate any reaction(s) to individual respondents. Results of the study will be accounted for as summative information.

Human rights

Participants were at liberty to decline to take part in the study and to pull out from the study without penalties.

Benefits and Risks

There are no direct benefits for participating in this study. However, the finding of this study generated information that provided a better understanding of safe sex knowledge and practices among long distance truck drivers. There are no foreseeable risks to you for participating in this study.

Dissemination of study findings

The coded results from the study were shared between researcher, supervisors and examiners. Feedbacks on major findings from the study were given to the community through the community Health Officer.

RESULTS AND DISCUSSION

Socio-demographic characteristics

Table 1 shows the age distribution of respondent according to, it was shown that 46(16.8%) of respondents were within 18-23yrs while 70(25.6%) respondents were also within 24-29yrs. Also 49(18.1%) respondents were within 30-35yrs while the no of respondents within 36-41yrs are 68(24.9%) and 42yrs and above are 40(14.6%)

respondents. Furthermore the table shows that the religion distribution of respondents 119(43.6%) Christians, Muslims are 149(54.6%) and others are 5(1.8%) of respondents. It therefore indicates that Muslims dominated having the highest long distance truck drivers. Additionally, the table also shows the distribution of educational qualification of the respondents according. It was shown that 5.9% of respondents have not experience education, 12.8% attained the level of primary education. 46.5% of the respondents experience higher secondary school and 34.8% experienced College.

From the analysis, it was therefore deduce that most of the long distance truck drivers have higher school certificate in both Gwagwalada and Tafa stopover station. Finally, the table shows the marital status of respondents in both Gwagwalada and Tafa stopover station. It was shown that 43.2% of respondents were single. 52% of respondents were married, 3.4% respondents were divorced and 1.5% respondents are widow. This equally shows that among the long distance truck drivers those who are married in Tafa and Gwagwalada stopover station are more in number.

Research Question 1: What do long distance truck drivers at Tafa village in Niger state and Gwagwalada stopover station know about safe sex practices?

Table 2 shows the response of knowledge of safe sex with long distance truck drivers at Tafa village in Niger State and Gwagwalada stopover station. From the above, Item 1 with 92.7% agreed that they have heard of condom while 7.0% disagreed Item 2 with 53.8% agreed that they have access to condom around while 45.8% disagreed. Item 3 with 75.5% agreed that they have heard of sexually transmitted infection while 9.2% disagreed and 15.0% do not know. Item 4 with 51.3% agreed that they have knowledge of HIV or the disease called AIDS while 43.2% disagreed and 5.1% do not know.

Item 5 with 34.0% agreed that they do not know anyone who is infected with HIV or who has died of AIDS while 42.1% disagreed and 20.5% do not know, Item 6 with 68.9% agreed that people protect themselves from HIV by using condom correctly every time they have sex while 12.5% disagreed and 18.3% do not know. Item 7 with 59% agreed that person can get HIV through a mosquito bit while 83.2 disagreed and 10.3 do not know. Item 8 with 73.6% agreed that people can protect themselves from the HIV virus by having one uninfected sexual partner while 16.1% disagreed and 9.2% do not know. Item 9 with 56.8% agreed that people can protect themselves from the HIV virus by abstaining from sexual intercourse with 18.7% disagreed and 24.2% do not know. Item 10 with 31.1% agreed that person can get HIV virus by sharing a meal with someone who is infected while 51.3% disagreed and 17.2% do not know. From the analysis, it was clearly deduce that there was little or no knowledge of safe sex with long distance truck drivers at Tafa village and Gwagwalada stopover station.

Research Question 2: What are the safe sex practices

Table 1: Distribution of Respondents

Age Group (Years)	Frequency	Percentage
18 - 23	46	16.8
25 - 29	70	25.6
30 - 35	49	18.1
36 - 41	68	24.9
> 42	40	14.6
Total	273	100
Religion:		
Christians	119	43.6
Muslims	149	54.6
Other	5	18
Total	273	100
Educational Status:		
None	16	5.9
Primary	35	12.8
Higher	127	46.5
College	95	34.8
Total	273	100
Marital Status:		
Single	118	43.2
Married	142	52
Divorced	9	3.4
Widow	4	1.5
Total	273	100

Table 2: Knowledge of Safe Sex with Long Distance Truck Drivers at Tafa Village in Niger State and Gwagwalada Stopover Station N=273.

