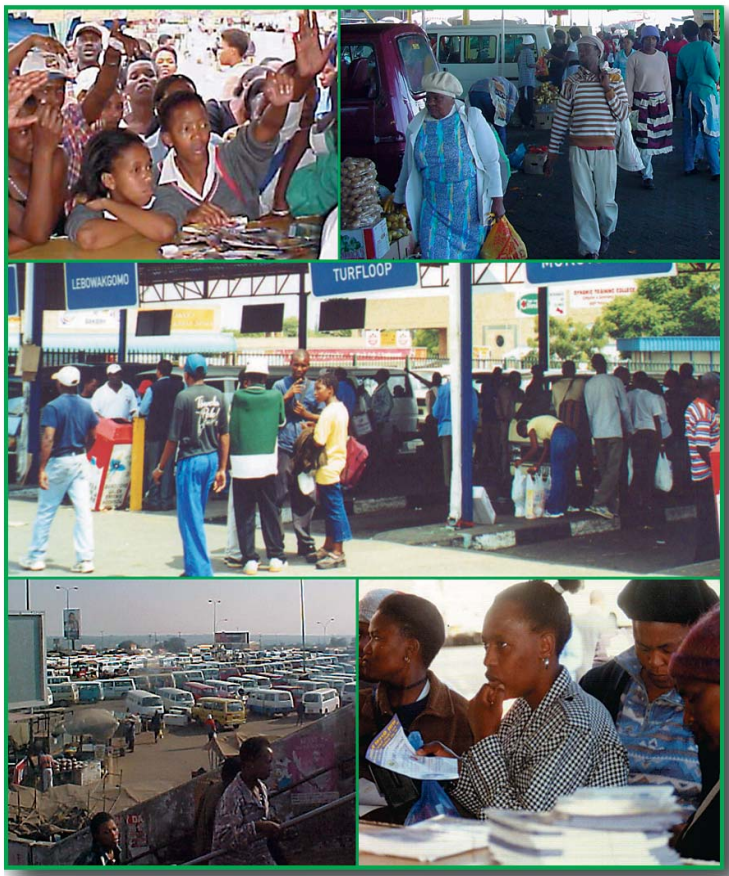
ON THE MOVE

THE RESPONSE OF PUBLIC TRANSPORT COMMUTERS TO HIV/AIDS IN SOUTH AFRICA



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THE RESPONSE OF PUBLIC TRANSPORT COMMUTERS TO HIV/AIDS IN SOUTH AFRICA

Conducted by the Centre for AIDS Development, Research and Evaluation (Cadre), South Africa

Research and Writing

Warren Parker, Salome Oyosi, Kevin Kelly and Susan Fox

Data processing and analysis

Cally Fawcett and Salome Oyosi

Field Researchers

Ntobeko Jacobs, Vincent Khetha, Sibongile Madlala, Nomonde Mahote, Roro Makubalo, Nozipho Masangu, Nozipho Mazibuko, Simpiwe Mbambani, Lerato Moshoette, Athi Mntonintshi, Christopher Muzikayise, Kali Nena, Siyasanga Nkungwana, Gladys Phaswana, M.M. Phoshoko and Mmabatho Rantho

Commuter AIDS Information Project

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HIV/AIDS and STD Directorate, Department of Health, Private Bag X828, Pretoria 0001
www.health.gov.za

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INTRODUCTION

According to the All Media Products Survey (AMPS) there are 18,3 million commuters in South Africa, of whom 77% are taxi commuters and 33% commute on buses or trains. The highest proportion of commuters are located in KwaZulu-Natal, 22%, followed by 19% in Gauteng and 12% in the Northern Province. The ratio of males to females is 48:52.[1]

This large mobile audience has good potential for interactive HIV/AIDS activities, and over the past five years commuters have been targeted on an ad-hoc basis by various organisations. One example of an HIV/AIDS specific campaign was a sustained condom promotion activity conducted by the Department of Health in 1996/97 using minibus taxis. This involved the training of selected drivers in the provision of basic HIV/AIDS information and the location of free condoms on some 400 branded taxis. By the end of the project over 600 000 condoms were being distributed on a monthly basis. Other commuter site activities have been conducted by provincial health departments and non-governmental organisations and have included dissemination of materials on AIDS related days, condom dissemination, and short-duration promotion of HIV/AIDS issues.

The Commuter AIDS Information Project is a two year activity developed by the HIV/AIDS and STD Directorate of the Department of Health, South Africa. The project runs from October 2001 to September 2003 and is conducted by a partnership of four organisations – Comutanet; DramAidE; the Centre for AIDS Development, Research and Evaluation (Cadre) and the National Association of People Living with HIV/AIDS (NAPWA). The project targets the commuter population through providing basic HIV/AIDS information, referral information, condoms and leaflets via kiosks located at 20 urban commuter sites countrywide. The kiosks, which are managed by Comutanet, are situated prominently at each site and are regularly used for consumer product promotion. Two trained NAPWA members are located at each kiosk. Training and support is provided by DramAidE, and the project is promoted by Comutanet utilising exterior taxi signage, kiosk signage and advertising inserts on Star Music. The Star Music concept involves the free distribution of popular local and international music interspersed with short commercials to taxi drivers on a bimonthly basis.

