
Health Vulnerabilities of Mobile Populations and Affected Communities at the **Port of Dar es Salaam, Tanzania**



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FOREWORD

Research has mentioned and confirmed that port communities have unique dynamics that impact on the HIV vulnerability of all community members, including commercial sex workers (CSWs) and the mobile workers staying at the ports for relatively short periods. These unique dynamics create a sexual web in which all members of the community get entangled. The sexual web between the local populations, seafaring personnel, truck drivers and CSWs create a network of high risk sexual behaviour. With the mobility of truck drivers and foreign seafaring personnel (fishermen, those working on cargo ships, etc.), ports are an important node in an international web of risk behaviour. This web consists of both high prevalence areas and low prevalence areas. Given that truck drivers and foreign seafaring personnel sometimes share the same sexual partner whilst with port communities, infections picked up along any of the main transport routes could be carried all the way around the globe to cause new infections, often with new strains of the virus. Conversely, infections picked up elsewhere in the world would be brought to Tanzania.

Unfortunately, in Tanzania there are limited records about sexual networks among port communities. The available frameworks of spaces of vulnerability approach have been based on an understanding that health vulnerability stems not only from individuals but also from a range of environmental factors specific to the unique conditions of a location, such as the relationship dynamics among mobile and sedentary populations. Spaces of vulnerability are those areas where migrants and mobile populations live, work, pass through or from which they originate. They include ports, truck stops or hot spots along transport corridors, migrant communities and urban informal settlements.

This report on health vulnerabilities of mobile populations and affected communities at the Port of Dar es Salaam, Tanzania, has shown that the target population interviewed had multiple and complex sexual networks. More than half of 56.2% of all the respondents had sex with someone other than their live-in partner or spouse in the last 12 months. One third of the interviewed population had three or more sexual partners in the last 12 months. Eighteen percent of all the target population had transactional sex in the past 12 months. All

the truck drivers interviewed during the qualitative study had established sexual relationships with partners at truck stops whom they considered as permanent/second wife. Sixty–seven percent of those who had sex within the last 12 months did not use a condom. The implication is that there is a need to promote the use of condoms with every sexual partner, including those not considered permanent.

The International Organisation for Migration (IOM) in collaboration with the Tanzania Commission for AIDS (TACAIDS) and National Institute for Medical Research (NIMR) – Muhimbili Centre, Tanzania, gratefully acknowledge all those engaged in the conduct of this study. We express our gratitude to the Tanzania Port Authority for granting us permission and all necessary support during the study.

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ACRONYMNS

ACC	AIDS Control Committee
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
COTWUT	Communication and Transport Workers' Union
DOWUTA	Dock Workers' Union of Tanzania
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
IEC	Information Education and Communication
IOM	International Organisation for Migration
MMRC	Muhimbili Medical Research Centre
MoHSW	Ministry of Health and Social Welfare
MSM	Men having Sex with Men
NACP	National AIDS Control Programme
NGOs	Non-governmental Organisations
NIMR	National Institute for Medical Research
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infections
SW	Sex Worker
TACAIDS	Tanzania Commission for AIDS
TDA	Tanzania Drivers' Association
TLC	Time Location Sampling
TASU	Tanzania Seafarers Union
TB	Tuberculosis
TPA	Tanzania Port Authority
TUCTA	Trade Union Congress of Tanzania

EXECUTIVE SUMMARY

Background

Port communities have unique dynamics which impact on the HIV vulnerability of all community members including commercial sex workers (CSWs) and mobile workers staying at the ports for relatively short periods. These unique dynamics create a sexual web in which all members of the community get entangled. The sexual web between the local population, seafarers, truck drivers and sex workers create a network of high risk sexual behaviour. The mobility of truck drivers and seafarers (fishermen, those working on cargo ships, etc) including foreigners make ports an important node in an international web of risk behaviour. This web consists of both high prevalence and low prevalence areas. As truck drivers and foreign seafarers sometime share the same sexual partners whilst among port communities, infections picked up along any of the main transport routes could be carried all the way around the globe to cause new infections, often with new strains of the virus. Conversely, infections picked up elsewhere in the world could be brought to Tanzania. It is against this background that we conducted a cross-sectional survey to assess the health vulnerabilities of mobile populations and affected communities in the port of Dar es Salaam, Tanzania.

Objectives

Main objective

To generate a deeper understanding that could lead to or contribute to the reduction of HIV among migrants and mobile workers, their families and communities with which they interact at the port of Dar es Salaam in Tanzania.

Specific objectives of the study:

1. To understand the nature of sexual networks that exist among seafarers, truck drivers, commercial sex workers and other sedentary populations in southern Africa ports;
2. To assess the level of multiple and concurrent sexual partnerships that exist among seafarers, truck drivers, sex workers and other sedentary populations in southern Africa ports;
3. To find out the volume of transactional sex taking place in selected port communities;

4. To assess the health-seeking behaviour of migrant and mobile workers as well as key sedentary populations in the identified ports, specifically seafaring personnel;
5. To understanding the socio-economic dynamics of migrant and sedentary populations around port communities;
6. To undertake a mapping study around the port of Dar es Salaam, Tanzania, so as to show where health and social services are located in the port and to understand their availability and ease of access to migrant, mobile and sedentary populations; and
7. To find out the availability of services offered in relation to HIV/AIDS, TB, and STIs in the mapped health and social services

Methods

Study design

This was a cross-sectional study that utilised both quantitative and qualitative methods for data collection and analysis. We conducted socio-behavioural surveys, geographical mapping and inventory of health and social facilities using Geographic Information System (GIS) and key informant interviews. We employed time-location sampling (TLS) for the selection of the truck drivers and seafarers. Accompanying tools were developed and formed an integral, standardised part of the study design.

Study area and population

The study area was the port of Dar es Salaam and the surrounding community. The target population for this study included:

- I. Sex workers living and working in the research catchment area
- II. Local and foreign seafarers
- III. Long distance truck drivers
- IV. Healthcare workers
- V. Bar/guesthouse attendants and owners
- VI. Food vendors and petty traders (male and female)
- VII. Uniformed officials (customs, immigration and port health officials)
- VIII. Dockworkers

Sample size estimations

The study involved eight groups and sample size considered the finite population sampling methods with a total number of 888 participants for the quantitative study and 81 for the qualitative part.

Results

A total of 888 participants were interviewed, of which 37% were females, and 63% were males. Most of the participants were aged between 25 and 34 across all target populations with a median age of 32 years (IQR 18–68). Security officers represent the study population with the oldest age group of ≥ 45 years. All long distance truck drivers and seafarers were men while all the sex workers were female.

The nature of sexual networks at the port of Dar es Salaam and the surrounding environment is very diverse. There is a complex interaction between different people within and outside the countries. Long distance truck drivers from Rwanda, Burundi, the Democratic Republic of the Congo (DRC), Zambia, Malawi and upcountry Tanzania converge in surrounding bars and guesthouses while waiting for their cargo to be cleared. Some spend their nights in bars and guesthouses and they date girls in the bars for casual sex. In fact, some of the sex workers usually frequent these bars deliberately hunting for their clients.

Generally, 42.9% of all study participants had first sexual intercourse at age 15–18. Sex workers had the highest proportion (23%) of the individuals who had a first sexual intercourse at the age of 8–14. More than half, 499 (56.2%), of the study participants admitted to have had sexual intercourse with someone who was not a regular partner/spouse in the last 12 months with the highest proportion being sex workers (94.6%) followed by the long distance truck drivers (63.6%), food vendors and petty traders (50.5%), dockworkers (50%) and seafarers (46.9%). Custom officers had the lowest proportion (36.7%) of the individuals who had sexual intercourse with someone who was not a regular partner. Three quarters (69%) of the seafarers interviewed admitted that they had only one sexual partner over the last 12

months. About 19.7% of all the respondents had sex with a casual acquaintance, most of them being truck drivers (32.1%).

Among the study population, 18.8% of the interviewed participants had sex with someone whom they paid for sex or someone who paid them for sex work, with Commercial Sex Workers (CSWs) accounting for the highest proportion (97.8%). About one third (26.6 %) of the target population studied admitted that they had three or more sexual partners in the last 12 months with 82.2% of all the sex workers interviewed agreeing that they have had more than three sexual partners followed by truck drivers (36.4%). In-depth interviews revealed that there are various types of sexual relationships among truck drivers and the surrounding communities along the highways.

Generally, health-seeking behaviour of migrant, mobile and sedentary populations was observed. Some of the study population reported to have a history of sexually transmitted diseases. Among the study populations, sex workers, 46.9% had genital discharge in the past year followed by dock workers (15.6%). Sex workers (74.4%) also had genital ulcer/sores during the past 12 months. Seafarers reported not have a history of sexually transmitted diseases (STIs). The most common health problem for which the respondents had sought medical help had to do with genital ulcers/sores or discharge. Among the study populations, medical advice was sought from government clinics (24.8%), from the chemist (17.2%) and stop having sex (11%). Among those who had STIs, the first source of treatment was through government/hospital (64.8%).

Overall, most of the study populations have worked at the port (80.5%). More than half have worked at the port for more than two years (63.2%). Seafarers reported to have worked at the port for less than a year (52%) while most of the sex workers have worked for 1–2 years (32.3%). The mode of payment used among the study population varied. More than half have fixed salaries (59.1%); however, most sex workers were paid per hour (71.9%). Though most of the study population do work at the port, almost all the respondents reported that it

was difficult to find work at the port (43%); it was more difficult for the dockers (71.3%) to find work at the port than the rest of the study population. Most of the study population own/rent a house (48.5%). Also, the majority of the study population reported that there was no discrimination of migrants at the port (63.3%).

Conclusion

The study's findings show that all target population interviewed had multiple and complex sexual networks. More than half (56.2%) of all the respondents had sex with someone other than their live-in partner or spouse in the previous 12 months with the highest proportion being sex workers (94.6%). One third of the interviewed population had three or more sexual partners in the previous 12 months. Eighteen percent of all the target population had transactional sex in the past 12 months. All the truck drivers interviewed during qualitative study had established sexual relationships with partners at truck stops whom they considered as permanent or as second wives whom they call Mapozo. Sixty-seven percent of those who had sex within the last 12 months did not use a condom. The implication is that there is a need to promote the use of condoms with every sexual partner, including those not considered permanent. A quarter of the study population who had STIs sought medical consultation from the government clinic. More than half of the study population (59.6%) had fixed salaries, and most sex workers (71.9%) were paid per hour.

CHAPTER ONE

1.1 Background

The port of Dar es Salaam is the largest port in Tanzania. It is located in Kurasini ward, Temeke District in the region of Dar es Salaam. The entrance is 140 metres wide and 11 metres deep, making it capable to accommodate a ship of 240 metres wide. It has an estimated throughput of 9 million tonnes. It is divided into the Tanzania Port Authority (TPA), which handles general cargo, and the Tanzania International Container Terminal Services (TICTS), which handles containers. The port has a total of 12 berths. Functionally, the port operates in public service (berths 1–7) and private service (berths 8–12). The port has a total of six gates for entry and exit of cargo, staff and port visitors. It consists of various departments for security, management, operations, berths, clearing and forwarding, and customs, which is under the Tanzania Revenue Authority (TRA). Customs is responsible for collecting duties and taxes on imports and exports.

