

**MALE ATTITUDES TO SEXUALLY TRANSMITTED
DISEASES (STDs):
A CASE STUDY OF MATATU TOUTS IN MURANG'A
TOWN.**

BY

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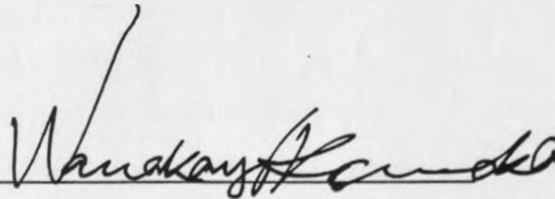
DECLARATION

This Thesis is my original work and has not been presented for a degree in any other University



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This Thesis has been submitted for examination with my approval as University supervisor.



Dr. W.K. Omoka

University Supervisor

DEDICATION

To my mother, Jane Njeri Maina, and my father, Francis Maina Mwai, for their support and understanding in my struggle for academic pursuit, and to my late grandfather Mwai Kamara who never lived to see his dream come true.

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ABSTRACT

Sexually transmitted diseases (STDs) are the commonest communicable diseases found in the world today and cause a world wide public health problem. They are high causes of morbidity and important causes of infertility. With the advent of the HIV virus which causes AIDS, the future looks gloom.

This study looked at matatu touts towards STDs. These are young men who work within the matatu transport system. This business started in the early 1960's and has become a widespread phenomenon in Kenya today. Matatu touts compete to eke out a living in a congested and unsure or uncertain job market. A majority of the matatu touts are highly mobile. Their work involves moving from one place to another. This means that if they have sexual contacts in the various centres they visit, or in their residential areas, and contract STDs, they would spread it quite fast and far within a short period of time.

The major objective of the study was to explore the matatu touts' life style, attitudes to STDs, including AIDS and multiple-sexual relations. This would be to determine whether matatu touting is a risky business in the transmission of STDs including HIV.

To achieve the objectives of the study a baseline survey was conducted. A sample of 98 touts was taken using the snowball method. A questionnaire was used and the data obtained were analyzed using Statistical Package for Social Sciences (SPSS). Analysis involved frequency distribution, and cross-tabulation between the dependent and independent variables. Due to the nature of the study, direct observations and indepth interviews were incorporated and described in the analysis. Quantification has also been employed to validate some contentions made in the thesis.

The main findings of the study were that touts are a high risk group in the transmission of STDs. Their nature of work involves travelling and exposes them to many female passengers.

They had a high knowledge on the common STDs, namely, Syphilis and gonorrhoea. Over half of the touts had contracted an STD. They had they knowledge of AIDS and how it is transmitted. However, paradoxically, they did not believe AIDS

exists.

The touts got their lady friends from the matatu they operated and also from the numerous stop overs they had. They were also involved in indiscriminate sexual unions and they were not scared of contracting an STD. They equated contracting an STD with catching a common cold, which in most cases than not was not taken seriously.

It is recommended that peer groups and religious organisations be used to educate the youth on their sexuality. Additionally their attitudes to STDs, and more especially to AIDS, have to be changed if the STD cases have to be brought down.

CHAPTER ONE

INTRODUCTION AND PROBLEM STATEMENT

1.1 Introduction

Matatu business

Matatu are informal sector licensed small vehicles and minibuses transporting commuters and goods that first emerged in the early 1950s (Kapila et al. 1982). The word matatu originated from the Kiswahili word tatu (three) where by at the beginning, these vehicles charged only thirty cents to any destination within the city. Matatu are now a common feature on the roads in the country, both in the urban and rural areas. In the early 1960s the total number of matatu vehicles in Nairobi was under 400 (Kapila et al. 1982). In 1973, matatu were legalized by the government as a form of public transport and could carry fare-paying passengers without obtaining special licenses (Kapila et al. 1982). However, they had to comply with the existing insurance and traffic regulations. As the urban population increased, the demand for public transport, and matatu in particular, correspondingly grew. The need for matatu also increased in the countryside and this has continued to be so. This has been important in linking the urban with the rural areas.

Matatu touts

Matatu touts are young men who work as conductors in a matatu. They are employed by the owner. They may be categorized in a number of groups. The first category comprises conductors who move in the matatu all day long, charging fares and assisting to load and

un-load luggage from the matatu. Their mobility is restricted to the routes the matatu operate. Most of them are paid on a daily basis; they are not on permanent employment. In a mini-bus the touts are always two or more, one who charges fare, while the other(s) load and unload luggage, and stops the matatu when a passenger is about to alight.

The other category of touts comprises those touts who stay at bus terminals/stops. They help fill passengers in a particular matatu. A tout rushes to a matatu when it arrives and assists in attracting passengers. The other touts at the bus stop, depending on whether the matatu is full or not, get in and sit in the matatu to make it appear as though it is nearly full, in an attempt to lure customers to believe that the matatu is nearly full and will soon take off. After the matatu is full the tout who was attracting passengers is paid a certain commission by the conductor of that matatu, and shares with the touts who were sitting in the matatu. If no passengers enter that particular matatu, they are not paid. As the matatu takes off, he retires to wait for another one.

This category of touts is less mobile than the first group. The

touts are also informally organised. They are organised in such a way that particular touts will always assist in attracting passengers to a particular matatu. They cannot do the same to another matatu that they often do not attract passengers to, unless they are invited to do so by the touts they sit with. They therefore act as agents.

Another way of categorization is according to educational level. Since they are a marginalised group, their educational level is not easily ascertained. Some are school dropouts because their families could not pay school fees, which means they have only attained between standard seven and form three level of education.

Others are school leavers who performed poorly. These are individuals who scored very low (poor) grades in standard 8 (8 years) or Form 4 (12 years) and thus could not secure employment.

Lastly, there are persons who may have passed their examination at either form four or six and resorted to touting due to lack of employment. It is therefore a symptom of unemployment and underemployment in Kenya. These were the touts that were at Murang'a town and formed the study population. All the touts were male.

1:2 . STATEMENT OF THE PROBLEM

Sexually transmitted diseases (STDs) are the commonest communicable diseases found in the world today and cause a world wide public health problem (Rukaria et al 1993). They are also causes of high morbidity and major causes of mortality and infertility (Rukaria 1990). With the advent of HIV, which causes AIDS, the situation is worse; as this contributes to many deaths.

Male attitudes towards STDs are quite varied. They range from much concern, ignorance, to a do-not-care. Some males think that they cannot contract STDs because it is women who are more at risk than men. Others treat it with a lot of caution and abstain from sex so as to prevent infection (Olafsson and Svensson 1986). Curjel (1964) found that some men do not practise protective sex because they consider infection unlikely, while, to others, the acquaintance with the sexual partner is enough reason for not using the condom. He also found that soldiers are ignorant of STDs and do not think STDs as a threat to their health.

Matatu touts compete to eke out a living in a congested and uncertain job market. Due to their high physical mobility, coupled with the fact that they are not in school, they are a difficult social group to reach with information and health education messages. Matatu touts are young, and sexually virile such that they may stop at nothing in an attempt to engage in multiple sexual relations.

This study attempts to investigate whether their life style is risky in the spread of STDs including HIV which causes AIDS, and whether their attitudes towards STDs are related to its spread.

Their lifestyle also makes them an interesting group concerning sexual behaviour and the spread of sexually transmitted diseases. Matatu touts interact with a lot of girls in the course of their work. Some of the girls are given free rides which they find quite handy in this era of economic hardships. This is sometimes in exchange for sexual favours, a factor that puts both the touts and girls in a risky situation to contracting STDs, including HIV, and thus makes them a reservoir of HIV. This is a dangerous scenario because it affects the youth who are economically productive and thus calls for an urgent remedy if this situation is to be arrested.

The touts also handle money on a daily basis implying that it is easy for them to engage in drug taking (drugs are sold at the Bus stop), drinking and prostitution.

1:3 STUDY OBJECTIVES

The overall objective of the study was to explore the matatu touts life style, attitudes to STDs, including AIDS and multiple-sexual relations, in order to determine whether matatu touting is a risky business in the transmission of STDs, including HIV.

The specific objectives of the study were to:

- (i) Investigate the touts behaviour at the bus stop and in the matatu.
- (ii) Assess their pattern of movement.
- (iii) Investigate their attitudes to multiple sexual partners and STDs
- (iv) Find out their accessibility to health information and services.

1:4 STUDY JUSTIFICATION

The study looked at the attitudes towards multiple sexual relations and STDs and the touts' pattern of movement. The results obtained act as a foundation for designing health education relevant to this group and how best to reach them. This is important because people who are sexually active, are likely to engage in irresponsible and unprotected sex.

On the other hand, other studies done on people in the transport

business (truck drivers and their assistants) have shown that this category of males is a reservoir of STDs that contributes quite a lot to their transmission. However, little is known about touts' attitudes towards STDs which may help to explain why STD prevalence is high among them. This study looks at the attitudes of the touts towards STDs.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2:1 literature review

Sexually transmitted diseases (STDs), also referred to as venereal diseases, took their name (venereal diseases) from venus, the Goddess of love (Catterall 1965). The causative organisms usually enter the body as a result of sexual intercourse with an infected person. Venereal diseases may involve almost any part of the human body, but nearly all can be cured if they are diagnosed early.