Objectives

This research study was designed to assess the potential of the project as well as to inform a general understanding of commuters in South Africa. Objectives include:

- providing a demographic profile of commuters;
- providing a baseline understanding of awareness of HIV/AIDS and related issues;
- providing an understanding of HIV preventive practices;
- providing an understanding of orientation towards HIV/AIDS care and support;
- providing an indication of the perspectives of commuters in relation to the Commuter AIDS Information Project.

1. Comutanet (2001) The official guide of South African Commuters, Comutanent, Johannesburg.

METHODOLOGY

Sites and site selection

The Commuter AIDS Information Project targets 20 commuter sites located throughout South Africa, reaching some 3,5 million commuters. Nine sites spanning seven provinces were selected for this study and are identified in Table 1. In all sites the main mode of transport is minibus taxi, although some sites include buses and trains.

Table 1: Commuter sites by province and number of commuters using site

Province	Site	Commuters
Gauteng	Alexandra, Johannesburg	210,000
	Baragwanath, Soweto*	265,000
	Benoni	135,000
	Bree St, Johannesburg	315,000
	Germiston*	145,000
	Mamelodi	170,000
	Bloed St, Pretoria	130,000
	Vereeniging	350,000
Free State	Bloemfontein*	280,000
Eastern Cape	Port Elizabeth*	92,000
	Mdantsane	180,000
Mpumalanga	Nelspruit*	60,000
	Witbank	160,000
KwaZulu-Natal	Warwick Ave, Durban*	170,000
	Pietermaritzburg	105,000
Northern Province	Pietersburg*	215,000
North West Province	Rustenburg*	270,000
	Mabopane	90,000
Western Cape	Strand St., Cape Town	150,000
	Khayalitsha*	70,000
Total		3,562,000

** Site selected for survey. Source for commuter numbers: Comutanet, internal report, November 2001.*

Questionnaire development and testing

The questionnaire development process drew on questions used in previous studies by the national Department of Health including a six site study of youth and young adults conducted as part of the Beyond Awareness Campaign. Reference was also made to the behavioural surveillance survey instruments developed by Family Health International (FHI).[2] A range of additional questions including project specific questions were also developed. Draft questionnaires were tested with a small sample of respondents and findings were incorporated into the final questionnaire.

Field researcher selection and training

Sixteen field researchers living close to the selected sites and able to speak appropriate site-specific languages were enlisted to assist with the project. Field researchers included both males (5) and females (11). All were graduates, and 13 had post-graduate qualifications. The field researchers had previous research experience and a good understanding of HIV/AIDS.

2. See Kelly, K (2000) Communicating for Action: A contextual evaluation of youth responses to HIV/AIDS, Department of Health, South Africa; Amon, J et al (2000) Behavioural Surveillance Surveys: Guidelines for repeated behavioural

Training of field researchers was conducted through a one-day workshop which included an overview of the project, a comprehensive review of the questionnaire, a translation exercise and review of the sampling methodology.

Careful attention was given to on-site training of the field researchers. A data gathering exercise was conducted at the Baragwanath taxi rank in Soweto by all researchers and was followed by a debriefing session with the lead researchers. Data gathering was conducted at each of the remaining sites by teams of two field researchers.

Sampling methodology and incentives

A total of 773 interviews were conducted from 13 to 17 November 2001 at nine sites, with an average of 86 questionnaires per site. Field researchers were required to select 21 male and female respondents at each site. Age selection was defined in the following categories: under 25, 26 to 40 and over 40. This allowed for selection of seven respondents in each age category, and from each gender. In some sites a small number of additional questionnaires were completed, resulting in a slight oversampling in some categories. The final sample thus included a male:female ratio of 47:53 and an age range of 15 to 86.

The sampling approach involved field researchers identifying a fixed point at the rank, for example a sign post or hawker table. They would then identify a person from the age and gender category required who was passing that point at a predetermined time. The person would then be approached to participate in the survey. If the person did not wish to participate, the exercise was repeated. The survey was conducted throughout each day and allowed for recruiting of respondents during peak and off-peak periods.

It is important to note the benefits and limitations of the sampling methodology. The approach ensured relatively balanced gender splits as well as sampling of a wide age range. However, the sample drawn does not necessarily correspond proportionally to the gender splits or age ranges to be found at each site. Additionally, conducting the survey throughout the day generated an under-representation of employed persons who were more likely to be in taxi ranks early in the mornings and in the late afternoons.