The port receives vessels from different parts of the world, particularly from Asia, other parts of Africa, Europe, the South East, the Middle East, the Far East, and the United States. These include vessels such as pure car carriers (PCC), bulk carriers (fertilisers, wheat, slag, clinkers), container vessels, steel product carriers (beams, wire coils), supply vessels, research vessels and navy ships.

The transport infrastructure serving the port includes two railway lines—the Tanzania–Zambia Railway Authority (TAZARA) and the Tanzania Railway Limited (TRL). These account for less than 10% of the total transport infrastructure as the road accounts for about 90%. The port serves two main corridors, namely the South Corridor (Zambia, Malawi and the Democratic Republic of Congo (DRC)) and the Central Corridor (Rwanda, Burundi and Uganda). The landlocked countries that the port serves are Malawi, Zambia, the DRC, Burundi, Rwanda and Uganda.

1.2 Rationale

There is very little research that has been conducted among the complex seaport communities made up of seafarers personnel, truck drivers, sex workers, other migrant workers and sedentary populations in the ports of southern Africa, particularly in relation to:

- the nature of sexual networks and the level of multiple and concurrent sexual partnerships that exist
- their health vulnerabilities

It was, therefore, the rationale of this study to provide critical information relating to the understanding of different health vulnerabilities such as the nature of sexual networks that exist within port communities. This report is aimed at facilitating better policies and programmes to address the HIV, STI, and other vulnerabilities within the port community settings. Moreover, this report is well aligned with one of the focus areas, Social and Behavioural Research, as outlined in the SADC HIV and AIDS Research Agenda (2008).

The report focuses on the port communities rather than only target the migrant and mobile populations. This report treats ports and surrounding communities as ‘spaces of vulnerability’ rather than target individuals as vulnerable, thereby increasing social stigma and vulnerability of individuals. Furthermore, the report describes all members of these ‘spaces of vulnerability’ so that we begin to understand the social networks that exist in these spaces and their implications.

1.3 Objectives

1.3.1 Main objective

The main objective of the study is to generate a deeper understanding that could lead to or contribute to the reduction of HIV among migrants and mobile workers, their families and communities with which they interact at the port of Dar es Salaam in Tanzania.

1.3.2 Specific objectives of the study

These are:

1. To understand the nature of sexual networks that exists among seafarers, truck drivers, sex workers and other sedentary populations in southern Africa ports;
2. To assess the level of multiple and concurrent sexual partnerships that exist among seafarers, truck drivers, sex workers and other sedentary populations in southern Africa ports;
3. To find out the volume of transactional sex taking place in selected port communities;
4. To assess the health-seeking behaviour of migrant and mobile workers as well as key sedentary populations in the identified ports specifically seafarers;
5. To understand the socio-economic dynamics of migrant and sedentary populations among port communities;
6. To undertake a mapping study at the port of Dar es Salaam, Tanzania, so as to establish where health and social services are located at the port and to understand their availability and ease of access for migrant, mobile and sedentary populations; and
7. To determine the availability of services offered in relation to HIV/AIDS, TB, and STIs in the mapped health and social services.

CHAPTER TWO: Study Methodology

2.1 Organisation of the study

Firstly, the research team conducted a Geographical Information System (GIS) mapping study of the port of Dar es Salaam in Tanzania to determine the availability of health and social or recreational services particularly those related to the provision of STI, HIV and TB services. Secondly, the research teams conducted both a behavioural surveillance survey and qualitative studies to develop more detailed knowledge and understanding of the nature of concurrent sexual partnerships that exist among seafarers, truck drivers, sex workers and other sedentary population in the port area.

2.2 Study design

In this cross-sectional study, we utilised both quantitative and qualitative methods for data collection and analysis. We conducted socio-behavioural surveys, geographical mapping and inventory of health and social facilities using GIS and key informant interviews. We also employed Time Location Sampling (TLS) for the selection of the truck drivers and seafarers. Accompanying research tools were developed and formed an integral, standardised part of the study design.

2.3 Study area and population

The study area was the port of Dar es Salaam and the surrounding community. The target population for this study included:

- I. Individuals working within and around the seaport of Dar es Salaam
- II. Sex workers living and working in the research catchment area
- III. Local and foreign seafarers
- IV. Long distance truck drivers
- V. Migrant workers
- VI. Health care workers
- VII. Bar/guest house attendants and owners
- VIII. Food vendors and petty traders (male and female)
- IX. Uniformed officials (customs, immigration and port health officials)

2.4 Sampling

2.4.1 Quantitative part

For the sedentary populations, sampling started with the purposive sampling of food vendors and petty traders within the Dar es Salaam port. A list of eligible uniformed officials (customs, immigration, guards, clearing and forwarding officers, dockers) at the port was generated from an official database obtained from the port Authority to develop a sampling frame. Then a stratified random sample of uniformed officials was selected from the sampling frame and eligible individuals were selected from the survey.

For sex workers, we visited their camps and those who were available were randomly selected and invited to participate in the study.

Mobile populations (long distance truck drivers and seafarers), on the other hand, were recruited through a Time Location Sampling (TLS) methodology. The TLS is a form of cluster sampling that takes into account both location and time components. Under TLS, persons that access specific locations during a specific period were eligible for recruitment as participants in the study.

2.4.2 Sample size estimations

The study involved eight groups and sample size considered the finite population sampling using the following formula:

$$n_i = \sum_{i=1}^8 \frac{X^2 * N_i * P * (1 - P)}{(D^2 * (N_i - 1)) + (X^2 * P * (1 - P))}$$

Where n is the required sample size

P is the population proportion—titrated from 10% –90%

N is the population size

D is the designed margin of errors ($D=5\%$)

X^2 is the chi-square

i is the eight sub-groups

Total sample size was calculated from the summation of all sub–group sample sizes calculated using finite population sample size formula.

Table 1: Titration of proportion for study outcomes across the study population

		Titrated proportion for study outcomes					Actual done
		0.1	0.3	0.5	0.8	0.9	
	*Total population						
Seafarers	375	101	173	190	148	101	98
Long distance truck drivers	1050	122	247	278	199	122	140
Food vendors and petty traders	150	72	102	108	93	72	101
Dock workers	2485	131	285	333	223	131	136
Custom officials	120	64	87	80	80	64	49
Port security officers	328	97	162	169	140	97	100
Clearing and forwarding officers	2255	130	282	322	221	130	129
Commercial sex workers	7500	135	309	365	238	135	135

* These populations were obtained during the formative stage of the study.

After titration, the 852–sample size was taken since it captures the minimum proportion of the study population with the study outcomes. However, we collected quantitative data for 888 participants.

2.4.3 Qualitative sample size

A total of 81 in–depth interviews were conducted with different study groups as shown in Table 2 below:

Table 2: Sample size for qualitative study

Target population	Total
Food vendors	12
Health workers	6
Long distance track drivers	12
Seafarers	4
NGOs	3
Security officers	12
Custom official	
Dockers	8
Sex workers	12
Waitress	12
Bar workers	
Bar maid	
Guesthouse workers	
Bar and guesthouse owners	
Security officers	12
Custom official	
Total	81

2.5 Data collection tools

The data collection tools used in the study are:

1. **Questionnaire Survey**

Questionnaires were administered to inquire about knowledge on HIV, perceived HIV risk, sexual behaviour and practices and access to health services.

2. **Key Informant Interview (KII) Guide for Seafarers, Bar Attendants and Owners,**

Sex workers, Food vendors

Trained research assistants administered the instrument, which was in Kiswahili language. The information was tape-recorded using a digital device after getting informed consent of each respondent. The instrument gathered information on General Knowledge and Perceptions on HIV and AIDS, Transmission, Prevention, Treatment and Quality of services.

3. Key Informant Interview (KII) Guide for Partners and Health Workers

This instrument was in Kiswahili language and was administered by trained research assistants with representatives from governmental organisations/institutions and non-governmental organisations that provide HIV/ AIDS services to sex workers and the general population. The instrument focused on the utilisation, accessibility and gaps in available HIV and AIDS services.

2.6 Data management, quality assurance and analysis

2.6.1 Quantitative data

Data was double entered by different set of data clerks to ensure quality and later checked for consistency, completeness and outliers before any analysis was performed. Exploratory data analysis involved description of variables univariately and multivariately (cross-tabulation), calculation of percentages and proportions for the variables of interest, conducting statistical tests for association (using ² tests or proportional test where appropriate), differences between groups and assessing patterns. Outputs were categorised mainly by target population (i.e. long distance truck drivers, seafarers, food vendors/petty traders, security officers, clearing and forwarding officers, custom officers, dockers and sex workers). Analysis was performed using SPSS software version 21.

2.6.2 Qualitative data

All the data was tape-recorded using electronic digital devices. The data was then transferred into the computer for storage. Trained research assistants transcribed the data into English for easy use during data analysis and report writing. The study's sociologist

reviewed all the transcribed data to ensure cleanness of the data. The qualitative analysis programme called MAX qda was used to analyse the data where the name of the project was developed, then all the scripts were fed into the project file. Themes were developed in accordance with the study objectives and the most important emerging issues. Furthermore, codes were developed to ensure that all the information was captured. After all the scripts had been coded, a printout of the coded information was done and then report writing followed.

2.7 Conceptual framework

The study utilised the ‘spaces of vulnerability’ approach to explore the health vulnerabilities of migrants and mobile populations and the populations they interact with in and around the selected seaport of Dar es Salaam in Tanzania. The spaces of vulnerability approach are based on an understanding that health vulnerability stems from both individuals and a range of environmental factors specific to the unique conditions of a location, including the relationship dynamics among mobile and sedentary populations.

These factors were taken into consideration when addressing migration health concerns and interventions considering and targeting both migrants/mobile populations and the communities, with which they interact, including families of migrant communities. Spaces of vulnerability are areas where migrants and mobile populations live, work, pass through or from which they originate. They include land border posts, ports, truck stops or hotspots along the transport corridors, construction sites and commercial farms. The others are fishing communities, mining settlements, migrant communities and urban informal settlements, migrant–sending sites, detention centres, and emergency settlements (IOM, 2010).

The targeted seaport of Dar es Salaam was selected by the research team based on factors such as volume of goods; numbers and types of seafarers who transit via the port; and strategic relevance. The study targeted the mobile/migrant workers such as seafarers as well as sedentary populations that live and work around the port such as customs officials, sex

workers, lodge/bar owners/visitors and businessmen.

2.8 Ethical considerations

Ethical clearance was obtained from the National Institute for Medical Research's Ethical Co-ordinating Committee. Permission to conduct the study was also obtained from the Tanzania Port Authority. Participation in this study was voluntary. Participants were assured of their anonymity and informed that they were at liberty to decline participation, end the interview at any time, or decline to answer any specific questions without negative consequences. A written informed consent was obtained from every participant. All the interviewers were trained on human participant protection, confidentiality issues and information security. There were no ethical issues that arose during the course of conducting the research, which needed reporting to relevant authorities.