The subject of venerology has become increasingly important during the last decade because of the rise in the incidence of many of the sexually transmitted diseases, including Acquired Immune Deficiency Syndrome (AIDS).

STDs are caused by bacterial agents, viral, protozoan or fungal agents. Others are as a result of Ectoparasites (Ministry of health 1990). The known STDs are quite many but the most common ones include gonorrhoea, syphilis, AIDS, non-specific infection (NIS), chancroid, Herpes genitals, scabies, candidiasis, pelvic inflammatory disease and pediculosis pubis. Except for HIV (Human immune -deficiency virus) infection which causes AIDS, the rest are curable. However, the HIV virus is, apart from sexual contact, also transmitted through materno-foetal (vertical transmission), blood transfusion and contaminated instruments.

The HIV virus takes a long incubation period before one can develop AIDS. This means that one can transmit the virus unwittingly before one develops AIDS.

The other STDs have a less incubation period except for Syphilis which takes an incubation period of up to three weeks.

2.1.2 STUDIES ON STDs: STRENGTHS AND DEFICIENCIES

Before the last century the disease of the genitalia was largely ignored by the medical people for more reasons than just lack of diagnostic methods. Anthropological studies of non-Europeans reveal the privacy accorded to the genitalia and their uses (Malinowski 1929). However, taboos of the non-Europeans peoples are not any different from those of the Muslims, Christians or even the Kenyan society which often reveal a striking ambivalence towards sexuality and the sexual organs involved (Kampmeier 1984). The foregoing notwithstanding several Anthropological studies in the late 1960s and 1970s focused on sexual relationships in the rapidly growing cities of Africa and showed that there is a wide range of sexual relationship practised outside marriage (see Little 1973; Smith 1981; Michael 1992).

Family planning organizations have, to some extent, pioneered in the field of sexual behaviour by using various forms of focus group discussions as well as indepth interviews, to obtain in-depth data on general attitudes to marriage, sexuality and contraception.

However, these organisations have limited their focus to sexual

activity within the family -and fertility control rather than sexual behaviour and do not venture into the field of multiple partners or commercial sex workers which are crucial to the spread of STDs, including AIDS (Pickering 1988). These studies are also not based on concrete knowledge about sexual patterns and the regulative importance of local structures and networks (Ahlberg 1991).

Social studies that have been undertaken in Kenya from the late 1980's have tried to show some category of the population as a high risk group in STDs including AIDS transmission (Kigundu et al. 1991a, 1994; Bwayo et al 1989) but little or no information on their preferred sexual behaviour and attitudes towards multiple sexual relations.

Large surveys carried out to look at these questions have in most cases limited their studies to small samples of STD clinic attenders and prostitutes who are likely to talk more openly about sexual activities rather than the general population (Pickering 1988).

As STDs have been found to be co-factors in the HIV transmission, (Masilamani et al. 1993) what are required now are studies on the sexual knowledge of the people, sexual behaviour of both men and women, choice of partners, knowledge of STDs and attitudes towards the same. Anthropological studies of this nature are valuable in giving a clear picture of the sexual behaviour and the general attitudes towards the multiple sexual relations and STDs. This would give a better point of departure in designing

health educational campaigns.

2.1.3 DISTRIBUTION

Sexually transmitted diseases have been known to occur in the general population, but there are certain groups of people who can be described as a high risk in contracting and transmitting STD. These are groups that are more at risk of contracting STDs than the others.

2.1.3 THE MILITARY

The military includes all those personnel who work in the infantry, navy, air, police and any other paramilitary force. Earlier studies have identified this category of males as having high incidence of STDs (Selvin 1984; Bullough and Bullough 1964). It is also documented that syphilis first appeared among soldiers and prostitutes but soon spread to the general population (Selvin 1984). Similarly, in the 18th century when the diagnosis of STDs was hampered by lack of scientific know how, the army still had high prevalence of STDs. Haller and Haller (1974) observe that towards the end of the 19th century, an estimated 25 % of the British army and 14 % of the British navy had gonorrhoea and syphilis.

STDs have always been on the increase during war periods.

The increase in the incidence of STDs in the war time was so high that it threatened military efficiency and caused alarm among the military and political leaders (Bullough and Bullough 1964).

For instance, at the outbreak of the Vietnam war, the incidence of syphilis and gonorrhoea rose in South-east Asia. Four out of every five Vietnamese soldiers had contracted venereal diseases (Emerson 1976).

This high incidence of STDs among the military caused alarm among the authorities because it threatened military efficiency and, in most cases than not, provoked a new round of state action designed to stamp out prostitution (Bullough and Bullough 1964).

The foregoing is further supported by Selvin (1984) who observed that during World War 1, the high incidence of STDs among the military caused alarm among the military and political leaders in the United States of America for it seriously threatened to impair the abilities of the allies to carry out their military objectives. Similarly, there was also a high incidence of syphilis and gonorrhoea as Europe mobilised for war during the French Revolution (Bullough and Bullough 1964).

However, the soldiers' attitudes to sexually transmitted diseases and their sexual behaviour may have some influence on the high incidence of STDs. Some soldiers believe sexual intercourse is necessary to maintain good health (Ratcliffe 1949), while others are just ignorant of STDs and do not see them as a threat to their health. The acquaintance with the sexual partner is enough reason for not using the condom (Curjel 1964).

A study by Brody (1948) established that 75 % of the men with venereal disease believed masturbation as injurious to health, compared to 55 % of the men without the disease. Some soldiers have also been known not to care about contracting STDs for treatment has always been possible. Some soldiers went even further and contaminated themselves with an STD during World War Two by using match sticks to pass the infection from one another to avoid service at the front lines (Smythe 1977). This greatly increased the number of soldiers suffering from STDs and quite a number had to be hospitalised.

Wittkower and Cowan (1944) found that most soldiers did not use protective methods. Over half of them considered infection unlikely. Curjel (1964) similarly observed that soldiers had no fear of STDs, for they thought infection with STDs unlikely.

Stress from war produces behavioural patterns which many participants would not otherwise experience (Hart 1973a). Additionally, behaviour that would make one an outcast at home is considered quite normal in a war situation (Hart 1973b).

It is clear that soldiers are prone to STD infection because of their frequent indulgence in sex and also because of the high number of sexual partners (Hooper 1978). Holmes (1970) found that soldiers in an in-port for six days had an average of 1.2 sexual partners and each soldier had intercourse three times. The risk of acquiring gonorrhoea from an infected partner was found to be high.

There have been measures to control the high incidence of STDs, including taking commercial sex workers (CSW) for medical examination, compulsory reporting of new cases of syphilis and gonorrhoea (the two known and common STDs in the late 1960's) and even licensing of prostitutes who were inspected weekly for the soldiers (Selvin 1984). This one-sided move to control the high rising incidence of STDs shows the authorities' attitudes towards STDs. They associated the control of STDs with control of infections among the CSWs and forgot to do anything to the partners (soldiers) of the CSWs. They ignored the soldiers who were the sexual partners of the prostitutes and who needed to be incorporated into the control scheme. This move may have made the soldiers think that they are not a high risk group for STD infection.

2:1:3 Truck drivers and their assistants (Td\ass).

This is another category of males who have been identified as a high risk group in the transmission of STDs. These are individuals who have been employed as either drivers or loaders in the trucks that transport goods from one place to another. A good number of them travel long distances, even from one country to another and haul trailers. This keeps them away from home for many days. This category of males has been found to have a risky sexual behaviour that exposes them to contracting STDs. (Trust and Farm 1993, Kigundu et al.1994). This is also shared by Aneelle-Park et al. (1993) who note that truck drivers are sexually active. Similarly, Bwayo et al. (1989) underscore the

point that truck drivers and their assistants' (Td\ass) lifestyle exposes them to heterosexual transmission of STDs, including AIDS. Td\ass have been identified as highly mobile and maintain intimate contacts at various stopping depots.

Oostrogels and Karanade (1993) too observed that inter-state truck drivers constitute a major high mobile risk behaviour population more vulnerable to AIDS. As they are away from their families for long periods and indulge in unprotected sex, they run the risk of contracting STDs.

The above observations strongly indicate that this category of males is a high risk group for STD transmission. With the advent of the HIV pandemic, it was noticed that infection rates were highest in those districts of east and central Africa which abutted major highways (Bloor, forthcoming). This was linked to the truck drivers who may have played an important unwitting role in transmitting the virus to different sexual partners along the highway (Plummer et al. 1991).

However, despite being informed about various STDs, including AIDS, Td\ass do not recognise their lifestyles as being practically high risk or the multiple sexual unions they maintain as unsafe (Kigundu et al. 1991).

The truck drivers and their assistants do not take seriously the issue of AIDS. Some do not believe it exists and despite having multiple sexual unions, they still do not practise safer sex (Kigundu et al. 1994). This exposes them to contracting STDs-

something they do not take seriously for they can seek treatment promptly either from private practitioners or from friends.