At the outset of the data gathering process it was assumed that respondents would be difficult to detain for the 20-minute period required to administer the questionnaire. All respondents were therefore provided with a small cash incentive.

The field research process

Field researchers were able to complete survey activities within the prescribed number of days and each provided a brief written report of their experiences at the end of the process. This allowed for reflection on the sampling methodology, provision of incentives, and issues related to language and age range of respondents. In general, there were very few problems related to the enumeration process apart from instances of varying interpretations of the cash incentive, including occasional suspicion of the payment. Most respondents were enthusiastic about the incentive and were willing to delay their journeys to participate in the survey. Respondents in all age groups were also found to be open about the questions relating to relationships and condom use.

FINDINGS

The core findings of this study strongly endorse the notion that South Africans have responded to the HIV/AIDS epidemic and this flows logically from a number of other studies that have showed increasing trends towards HIV preventive behaviours as well as positive orientations towards HIV/AIDS related care and support.

The findings of this study confirm impacts of interventions that have taken place to date – particularly those that have promoted condoms. These outcomes are the product of many years of effort by governmental and non-governmental organisations and it is critical to acknowledge and take stock of this positive response.

The assumption that South Africans have not responded to HIV/AIDS is still pervasive in the news media, and it is also unfortunately also perpetuated by some organisations working in the HIV/AIDS field. We need to move beyond the idea that campaigns incorporating basic messaging are sufficient. Whilst they do play an important role in orienting areas of focus, there is much more that needs to be done in the area of supportive communication. We need to understand that the work on HIV prevention that has been undertaken so far has had some impact and we need to continue to develop new strategies in areas requiring specific focus. We also need to recognise and energetically support the positive responses that have taken place amongst audiences that have been targeted by information campaigns. Persuasive and often negative messaging still prevails within campaigns, but there is now a case to be made for the use of positive and endorsing messages that accept that high proportions of the target audience have adopted appropriate responses to HIV/AIDS.

This study provides insights into the relationship between HIV/AIDS communication, the provision of the means for prevention, and the provision of HIV/AIDS related support services. The findings strongly endorse the concepts underpinning the Commuter AIDS Information Project – an activity that includes the opportunity for HIV/AIDS dialogue, combined with information dissemination, condom distribution, and referral to appropriate services.

Whilst monitoring and evaluation is built into the project model, it makes sense to reiterate the importance of conducting research within the context that the project operates. On the one hand, the data presented here provides a baseline which, to some extent, could inform the impacts of the project over the two-year period. On the other hand, the project has potential to rapidly provide further insights into the development of strategies for supporting social mobilisation around the epidemic.

Demographic profile

The Commuter AIDS Information Project targets 3,56 million commuters at 20 urban sites through 40 trained NAPWA members located at Comutanet kiosks at each site. The demographic profile of respondents includes the following:

- Survey respondents were mainly drawn from urban and peri-urban communities near the commuter sites. 83% of respondents lived in urban and peri-urban areas, and 17% were from rural areas.
- Home languages and languages spoken by respondents are presented in Table 2.

Table 2: Home language and languages spoken by site

	Bara.	Germiston	Bloem.	Durban*	Khayalit.	Nelspruit	Pietersbg.	P. E.	Rustenbg.
Language (N)	81(65)	84 (72)	84 (68)	-	82 (57)	84 (44)	87 (75)	83 (72)	98 (47)
English	2% (66%)	0 (76%)	0 (69%)	-	1% (77%)	2% (80%)	0 (79%)	0 (94%)	0 (79%)
Afrikaans	0 (20%)	2% (19%)	7% (31%)	-	1% (40%)	0 (2%)	0 (28%)	2% (36%)	3% (17%)
Zulu	48% (49%)	38% (51%)	1% (9%)	-	1% (14%)	5% (36%)	1% (17%)	0 (8%)	5% (13%)
Xhosa	19% (18%)	17% (22%)	16% (26%)	-	95% (7%)	1% (5%)	1% (8%)	96% (3%)	3% (2%)
Sotho	15% (46%)	17% (29%)	47% (38%)	-	1% (12%)	7% (18%)	0 (9%)	1% (4%)	6% (13%)
Sepedi	4% (8%)	14% (6%)	0 (3%)	-	0 (0)	0 (2%)	86% (9%)	0 (0)	2% (6%)
Tswana	5% (23%)	4% (4%)	29% (32%)	-	0 (4%)	2% (9%)	0 (11%)	0 (1%)	79% (28%)
Siswati	0 (8%)	0 (8%)	0 (0)	-	0 (2%)	79% (25%)	0 (1%)	0 (0)	0 (0)
Tsonga	4% (8%)	4% (4%)	0 (0)	-	0 (0)	4% (14%)	3% (12%)	1% (0)	1% (0)
Venda	2% (5%)	1% (1%)	0 (0)	-	0 (0)	0 (0)	2% (5%)	0 (0)	0 (0)
Ndebele	0 (2%)	0 (0)	0 (0)	-	0 (0)	0 (9%)	2% (1%)	0 (0)	0 (0)
Other	4 (0%)	1% (0)	0 (0)	-	0 (0)	0 (0)	3% (0)	0 (0)	2% (0)

Note: Other languages spoken in brackets. Durban data excluded due to inconsistencies in field research.