Confidentiality and privacy: All the collected quantitative and qualitative information was coded by a number to protect the participants' identity and did not bear any names or any identification marks. Data was kept secure in a locked cabinet and only accessed by members of the study team.

2.9 Demographic characteristics of study population

A total of 888 participants were interviewed (37% females, and 63% were males. Most participants were aged between 25 and 34 years across all target populations with a median age of 32 (IQR 18–68). Security officers represent the study population with the oldest age group of ≥ 45 years. All long distance truck drivers and seafarers were men while all the sex workers were female. Near half of the target populations were married with a regular partner (48%). Among the target population, clearing and forwarding group forms the population group with high proportions of them being single with no partner (46%) and sex workers were widowed, divorced or separated (55%). Custom officials represent the target group with higher education (81%). Food vendors represent the study group with those who had only completed primary school (71%) and clearing and forwarding agents represent the study group with

most those who had only completed secondary school (71%). Most of the custom officials have permanent employment (93.9%) followed by security officers (88.%) while the seafarers were largely on contract employment (91.8%) and sex workers have informal employment (97.8%) followed by food vendors (52.5%). Almost all the participants of the study populations were Tanzanian with the exception of seafarers most of whom were non-Tanzanians (95.9%). Some of the long distance truck drivers were non-Tanzanians (5.7%). More than half of our study populations were sedentary (55%).

Table 3: Demographic characteristics of the study population

Variables	Target populations								
	Long distance track drivers	Seafarers	Food vendors/petty traders	Security officers	Clearing and forwarding officers	Custom officers	Dockers	Sex workers	Total
Age group in years									
18–24	16 (11.4)	14 (14.3)	23 (22.8)	9 (9.0)	32 (24.8)	1 (2.0)	17 (12.5)	28 (20.7)	140 (15.8)
25–34	63 (45.0)	42 (42.9)	50 (49.5)	42 (4.2)	55 (42.6)	26 (53.1)	54 (39.7)	81 (60.0)	413 (46.5)
35–44	43 (30.7)	29 (29.6)	21 (20.8)	11 (11.0)	28 (21.7)	13 (26.5)	40 (29.4)	18 (13.3)	203 (22.9)
≥45	18 (12.9)	13 (13.3)	7(6.9)	38 (38.0)	14 (10.9)	9 (18.4)	25 (18.4)	8 (5.9)	132 (14.9)
Total	140	98	101	100	129	49	136	135	888
Sex									
Male	140 (100)	98 (100)	15 (14.9)	77 (77.0)	98 (76.0)	30 (61.2)	104 (76.5)	0	562 (63.3)
Female	0	0	86 (85.1)	23 (23.0)	31 (24.0)	19 (38.8)	32 (23.5)	135 (100)	326 (36.7)
Total	140	98	101	100	129	49	136	135	888
Marital status									
Single no partner	40 (28.6)	36 (36.7)	39 (38.6)	26 (26.0)	60 (46.5)	14 (28.6)	38 (27.0)	50 (37.0)	303 (34.1)
Married/ Single with regular partner	90 (64.3)	58 (59.2)	37 (36.6)	68 (68.0)	58 (45.0)	32 (65.3)	82 (60.3)	4 (3.0)	429 (48.3)
Widowed/ Divorced/ Separated	7 (5.0)	1 (1.0)	16 (15.5)	4 (4.0)	7 (5.4)	2 (4.0)	12 (8.8)	74 (54.8)	123 (13.9)
No response	3 (2.1)	3 (3.1)	9 (8.9)	2 (2.0)	4 (3.1)	1 (2.0)	4 (2.9)	7 (5.2)	33 (3.7)

Total	140	98	101	100	129	49	136	135	888
Education									
Completed Primary	97 (69.3)	2 (2.0)	72 (71.3)	35 (35.0)	8 (6.2)	2 (4.1)	42 (30.9)	89 (65.5)	347 (39.1)
Completed Secondary	43 (30.7)	5 (5.1)	24 (23.8)	57 (57.0)	91 (70.5)	7 (14.3)	81 (59.6)	35 (25.5)	343 (38.6)
Higher	0	91 (92.9)	1 (1.0)	8 (8.0)	30 (23.3)	40 (81.6)	13 (9.6)	0	183
No response	0	0	4 (4.0)	0	0	0	0	11 (8.1)	15 (20.6) (1.7)
Total	140	98	101	100	129	49	136	135	888
Employment									
Permanent	38 (27.1)	8 (8.2)	9 (8.9)	88 (88.0)	60 (46.5)	46 (93.9)	63 (46.3)	0	312 (35.1)
Contract	48 (34.3)	90 (91.8)	3 (3.0)	5 (5.0)	47 (36.4)	1 (2.0)	25 (18.4)	0	219 (24.7)
Temporary/Casual	44 (31.4)	0	32 (31.7)	6 (6.0)	14 (10.9)	1 (2.0)	47 (34.6)	0	144 (16.2)
Informal	4 (2.9)	0	53 (52.5)	0	4 (3.1)	0	1 90.7)	132 (97.8)	194 (21.8)
None of the mentioned above	6 (4.3)	0	4 (4.0)	1 (1.0)	4 (3.1)	1 (2.0)	0	3 (2.2)	19 (2.1)
Total	140	98	101	100	129	49	136	135	888
Nationality									
Tanzanian	132 (94.3)	4 (4.1)	101 (100.0)	100 (100.0)	129 (100.0)	49 (100.0)	136 (100.0)	135 (100.0)	786 (88.5)
Non-Tanzanian	8 (5.7)	94 (95.9)	0	0	0	0	0	0	132 (11.5)
Total	140	98	101	100	129	49	136	135	888
Migration and mobility status									
Migrant	25 (17.9)	94 (95.9)	5 (5.0)	2 (2.2)	4 (3.1)	0	3 (2.2)	11 (8.1)	144 (16.2)
Mobile	38 (27.1)	2 (2.0)	19 (18.8)	14 (14.0)	24 (18.6)	4 (8.2)	23 (16.9)	75 (55.6)	199 (22.4)
Sedentary	76 (54.3)	2 (2.0)	68 (67.3)	74 (74.0)	97 (75.2)	42 (85.7)	103 (75.7)	28 (20.7)	490 (55.2)
No response	1 (0.7)	0	9 (8.9)	10 (10.0)	4 (3.1)	3 (6.1)	7 (5.1)	21 (15.6)	55 (6.2)
Total	140	98	101	100	129	49	136	135	888

CHAPTER THREE

3.1 Nature of sexual networks at the Port of Dar es Salaam

The nature of sexual networks at the Port of Dar es Salaam and the surrounding environment is very diverse. There is a complex interaction between many different people within and outside the countries. Long distance truck drivers from Rwanda, Burundi, the Democratic Republic of Congo (DRC), Zambia, Malawi and upcountry Tanzania frequent surrounds bars and guesthouses while waiting for their cargo to be cleared. Some spend their nights in the bars and guesthouses and they date girls in bars and some of the sex workers usually come to these bars hunting for clients. Different target populations interviewed around the Port of Dar es Salaam had the following responses:

“We have different types of clients here, foreigners from Rwanda, Congo and Zambia and Tanzanians of both sexes. Some of them come here with their partners” (IDI with guesthouse worker).

“Sex work is very common around the port area. There are many girls who sell their bodies in the bars. Most of their clients are travellers like long distance truck drivers” (IDI guesthouse worker).

Most of the truck drivers from outside the country spend an average of two to three days waiting for their cargo. They usually spend time in bars and guesthouses where they seduce bar/guesthouse workers for casual sexual encounters.

“There is a danguro (Brothel) somewhere there. It’s where these sex workers stay and sometimes sleep with their customers. Others do use our guesthouse. Also nearby, there is a certain guy who bought a house and employed a security guard, the guard has build a hut which he rents out to these sex workers when they have customers” (IDI guesthouse owner)

In bars and guesthouses most of the clients who seduce the bar/guesthouse workers or those who come with their sexual partners are Tanzanian long distance truck drivers. The following response from the in–depth interview with the bar/guesthouse owner justifies this statement:

“The foreigners from Rwanda, the Democratic Republic of Congo and Zambia are very civilised and they don’t come with sexual partners” (IDI bar owners).

Sex workers who hunt for men are of various age groups. Girls aged below 18 are seen standing along roads at night in skimpy and seductive dresses hunting for men. This can be potentiated by the response from this bar worker:

“Where we live I have seen very young girls of 15 years who are no longer going to school; they are selling their bodies” (IDI guesthouse worker).

Most of the reasons mentioned for the young girls aged below 18 years engaging in sex work is the hardship in life and peer pressure. All the individuals interviewed mentioned these two reasons. This is also justified by the following quotations:

“They say it’s because of hardship in life. Some claim that they don’t have a job, so they have to do this for their survival” (IDI with guesthouse worker).

In the surrounding port of Dar es Salaam, there are higher learning institutions such as the Tanzania Institute of Accountancy (TIA), Tumaini University – Dar es Salaam College (TUDARCO) – Kurasini Campus, and the Institute of Diplomacy. Many of the students from these institutions are clients in the guesthouses and bars around the Port of Dar es Salaam. They mix with truck drivers from Zambia, Congo, Rwanda, Burundi and Malawi. These truck drivers are aged 25–50 years and most of them are men with the few females who come for food and drinks. This is also justified by the following quotations:

“Most of the clients of the sex workers around this bar are port people because college students don’t have much money [to spend] in comparison with port people, the female college student they do come to hunt for the track drivers” (IDI female guesthouse worker).

“Yes, there are sexual activities around the port of Dar es Salaam but not within the working area. Usually it takes place outside our working area and mostly not for girls under the age of 18 years. It is done by women in their mid–20s to 30s” (IDI with female food vendors).

At the Dar es Salaam port area, there are also sexual relationships among port workers. This was justified by the following response:

“There are a lot of sexual relationships around here, mostly officers from the big offices who have sexual liaisons with their subordinates. For example, yesterday afternoon people were having sex in a car” (IDI with a docker).

“Yes, there is sex work here and some of us found them at night having sex. We gave them a warning. Some port workers have sex, because they want money as you can see our salaries are very low” (IDI with a docker).

During interviews with customs officers, it was established that different target groups have sexual relations; some establish a good working environment in addition to looking for sexual favours for the work they do, for example, of clearing and forwarding. This view is substantiated by the following response:

“Yes they do seek sexual relationships, especially these clearance and forwarding agents. They have a mistaken belief that by having a relationship with us they will be favoured in their [forwarding and clearing] work. The most important thing is to be careful with my work and health. Temptation is there” (IDI with customs officer).