2.1.4 Seafarers and service industry

Truck drivers and their assistants are by no means the only transport workers to be singled out for attention. Studies of the seafarers show them to be between five and twenty times more likely than other males to contract gonorrhoea (Vuksanovic and Low 1991). Similarly, 42 % of the known AIDS cases in Bulgaria were international seafarers (Kabakchieva 1991). All this underlines the impact of transport workers in the spread of STDs.

Persons working in the service industry such as bar and hotel staff have also been indicated as a high risk group in STD infection (Bhatt 1988) and indulge in high levels of risk behaviour with tourist partners. A survey of 386 migrant tourist industry workers in the U.K. resort of Torbay reported that only 7 % of the tourist workers had not engaged in sexual intercourse in the last year; half of the male workers had engaged in intercourse in the last year; and half of the male workers had engaged in intercourse with four or more tourists. The level of condom use was low, with only 40 % using condoms in their last intercourse; condom use level was lower still among those respondents reporting the most partners (Ford 1992). This indicates that people in the tourist industry expose themselves to the risk of contracting STDs including AIDS.

2:1:4 Tourists

The rapid global spread of the HIV virus which causes AIDS can be directly linked to the mobility and behaviour of modern travellers (AIDS and Mobility 1994). Tourist here includes such persons as holiday makers, business people, conference participants, and sportsmen.

Tourists seeking sex with local partners cannot be regarded as an homogeneous group and they vary in their socio-economic status and individual motives (Kleiber and Wilke 1993).

The percentage of those using condoms was alarmingly low (50 % and less for heterosexual men) and surprisingly a large number of participants had suffered from STDs at least once.

The foregoing discussion is also supported by Kleiber and Wilker (1993) who observed that 46 % of the German-speaking heterosexual and homosexual sex tourists in Thailand never wore condoms in their contacts with Thai women. This may be explained partially by the fact that the tourists do not see the relationship as a commercial one but as a "holiday romance". Most of the tourists (two thirds) would spend several days with their Thai "date" with the woman colluding in this fiction since it is "regarded as shameful" not to show affection towards their clients. Thus, this attitude of "holiday" romance has continuously put tourists into a web of STD infection for their sexual partners are commercial sex workers who have a high incidence of STDs but are viewed as safe 'holiday romantic partners'.

A study by the National Agency for Welfare and Health, Finland, observed that out of the 370 reported cases of HIV in 1990, about half of the people infected reported having contracted the disease abroad (AIDS and Mobility 1994). Similarly, during the early stages of the AIDS pandemic, the high proportion of those infected in a given locality were returned travellers or migrants from other areas. For instance, in South Korea in 1990, there were 52 known cases of HIV infection but half of those were Korean nationals who had returned from overseas job assignments (Choi et al. 1991).

'Sex tourism' has acted as a linkage in the transmission of STDs, including AIDS, from high prevalence countries to countries with low prevalence. Additionally, it has been observed that people's behaviour is often different when one is away from home and, despite the threat of AIDS, some people are likely to relax their normal codes of sexual behaviour while travelling (AIDS and Mobility 1994). This means that one is likely to engage in sexual unions, one would not have involved in if one was at "home".

2.1.5 Migrants

Migrants are also another category that has been associated with a high incidence of STDs. Migrant refers to a person who changes residence from one country to another, or from one locality to another with either the main purpose of engaging in a remunerated activity or staying for a relatively long period of time.

A study in the United Kingdom indicated that by 1992, the migrant communities represented 11 % of the people with AIDS, 70 % of whom were exposed through heterosexual transmission. Similarly, a study of nearly 2000 Dutch ex-patriate workers returning from work in Sub-Saharan Africa reported high levels of risk behaviour and five cases of HIV infection(Houweling and Coutinho 1991). Ngugi et al. (1993) make similar observations that migrant men engage in commercial sex with commercial sex workers once or more than four times a week partially because their wives are far, men need other women for satisfaction and that men need sex after consuming alcohol.

The above findings further support the theory that travelling away from home encourages norm relaxation where an individual becomes more prone to engaging in commercial sex than when at home (Bloor forthcoming). Migrants find themselves separated and lonely from their regular partners for long periods, thus increasing their propensity to meet new sexual partners.

2.1.6 The youth

In the world today there is a high prevalence of young men and women who are sexually active and tend to have their first sexual encounter at an early age (Reinisch et al. 1989; European Family Planning Magazine 1991; Rukaria 1990). A large number of them do not use contraceptives during their first encounters because these encounters are either unexpected or the youth believe it is the responsibility of their partners (Youth at Risk :Meeting Sexual Health Needs of Adolescents 1994).

As a result, one of the great health problems of adolescents worldwide is early pregnancy in developing countries as a consequence of young people becoming sexually active at earlier ages. Similarly, there is the danger of contracting one of the many sexually transmitted diseases, including AIDS.

According to the World Health Organization, 250 million cases of STDs occur worldwide each year, with the highest rates being among the 20 -24 year age group, followed by the 15-19 years old (Youth at Risk: Meeting the Sexual Health Needs of Adolescents 1994). WHO estimates that one in twenty teenagers worldwide acquires an STD each year. In Kenya and Nigeria, between 16 % and 36 % of the youth tested in small scale studies had one or more STDs. (Youth at Risk: Meeting the Sexual Health Needs of Adolescents 1994). In a Peruvian town it was found out that 23 % of secondary school males had an STD, while in the United States one in eight teenagers contracts an STD each year.

Herbert et al (1994) make the observation that young people are particularly vulnerable to STDs because they are less likely than adults to seek prompt treatment when symptoms appear. The scenario is even more complicated by AIDS. Presently it is not only incurable like genital herpes, but unlike herpes it is fatal. (Herbert et.al 1994).

Social forces such as urbanisation ,changing family structures, the influence of mass media and the peer group pressure, all contribute to a new cultural context, many aspects of which legitimise sexual activity outside of marriage (Hawkins and

Bayeligne 1994).

In Kenya, young people are exposed to contradictory sexual expectations with regard to their sexuality. The virtually universal double standards that value premarital virginity for girls and early sexual experience for boys (Gage-Brandon and Meekers 1992; Singh and Whulf 1990; WHO 1989a, WHO 1989b), along with mass media images that portray women as sexual objects, place a severe burden on both young men and women. In most countries, boys are teased by their peers if they have not had sex, and frequently fabricate lies to hide their lack of experience (Antrobus et al. 1994). It is even common in many countries for young men to frequent prostitutes. For example, in Brazil and Thailand, a young man's first intercourse is likely to be with a commercial sex worker (Hawkins 1991)

Olafsson and Svensson (1986) indicates that unemployment undermines physical, psychological and the social well-being. and closely relates to disturbances of a people's way of life and attitudes. These changes are aggravated by the feeling that the event is uncontrollable and that it cannot be influenced by the action of the affected person. Many people, depending on their personality, social background, education and other circumstances, experience unemployment as a state of social insecurity. They feel forced to adapt to the state of unemployment or sub-employment as a preferred way of life. In others the insecurity even creates frustration, and aggression and later even depression, helplessness and a loss of faith in the future. They are also known to differ very markedly from

others in their habits and may take up a destructural life style. They may also resort to drugs, alcohol and tobacco (Olafsson and Svensson 1986).

However, resorting to drugs and alcohol poses further threat to their sexuality, for intoxication removes inhibitions that would otherwise prevent risky sexual behaviour (Friedman et al. 1986). This also contradicts The World Health Organization policy of promoting a life style conducive to good health, which constitutes one of the three main elements of the regional strategy for attaining health for all by the year 2000 (Olfasson and Svensson 1986)

2:2 Theoretical framework.

In this study the marginalization theory is adopted as the model. The concept of marginalization has been variously defined. Architects, urban planners, and housing authorities define it in terms of squatter settlement for low class categories. They consider people as marginal because of the substandard physical construction, high density, lack of urban services and hygiene, peripheral placement within the urban area, and illegal land occupation (Parlman 1976).

The second use of the term is in association with migrants and migratory experience (Parlman 1976). The key identifying point here is the status of being a newcomer and the transition from

the familiar traditional rural life to modern life. From this point of view any subgroup which is different from the mainstream could be described as marginal. However, such subcultures must not co-exist as separate enclaves with little awareness or contact with one another.

Parlman (1976) gives yet another defining factor of marginalization in terms of racial or ethnic minorities. This definition of marginality also requires the superior-inferior status differential. Here, belonging to either of the groups is ascribed and not acquired.

The last major use of the term associates marginalized groups with the underclass in the socio-economic-occupational structure. They associate marginality with the urban underclass, the jobless or the underemployed -those who are only precariously part of the labour market. Here physical boundaries and the attitudes of the outsiders to that particular group are irrelevant. The determining characteristic is an economic - occupational one dealing with lack of work or with unstable, low-paying jobs.

2.2.1 Importance of this theory to the study

Social class is regarded as a powerful feature of the social structures that enable certain people to accomplish their goals, and prohibit others from reaching similar objectives. Similarly, it has been shown to be an important correlate of

health behaviours (Koos 1967). This argument is further supported by Darrow and Pauli (1984) who observe that migrants, poor people and residents of economically depressed areas have been found to generally engage in recommended health behaviour less frequently than others.