- Commuters surveyed ranged in age from 15 to 86 years of age. The survey was however structured to select respondents in all age categories. 98% of respondents were African.
- 55% of respondents spend more than 30 minutes at the commuter site daily, with 35% spending more than one hour at the site.
- The following points can be made about commuters in general. However, it should be noted that employed persons were likely to have been undersampled, given that they were more likely to be on site only at peak morning and afternoon times. Given that the survey was conducted throughout the day and that there was purposive sampling by age, both employment and educational data may be skewed.
  - 58% of respondents were earning salaries or were self employed. 16% had temporary work, and 23% received no income from work at all. (Those currently studying are excluded from these percentages.).
  - Respondents were generally not well educated, although 26% were studying at the time of the survey. 25% of respondents had completed grade seven or less, and a further 32% had completed between grades eight and eleven. 25% had completed matric and 15% had post-school qualifications. Older respondents tended to be less educated than their younger peers.
  - Respondents were asked to subjectively rate their economic status. Three quarters (75%) considered themselves to be poor, with those in this group stating either that they had "not enough money for basic things like food" (27%) or "money for food, but short on many other things" (48%). 13% indicated that they had needed to borrow money in the last month (R500 or more).
  - Media access was high, with most respondents having access to a radio (92%)

Table 3: Media access in place of residence

Radio	92%
Television	74%
Newspaper	60%
Magazine	49%
Cellphone	53%
Telephone	50%
DSTV/M-Net	2%

or a television set (74%) in their homes. There was a high percentage of access to cellphones (53%) and landlines (50%). There were very low levels of access to the subscription-based M-Net and/or DSTV services (2%).

Awareness of HIV/AIDS

Overall, respondents were extremely well informed about HIV/AIDS and have a positive disposition towards HIV/AIDS, seeing a range of issues as important and needing to be addressed. Specific findings were as follows:

Media access

- There was high penetration of HIV/AIDS information through a variety of sources. 80% of respondents had heard information about HIV/AIDS on the radio in the past month, whilst 70% received information via television. The red ribbon icon has had high visibility with 55% of respondents indicating that they had been reminded of AIDS through this means. Overall, this is a clear indication of the pervasiveness of HIV/AIDS information within a range of formats. The findings also provide a specific indication of the significant penetration of small media such as leaflets, posters, items of clothing and red ribbon AIDS badges which have been predominantly utilised in national and provincial government campaigns.

Table 4: Seen, heard or been reminded about HIV/AIDS in the past month

Medium/approach	Percentage
Radio	80%
Television	70%
Clothing (T-shirt/cap)	55%
AIDS red ribbon badge	55%
Poster	54%
Leaflet	51%
Newspaper	50%
Magazine	41%
Billboard	29%
Sticker	27%
Taxi	23%
Signs/notice boards	18%
Painted wall/mural	14%
Bus	12%
Train	6%
AIDS play	8%
Community meeting	7%
At place of work	7%
Nothing seen or heard	1%

- 71% of respondents indicated that they had previously read a leaflet or booklet about HIV/AIDS, and 46% indicated that they had received these from a clinic or hospital. Although a number of campaigns make use of newspapers as a means of distributing HIV/AIDS related material, only 16% of respondents indicated that they had received leaflets or booklets in this way.
- There was strong endorsement of the information support elements built into the project concept. 93% of respondents indicated that they would make use of a service that provided face-to-face dialogue about HIV/AIDS at the Comutanet kiosk. 89% were interested in referral information, whilst 93% indicated they would be interested in obtaining HIV/AIDS leaflets.

Messaging

- There was high awareness of the red ribbon HIV/AIDS icon. 83% of respondents were aware of a symbol for AIDS and 93% knew that this was the red ribbon.