Often such relationships between male and female employees at the port area start with a good intension of creating rapport and a good working environment but later become sexual as the following response illustrates:

“Most of the time, they create an environment to get favours, so they find your contact or give you an appointment outside the office for the aim of getting illegal favours. So it happens some may ask for your phone number for good [work–related] intentions but later on it turns into that [sexual] situation.” (IDI with customs officer)

Most of the truck drivers admitted that they have had sexual partners but not in the area of the Port of Dar es Salaam. They said it was along the truck stops on the highway from Dar es Salaam to Kigali (en route to Rwanda) and Dar es Salaam to Tunduma border post (en route to Zambia, DRC, etc). This was justified as follows:

“Of course, I have a sexual partner apart from my wife; just a young girl at a certain point where we usually stop. It is normal for us truck drivers (IDI with truck driver)

Seafarers do not come out of their vessels when the vessels dock for only a short time. However, for vessels, which dock for more than a day, the seafarers, come out and spend time in the nightclubs and have sex with the sex workers as the following response illustrates:

“Yes I know of some seafarers who look for sex workers; it can’t be denied because it’s a personal issue” (IDI with seafarer).

Meanwhile, a security officer interviewed appeared contradictory: on the other hand, insisted that there were no sexual activities within the port area and, on the other hand, admitted to witnessing sexual trysts in the area:

“Sexual relationship does exist among port workers; however, there are no sexual activities around the port. Maybe at Buguruni [outside port area] but for those who are working here and they are after money I call them sex workers. Sometimes, they do have sex here in the office or sometimes out of the office (IDI with security officer).

Married persons who work at the Port of Dar es Salaam also have other partners outside marriage. This was revealed during an in–depth interview with the guesthouse attendants:

“Yes it happens sometimes but very rare, the most important thing is to use condom” (IDI guesthouse worker).

It was revealed that the sexual networks at the Port of Dar es Salaam area involve all people who interact at the port, not only the migrant and mobile population only. This was justified by the following response:

“No, it is just me and my wife; we stay in Dodoma and I don’t involve myself with any other woman. Though some others have that habit of having different sexual partners everywhere they go. I used to do that four years ago when I was still young. Some do sex as a business but I have never had sex for business; I just give her normal gifts. They don’t have sex here maybe in the places we used to sleep like Keko and Buguruni” (IDI with truck driver).

“No I don’t pay for sex, I give her just minor gifts but no cash payment. Though other people buy sex with cash of Tsh.30,000/=. All the people around here [do it]. Truck drivers and some port officers are clients of the sex workers” (IDI with truck driver).

CHAPTER FOUR

4.1 Level of multiple and concurrent sexual partnerships

Generally, 42.9% of all study participants had first sexual intercourse at the age of 15–18 years. Sex workers had the highest proportion (23%) of the individuals who had a first sexual intercourse at age group 8–14 years. More than half, 499 (56.2%), of the study participants admitted to have had sexual intercourse with someone who was not a regular partner/spouse in the last 12 months with the highest proportion being the sex workers (94.6%) followed by the long distance truck drivers (63.6%), food vendors and petty traders (50.5%) and dockworkers (50%). Custom officers had the lowest proportion (36.7%) of individuals who had sexual intercourse with someone who was not a regular partner. Sixty–nine percent of seafarers interviewed admitted that they had only one sexual partner over the last 12 months. Twenty percent of all the respondents had sex with casual acquaintances, most of them being truck drivers (32.1%) table 4.

The qualitative data also indicates that many respondents had sex with casual acquaintances. One of the reasons often cited is life hardships coupled with peer pressure.

“Most of them they don’t seek long time relations; others are open to tell you that I just want you for today only. So what is important here is your own stand. I can say eight out of ten who come here seduce us. If you are not stable you can go with one of them” (IDI with female guesthouse worker)

“It is because of hardships in life. You may find that some have dropped out of school because of school fees, their parents can’t afford to pay for them. Another reason is parenthood. Nowadays most parents are busy looking for money; they don’t have time for their children, so it becomes difficult to control their girls. Peer groups also are the source of this” (IDI with female guesthouse worker).

It was revealed that there is a lot of dating and sexual arrangement around the port areas because these are places where many people converge. They make all sexual arrangements at the port area and then agree to meet outside the port area for sex. This is because there are no guesthouses or convenient places for having sex within the port area. The truck drivers and the food vendors always meet at the port area for making sexual appointments (dating). This was established during an IDI with truck drivers as follows:

“Yes, during evenings, everything changes around here; they do not have sex here but all arrangements are done here” (IDI truck drivers).

Some of the women were reported to be engaged in anal sex and these attracted many truck drivers. These women are notorious for that behaviour as the following statement reveals:

“Some women here are known for such type of sex [anal sex] and they are available for that thing” (IDI truck driver).

Table 4: Level of concurrent and multiple sexual partners

Variables	Target populations								
	Long distance truck drivers	Seafarers	Food vendors Petty traders	Security officers	Clearing and forwarding officers	Custom officers	Dockers	Sex workers	Total
Age at first sexual debut									
8–14 years	16 (11.4)	6 (6.1)	5 (5.0)	15 (15.0)	8 (6.2)	2 (4.1)	19 (14.0)	31 (23.0)	102 (11.5)
15–18 years	60 (42.9)	27 (27.6)	54 (53.3)	43 (43.0)	62 (48.1)	17 (34.7)	44 (32.4)	74 (54.8)	381 (42.9)
18–38 years	39 (27.9)	53 (54.1)	23 (22.8)	31 (31.0)	49 (38.0)	28 (57.1)	51 (37.5)	22 (16.3)	296 (33.3)
No response	25 (17.9)	12 (12.2)	19 (18.8)	11 (11.0)	10 (7.8)	2 (4.1)	22 (16.2)	8 (5.9)	109 (12.3)
Total	140	98	101	100	129	49	136	135	888
Had sexual intercourse with someone who is not spouse/regular partner in last 12 months (concurrency)									
Yes	89 (63.6)	46 (46.9)	51 (50.5)	38 (38.0)	60 (46.5)	18 (36.7)	68 (50.0)	129 (94.6)	499 (56.2)
No	45 (32.1)	52 (53.1)	48 (47.5)	61 (61.0)	68 (52.7)	31 (63.3)	68 (50.0)	0	375 (42.2)
No response	6 (4.3)	0	2 (2.0)	1 (1.0)	1 (0.8)	0	0	6 (5.4)	14 (1.6)
Total	140	98	101	100	129	49	136	135	888
Number of sexual partners, in the last 12 months?									
1	46 (32.9)	60 (61.2)	54 (53.5)	57 (57.0)	73 (56.6)	32 (65.3)	68 (50.0)	0	390 (43.9)
2	36 (25.7)	11 (11.2)	16 (15.8)	19 (19.0)	27 (20.9)	8 (16.3)	36 (26.5)	0	153 (17.2)

>3	51 (36.4)	8 (8.2)	9 (8.9)	19 (19.0)	20 (15.5)	4 (8.2)	14 (10.3)	111 (82.2)	236 (26.6)
No response	7 (5.0)	19 (19.4)	22 (21.8)	5 (5.0)	9 (7.0)	5 (10.2)	18 (13.2)	24 (17.7)	109 (12.3)
Total	140	98	101	100	129	49	136	135	888
Relationship with sexual partners									
Spouse/ husband/wife	91 (65.0)	51 (52.0)	42 (41.6)	69 (69.0)	59 (45.7)	31 (63.3)	78 (57.4)	4 (3.0)	425 (47.9)
Cohabiting	8 (5.7)	6 (6.1)	9 (8.9)	12 (12.0)	7 (5.4)	2 (4.1)	6 (4.4)	2 (1.5)	52 (5.9)
Girlfriend/ boyfriend not living together	56 (40.0)	21 (21.4)	27 (26.7)	29 (29.0)	57 (44.2)	14 (28.6)	38 (27.9)	4 (3.0)	246 (27.7)
*Commercial sex worker	4 (2.8)	2 (2.0)	8 (8.0)	2 (2.0)	0	0	0	132 (97.8)	148 (18.8)
Casual acquaintance	45 (32.1)	8 (8.2)	13 (12.9)	17 (17.0)	26 (20.2)	7 (14.3)	29 (21.3)	135 (100)	148 (19.7)

*Someone who you paid for sex or someone who paid you for sex work

CHAPTER FIVE

5.1 Volume of transactional sex and condom use

Among the study population, 18.8% of the participants interviewed had sex with someone they paid for sex or some who paid them for sex (i.e. as commercial sex workers). In this category, sex workers accounted for the highest proportion (97.8%). About one third (26.6 %) of the target population studied admitted that they had had three or more sexual partners in the last 12 months with 82.2% of all sex workers interviewed agreeing that they had more than three sexual partners followed by truck drivers (36.4%) (see Table 4). During In–depth interviews, it was established that there were various types of sexual relationships among truck drivers and the surrounding communities. For example, one truck driver explained:

“Of course, I have a sexual partner; it happens and we call it ‘mapozo’ but I have only one in Rwanda and here in Tanzania it is just my wife”
(IDI with truck driver)

In around the port there are also people who engage in transactional sex and are not necessarily recognised as sex workers as the following response illustrates:

“Yes, and it’s normal anywhere because if you demand money for sex it means you’re selling yourself. If you are in a relationship with somebody and you always demand for money whenever you have sex with him it means you are not in a relationship rather in a business. Being a sex worker is not necessarily to stand on the road” (IDI security officer)

Due to the life hardships, some petty traders and food vendors are engaged in the sex work. Sometimes, they have sex with more than two men in a day as the following response reveals:

“Yes there is sex work in large volume. You might find one woman goes out with two or three guys from different companies around here” (IDI with food vendor).

Most of the clients of the sex workers at the ICDs are truck drivers from within and outside Tanzania. They come for food and they start sexual relations with the food vendors. They also reportedly bribe under–18 girls with money for sex and it is customary to find these young girls looking for the drivers for sex in exchange for money. This was revealed during IDI with food vendors as follows:

“Some customers want to have some sex with some women in here [stalls] but we reject them but others accepted [this reality] and are having sex at places such as Keko outside the port area. Yes, there are some under 18 girls and most of their customers are drivers. Some are as young as 13 up to 15 years old; they come from different areas. Most of them need good life, fast income and being a sex worker they take it as a fashion” (IDI with food vendor).

5.2 Condom use

Condom use during the last time of having sex was assessed. The frequency of condom use among the study populations was generally rare. It was evident in use among sex workers (97.0%) followed by condoms use with casual acquaintances (78.4%) table 5.

During an in–depth interview with a security officer, it was revealed that although people were aware of the importance of using a condom, they rarely use it as the following response illustrates:

“People are aware of condoms but they don’t use them. I came to realise when listening to stories about sexual escapades. While narrating sex stories, people don’t mention using condoms. They complain that there is no pleasure in sex if you use condoms. I think even those who are using them, they do so to protect themselves from unwanted pregnancies, not necessarily for HIV protection. This applies to both women and men” (IDI with security officer).

On the other hand, it was reported that some of the port workers used condom consistently when they having sex even with their regular partners as the following quotation illustrates:

“Yes, I use condoms in all my sexual intercourse. Even now I have them in my hand bag. There is no place around here which sells condoms. (IDI with food vendor).