Additionally, when social class, race and ethnicity are proposed as determinants of health behaviour, disease is usually conceptualised as a natural outcome of social processes. Thus, being social and economically disadvantaged raises ones chances of infection.

The marginal position of the touts could significantly contribute to their engaging in casual sex, thus increasing their probability of contracting STDs. The touts are also in a risky environment where one's survival depends on one's ability in touting (holding other variables constant like frequent harassment by the police).

This is really a difficult and frustrating occupation that one cannot depend on as a career. As Olafsson and Svensson (1986) observe, lack of a job or having one with unstable income contributes to a feeling of insecurity which in turn, results in aggression, depression and helplessness. This is a problem for it, in turn leads to adoption of other habits, for instance, drug and alcohol taking, which removes inhibitions that would prevent indulgence in risky sexual behaviour that may lead to STD infection.

2:3 Hypotheses

- 1) Matatu touting is an occupational activity which significantly encourages contracting STDs.
- 2) Matatu touts' physical mobility predisposes them to multiple sexual unions.
- 3) The young age of matatu touts is causally associated with engaging in unrestricted multiple sexual unions.
- 4) Matatu touts' position makes them relatively inaccessible to health information and services.

2.4 Operational definitions

Matatu touting : Refers to the act of luring and calling or persuading commuters to board a matatu. Also refers to the act of charging and packing luggage into a matatu.

MOBILITY: Refers to the continual movement of the touts in the matatu from one matatu stop to another.

STDs : Refers to all the known sexually transmitted diseases, for instance Aids, gonorrhoea, syphilis, chancroid, chlamydia, and pubic lice, among others.

YOUNG AGE: Refers to persons in the age brackets 15-26 years

INFORMATION: Refers to having knowledge or ability to get news on STDs.

KNOWLEDGE : Refers to those things that have been reliably certified as true, from both formal instruction and informal experiences.

BELIEFS : Refers to those things individuals hold to be true and have faith in and rely on to guide and defend their actions.

ATTITUDES : Refers to mental view, reaction or feelings towards STDs. This was elicited through a structured and unstructured questionnaire on the touts feeling towards STDs

CHAPTER 3

STUDY DESIGN AND RESEARCH METHODS

3.1 Study site

This study was done in Murang'a District. The district is one of the six districts in Central Province and is bordered by Nyeri District to the North, Kiambu and Thika Districts to the South, Kirinyaga, Embu and Machakos districts to the East and Nyandarua district to the West. The district lies between latitudes 0 degrees, 34's and 1 degree 07'S and longitudes 36 degrees E and 37 degrees 27' E. It has an area of 2,476 square kilometres and represents 0.42% of the total area in Kenya.

3:1:1 The population

The population of Murang'a has continued to grow in recent years, from 445,310 in 1969 to a projected population of 991,000 in 1993 (Murang'a district Development plan 1994-96).

The District is inhabited mainly by the Bantu speaking community out of which the Agikuyu make up 95 % of the total population. The other 5 % is made up of the Akamba and other ethnic communities which are found in the eastern part of Makuyu Division, in Murang'a town, in the divisional headquarters and in the several plantations in the east (Murang'a socio-cultural profile 1988). The current 1994 figure of the young people in the 15-29 age group is projected to be 266,000 people (Murang'a district Development plan 1994-96). These Population

consists of matatu touts in Murang'a.

3:2 Sampling

There is no list of touts in the bus terminals to provide a sampling frame for the touts. Touts cannot be enumerated at each bus terminal because they are highly mobile, and the exercise would be impractical both operationally and financially. Snowball sampling method was thus employed.

Snowball (also called mudball) sampling method has achieved great usage in recent years in observational research and community studies. It has increasingly been used in AIDS research studies (Kaime 1991; Pickering 1988; Kayongo- Male 1980). Snowball sampling is conducted in stages. By rolling and moving, the total sample is gradually accumulated, from a very small beginning. For this study, the first stage was to identify and interview some touts at each bus terminal (Murang'a and Mukuyu). These touts were in turn used as informants to identify other touts and so on until 98 touts (57 in Murang'a bus terminals and 41 touts in Mukuyu bus terminal) had been identified and interviewed. Since the touts were identified by other touts, this ensured that only touts were interviewed and not mobile vendors present at the bus terminals who easily can be mistaken for touts.

3.3 Data collection

For data collection direct observation, as well as structured and indepth interviews were used. The data collection process started on June 2nd and ended on July 13th 1994.

3.3.1 Direct observation

This was the first data collection method used. The investigator was stationed at each of the bus stops for seven days and in each observed the interaction among touts themselves and with commuters.

At Makuyu bus terminal, which was the first bus terminal that I studied, I usually arrived at 9.30 a.m. and stayed up to around 1.00 pm when most of the touts would disappear. During this time I would retire to my room, which was nearby, and make brief notes. I would come back around 2.00 p.m. and stay at the bus terminal until it was dark (past 6.00 p.m.).

During this time, I was able to roughly establish the number of touts here and the most common (those who come daily).

At Murang'a bus stop, I used to arrive at 8.00 am and stay there until 4.00 p.m. Since there are three bus stops in Murang'a town, I spent at each one of them three days. I would go for "lunch" between 11.00 a.m. and 12.30 p.m. in a nearby local hotel and make brief notes of what I had observed. Later on in the

evening in my room, I would expand on these notes.

Everything that happened in all the bus terminals was observed and recorded. Mostly, the tout's behaviour at the bus terminals and the vigorous exercise of touting were succinctly observed. A lot was really learnt from direct observation. From direct observation the interviewed touts were identified as well as those who were the most influential .

3.3.2 Structured interviews

A structured interview schedule in form of a standardised open and closed ended questionnaire was used in both of the bus stations.

Most of the questions were closed. The alternatives given as answers for the questions were arrived at by the investigator by reading other attitudinal studies and also after observing touts in Nairobi. These observations were made in the morning and evening and any other time that the investigator rode on a matatu.

The questionnaires were administered to the touts at both bus terminals by the investigator.

The questions were in English but I read them to the touts in Gikikuyu, the language spoken by the majority of the touts. A total of 102 touts were interviewed in both the bus terminals but 2 questionnaires were left half done after a matatu the touts were operating came. When I tried to persuade them to fill them the following day, each refused. Two other touts, on reaching the question asking about income, refused to continue

with the rest of questions, saying the questions were becoming personal.

The few questions that were open ended were coded after the whole data collecting exercise was over. The categorization was by myself and I did not read it out to the touts. It was to make it easier for my analysis.

The questionnaire contained questions designed to elicit information on :

- 1- The touts' occupational activity;
- 2- Their physical mobility;
- 3- Sexual behaviour patterns;
- 4- Knowledge of and attitudes to STDs.

The use of the structured interview was to give the investigator the general information on the issue being researched.

3.3.3 Indepth interviews

Unstructured questions were used and served to quantify what could not be got from the questionnaire. The topics were on:

- i) Their mobility;
- ii) Attitudes to multiple sexual partners;
- iii) Knowledge of STDs;
- iv) Attitudes to STDs;
- (v) Their relationship with the other touts.

About 5 of the most popular and famous touts in each of the bus terminals were interviewed and five of the quiet and those who looked withdrawn. Three touts who were 25 years and below and

three touts over 26 years were interviewed in the Makuyu bus terminal. In Murang'a bus terminals, six touts 25 years and below and also six touts over 26 years were interviewed. The difference in numbers was because Murang'a town had 3 bus terminals while in Mukuyu it was only one. In total 38 touts were interviewed in the indepth interviews (16 touts in Mukuyu bus terminal and 22 touts in Murang'a town). Those to be interviewed were determined solely by the investigator in the field as I was still collecting data.

Indepth interviews and structured interviews went on concurrently.

I conducted two indepth interviews per day, one in the morning and the other in the afternoon. The interviews took place in the bus stop away from the rest of the touts. At the Makuyu bus stop, the interviews took place under a nearby tree that acted as a sentry to guard against coming traffic police. While interviewing a tout, I would record the interview in point form and later on write it in detail during the lunch hour in my room or in the evening, depending on when the interview took place. No one selected for indepth interview refused. Some would only excuse themselves for that day if they were busy but they would come back the following day or even two days later.

From the discussions a more comprehensive picture emerged. Aspects that had been observed and seen in the questionnaire but could not be comprehended by the investigator were asked.

3.5 Problems experienced in the field

While carrying out my field work I was confronted by a number of problems I had not expected, some of which I was able to solve while still in the field while some remained unsolved and, thus, I had to cope with them.

My first major problem was how I was going to reach the touts. They looked busy and hostile. I knew of one tout but when I arrived in the bus stop, it took me three days before I could trace him. When we met he assumed that he did not know me and hastily dismissed me. After a week of observation and staying in a matatu to make it look as if it is full (*kupiga set*), I found a friendly tout whom I used as an index case to get to the others.