Items	Yes	%	No	%	I don't know	%	p-value
Information about condom	253	92.7	20	7.0			.036
Access to condom	147	53.8	126	45.8			.100
Knowledge of sexually transmitted infection	206	75.5	25	9.2	41	15.0	.090
Knowledge of HIV or AIDS	140	51.3	118	43.2	14	5.1	.004
Infected HIV/AIDS person	101	37.0	115	42.1	56	20.5	.759
Effective use of condom before sex prevent HIV/AIDS	188	68.9	34	12.5	50	18.3	.413
HIV can be contacted through mosquito bite	16	5.9	227	83.2	28	10.3	.002
HIV can be protected by having one uninfected sexual partner	201	73.6	44	16.1	25	9.2	.205
People can protect themselves from the HIV virus by abstaining from sexual intercourse	155	56.8	51	18.7	66	24.2	.876
One cannot contact HIV virus by sharing a meal with someone who is infected	85	31.1	140	51.3	47	17.2	.551
HIV virus cannot be shared through needle that was already used by someone else	123	45.1	121	44.3	27	9.9	.276
AIDs does not know how healthy a person look	186	68.1	51	18.7	51	12.1	.376

Table 3: Common Safe Sex Practices of Long Distance Truck Drivers at Tafa Village in Niger State and Gwagwalada Stopover Station.

Items	Yes	%	No	%	I don't Know	%	p-value
I have tested sex	221	81.0	45	16.5	7	2.6	0.036
I have tested for HIV	166	60.8	100	36.6	5	1.8	0.006
I always use condom	182	66.7	83	30.4	8	2.9	0.003
I did not use condom with my partner the last time we had sex	111	40.7	140	51.3	21	7.7	0.032
I hold to one sexual partners	57	20.9	203	74.4	12	4.4	0.053
I can abstain from sex	131	48.0	105	38.5	35	12.8	0.471
Abstinence is a safe sex practice	119	43.6	58	21.2	95	34.8	0.005
I can keep to one sexual partner	186	68.1	58	21.2	28	10.3	0.361
I care if my spouse keeps more than one partner	110	40.3	83	30.4	86	27.8	0.020

of long distance truck divers at Tafa village in Niger state and Gwagwalada stopover station?

Table 3 shows the common safe sex practices of long distance truck drivers at Tafa Village and Gwagwalada stopover station. Item 1 with 81.0% agreed that they have ever had sex while 16.5% disagreed and 2.6% do not know. Item 2 with 60.8% agreed that they have ever gone for HIV test while 36.6% disagreed and 1.8% does not know. Item 3 with 66.7% agreed that they have ever used a condom while 30.4% disagreed and 2.9% do not know. From the analysis above, it is clearly indicated that long distance truck drivers at Tafa village and Gwagwalada

stopover station do not truly practices safe sex. The common safe sex practices engage in are abstinence from sex, condom use, having one sex partner of which 70% do not practice it effectively.

Test of Hypotheses

H₀: There is no relationship between common safe sex practices of long distance truck drivers at selected rural and urban stopover station.

H_A: There is relationship between common safe sex practices of long distance truck drivers at selected rural and urban stopover station.

Table 4. Correlation analysis between common safe sex practices of long distance truck drivers at selected rural and urban stopover station.

		G station	T station
G_station	Pearson Correlation	1	.062*
	Sig. (2-tailed)		.475
	N	135	135
T_station	Pearson Correlation	.062*	1
	Sig. (2-tailed)	.475	
	N	135	135

**Correlation is significant at 0.0 level (2tailed)

Table 5: Correlation Analysis Between the Knowledge of Safe Sex Among Long Distance Truck Drivers at Tafa Village in Niger State and Gwagwalada Stopover Station in FCT.

		G_station	T_Station
G_station	Pearson Correlation	1	.519**
	Sig. (2-tailed)		.000
	N	135	135
T_Station	Pearson Correlation	.519**	1
	Sig. (2-tailed)	.000	
	N	135	135

**Correlation is significant at 0.0 level (2tailed)

Table 4 shows the correlation analysis between common safe sex practices of long distance truck drivers at selected rural and urban stopover station. The result of the analysis shows a positive linear relationship between the knowledge of safe sex practice of long truck drivers in Tafa stop station and long truck drivers in Gwagwalada stop station as given by the positive value of the computed correlation index (.062**), The p-value (.475) being greater than the level of significance alpha 0.05 implies that the result was not statistically significant. This suggests that there are great difference between the common safe sex practices of long distance truck drivers at selected rural stopover station and urban stopover station.