Table 5: Condom use with sexual partners

Variables	Husband/wife/ live-in-partner	Boyfriend girlfriend	Sex worker	Casual acquaintances
How many times did you have a sexual intercourse with your most recent partner over the last 30 days?				
1	17 (4.4)	39 (19.7)		
2	42 (10.9)	53(26.8)		
3–4	135 (34.9)	61 (30.8)		
>5	192(49.7)	45 (22.7)		
Total responded	386	198		
Condom use the last time they had sex				
Yes	42 (8.8)	149 (54.4)	173 (97.0)	120 (78.4)
No	433 (91.2)	125 (45.6)	5 (3.0)	32 (21.6)
Total	475	274	178	153
How often did you and your partner use a condom?				
Always	20 (4.3)	119 (44.0)	167 (94.8)	107 (70.0)
Sometimes	79 (16.8)	86 (31.7)	9 (5.2)	29 (19.0)
Never	370 (78.9)	66 (24.3)	0	17 (11.0)
Total	469	271	176	153

5.3 Reason for not using condoms

Several reasons were provided for not using condoms among the study population. The most commonly cited reasons for failing to use condoms with the husband/wife/live-in-partner was that they did not think it was necessary (29.8%) table 6. Other reasons mentioned during qualitative interview were that condoms were not readily available in the places where people meet for sex. It was revealed that in some areas around the Port of Dar es Salaam was part of an industrial area and inland dry port; therefore, some people had sex in containers where no condoms were available as this response reveals:

There is no place where you can get a condom around here. Maybe outside the port area at Mivinjeni [Kurasini area] because there is no shop around here. This is industrial area. This means for those who

have sex at night in the containers it is either they have them in their pockets or they don't use them.

Table 6: Reason for not using condoms during sex with listed type of partners

Variables	Target population								
	Long distance track drivers	Seafarers	Food vendors/ Petty traders	Security officers	Clearing and forwarding officers	Custom officers	Dockers	Sex workers	Total
Have used condom during the most recent sexual intercourse									
Yes	41 (30.6)	17 (18.9)	16 (18.2)	15 (15.6)	33 (26.4)	8 (16.7)	24 (19.4)	132 (97.8)	286 (34.1)
No	93 (69.4)	73 (81.1)	72 (81.2)	81 (84.4)	92 (73.6)	40 (83.3)	100 (80.6)	3 (2.2)	554 (65.9)
Total	134	90	88	96	125	48	124	135	840
Duration you take to obtain a condom close to your house or where you do your business									
< 15 Mins	110 (78.6)	74 (75.5)	62 (61.4)	73 (73.0)	96 (74.4)	38 (77.6)	94 (69.1)	130 (96.3)	677 (76.2)
15 to 30 Mins	16 (11.4)	11 (11.2)	19 (18.8)	8 (8.0)	13 (10.1)	4 (8.2)	14 (10.3)	1 (0.7)	86 (9.7)
31 to 60 Mins	1 (0.7)	1 (1.0)	3 (3.0)	2 (2.0)	1 (0.8)	1 (2.0)	5 (3.7)	3 (2.2)	17 (1.9)
>60 Mins	0	1 (1.0)	0	0	0	0	1 (0.7)	1 (0.7)	3 (0.0)
Don't know	13(9.3)	11 (11.3)	17 (16.8)	17 (17.0)	19 (14.8)	6 (12.2)	22 (16.2)	0	108(11.9)
Total	140	98	101	100	129	49	136	135	888
Can condom use reduce the risk of HIV infection?									
Yes	105 (75.0)	86 (87.8)	69 (68.3)	74 (74.0)	97 (75.2)	46 (93.9)	107 (78.7)	128 (94.8)	712 (80.2)
No	21 (15.0)	4 (4.1)	13 (12.9)	18 (18.0)	22 (17.1)	2 (4.1)	21 (15.4)	5 (3.7)	106 (11.9)
Don't know	14 (10.0)	8 (8.2)	19 (19.8)	8 (8.0)	10 (7.8)	1 (2.0)	8 (5.9)	2 (1.5)	70 (7.9)
Total	140	98	101	100	129	49	136	135	888
Does condom use reduce risk of STIs?									
Yes	111 (79.3)	81 (82.7)	72 (71.3)	74 (74.0)	114 (88.4)	45 (91.8)	117 (86.0)	133 (98.5)	747 (84.1)
No	19 (13.6)	4 (4.1)	9 (8.9)	16 (16.0)	9 (7.0)	3 (6.1)	10 (7.4)	2 (1.5)	72 (8.1)
Don't know	10 (7.2)	13(13.3)	20 (19.8)	10 (10.0)	6 (4.7)	1 (2.1)	9 (6.6)	0	69 (7.8)
Total	140	98	101	100	129	49	136	135	888
Do you have to use condoms all the time?									
Yes	59 (42.1)	20 (20.4)	29 (28.7)	38 (38.0)	44 (34.1)	18 (36.7)	61 (44.9)	133 (98.6)	402 (45.3)
No	74 (52.9)	64 (63.3)	51 (50.5)	52 (52.0)	77 (59.7)	27 (55.1)	65 (47.8)	1 (0.7)	411 (46.3)
Don't know	7 (5.0)	14 (14.5)	21 (20.8)	10 (10.0)	8 (6.2)	4 (8.2)	10 (7.3)	1 (0.7)	75 (8.5)
Total	140	98	101	100	129	49	136	135	888

Are you going to use a condom the next time you have sex?									
Yes	79 (56.4)	36 (36.7)	25 (24.8)	49 (49.0)	63 (48.8)	26 (53.1)	52 (38.2)	133 (98.6)	463 (52.1)
No	39 (27.9)	46 (46.9)	53 (52.5)	45 (45.0)	50 (38.8)	17 (34.7)	62 (45.6)	1 (0.7)	313 (35.2)
Don't know	17 (15.7)	16(16.4)	23 (22.7)	6 (6.0)	16 (11.6)	6 (12.2)	22 (15.1)	0	112 (12.6)
Total	140	98	101	100	129	49	136	135	888

5.4 Knowledge and attitude towards condom use

Generally, most of the study populations reported not having used a condom in their most recent sexual intercourse (65.9%). Among these the sex workers were the target group who had used condoms the most during the most recent sexual intercourse (97.8%). The duration to obtain a condom close to a house or where one does business was less than 15 minutes (76.2%) table 7.

In–depth interview also revealed that people were generally aware of the condoms but many of them did not use them. This is justified by the following quotation:

They buy them but they don't use them. I'm saying this because I have evidence. It happens that a person buys condoms from us but once we go to clean up the room, we find them unused, that means they didn't use them. Out of 10 approximately 7 of them do not use condoms.

Responding to the question whether condom use can reduce risk of HIV and STI, 80.2% and 84.1% reported that use of condom can reduce HIV and STI. Forty–five percent responded that condoms should be used at all times and 46% responded that condoms should not be used at all times. However, sex workers (98.6%) responded that condoms should be used at all times. More than half of the study populations reported that they would use condoms the next time they had sex. Among them, the majority were sex workers (98.6%) who reported that they would use condoms the next time they had sex table 7.

Table 7: Knowledge and attitude towards condom use

Variables	Target population								
	Long distance track drivers	Seafarers	Food vendors/ Petty traders	Security officers	Clearing and forwarding officers	Custom officers	Dockers	Sex workers	Total
Have used condom during the most recent sexual intercourse									
Yes	41 (30.6)	17 (18.9)	16 (18.2)	15 (15.6)	33 (26.4)	8 (16.7)	24 (19.4)	132 (97.8)	286 (34.1)
No	93 (69.4)	73 (81.1)	72 (81.2)	81 (84.4)	92 (73.6)	40 (83.3)	100 (80.6)	3 (2.2)	554 (65.9)
Total	134	90	88	96	125	48	124	135	840
Duration you take to obtain a condom close to your house or where you do your business									
< 15 Mins	110 (78.6)	74 (75.5)	62 (61.4)	73 (73.0)	96 (74.4)	38 (77.6)	94 (69.1)	130 (96.3)	677 (76.2)
15 to 30 Mins	16 (11.4)	11 (11.2)	19 (18.8)	8 (8.0)	13 (10.1)	4 (8.2)	14 (10.3)	1 (0.7)	86 (9.7)
31 to 60 Mins	1 (0.7)	1 (1.0)	3 (3.0)	2 (2.0)	1 (0.8)	1 (2.0)	5 (3.7)	3 (2.2)	17 (1.9)
>60 Mins	0	1 (1.0)	0	0	0	0	1 (0.7)	1 (0.7)	3 (0.0)
Don't know	13(9.3)	11 (11.3)	17 (16.8)	17 (17.0)	19 (14.8)	6 (12.2)	22 (16.2)	0	108(11.9)
Total	140	98	101	100	129	49	136	135	888
Can condom use reduce the risk of HIV infection?									
Yes	105 (75.0)	86 (87.8)	69 (68.3)	74 (74.0)	97 (75.2)	46 (93.9)	107 (78.7)	128 (94.8)	712 (80.2)
No	21 (15.0)	4 (4.1)	13 (12.9)	18 (18.0)	22 (17.1)	2 (4.1)	21 (15.4)	5 (3.7)	106 (11.9)
Don't know	14 (10.0)	8 (8.2)	19 (19.8)	8 (8.0)	10 (7.8)	1 (2.0)	8 (5.9)	2 (1.5)	70 (7.9)
Total	140	98	101	100	129	49	136	135	888
Does condom use reduce risk of STIs?									
Yes	111 (79.3)	81 (82.7)	72 (71.3)	74 (74.0)	114 (88.4)	45 (91.8)	117 (86.0)	133 (98.5)	747 (84.1)
No	19 (13.6)	4 (4.1)	9 (8.9)	16 (16.0)	9 (7.0)	3 (6.1)	10 (7.4)	2 (1.5)	72 (8.1)
Don't know	10 (7.2)	13(13.3)	20 (19.8)	10 (10.0)	6 (4.7)	1 (2.1)	9 (6.6)	0	69 (7.8)
Total	140	98	101	100	129	49	136	135	888
Do you have to use condoms all the time?									
Yes	59 (42.1)	20 (20.4)	29 (28.7)	38 (38.0)	44 (34.1)	18 (36.7)	61 (44.9)	133 (98.6)	402 (45.3)
No	74 (52.9)	64 (63.3)	51 (50.5)	52 (52.0)	77 (59.7)	27 (55.1)	65 (47.8)	1 (0.7)	411 (46.3)
Don't know	7 (5.0)	14 (14.5)	21 (20.8)	10 (10.0)	8 (6.2)	4 (8.2)	10 (7.3)	1 (0.7)	75 (8.5)
Total	140	98	101	100	129	49	136	135	888
Are you going to use a condom the next time you have sex?									
Yes	79 (56.4)	36 (36.7)	25 (24.8)	49 (49.0)	63 (48.8)	26 (53.1)	52 (38.2)	133 (98.6)	463 (52.1)
No	39 (27.9)	46 (46.9)	53 (52.5)	45 (45.0)	50 (38.8)	17 (34.7)	62 (45.6)	1 (0.7)	313 (35.2)
Don't know	17 (15.7)	16(16.4)	23 (22.7)	6 (6.0)	16 (11.6)	6 (12.2)	22 (15.1)	0	112 (12.6)
Total	140	98	101	100	129	49	136	135	888

CHAPTER SIX

6.1 Health-seeking behaviour of migrant and mobile workers

Generally, health-seeking behaviour of migrant, mobile and sedentary populations was observed. Some of the study population reported to have a history of sexually transmitted diseases. Among the populations, sex workers (46.9%) had genital discharge in the past year followed by dockers (15.6%). Sex workers (74.4%) also had genital ulcer/sores during the past 12 months. Seafarers reported not having a history of sexually transmitted diseases (STI). The most common health care seeking used during the last bout of having genital ulcer/sore or discharge among the study populations was seeking advice from the government clinic (24.8%), seeking advice from the chemist (17.2%) and stop having sex (11%). Among those who had STI, the first source of treatment was through the government/hospital (64.8%) (see table 8).