Table 5: Know of symbol associated with HIV/AIDS

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
756 (N)	77	82	84	83	81	84	85	82	98
83%	79%	76%	87%	87%	81%	93%	89%	80%	79%

Table 6: Unprompted identification of red ribbon (of those who knew of a symbol)

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
649 (N)	61	65	73	74	67	71	76	66	78
93%	90%	98%	99%	100%	70%	96%	100%	87%	99%

- With regard to messaging, respondents were asked to indicate messages that they could recall about HIV/AIDS. This question was open ended and unprompted and was answered by most respondents. 82% could recall one or more specific messages. The messages most recalled by this group were – "condomise" / "be wise condomise" / "use a condom" (39%); "AIDS kills" or AIDS is related to death (23%); being faithful to one partner (7%); abstinence (3%) and "my friend with AIDS is still my friend" (2%).
- When asked what had made them take the problem of AIDS more seriously, the majority of respondents (55%) indicated that this was related to understanding that AIDS was related to death, whilst 15% indicated that they had been motivated by knowing someone who had died.
- 63% of respondents indicated that they had unanswered questions about HIV/AIDS. 19% of this group indicated that this related to the issue of a cure, 12% had questions about transmission, 9% were interested in the origins of AIDS, whilst 7% were interested in symptoms.
- There appeared to be less clarity about whether a person infected with HIV could look healthy and well, and only 64% indicated that they believed this to be true. This varied from site to site however, ranging from 49% in Khayalitsha and 51% in Pietersburg, to 81% in Rustenburg and 83% in Bloemfontein. There is the possibility however, that this was as a result of difficulties in distinguishing between the words and concepts of HIV and AIDS when translating into the various languages used during this survey.
- Only 5% of respondents believed AIDS to be caused by witchcraft. This belief was most prominent in Durban, KwaZulu-Natal, 8%, and least prominent in Pietersburg, Northern Province, 1%.

HIV/AIDS dialogue

- There are a number of national and provincial helpline services that provide information, counselling and referral in relation to HIV/AIDS matters. There was high penetration of the notion that a helpline service could be contacted for HIV/AIDS information, with 75% indicating that they knew of such a service. Of those who knew, 56% mentioned the national tollfree AIDS helpline. A high proportion, 33%, could not name a specific helpline service, and 12% mentioned loveLife's Thetha Junction. 11% of respondents who

knew of a helpline indicated that they had made use of a service, ranging from 3% to 21% between sites.

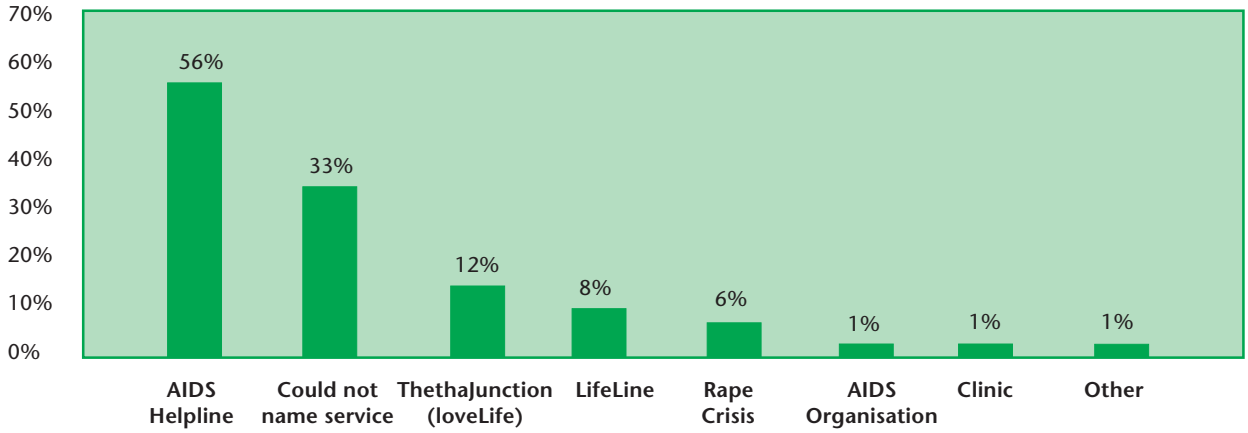
Table 7: Heard of an HIV/AIDS helpline service

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
760 (N)	80	84	87	83	81	82	87	81	95
73%	68%	69%	66%	75%	72%	90%	70%	80%	68%

Table 8: Used a helpline service

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
616 (N)	55	62	68	67	71	81	70	72	72
11%	4%	16%	3%	10%	17%	6%	21%	6%	18%

Table 9: Unprompted recall of helpline services by those who had heard of a service