Some touts wanted to be paid after answering the questions. They reasoned that I was working (by administering the questionnaires to them) while they had to stop working and help me fill in the questionnaire.

However, with time the idea of asking for money dwindled since I had explained to them that I was simply a student research.

Some touts looked at me with suspicion. Touting is not allowed by the government and they are constantly harassed by the police. They thought I was trying to investigate something for the government and thus tried to avoid me as much as possible.

Touts in Mukuyu wanted me to sit in the matatu so that it looked full. They expected me to comply with their wish since they had filled in the questionnaire, for me.

Two times during the field work, I was accosted by a police officer, when interviewing a tout. After an intrusion like this it was difficult to go on with the interview.¹

It was also common when interviewing a tout, that his matatu came and he excused himself and immediately left. I had to leave the questionnaire incomplete until he came back the same or the following day. This happened twelve times.

It is imperative to point out that despite the problems specified above - which are not major - I managed to come from the field with data that were good by criteria of validity and reliability.

¹ One Friday at around noon the outgoing Base Commander came to Makuyu and chased all the touts from the bus terminals. He also came to where I was standing and started to question what I was doing. However on identifying myself and showing him my research permit the officer left me alone. One matatu that was unable to take off from the scene fast enough was apprehended and taken to the police station together with some two touts who were inside. Two police officers ensured that no tout comes back to the bus stop.

CHAPTER FOUR

MATATU TOUTING AND SEXUALLY TRANSMITTED DISEASES (STDs)

Introduction

This chapter looks at the Matatu touts occupation, and how they carry out their job and cases of sexually transmitted diseases. Their physical mobility and indulgence in multiple sexual unions is also addressed. The first and second hypothesis are tested in this chapter.

4.1 Matatu touting and sexually transmitted diseases (STDs)

Matatu touting is a low ranking occupation with low benefits or status and with an irregular income. It is mainly a male dominated field (no female touts were observed) where they try to make ends meet after being unsuccessful in getting a regular or permanent job elsewhere. There are a few touts who come from rich families and operate matatu that belong to their parents. The main job of the latter type of touts is to supervise and charge fares.

Sixty-one point one per cent of the touts were 26 years and below while 49 % were over 26 years. Many of the touts were in the 25 year old bracket (n=15), and 22 years of age (n=11). In terms of denominations, 41 % of the touts were catholics, 43 %

protestants, 4 % Muslims and 12 % professed as belonging to no denomination.

Half of the touts were married or cohabiting and 49 % of them had had a primary level of education.

According to the questionnaire 50 of 98 interviewed touts (51 %) had eight years or primary level education compared to 49 % who had secondary or 12 years of education.

The touts' knowledge of STDs was high, for all the interviewed touts had heard of sexually transmitted diseases from either friends (76 %), mass media (5 %) or books (11 %) and personal experience (8 %).

According to the indepth interviews, contracting an STD was a common phenomenon and they even wondered which man had not contracted an STD in his life. Getting an STD is like catching homa (common cold).

The foregoing discussion is in line with the theory of marginalization that when social class, race and ethnicity are proposed as determinants of health behaviour, disease is usually conceptualized as a natural outcome of social processes. Thus, being socially, economically and politically disadvantaged increases one's chances of infection (Darrow and Pauli 1984). The openness with which the topic of STD was discussed by the touts was striking. The most common and known STDs were syphilis 81 %, gonorrhoea 79 % and AIDS 57 %. This observation is in agreement with Kigundu et al. (1991a, 1994) who also found syphilis and gonorrhoea to be the most known STDs among the truck drivers and their assistants. Also Kigundu et al. (1991b)

observed syphilis and gonorrhoea as the commonest STDs in a study of patients attending a health clinic in Nairobi.

From indepth interviews, it emerged that despite naming AIDS as an STD, they still did not believe it as being real. The reason was that no one had ever seen an AIDS patient, nor had any of their close friends ever been reported as suffering from AIDS. They argued that if there was AIDS, then most of them would have died from it because hardly does a day pass by before one of them contracts an STD. During the interview, some of them showed me some of their colleagues who were suffering from one of the STDs. A 20- year old tout with class eight level of education (8 years of education) informed me that he had suffered three times from an STD during one month alone (June), yet he had not contracted AIDS. Thus, for him, AIDS does not exist, and if it exists, then it is among the rich.

These observations reveal that the touts think of a person suffering from AIDS as one who is emaciated but this person is in the terminal stage and poses no threat of transmitting AIDS to the society.

It should be stressed here that after one turns HIV positive, one still lives on (between several months to even 10 years) before one gets AIDS. HIV (Hummuo-deficiency virus) is a virus that causes AIDS. A person who is HIV positive is the most dangerous person because he can either willingly and knowingly or unknowingly transmit the virus.

However, despite the touts not seeing any one suffering from

AIDS, they may have contracted the HIV virus. They could be "healthy" carriers.

STDs, especially the ulcer-producing ones, are co-factors for HIV transmission (Masilamani and Malalkodi 1993). Matatu touts can, thus, be referred to as a high risk group for contracting HIV despite their belief that AIDS is not real.

The above discussion concurs with observations by Darrow and Pauli (1984) that knowledge rarely changes people's patterns of behaviour. The most important variable which may change people's behaviour is their beliefs. These findings explain why despite touts having knowledge on AIDS and other STDs, they do not believe it is a threat to their life.

The findings thus far lend support to the hypothesis that matatu touting is an occupational activity which significantly encourages contracting and spreading STDs.

The matatu touts' occupation is one that entails them to stop in various stopovers along the route as they operate to get more passengers. However, at these stopovers, some of the touts have girlfriends. Table 4.1 cross-classifies those touts who have ever contracted an STD with those touts who have girlfriends in the stopovers.

Table 4.1 Having many girlfriends in stopovers by ever contracted an STD

		Girlfriend in stopovers			
		YES	NO	Do not have Stopovers on the way	TOTAL
Ever contracted std	YES.	40.8 (n=40)	34.7 (n=34)	13.3 (n=13)	88.8 (87)
	NO	1.0 (n=1)	8.2 (n=8)	2.0 (n=2)	11.2 (11)
	TOTAL	41.8 (41)	42.9 (42)	15.3 (15)	100 (98)

$\chi^2 = 5.82234$, DF= 2 P > 0.01 C. Coefficient=.23681

At 0.01 probability level comparison of the calculated χ^2 value to the tabled value shows that having girlfriends at several stopovers has influence on contracting STDs by the touts. The degree to which they are associated is indicated by the contingency co-efficient of .23681. This is a greater than chance degree of association. The general observation is that contracting STD is generally contingent upon having girlfriends at matatu bus-stops. This supports the hypothesis that matatu touting is an occupational activity which significantly encourages contracting STDs.

The above findings concur with Kigundu et al. (1991a) that truck drivers and their assistants bring about heterosexual transmission of AIDS. They maintain intimate contacts with females at the various centres they stop in along the transit route. These females provide sexual service to the truck drivers and their assistants.

These observations are given more weight when the relationship between what happens at these stopovers and those touts who have contracted an STD is examined. Table 4.2 presents what happens at the stopovers by those who have ever contracted an STD.

Table 4.2: Touts' behaviour at stopovers by touts contracting STDs

Touts' behaviour at stopovers.

	Rest	Fill passengers	Eat	Have no stopovers	Total
Ever contracted an STD					
YES	11.2 (n=11)	58.4 (n=57)	4.1 (n=4)	15.3 % (n=15)	88.8 (87)
NO	2 % (n=2)	4.1 (n=4)	3.1 (n=3)	2% (n=2)	11.2 (11)
TOTAL	13 13.3%	61 62.2%	7 7.1 %	17 17.3 %	100 % (98)

$$X^2 = 8.59344 \quad D.F = 3 \quad P > 0.01 \quad C. \text{ coefficient} = .28393.$$

Table 4.2 shows that there is a significant relationship between what happens at stopovers and contracting an STD. The

contingency coefficient is significant. This significant relationship can be explained by 58 % of the touts who stopover to fill in more passengers. It is worth noting that filling in passengers involves talking to more passengers, persuading them to get into the matatu, but more often than not, the passengers talked to are females.

From direct observation it was clear that there is talking in filling in passengers, but when it comes to a man, there is not much persuasion and handling as is evidently clear among women passengers. For a man it is an economic gain only; you get into the matatu so that it is full but for women passengers it goes beyond this. It is through this prevalence of talking to female rather than male passengers that leads to having a multiplicity of women friends who, in turn, become their sexual partners. This is a time when the touts have time to talk to female passengers with the double aim of making them get into the matatu and at the same time trying to make friends with them.

From the direct observation it was also evident that this is the time when new friends are made as the touts are in most cases very busy. Female passengers are in some cases held on the shoulders as they are persuaded to get into the matatu. This is a time when the touts tries to establish friendship with the girls. This is the causal factor of contracting STDs, after friendship has been established.

The foregoing argument is in line with the study objectives of exploring the daily lifestyle of matatu touts and to investigate their interaction with female passengers, and logically supports

the hypothesis that matatu touting is an occupational activity which significantly encourages contracting STDs and also that their physical mobility predisposes them to multiple sexual partners.