During interviews with the truck drivers, it was established that they seek health care from private hospitals when they contracted STIs. Most of the truck drivers interviewed admitted that they had an STI at one time and the reason they provided was that it was because they had unprotected sex:

“Yes, I had an STI and I remember I was in Kigali. I used a condom but it busted in the middle of the sex act and I never noticed it. Then after two days, I felt not okay. I went to the hospital after returning to Tanzania (Benako) and I got treated.

Another truck driver reported:

“Yes, I had an STI, once I had unsafe sex and contracted gonorrhoea. I went to a government hospital named Amana Hospital since the services are free of charge.” (IDI with truck driver)

Table 8: Health seeking behavior of migrant and mobile workers as well as key sedentary populations

Variables	Target populations								
	Long distance track drivers N=140	Seafarers N=98	Food vendors/ Petty traders N=101	Security officers N=100	Clearing and forwarding officers N=129	Custom officers N=49	Dockers N=136	Sex workers N=135	Total
History of sexual transmitted infections (STIs)									
Had genital discharge in the past year	5 (7.8)	1 (1.6)	3 (4.7)	7(10.9)	5 (7.8)	3 (4.7)	10 (15.6)	30 (46.9)	64 (100.0)
Had a genital ulcer/sores during the past 12 month	2 (7.0)	0	1 (3.6)	2 (7.0)	2 (7.0)	0	1 (7.0)	20 (74.4)	28 (100.0)
Health care seeking the last time (s)he had genital ulcer/sore or genital discharge									
α) Seek advice from government clinic	1 (25.0)	0	1 (20.0)	4 (33.3)	2 (22.2)	1 (100.0)	4 (40.0)	23 (22.3)	36 (24.8)
β) Seek medicine from work place	0	1 (100.0)	1 (20.0)	0	0	0	2 (20.0)	6 (5.8)	9 (6.2)
χ) Seek advice from church or local clinic	2 (50.0)	0	2 (40.0)	1 (8.3)	1 (11.1)	0	1 (10.0)	15 914.6)	22 (15.2)
δ) Seek medicine from private clinic	0	0	0	2 (16.7)	1 (11.1)	0	0	17 (16.5)	20 (13.8)
ε) Seek advice from chemist	1 (25.0)	0	1 (20.0)	3 (25.0)	2 (22.2)	0	1 (10.0)	17 916.5)	25 (17.2)
φ) Seek medicine from traditional healer	0	0	0	0	0	0	0	1 (1.0)	1 (0.7)
γ) Seek advice from allopathic	0	0	0	0	0	0	0	1 (1.0)	1 (0.7)
η) Bought capsule from the street	0	0	0	1 (8.3)	0	0	0	1 (1.0)	2 (1.4)
ι) Took medicine you had at home	0	0	0	0	0	0	0	1 (1.0)	1 (0.7)
φ) Stop having sex	0	0	0	2 (16.7)	2 (22.2)	0	1 (10.0)	11 (10.7)	16 (11.0)
κ) Always use condom	0	0	0	0	0	0	0	6 (5.8)	6 (4.1)
λ) Tell your sexual partner about the discharge	0	0	0	0	1 (11.1)	0	1 (10.0)	4 (3.9)	6 (4.1)
Total	4	1	5	12	9	1	10	103	145
First source of treatment when (s)he had STIs									
α) Government hospital/clinic	2 (66.7)	0	4 (100.0)	5 (83.3)	3 (75.0)	1 (100.0)	2 (33.3)	18 (60.0)	35 (64.8)
β) Work place hospital/clinic	0	0	0	0	0	0	2 (33.3)	2 (6.7)	4 (7.4)

α) Sought treatment from private clinic	0	0	0	1 (16.7)	1 (25.0)	0	1 (16.7)	7 (23.3)	10 (18.5)
β) Sought treatment from NGO run clinic	1 (33.3)	0	0	0	0	0	1 (16.7)	2 (6.7)	4 (7.4)
χ) Others	0	0	0	0	0	0	0	1 (3.3)	1 (1.9)
Total	3	0	4	6	4	1	6	30	54

6.2 Exposure to health interventions

Generally, most of the respondents reported that they knew service sites that offer STI services (66.8%). This knowledge was the highest among customs officials (85.7%) followed by sex workers (80%), who reported being aware of where STI services were offered as compared to other study groups. More than half of the study population reported that it was possible in the port area to get a confidential HIV test (64%). It was also reported that 72.5% had undergone voluntary HIV testing. However, for the seafarers it was requirement for them to have an HIV test (56%) (see table 9).

Table 9: Exposure to health interventions by target population

Variables	Target populations								
	Long distance track drivers N=140	Seafarers N=98	Food vendors/ Petty traders N=101	Security officers N=100	Clearing and forwarding officers N=129	Custom officers N=49	Dockers N=136	Sex workers N=135	Total
History of sexual transmitted infections (STIs)									
Had genital discharge in the past year	5 (7.8)	1 (1.6)	3 (4.7)	7(10.9)	5 (7.8)	3 (4.7)	10 (15.6)	30 (46.9)	64 (100.0)
Had a genital ulcer/sores during the past 12 month	2 (7.0)	0	1 (3.6)	2 (7.0)	2 (7.0)	0	1 (7.0)	20 (74.4)	28 (100.0)
Health care seeking the last time (s)he had genital ulcer/sore or genital discharge									
α) Seek advice from government clinic	1 (25.0)	0	1 (20.0)	4 (33.3)	2 (22.2)	1 (100.0)	4 (40.0)	23 (22.3)	36 (24.8)
β) Seek medicine from work place	0	1 (100.0)	1 (20.0)	0	0	0	2 (20.0)	6 (5.8)	9 (6.2)
χ) Seek advice from church or local clinic	2 (50.0)	0	2 (40.0)	1 (8.3)	1 (11.1)	0	1 (10.0)	15 (14.6)	22 (15.2)
δ) Seek medicine from private clinic	0	0	0	2 (16.7)	1 (11.1)	0	0	17 (16.5)	20 (13.8)

α) Seek advice from chemist	1 (25.0)	0	1 (20.0)	3 (25.0)	2 (22.2)	0	1 (10.0)	17 916.5)	25 (17.2)
β) Seek medicine from traditional healer	0	0	0	0	0	0	0	1 (1.0)	1 (0.7)
γ) Seek advice from allopathic	0	0	0	0	0	0	0	1 (1.0)	1 (0.7)
δ) Bought capsule from the street	0	0	0	1 (8.3)	0	0	0	1 (1.0)	2 (1.4)
ε) Took medicine you had at home	0	0	0	0	0	0	0	1 (1.0)	1 (0.7)
φ) Stop having sex	0	0	0	2 (16.7)	2 (22.2)	0	1 (10.0)	11 (10.7)	16 (11.0)
γ) Always use condom	0	0	0	0	0	0	0	6 (5.8)	6 (4.1)
η) Tell your sexual partner about the discharge	0	0	0	0	1 (11.1)	0	1 (10.0)	4 (3.9)	6 (4.1)
Total	4	1	5	12	9	1	10	103	145
First source of treatment when (s)he had STIs									
α) Government hospital/clinic	2 (66.7)	0	4 (100.0)	5 (83.3)	3 (75.0)	1 (100.0)	2 (33.3)	18 (60.0)	35 (64.8)
β) Work place hospital/clinic	0	0	0	0	0	0	2 (33.3)	2 (6.7)	4 (7.4)
γ) Sought treatment from private clinic	0	0	0	1 (16.7)	1 (25.0)	0	1 (16.7)	7 (23.3)	10 (918.5)
δ) Sought treatment from NGO run clinic	1 (33.3)	0	0	0	0	0	1 916.7)	2 (6.7)	4 (7.4)
ε) Others	0	0	0	0	0	0	0	1 (3.3)	1 (1.9)
Total	3	0	4	6	4	1	6	30	54

CHAPTER SEVEN

7.1 Socio–economic dynamics

Overall, most of the study populations have worked at the port (80.5%). More than half have worked at the port for more than two years (63.2%). Seafarers reported to have worked at the port for less than a year (52%) while most of the sex workers reported having worked in the area for 1–2 years (32.3%). The mode of payment used among the study population varied. More than half have fixed salaries (59.1%); however most of the sex workers were paid per hour (71.9%) for the sexual service rendered. Though most of the study population do work at the port, almost all of them reported that it was difficult to find work at the port (43%). In fact, it was reported that it was even more difficult for the dockers (71.3%) to find work at the port than the rest of the study population. Many of the study population owned/rented a house (48.5%). Also, the majority of the study population reported that there was no discrimination to migrants at the port (63.3%) (see table 10).

Table 10: Social economic dynamics of migrant and sedentary populations around port communities

Variables	Target Population								
	Long distance track drivers N=140	Seafarers N=98	Food vendors/Petty traders N=101	Security officers N=100	Clearing and forwarding officers N=129	Custom officers N=49	Dockers N=136	Sex workers N=135	Total
Work at the port									
Yes	131 (93.6)	64 (65.3)	98 (97.0)	99 (99.0)	126 (97.1)	49 (100.0)	136 (100.0)	12 (8.9)	715 (80.5)
No	7 (5.0)	34 (32.7)	0	1 (1.0)	2 (1.6)	0	0	47 (34.8)	89 (10.0)
No response	2 (1.4)	2 (2.0)	3 (3.0)	0	1 (0.8)	0	0	76 (56.3)	84 (9.4)
Total	140	98	101	100	129	49	136	135	888
Duration of working in the port area									
< 1yrs	13 (9.3)	51 (52.0)	23 (22.8)	9 (9.0)	17 (13.2)	10 (24.4)	17 (12.5)	28 (21.1)	168 (19.0)
1–2 yrs	30 (21.4)	10 (10.2)	20 (19.8)	4 (4.0)	25 (19.4)	9 (18.4)	17 (12.5)	43 (32.3)	158 (17.8)
> 2yrs	97 (69.3)	37 (37.8)	58 (57.4)	87 (87.0)	87 (67.4)	30 (61.2)	102 (75.0)	62 (46.6)	560 (63.2)
Total	140	98	101	100	129	49	136	135	888
Payment									
Fixed salary	115 (82.1)	91 (92.9)	3 (3.1)	92 (92.0)	102 (79.1)	48 (98.0)	74 (54.4)	0	525 (59.1)
Per hour	0	1 (1.0)	0	1 (1.0)	1 (0.8)	0	5 (3.7)	97 (71.9)	105 (11.8)