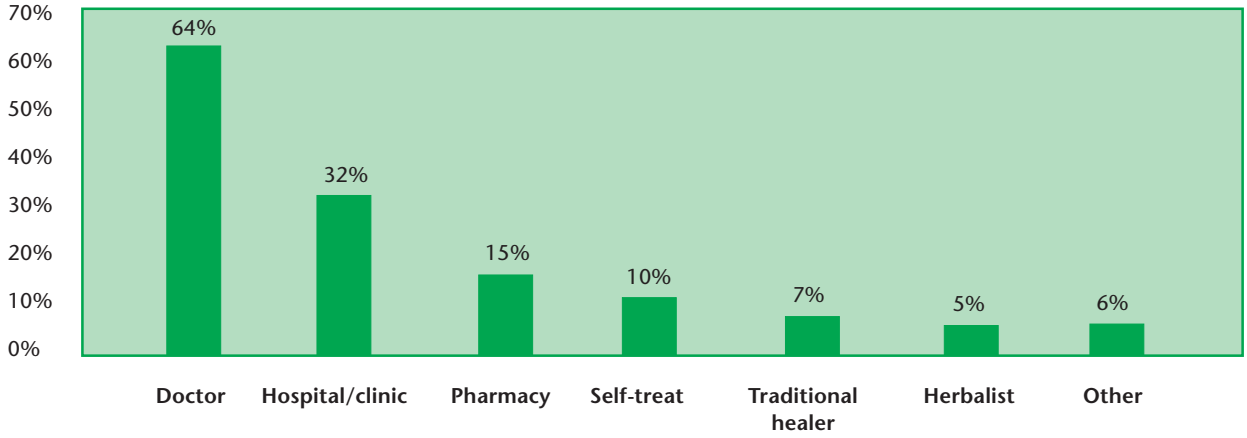
- The majority of respondents had discussed HIV/AIDS with someone in the preceding month, with 65% discussing the topic with a friend, 32% with a boyfriend or girlfriend, 28% with a colleague at work, 27% with a sibling, 25% with a parent or older relative, 24% with a nurse or doctor, 22% with a priest or minister, 16% with a family member or relative, and 15% with their marital partners. Traditional healers did not feature highly (2%), nor did herbalists (2%). Only 17% did not discuss the topic at all.

Table 10: Whom HIV/AIDS discussed with in past month

Friend	65%
Boyfriend/girlfriend	32%
Colleague at work	28%
Brother/sister	27%
Parent/older relative	25%
Nurse/doctor	24%
Priest/minister	22%
Nobody	17%
Family member/relative	16%
Husband/wife	15%
Community leader/politician	9%
AIDS organisation member	4%
Teacher/lecturer	4%
Traditional healer	2%
Herbalist	2%
AIDS Helpline	1%

- There was a strong orientation towards clinical treatment of illness. If sick, most respondents (64%) said they would go to to a doctor, 32% would go to a clinic or hospital, whilst 7% would go to a traditional healer and 5% to a herbalist.

Table11: Treatment seeking if ill

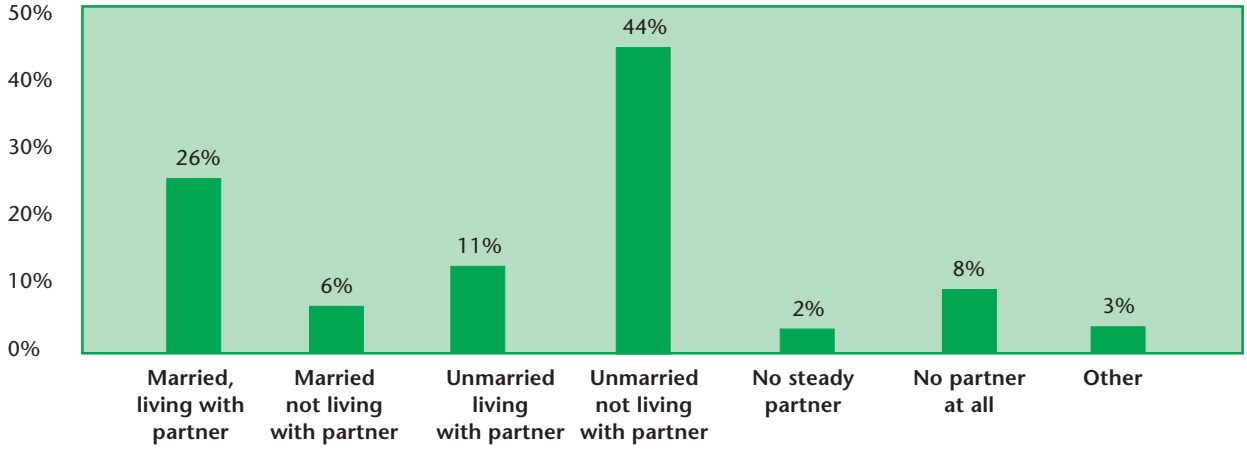


Prevention

Appropriate HIV preventive practices amongst commuters were higher than expected suggesting a high degree of success of campaigns directly promoting prevention.

- 90% of respondents were in relationships – 26% were married and living with their partners, whilst a further 6% were married and not living with their partners and 11% were unmarried but cohabiting. 44% were unmarried and not living with their partners whilst 2% had no steady partner and 8% had no partner at all.
- Of those who were in relationships, 77% were sexually active in the past month.