The 15 % of the touts who do not have stopovers and yet have contracted an STD can be explained partly by the touts' attitudes towards STDs and also the presence of girls in the business. As mentioned earlier, attitudes towards STDs refers to the touts' mental view, reactions and feelings towards STDs. It was evident from both indepth interviews and the structured questionnaire that STDs were not taken seriously by the touts and they were not seen as a danger to their lives. Even the mention of AIDS did not elicit fear or caution from the touts.

To illustrate this further, one of the touts at Mukuyu bus-stop has suffered three times from an STD during the duration of data collection (June/July). Despite getting the STD thrice, he still continued engaging in sex without any protective measures in use. When asked if he did not fear contracting an STD, especially AIDS, he informed the investigator that "those are stories", for each time he contracts an STD, he goes to a local pharmacy where he is given drugs, even when he has no money, since he pays later.

Also the presence of young ladies, especially at Mukuyu bus-stop weighed heavily on the touts. These ladies were the sexual partners of the touts.

In addition, there is a lot of bhang smoking and *chang'aa* drinking in Mukuyu bus terminal. From observation, over 90% of the touts before starting their work of filling in passengers must either smoke bhang, which is sold freely in the bus-stop by one of them, or go to drink *chang'aa* and in most cases combine the two. After this they claim they are able to work more efficiently and better.

These observation is in accord with the theory that marginal people adopt other habits, for instance, drugs and alcohol, which remove inhibitions that would prevent indulgence in risk sexual behaviour which may lead to STD infection, (Olafsson and Svensson 1986). Indeed, this partly explains why even the touts who have no stopovers still contract STDs.

Matatu touts have been known to use the resources (*matatu*) to their maximum and they exploit any available opportunity to make friends with female passengers. They give male and female passengers free rides - what is commonly referred to as *saree*. The male passengers who are given free rides are their fellow colleagues, friends or policemen and in most cases there is no compensation except for the policemen who reciprocate by ignoring traffic offenses committed by the touts.

However, when it comes to female passengers, this is hardly the case. A lady will be carried free of charge once, and friendship starts. The tout may pursue it further by insisting they meet with the lady in the evening after work. This meeting may result in a sexual relationship or this is postponed to another day.

When the relationship between the nature of female compensation for being carried free of charge and those touts who had ever contracted an STD was examined, the following results emerged.

Table 4.3 Female compensation for being given free rides by touts who had ever contracted an STD

FEMALE COMPENSATION

	No compensation	Sexual favours	Never carry ladies	Total
Ever contracted STD				
YES	17.3 (n=17)	39.8 (n=39)	31.6 (n=31)	88.8 (87)
NO	2 % (n=2)	4.1 (n=4)	5.1 (n=5)	11.2 (11)
TOTAL	19.4 (19)	43.9 (43)	36.7% (36)	100 (98)

$X^2 = .42520$ DF= 2 P > 0.01 Contingency Coefficient = .6573

X^2 from the above table is significant and this is indicated by a contingency co-efficient of .6573 which is quite high. Thirty-two per cent of the touts said they would not carry any female passengers for free, while 17 % carry women for free and without any compensation. These female passengers were either relatives or very close family friends, mostly elderly women. Forty per cent were given free rides in exchange for sexual favours. This yields a statistically significant relationship between contracting an STD and carrying women free of charge.

As long as a woman is willing to get a free ride for sexual favours, the tout will not hesitate to take the opportunity. This behaviour thus subjects touts to multiple sexual relations. This observation gives support to the hypothesis that matatu touting is an occupational activity which significantly encourages contracting STD.

Individuals with multiple sexual partners are a high risk group for HIV infection (Bhatt 1988). In line with this study, Table 4.4 shows the relationship between touts who have more than one girlfriend and those who have ever contracted an STD.

Table 4.4 Touts having more than one girl friend by those who have contracted an STD

Having many girlfriends			
	YES	NO	TOTAL
Ever contracted an STD			
YES	70.5 (N=69)	18.4 (N=18)	88.8 (87)
NO	9.2 (N=9)	2 (N=2)	11.2 % (11)
TOTAL	79.6 % (78)	20.4% (20)	100 (98)

$\chi^2 = .03781$ DF =1 P > 0.01 Contingency Coefficient = .01964

Over 71 % of the touts who had contracted an STD had more than one girlfriend as opposed to only 9 % of the touts who had not contracted an STD and yet had more than one girlfriend. The more the number of girl friends an individual has the higher the chances of getting an STD. Eighteen per cent of the touts said they had only one girlfriend but still they had contracted an STD. This may be explained from the touts' understanding of a girl friend. From the indepth interviews, it was evident that most of the touts, even the married ones, had girl friends. However, none of the girl friends was permanent and the touts kept on changing girl friends after a short period, for instance, after a month. This change of partners where a tout picks a girl and after one month drops her and goes to another one does not practically differ from having multiple sexual relations. This

still exposes them to contracting STDs and thus explains why the 18 % who said they have one sexual partner still contracted an STD.

This observation is similar to Sovensen (1973) description of adolescents' choice of sexual consorts which, he notes, does not differ from the adults' patterns. He names serial monogamists who confine themselves to one sexual relationship at a time. However, some serial monogamists occasionally have coitus with persons other than their primary consorts. The other category is the 'sexual adventurers' who engage in multiple concurrent and/or rapidly sequential sexual relationships.

Generally, Table 4.4 amply supports the hypothesis that matatu touting is an occupational activity that significantly encourages contracting an STD.

Matatu touts had no difficulty meeting ladies (sexual partners). Table 4.5 examines where touts would get other ladies yet they are busy all day long and those touts who had contracted an STD.

Table 4.5: Touts' source of ladies by those touts who have ever contracted an STD

SOURCE OF THE LADIES				
	In the matatu	Giving them free rides	Come to the bus stop	TOTAL
Ever contracted STD				
YES	61.2 (N=60)	13.3 (N=13)	14.3 (n=14)	(87) 88.8 %
NO	5.1 (n=5)	3.1 (n=3)	3 % (n=3.1)	(11) 11.2 %
TOTAL	(65) 66.3 %	(16) 16.3%	(17) 17.3 %	(98) 100

$X^2 = 2.42692$ DF= 2 P > 0.01 Contingency Coefficient = .15545

Over 61 % of the touts got other ladies from the matatu. This meant that these were the same passengers that they carried.

Another source was from the bus stop. This meant that those touts who were less mobile had an easier access to ladies by virtue of the nature of their work.

There was a significant relationship between where touts got their ladies from and contracting STDs, as indicated by a more than chance contingency co-efficient of .15545. This supports the hypothesis that matatu touting is an occupational activity which significantly encourages contracting STDs.

When likelihood of transmitting STDs was examined in the light of having ever contracted an STD, the following results were obtained see Table 4.6).

Table 4.6 The group of ladies likely to spread STDs by those touts who have ever contracted an STD

With whom it is possible to contract an STD.

	Sing- le girl	multi- ple ladi- es	pros- titu- tes	Beaut- itiful clean ladi- es	Those who drink	young girls less than 20 yrs	Total
Ever contr- acted an STD							
YES	5.1 (n=5)	7.1% (n=7)	57.1 (n=56)	8.2 (n=8)	<u>2.0</u> (n=2)	9.2 (n=9)	(87) 88.8
NO		1% (n=1)	9.2 (n=9)			1.0% (n=1)	(11) 11.2
TOTAL	(5) 5.1	(8) 8.2	(65) 66.3	(8) 8.2	(2) 2.0	(10) 10.2	(98) 100

$X^2 = 2.37300$ DF =5 P >0.01 Contingency Coefficient = .15376

Table 4.6 indicates that touts perceived prostitutes as a high risk group in the transmission of STDs. Prostitutes here refers to those women or girls who habitually gain their livelihoods, partly or wholly, from the proceeds of sexual relations or (allow themselves) to be used for sexual acts indiscriminately, without affection, and in exchange for money or money's worth.

The foregoing observation is in line with other attitudes towards the prostitutes in many cultures. Whitwell (1940) states that popular concern over the spread of venereal disease in Europe surfaced during the 12th century in connection with prostitutes. This early association between the spread of the disease and

prostitutes has persisted to the present. Maheus et al. (1944) indicate that female prostitutes have extremely high rates of gonorrhoea and other STDs. This is further supported by Nsanze (1981) whose study revealed that prostitutes were named by up to 80 per cent of male patients as source of infection in Africa. Also Kigundu et al. (1991b) observed that prostitutes were reported by nearly half of the patients attending an STD clinic in Nairobi as a source of infection. This is summed up by Aval and Holmes (1984) that prostitutes are highly mobile and contribute to the inter-regional and international spread of STDs.

Young women below the age of 20 years were indicated as a major source of infection. This was because they did not have knowledge of STDs and thus when infected they took long to notice and seek treatment. Also they are easily misled, for most of them are starters and in dire need of money due to financial constraints. As a result, they cannot resist money in exchange for sexual favours.