Per day	6 (4.3)	1 (1.0)	54 (53.5)	7 (7.0)	7 (5.4)	1 (2.0)	38 (27.9)	18 (13.3)	132 (14.9)
Per trip	17 (12.1)	3 (3.1)	1 (1.0)	0	0	0	0	0	21 (2.4)
Per item	2 (1.4)	0	40 (39.6)	0	16 (12.4)	0	5 (3.7)	2 (1.5)	65 (7.3)
Other specify	0	0	3 (3.1)	0	3 (2.3)	0	13 (9.6)	17 (12.6)	36 (4.1)
No response	0	2 (2.0)	0	0	0	0	1 (0.7)	1 (0.7)	4 (0.5)
Total	140	98	101	100	129	49	136	135	888
Difficult inherent in finding work around the port									
Yes	56 (40.0)	16 (16.3)	43 (42.6)	70 (70.0)	75 (58.1)	22 (44.9)	97 (71.3)	3 (2.2)	382 (43.0)
No	45 (32.1)	51 (52.0)	22 (21.8)	25 (25.0)	33 (25.6)	20 (40.8)	30 (22.1)	58 (43.0)	284 (32.0)
No response	39 (27.8)	31 (31.6)	36 (35.7)	5 (5.0)	21 (16.3)	7 (14.3)	9 (6.6)	74 (54.8)	222(25.0)
Total	140	98	101	100	129	49	136	135	888
Discrimination against migrants									
Yes	22 (15.7)	5 (5.1)	5 (5.0)	15 (15.0)	19 (14.7)	6 (12.2)	28 (20.6)	0	100 (11.3)
No	73 (52.1)	68 (69.4)	54 (53.5)	78 (78.0)	87 (67.4)	34 (69.4)	96 (70.6)	72 (53.3)	562 (63.3)
No response	45 (32.1)	25 (25.5)	42 (41.6)	7 (7.0)	23 (17.9)	9 (18.4)	12 (8.8)	63 (6.7)	226 (25.4)
Total	140	98	101	100	129	49	136	135	888
Remitting money home									
Yes	33 (23.6)	19 (19.4)	16 (15.8)	12 (12.0)	16 (12.4)	4 (8.2)	17 (12.5)	63 (46.7)	180 (20.9)
No	9 (6.4)	0	4 (4.0)	0	5 (3.9)	0	5 (3.7)	2 (1.5)	25 (2.8)
No response	98 (70.0)	79 (80.6)	81 (80.2)	88 (88.0)	108 (83.7)	45 (91.8)	114 (83.8)	70 (51.9)	683 (76.9)
Total	140	98	101	100	129	49	136	135	888
Owns/rents a house									
Yes	52 (37.1)	28 (28.6)	53 (52.5)	46 (46.0)	51 (39.5)	16 (32.7)	59 (43.4)	126 (93.3)	431(48.5)
No	85 (60.7)	62 (63.3)	46 (45.5)	54 (54.0)	76 (58.9)	33 (67.3)	75 (55.1)	4 (3.0)	435 (49.0)
No response	3 (2.1)	8 (8.1)	2 (2.0)	0	2 (1.6)	0	2 (1.5)	5 (3.7)	22 (2.5)
Total	140	98	101	100	129	49	136	135	888

CHAPTER EIGHT

8.1 Maps of the study area

This chapter presents the maps of the study area, which is the Port of Dar es Salaam, Tanzania. The maps show health and social services location at the Port of Dar es Salaam, and they follow below.

Figure 1: SADC Countries in Africa

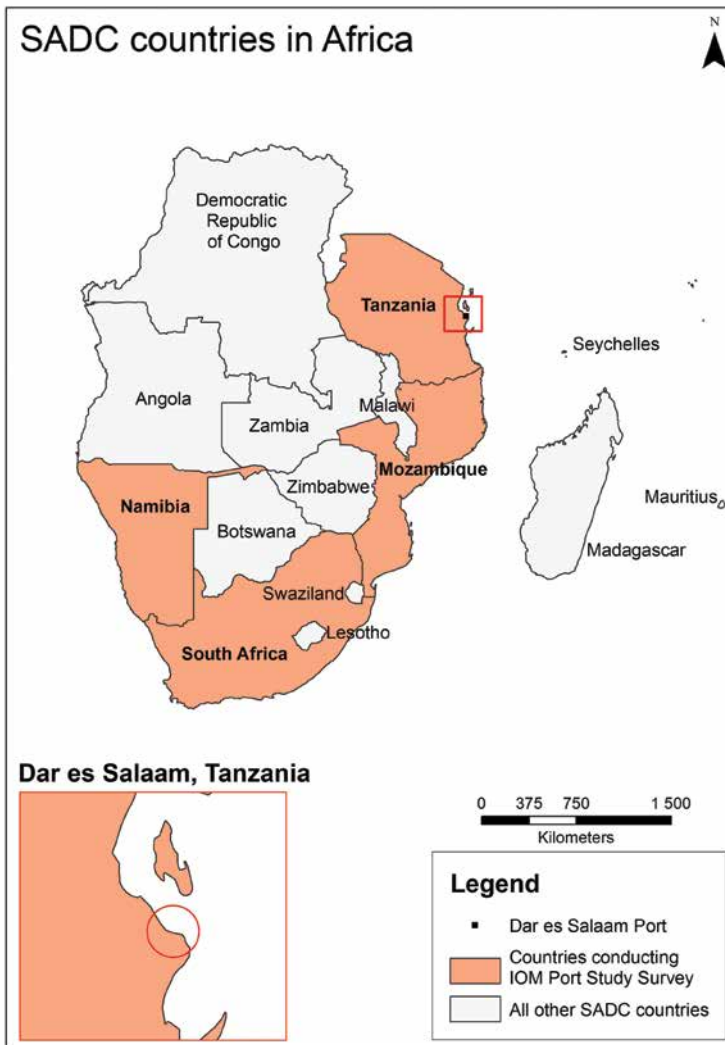


Figure 2: Health facilities in vicinity of Dar es Salaam Port



Figure 3: Dar es Salaam Port infrastructure and operation



Figure 4: Hotspots in vicinity of Dar es Salaam Port



Figure 5: Truck stops in vicinity of Dar es Salaam Port

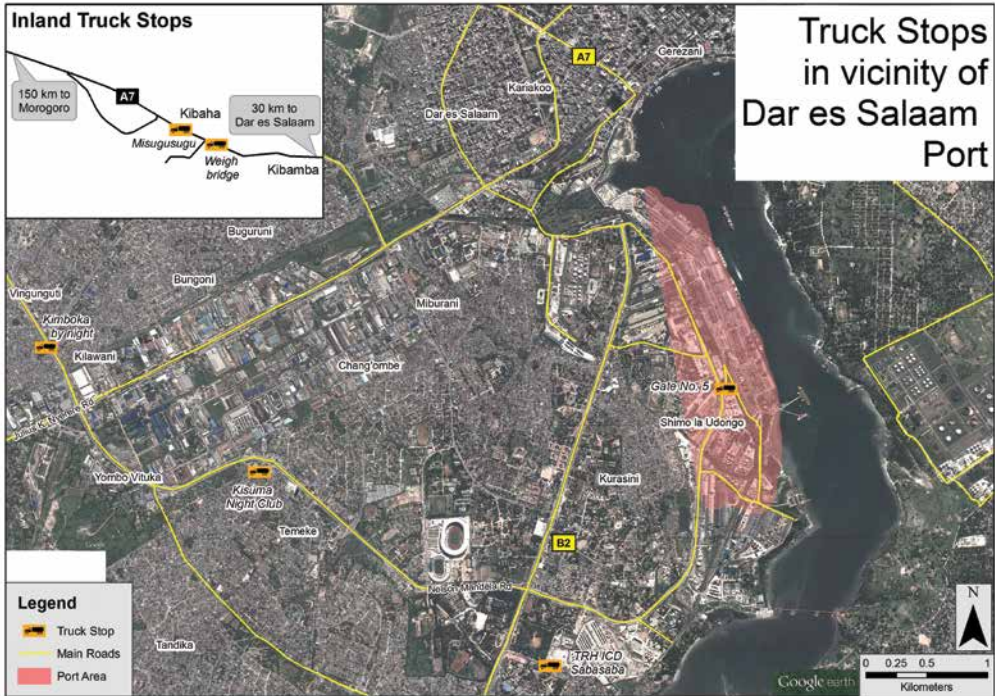
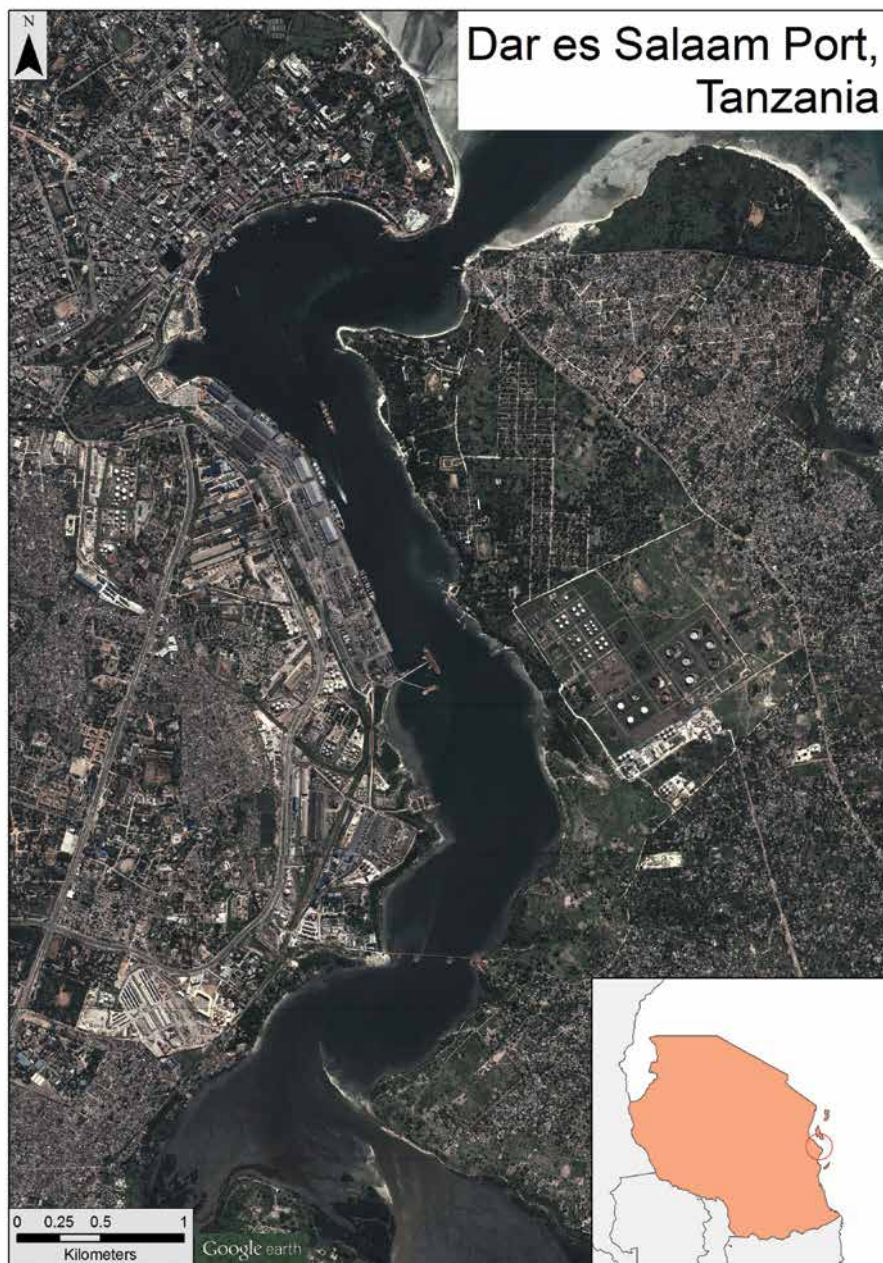