Table 12: Types of relationships



- Condom promotion has been prominent in a number of government campaigns and this has been backed up by widespread distribution of free condoms – for example some 274 million free condoms were distributed in 2000. In addition, condoms are widely available in pharmacies, shops and at service stations. Levels of condom use emerging from the survey were high. Across all sites, 67% of respondents had previously used a condom,

whilst almost half (45%) used a condom the last time they had sex. It is particularly interesting to note the regularity of condom use between sites. This suggests that condom promotion has been consistent across provinces and that condoms are uniformly available in near all sites.

Table 13: Condom use at last sexual intercourse

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
711(N)	71	76	83	81	78	81	78	78	85
45%	42%	46%	50%	46%	54%	46%	40%	38%	40%

- Given that the age range of the group was 15 to 86, it is important to disaggregate condom use data into more closely defined categories. For example, condom use was more likely amongst younger respondents – 66% of those under 25 used a condom the last time they had sex, compared to 44% of 25 to 40 year olds and 27% of 41 to 50 year olds. It was worth noting too that even in the 51 to 65 year age group, 17% had used condoms the last time that they had sex.

Table 14: Last time intercourse condom use by age

15-24	25-40	41-50	51-65
211	295	118	75
66%	44%	27%	17%

- Analysis of last time condom use by relationship yielded interesting trends. For example, 21% of cohabiting married couples and 22% of non-cohabiting married couples used a condom the last time they had sex. 37% of unmarried cohabiting couples used a condom during last sexual intercourse, as compared to 65% of couples not cohabiting. Rationale for condom use is an important area of further study.
- 85% of respondents indicated they could easily obtain a condom if they needed one. One of the project concepts is to provide access to condoms at the Comutanet kiosks. This was strongly endorsed by respondents, with 82% indicating that they would be interested in obtaining condoms from the kiosk.

Table 15: Condom use by relationship

Married, living with partner	Married, not living with partner	Unmarried, living with partner	Unmarried, not living with partner	No steady partner	No partner at all	Other
169	23	76	238	9*	3*	8*
21%	22%	37%	65%	44%	67%	67%

** Data unreliable because of low N*

- There was strong awareness of, and interest in, the female condom. 81% of respondents had heard of the female condom, whilst 59% of this group indicated that they would like to try this method.
- Over and above a positive orientation towards condom use, the notion of HIV/AIDS risk appears to have been strongly internalised. Some 34% of respondents had previously had an HIV test – and this is considerably higher than might have been expected. Of those who had not been tested, 60% indicated they had wanted to have an HIV test. Understanding of the concept

of HIV testing however, needs to be further investigated to facilitate interpretation of this data. Further research is also needed towards exploring reasons for having an HIV test, where the test was done, and the general disposition towards testing services.

Table 16: Heard of the female condom

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
742 (N)	73	82	84	85	80	84	83	81	90
81%	85%	77%	83%	74%	81%	88%	84%	85%	70%

Table 17: Would like to try the female condom

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
552 (N)	67	60	77	66	64	76	71	78	71
59%	57%	62%	53%	62%	83%	34%	77%	64%	39%

- 60% of respondents who had not been tested for HIV indicted they were keen to do so. This suggests a preparedness to confront the possibility of one's own infection.

Table 18: Ever had an HIV test

Total	Bara.	Germiston[3]	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
681 (N)	79	-	84	87	80	83	87	83	98
34%	42%	-	31%	37%	45%	22%	39%	31%	27%

Table 19: Not had an HIV test, but would like to be tested

Total	Bara.	Germiston[3]	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
486 (N)	53	-	60	54	48	67	54	65	83
60%	57%	-	50%	67%	83%	63%	65%	63%	45%

- It was not possible to introduce wideranging questions about sexual violence and coercion. However, 8% of respondents indicated that they had been forced to have sex against their will, with two thirds of this group experiencing such force in the past year. Interestingly, 39% of those who said they had been forced to have sex against their will were males. This bears further investigation – both of relative understanding of forced sex between genders, and whether males were forced to have sex by other males, or by females.

Orientation towards HIV/AIDS care

Orientation towards HIV/AIDS care and positive disposition towards people living with HIV/AIDS is a strong indicator of a shift beyond basic awareness, and provides insight into possibilities for social mobilisation around the disease.

- Over one third of respondents (37%) had experienced the death of a close relative or friend from AIDS whilst over one quarter (26%) had cared for a person with AIDS.

3. There were irregularities in the way this question was administered in Germiston. Germiston data was thus excluded.

Table 20: Death of a friend or relative from AIDS

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
N= 753	78	76	84	86	82	83	87	82	95
37%	41%	37%	29%	56%	41%	39%	18%	45%	24%

Table 21: Has helped to care for a person with AIDS

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
N=732	77	83	84	86	70	82	85	71	94
26%	35%	31%	24%	37%	29%	23%	16%	21%	17%

- There were important trends towards social mobilisation around AIDS. 16% of respondents were already members of an AIDS club or community group, and of those who were not members, 71% indicated that they would like to join such a group. 83% were also interested in being put in touch with an AIDS support organisation.