However, what was unique is that despite all this information on who can transmit STDs, the touts still had sexual unions with prostitutes and young ladies. Why the knowledge of the high risk sexual partners could not change the touts' behaviour is still not very clear. This may be explained partially by their fatalistic attitudes towards STDs and AIDS. They do not care whether they contract an STD or not. From the indepth interviews the touts confessed not to use condoms against STDs.

This observation also confirms the marginal theory that

individuals with minimum education and least amount of income are least likely to use recommended preventive health practices (Dutton 1978) and that they have the highest rates of venereal diseases (Bowdoin 1949). If this is not the explanation, then it may mean that sex has a totally different meaning where the means does not justify the end.

There was no relationship between those sexual partners most likely to transmit an STD and those who had contracted an STD. These observations add further add weight to the hypothesis that matatu touting is an occupational activity which significantly encourages contracting STDs.

4:2 Touts' Physical Mobility and Multiple Sexual Partners

Travel may have a liminal (behaviour norm relaxation) or disinhibiting effect in the sense of increasing the traveller's propensity to encounter new sexual partners (Johnson 1993).

This is equally shared by Kigundu et al. 1991a who observe that freedom of movement away from social controls of the type operating in traditional societies offers young people, and especially males, an opportunity for indulgence in sexual matters. Here travellers refers to those individuals in transit, either daily or occasionally, and during the transit time they are away from their permanent residence. Thus, tourists, business travellers, truck drivers and matatu touts may be classified under this category.

Truck drivers maintain sexual contacts with persons at various stopping depots that they pass through (Kigundu et al. 1994). Similarly, most of the touts (90 % of those interviewed) are mobile, that is, boarding a matatu from one station to another, but only 44 % do so on daily basis.

From these findings, it can be safely argued that touts are travellers; for most of the time they are in transit. Thus, this is a mobile population.

The relationship between where the touts got other ladies by whether the touts board a matatu from one station to another was cross-classified and Table 4.6 generated.

Table 4.7 Where touts meet with ladies by touts who are mobile

BOARDS A MATATU

	YES	NO	TOTAL
MEET OTHER LADIES			
Interacting in the matatu	62.2 (n=61)	4.1 (n=4)	(65) 66.3 %
Like matatu touts	14.3 (n=14)	2 % (n=2)	(16) 16.3 %
Meeting them after work	13.3 (n=13)	4.1 (n=4)	(17) 17.3 %
Total	89.8% (88)	10.2 % (10)	100% (98)

$X^2 = 4.55014$ DF = 2 P > 0.01 Contingency Coefficient = .21064

Sixty two percent of the touts who are mobile get ladies by interacting with them in the matatu as opposed to 4 % who are not mobile but still interact with the touts in the matatu. This small percentage (4 %) may be explained as interacting with passengers while the matatu is in the bus-stop being filled.

It is important to note that matatu touts think that ladies like them. This is indicated by the 14 % of the interviewed touts. This also came out very strongly in the indepth interviews. The touts mentioned that girls like them because they have money and they can give them free rides. They added that girls like tough guys (macho) than the soft ones, -most of who are to be found in offices.

Table 4.7 indicates that there is a significant relationship between the touts' mobility and meeting other ladies. The degree to which they are associated is indicated by a contingency coefficient value of .21064. This supports the hypothesis that matatu touts' physical mobility predisposes them to multiple sexual partners.

The distances covered by the matatu are relatively short, in the range of one hundred and fifty kilometres per trip. This is because the matatu operate within Murang'a district except for a few that go to Nairobi, Nyeri, Embu and Thika. When the relationship between where the touts get their ladies and the distance of their journey in kilometres was examined, Table 4:8 was generated.

Table 4.8 Meeting with other ladies by the distance covered in k.m.

DISTANCE COVERED IN KILOMETRES

	0- 50 KM	50 - 100 KM	OVER 100 KM	TOTAL
Meet other ladies				
Interacting in the matatu	11.2 (n=11)	22.4 (n=22)	32.7 (n=32)	(65) 66.3
Like touts	3.1 (n=3)	5.4 (n=5)	8.2 (n=8)	(16) 16.3
Meeting them after work		4.1 (n=4)	13.3 (n=13)	(17) 17.3
TOTAL	(14) 14.3%	(31) 31.6%	(53) 54.1%	(98) 100%

$X^2 = 5.33035$ $DF = 4$ $P > 0.01$ Contingency Coefficient = .22712

Table 4.8 shows that there is a significant relationship at 0.01 probability level and thus distance does influence touts' access to multiple sexual partners. About 33 % of the touts who covered more than 100 kilometres said they got ladies from interacting with them in the matatu. This indicates that distance is required in order to make friends. The longer the distance the higher the chances of making friends. This observation was further strengthened by the indepth interview where most of the touts concurred that the longer the distance the better in terms of

making friends. The reason given for this state of affairs is that if a lady did not have enough fare and you decided not to charge her where the distance is long and thus the bus fare is high, the lady will feel indebted to you. The chances of making friends with her are higher than when you decide not to charge her fare for a short distance.

Additionally, for short distances, the tout is always busy charging fares and stopping the matatu for passengers to either alight or board. Therefore, he may not have time to talk to the lady. This is in contrast to where the matatu covers long distances; the tout will have time to talk to the girl and thus a chance of making friends.

Another relationship between stopping at the stopovers and having girl friends at the stopovers was sought and the following was observed (Table 4.9).

Table 4.9 Having girl friends in the stopovers by touts who stop at the stopovers

STOPPING AT STOPOVERS

	YES	NO	TOTAL
HAVE GIRLFRIENDS			
YES	40.8% (n=40)	1 % (n=1)	41.8% (41)
NO	34.7% (n=34)	23.5% (n=23)	58.2% (57)
TOTAL	75.5% (74)	24.5% (24)	100 (98)

$X^2 = 18.53497$ DF = 1 P > 0.01 Contingency coefficient = .39881

Out of the 74 touts who had stopovers, 42 % had girlfriends at these stopovers. One per cent of the touts who had no stopovers had girl friends in these stopovers. This (1%) is a small percentage and this may be the girls that touts interact with in the matatu, and happen to reside in those stopovers. This finding indicates that stopping at stopovers influences touts to have girlfriends in the stopovers. Thus, there is a significant relationship between having girl friends in the stopovers and stopping at the stopovers. The degree to which they are associated is indicated by contingency coefficient of .39881, which is quite high. The 35 % of the touts who have stopovers and yet do not have girl friends in the stopovers confessed in the indepth interviews that they did so because there were no ladies along the route they operated. These were matatu that operated the Murang'a-Kangari route. They confessed that the stopovers are small market centres which do not attract girls, unlike the Murang'a-Thika route or Kiriaini, which have well and better established centres. This observation concurs with that of Kigundu et al. (1994) who noted that truck drivers and their assistants stop at certain stopovers that are frequented by many women and quite popular amongst the truckers. Thus, these findings further support the hypothesis that matatu touts' physical mobility predisposes them to multiple sexual partners.

When the effect of having girl friends in the stopovers and what the touts do at the stopovers was examined, the following results

were obtained.

Table 4.10: Having girl friends at the stopovers by what touts do at the stopovers

WHAT HAPPENS AT THE STOPOVERS

	Rest	Filling passengers	Eat	No stopovers	TOTAL
Having girls at stopovers					
YES	10.2 % (n=10)	28.6 % (28)	3.1 % (n=3)		41.8 (41)
NO	3.1 (n=3)	33.7% (n=33)	4.1 % (n=4)	17.3 % (n=17)	58.2 % (57)
TOTAL	13.3% (13)	62.2% (61)	7.1 % (7)	17.3 % (17)	100 % (98)

$X^2 = 19.22205$ DF= 3 P > 0.01 Contingency Coefficient = .40494

Table 4.10 shows that there is a significant relationship between what happens at this stopover and having multiple sexual partners. The contingency coefficient is also significant. The significant relationship can be explained by 28 % of the touts who stopover to fill in passengers.

As discussed earlier, filling in passengers involves talking to passengers to persuade them to get into the matatu. In most cases than not, the passengers talked to are females. It is this talking to female passengers that leads to having multiple sexual partners. Indeed, it evident from Table 4.10 over half of the

touts who have stopovers have girl friends in stopovers. Thus, it can be argued that by having stopovers where a majority of the touts fill in more passengers, there is a greater chance of making new female friends who, in turn, constitute their multiple sexual partners. Again, this validates the hypothesis that matatu touts' physical mobility predisposes them to multiple sexual partners.

A further assessment was made to find out whether there is any relationship between having girl friends in the stopovers and how women compensate for being given free rides. The results are given in Table 4.11.

Table 4.11 Having girl friends at the stopovers by how women compensate for being carried free of charge

WOMEN COMPENSATION

	No compensation at all	Sexual favours	Do not carry female passengers for free	TOTAL
Have girlfriend in stopovers				
YES	5.1 % (n=5)	30.6 % (n=30)	6.1 % (n=6)	(41) 41.8 %
NO	14.3 % (n=14)	13.3 % (n=13)	30.6 % (n=30)	(57) 58.2%
TOTAL	19.4 % (19)	43.9 % (43)	36.7% (36)	(98) 100 %

$X^2 = 25.03928$ DF = 2 P > 0.01 Contingency Coefficient = .45112

Table 4.11 indicates that the majority of the ladies (30 %) who are given free rides in the matatu compensate with sexual favours. From the indepth interviews it emerged that it is only relatives and very close family friends of the touts that do not compensate for being carried free of charge. However, 31 % said they did not carry ladies free of charge and they had girl friends in the stopovers.