Figure 6: Dar es Salaam Port Tanzania



CHAPTER NINE

9.1 Availability of services offered in relation to HIV/AIDS, TB and STIs in the mapped health and social services

We also assessed the availability of services offered in relation to HIV/AIDS, TB and STIs in the mapped health and social services at Temeke Municipal Hospital, Infectious Diseases Clinic (IDC), pastoral activities and services for people with AIDS in Dar es Salaam Archdiocese (PASADA), Bandari Health Centre, Jitegemee Health Centre owned by the Tanzania National Service and Police Kilwa Road owned by the Tanzania Police Force. In addition, we also conducted interviews with NGOs which offer HIV/AIDS services. These included the African Medical Research Foundation (AMREF), Family Health International, which runs the wellness centre at Dar es Salaam Port at Gate 5, and also with National AIDS Control Programme and the Ministry of Health and Social Welfare. In all these health facilities, they offer HIV/AIDS, TB and HIV services. PASADA and IDC are the specially designated health facilities for HIV/AIDS, TB and STIs. Other health facilities offer general health services. Voluntary HIV/AIDS testing and counselling, TB and STIs screening and management are offered by these health facilities. The National AIDS Control Programme strives to ensure that the HIV/AIDS care and treatment were readily available in all areas in the United Republic of Tanzania, including the port area. The Ministry of Health and Social Welfare has the mandate of making health-related policies and overseeing them. These policies include the National Policy for the Management of TB, HIV/AIDS and STIs. Family Health International runs the wellness centre along the transport corridors of Tanzania, including the port area's safe point where truck drivers and other sedentary populations rest while watching educative TV programmes and where they can access HIV/AIDS, STI and other health-related brochures as well as condoms.

CHAPTER TEN

10.1 Discussion

Mobile and migrant populations have been regarded as particularly vulnerable to HIV infection^{1,2}. The core interventions that are needed are well-described but have not been implemented comprehensively at the Port of Dar es Salaam. These interventions include peer education, condom promotion, and access to STI, HIV/AIDS services including voluntary counselling and testing, care and treatment for those infected with HIV and TB screening and treatment³. To understand the nature and the magnitude of HIV/AIDS problem, behavioural surveillance plays a very important role. Secondly, one of the main objectives of the National AIDS Control Policy II (1999) is to provide interventions to change sexual behaviour, especially among high-risk groups such as sex workers, long distance truck drivers and other population at risk.

We found that the nature of the sexual network at the port of Dar es Salaam is diverse and complex. It involves multiple target groups interacting at the Port of Dar es Salaam. On the one hand, there are sexual networks among the ports workers themselves including dockers and food vendors, custom officers and clearing and forwarding agents. On the other hand, there are food vendors and long distance truck drivers. To further complicate this complex web of sexual liaisons, truck drivers also have sexual partners on their transport corridors from Dar es Salaam to Tunduma or to Kigali. The seafarers and truck drivers also have established sexual networks with sex workers in the resting port located outside the port area. The sex workers deliberately target them for their cash in exchange for sex. Sex workers and truck drivers were found to be frequently engaged in multiple sexual relationships. This finding is similar to other studies done in Kenya.⁴ Although sexual activities were mentioned as not necessarily taking place at the port of Dar es Salaam, the port area was mentioned as the meeting place where different target population meet and date or simply transact for sex later consumed outside the port area. Indeed, the areas around the Port of Dar es Salaam were mentioned as the common places where sexual networks start. At the port area, there are many different people who go there for their cargo and others who do business with the truck drivers. These include petty traders and food vendors who sell their commodities to truck drivers and other port employees such as dock workers, security officers, customs officers and clearing and

forwarding agents. These areas can be targeted for health education. Targeting the mobile population and the sedentary population can help address the problem of their vulnerability to HIV/AIDS, STI transmission.

The study established that a higher proportion of sex workers had more than three sexual partners followed by the truck drivers. This finding is similar to other studies done in Kenya where female sex workers had on average 129 sexual partners per year⁴. Most of the truck drivers interviewed have had sex with other partners besides their spouses. One third of the truck drivers indicated that they also had casual partners in addition to the regular spouse. This finding is similar to the study done in the transport corridor of Tanzania⁵. Sex workers have the highest proportion among the target group having sex in exchange for money. The reason mentioned was hardship in life and peer pressure. This finding has been also described in other studies^{4,5}.

It was also established at the port that it was common for women to work as food vendors during the day and establish sexual liaisons with truck drivers who prefer to be served food and alcohol by the same women and ultimately have sex with them. Similarly, for the (female) clearing and forwarding agents, it was found that they established relationship with the (male) custom officers for the purpose of getting favours in clearing their cargo. This type of liaison often culminated in the consummation of sex for favours given⁵.

Most of the long distance truck drivers interviewed had STIs in the past and sought health services largely from the government health facilities. The seafarers who had fallen sick sought health services in the clinic within their working places while the sex workers reported seeking health care from private health facilities. This finding shows that the seafarers access health services within their work places; the truck drivers go for public health facilities; and sex workers go for private clinic treatment. This might be explained by the fact that sex workers are generally stigmatised in public clinics although this was not particularly established in our study. The findings show that most of the truck drivers had worked in the port for more

than two years and the seafarers had worked for 6–12 months. The truck drivers, customs officers and security officers have permanent employment whereas the seafarers were largely employed on six–month contracts. The sex workers, although not recognised by the Tanzania government claimed that they were self–employed permanently at the port. Lack of government recognition makes it difficult for the sex workers to access the HIV/AIDS, TB and STI services provided by the government to the most vulnerable segments of the population. Petty traders and food vendors are in the informal sectors; they are located in the inland dry ports and at or around the main gates of the Port of Dar es Salaam, where they frequently meet with the truck drivers who go to them for food and drinks. Since these women have low income they can easily be tempted to have sexual relationships with these truck drivers. Customs officers and security officers are permanently employed by the government, and they have job security. Although they are employed it was revealed that the customs officers have sexual relationship with clearing and forwarding agents. It was established that sexual networks are not only driven by life hardships but also by peer pressure, and in the case of forwarding and clearing agents by job favours to help them get their cargo cleared in an expedited manner or let them get preferential treatment.

HIV/AIDS, tuberculosis and STIs services are available in the health facilities surrounding the port area. The Port of Dar es Salaam has the health centre, which serves the port staff and their families. It also serves the surrounding communities. The port has an organised HIV/AIDS, TB and STI services for the staff and their families. The port's health centre personnel also run sensitisation sessions and offer HIV/AIDS counselling sessions although not regularly but when the need arises. Nearby the Port of Dar es Salaam there is the Infectious Diseases Clinic (IDC), which is designated for the tuberculosis, HIV/AIDS and STIs for the general population. It serves the communities around and outside the Port of Dar es Salaam. The Pastoral Activities and Services for People with AIDS in Dar es Salaam Archdiocese (PASADA) is also near the Port of Dar es Salaam and is designated for tuberculosis, HIV/AIDS and STIs for the general population including port communities. Truck drivers, sex workers and other people usually visit the IDC and PASADA for HIV/AIDS, TB and STI services. The Temeke Municipal Hospital,

the Jitegemee National Service Health Centre and Police Kilwa Road Dispensary are also near the port area and they offer general health services to the general community. Adjacent to the main gate for the truck entrance to the Port of Dar es Salaam there is a wellness centre whereby truck drivers can rest watching educative TV sessions, accessing condom and brochure and other HIV/AIDS information in addition to education and communication materials. Generally, the HIV/AIDS, STI and TB services are available at the Port of Dar es Salaam, although they were generally found wanting in terms of meeting some of the specific needs of the people frequenting these areas to facilitate their practice of safe-sex.

CHAPTER ELEVEN

11.1 CONCLUSION

The findings from the study show that the entire target population interviewed had multiple and complex sexual networks. More than half 56.2%% of all respondents had sex with someone other than their live-in partner or spouse in the last 12 months with the highest proportion being sex workers (94.6%). One third of the interviewed population had three or more sexual partners in the last 12 month. Eighteen percent of all the target population had transactional sex in the past 12 months. All the truck drivers interviewed during the qualitative study had established sexual relationships with partners at truck stops with whom they cohabited and considered as permanent partners or second 'wives' or Mapozo. Sixty-seven percent of those who had sex within the last 12 months did not use condoms. The implication of these findings is that there is a need to promote the use of condoms with every sexual partner, even those not considered as permanent sexual partners. A quarter of the study population who had STIs sought medical attention from government health facilities. More than half of the study population (59.6%) had fixed salaries, most sex workers (71.9%) were paid per hour for the sexual act performed.

CHAPTER TWELVE

12.1 RECOMMENDATIONS

The following recommendations result from findings of the study:

Empower the mobile populations, sedentary staffs and affected communities at the Port of Dar es salaam so as to overcome temptations and reduce the number of sexual partners and networks.

- i. Break the cycle of sexual networks; improve the health services at the port and on the transport corridors where the truck drivers usually seek health services whenever they fall sick.
- ii. Establish the health information services for the mobile populations and affected communities at the Port of Dar es Salaam.
- iii. Recognise the sex workers and target them for the all package for HIV prevention care and treatment.
- iv. Re-establish and equip the wellness centres at the Port of Dar es Salaam and on the transport corridors with all necessary gears for HIV/AIDS prevention, control and management.
- v. Involve the local authority and the mobile population (truck drivers) along the transport corridors in the establishment and running the wellness centres.
- vi. Tanzania Port Authority (TPA and TICTS) to make HIV/AIDS their agenda during their family days and develop a programme for HIV/AIDS intervention to their staff.
- vii. The workers associations in the Port of Dar es Salaam cooperate with the port's health centre to have an HIV focal person in each department who will be responsible for HIV/AIDS intervention in the port of Dar es salaam.
- viii. The port health centre to involve the private company such as PUMA, IMPALA and others in the campaign against HIV AIDS including sensitisation for condom use, reducing number of sexual partners and HIV counselling and testing.
- ix. The government through the Ministry of Transport to invest on the renovation and use of the railway network and the pipeline for transport of cargo and petroleum product.

This will reduce the number of truck drivers to and from the Port of Dar es Salaam hence cut down the sexual networks.

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