H₀: There is no relationship between the knowledge of safe sex among long distance truck drivers at Tafa village in Niger State and Gwagwalada stopover station in FCT.

H_A: There is relationship between the knowledge of safe sex among long distance truck drivers at Tafa village in Niger State and Gwagwalada stopover station in FCT.

Table 5 shows the correlation analysis between the truck drivers in Tafa village and Gwagwalada stopover station. The result of the analysis shows a positive linear relationship between the knowledge of safe sex practice of long truck drivers in Tafa stop station and long truck drivers in Gwagwalada stop station as given by the positive value of the computed correlation index (.519**), The p-value (.000) being less than the level of significance alpha 0.05 implies that the result was statistically significant. This suggests that the knowledge of safe sex of long distance truck drivers in Tafa stop station are not differ from that of Gwagwalada stop station.

This study discussed the comparison of safe sex knowledge and practice among long distance drivers at Tafa and Gwagwalada stopover station. From the findings above, it was revealed that there was little or no knowledge of safe sex among long distance truck drivers at Tafa

village and Gwagwalada stopover station. This is in line with the opinion of Chandrasekaran et al., (2006) who opined that sexual risk behaviors seem to be a major route through which human immunodeficiency virus (HIV) as well as other sexually transmitted infections (STIs) are spread within different populations. Long distance truck drivers have been reported as one of the groups at higher risk for HIV infection throughout the world due to lack of proper information of safe sex knowledge and practice Sunmola. (2005).

Also, common safe sex practices engaged in are abstinence from sex, condom use, having one sex partner of which 70% do not practice it effectively. The level of Long distance truck drivers' involvement in sexual risk behaviors may be reduced if effective HIV prevention intervention that has a strong theoretical basis is employed. This is in conformity with Ray and Sinha (2012) who confirmed that HIV prevention intervention that has Information, Motivation and Behavioral skills (IMB) components would be more appropriate in reducing sexual risk behaviour.

It was also in conformity with Awosan et al. (2014) who asserted that condom use has been reported to be highly effective against contacting HIV and other STIs, when it is used correctly and consistently. Therefore, practice towards condom use is very germane in explaining safe sexual behaviour among individuals (Crael et al., 2006). On this note, attitude towards condom use may contribute to sexual risk behaviour among long distance truck drivers. Previous studies have shown that long distance truck drivers with a positive attitude towards condom use were more likely to use condoms when the need arise Chandrasekaran et al., (2006) and WHO (2010).

Conclusion

Unsafe sex remains a critical issue with far-reaching implications for individuals and society, affecting people

across all demographics. This study highlights the pivotal role of parents, guardians, and health professionals in raising awareness and promoting safe sex practices, particularly among long-distance truck drivers in Nigeria. The comparative analysis between Tafa stopover station in Niger State and Gwagwalada stopover station in the FCT reveals that while the overall knowledge of safe sex practices among truck drivers in both locations is limited, there are significant differences in the determinants influencing these practices. These findings underscore the need for targeted, location-specific interventions to address the gaps in knowledge and adoption of safe sex practices within this population.

Recommendations

Based on the finding and conclusion of the study, it is therefore recommended that;

- (a) Federal Government of Nigeria through NGO, transport unions and company owners should ensure the promotion of condom usage by truck drivers.
- (b) Federal Ministry of Health and National Orientation Agency should increase the sensitization and awareness campaign among the rural populace that have little or no knowledge about safe sex practice and HIV/AIDS infection. This will promote safe sex practice in this areas and also exposed the people living in that area to have in-depth knowledge about safe sex.
- (c) FCT Administration and Niger State government should collaborate to ensure easy availability of condoms and safe sex educators around this truck driver's stopover station. This will exposed the driver to the danger of unsafe sex and also enlighten the sex hawkers on the dangers of unsafe sex.
- (d) Health personnel should from time to time organize workshops or programmes aimed at educating the long distance truck drivers on the importance of safe sex knowledge and practice. This will exposed them to know the danger behind unsafe sex.

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