Table 22: Is a member of an AIDS club

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
760 (N)	78	80	84	87	82	84	86	82	97
16%	13%	24%	13%	10%	22%	12%	22%	17%	14%

Table 23: Has ever wanted to join an AIDS club

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
663 (N)	68	66	74	82	68	72	71	70	92
71%	74%	70%	62%	73%	91%	73%	73%	66%	55%

- 48% of respondents have ever worn an item of clothing with an AIDS symbol or message. Of those who had not, 83% indicated they would like to do so.

Table 24: Have ever worn an item of clothing with AIDS message or worn red ribbon

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
757 (N)	78	80	84	86	82	83	86	82	96
48%	54%	44%	49%	45%	45%	66%	51%	39%	40%

Table 25: Would like to wear an item of clothing with AIDS message or symbol

Total	Bara.	Germiston	Bloem.	Durban	Khayalitsha	Nelspruit	Pietersbg.	P. E.	Rustenbg.
407 (N)	36	46	43	49	48	28	43	56	58
83%	81%	87%	84%	86%	88%	79%	95%	84%	64%

- The data suggests an encouraging degree of openness towards people with HIV/AIDS. Some 90% of respondents indicated that they would be interested in talking about HIV/AIDS with a person who is HIV positive whilst 77% agreed that an HIV positive teacher should continue teaching.

Mutually supporting factors

There were a number of factors which, when examined together, suggested elements that were mutually supportive. For example, when we examined the relationship between wearing an item of clothing bearing an AIDS symbol or message and having used a condom during the last sex act, condom use was 55%, for those who had worn an item compared to 34% for those who had not. 55% of those who had a friend or relative who had died of AIDS had worn an item of clothing or red ribbon badge, as had 61% of those who had helped care for a person ill with AIDS, as well as 70% of those who were members of an AIDS club or community group.

Such findings do not necessarily suggest a causal relationship between these factors, but rather, that there are aspects of response that are mutually supporting.

Endorsement of the Commuter AIDS Information Project

There was strong overall endorsement of the project concepts and findings in relation to this are summarised in the following table.

Table 26: Interest in project activities

Activity	Percentage
Would make use of a service that provides face-to-face dialogue about HIV/AIDS at the Comutanet kiosk	93%
Interested in referral information	89%
Interested in obtaining leaflets	93%
Interested in obtaining condoms	82%
Interested in talking about HIV/AIDS with HIV positive person	90%

Respondents were asked about which areas they were interested in obtaining further information, and this is detailed below.

Table 27: Orientation of information needs

Information area	Percentage
Caring for people who are sick with HIV/AIDS	66%
How to stay healthy if you have HIV/AIDS	65%
Recognising the symptoms of HIV/AIDS	64%
The right foods for people with HIV/AIDS	56%
Where and how to get an HIV test	54%
Legal rights of people with HIV/AIDS	49%
Where to get counselling for HIV/AIDS problems	47%
How to make contact with AIDS organisations	47%
Welfare grants for HIV/AIDS	41%
Treatment for sexual diseases	20%
Assistance with orphaned children	17%
Child sex abuse	16%
Relationship problems	14%

CONCLUSIONS

The respondents in this study were drawn from across South Africa and are representative of a broad spectrum of commuters who make use of public transport on a regular basis.

The findings of this study have provided a useful baseline for the establishment of the Commuter AIDS Information Project and strongly endorses the project model incorporating face-to-face information provision, condom and leaflet distribution, and referral to HIV/AIDS support services.

This study has also produced important and positive results in relation to general HIV/AIDS response. Communication around the disease is pervasive and many important HIV/AIDS concepts have been internalised including, for example, the red ribbon symbol, the AIDS Helpline number, the importance of condoms, the importance of HIV testing, and the fatal consequences of HIV infection.

The assumption that South Africans have not responded to HIV/AIDS interventions is clearly incorrect. Respondents in this study have engaged with the epidemic and it is a common topic of interpersonal discussion. Condom use is widespread and is strongly endorsed amongst all age groups, with impressive levels being reached by the under-25 age group, 66% of whom used a condom the last time they had sex. Many respondents have direct experience of the tragic effects of HIV/AIDS with 37% having lost a friend or relative to the disease, and 26% having helped to care for a person with AIDS.

There is strong evidence of a positive orientation towards social mobilisation in response to the disease – almost half of all respondents (48%) had previously worn a red ribbon or item of clothing with an AIDS message, and 83% of those who had not, indicated that they would like to do so. Furthermore, 16% were members of an AIDS club, and 71% of those who were not had considered being part of such a formation.

Taken together, these results suggest that HIV/AIDS interventions in South Africa have indeed worked. However, a great deal more study is required to understand how and why these interventions have worked and factors that have mediated their success.