The above findings measurably indicate that there is a significant relationship between having girl friends at the stopovers and how ladies compensate for being carried free of charge.

These observations concur with the findings of Wilson et al (1991) who noted that in commercial fishing stations along Lake Kariba in Zimbabwe, prostitute women from the towns would visit the fishing stations but would often pay for their lorry or boat transport with sexual services.

Thus it is clear that carrying ladies free of charge is a strategy for making friends with the ultimate goal of getting sexual favours. This is so because once a friendship has been established, it becomes hard to charge a lady who is your sexual partner. These observations are further emphasized by Table 4.4 which examines how the touts meet with these ladies at the bus-stop.

Table 4.12 Having girl friends at the stopovers by how touts meet with these ladies

HOW THEY MEET

	Carry them	Touts being left at stop over	ladies come where they sleep	others	Total
Have girlfriends					
YES	18.4% (n=18)	18.4% (n=18)	3.1 % (n=3)	8.2 % (n=8)	(48)
NO	1 % (n=1)	1 % (n=1)			(2)
TOTAL	19.4 % (19)	19.4 % (19)	3.1 % (3)	8.2 % (8)	(98)

Table 4.12 shows that most of the touts would either carry their lady sexual partners to their destinations or be left at the stopovers. From indepth interviews, the touts asserted that to either carry your female sexual partner (these are chance partners) to your destination or be left at the stopover depends on the situation at hand. If it is the last trip and you are with another tout in the matatu, you may opt to remain behind, give the day's return to the driver to take to the owner of the matatu while the other tout takes over from you. However, they asserted that this is common with touts who are married because they cannot take their sexual partners home. In such a situation they opt to be left behind.

If you are the only tout in the matatu, then you are left with

no alternative but to carry your sexual partner during your last trip to your destination. This also happens where the owner of the matatu insists on seeing the tout in the evening. Also where the tout is unmarried, it is more economical to take your sexual partner home than be left behind to hire a room and buy food.

These observations support the hypothesis that matatu touts' physical mobility predisposes them to multiple sexual partners. The above observations are given additional validity by Table 4.13 which examines the relationship between having girl friends in the stopovers by sleeping at the same place.

Table 4.13 Having girl friends at the stopovers by sleeping at the same place

SLEEPS AT THE SAME PLACE

	YES	NO	TOTAL
Have girlfriends	14.3 % (n=14)	27.6 % (n=27)	41.8 % (41)
YES			
NO	45.6 % (n=45)	12.2 % (n=12)	58.2 % (57)
TOTAL	60.2 % (59)	39.5 % (39)	100 % (98)

$X^2=19.97764$ DF =1 P < 0.01 Contingency Coefficient = .41150

Table 4.13 clearly indicates that sleeping at one particular place (which in this case is presumed as the home of the tout)

has an influence on having girl friends. Of the 59 touts who sleep at the same place, only 24 % have girlfriends in the stopovers. This is in contrast with 28 % of the 39 touts who do not sleep at the same place and have girlfriends at the stopovers. The more one keeps away from "home", the higher the chances of having multiple sexual partners. These observations are consistent with those of Kigundu et al. (1994) who observe that truck drivers and their assistants maintain intimate contacts at various stopping depots, as they are away from their main residence and home for long periods of time.

Bloor (forthcoming) notes that people are more prone to engage in non-commercial sexual encounters when travelling than when at home, while overnight absence itself may be weakly associated with partner change. It is also evident that people's behaviour is often different when one is away from home, and despite the threat of AIDS, some people are likely to relax their normal codes of sexual behaviour while travelling (AIDS and Mobility 1994). And in the same vein Johnson (1993) notes that travelling has a behavioural norm relaxation and increases the traveller's chances of meeting new sexual partners.

CHAPTER FIVE

MATATU TOUTS, MULTIPLE SEXUAL PARTNERS AND ACCESSIBILITY TO HEALTH INFORMATION

Introduction

This chapter discusses the age of matatu touts and tries to establish if there is a relationship between their age and engaging in unrestricted in multiple sexual unions. The touts' accessibility to health information and services is also discussed. In this chapter, hypothesis three and four are tested.

5.1 Young age and multiple sexual partners

The youth have been known to engage in casual sex at an early age. A study in Uganda found sexual contact to begin at 14.5 years and that 70% of the Ugandan youth had sexual contact (Musunguzi, 1993). Similarly in America 90% of the adolescents have experienced penile-vaginal or penile-anal intercourse (Reinisch 1989). Out of these, less than a third have used a condom the last time they engaged in penile-vaginal or penile-anal intercourse. Approximately one in five respondents had experienced some form of sexually transmitted disease.

In Kenya data from the demographic and health survey (Ministry of Home Affairs, 1989) indicate that 55% of the Kenyan women become mothers before they reach age 20. These cases of

pregnancies suggest that there is a higher sexual activity among teenagers.

This state of affairs can be viewed partially in relation to their early maturation. In the United States of America (U.S.A.) male normally reach puberty between ages 9-13 (mean age 11.5), menarche occurs at between ages 10-15 years (Singh and Wulf 1990). This is an indication that the current youth mature earlier than their predecessors. This biological development is viewed by the youth as an indication that they are mature and thus a ticket to experimenting in casual sex.

The touts are young with 61.2% aged 26 years and below. This is the age-range when the individuals sexual drive is heightened, and they engage in multiple sexual unions with consequent increased incidence of sexually transmitted diseases (Bell and Karen , Nichols et al. 1987; Rukaria, 1990).

The relationship between the touts' age and having girl friends in the stopovers was examined and the following results obtained.

Table 5.1 Having girl friends in the stopovers by age

HAVING GIRLFRIENDS IN THE STOPOVERS			
	YES	NO	TOTAL
AGE			
Young below 26 years	27.6 % (n=27)	33.7 % (n=33)	61.2 % (n=60)
Old over 26 years	14.3 % (n=14)	24.5 % (n=24)	38.8 % (n=38)
Total	41.8 % (41)	58.2 % (57)	100 % (98)

$X^2 = .63629$ DF =1 P < 0.01 Contingency Coefficient = .08032

At 0.01 % probability level, there is no significant relationship between age and having girlfriends. This is indicated by a contingency coefficient of .08032 which is quite low. This means that having girl friends at stopovers is not contingent upon variation in age. It can therefore be logically argued, that among the touts the issue of age is not a factor in decision making pertaining to behaviour in the domain of sex. A tout looks at himself as a tout regardless of age and when he acts, he does so in relation to the general expectation of the other touts. They act in a collective manner and the influence of peers is quite strong amongst them.

From the table 5.1 it is apparent that 28 % of the touts less than 26 years and 14 % of the touts older than 26 years said they have girl friends in the stopovers. To be sure, there is a

percentage difference between those below 26 years old and those above 26 years old, but the difference is substantively trivial irrespective of marital status of the two age groups. This finding is inconsistent with the hypothesis that young age of matatu touts is causally associated with engaging in unrestricted multiple sexual unions.

Carrying female passengers free of charge was cross-tabulated with age and table 5.2 was generated.

Table 5.2 Carrying ladies free of charge by age

Carries females free of charge

	YES	NO	TOTAL
Age			
young below 26	39.8 % (N=39)	17.3 % (N=17)	61.2 % (60)
Over 26	21.4 % (N=21)	14.3 % (N=14)	38.8 % (38)
Total	61.2 % (60)	38.7 % (31)	100 (98)

$X^2 = .94187$ DF=2 P < 0.01 Contingency Coefficient = .09757

The calculated X^2 with two degrees of freedom at probability level of 0.01 is not significant, and thus age does not differentiate the touts with respect to carrying females free of charge.

This findings was not upheld when the form of female compensation for being carried free of charge was cross-classified by age.

Table 5.3 Form of female compensation by Age

FORM OF FEMALE COMPENSATION

	No compensation	Sexual favours	Do not carry ladies free of Charge	TOTAL
AGE				
Young below 26 yrs	12.2 % (n=12)	28.6 % (n=28)	20.4 % (n=20)	61.2 % (60)
Over 26 yrs	7.1 % (n=7)	15.3 % (n=15)	16.3 % (n=16)	38.8 % (38)
TOTAL	19.4 % (19)	43.9 % (43)	36.7 % (36)	100% (98)

$X^2 = .79158$ DF =2 P < 0.01 Contingent Coefficient = .08951

Table 5.3 shows that 12. % of the touts who were young (below 26 years) carry ladies without compensation as opposed to 29 % of the touts who are compensated by sexual favours. This indicates that many young touts carry female passengers free of charge with expectation that they will be compensated sexually. Apparently, the extent to which this observation lends credence to the hypotheses that young age of matatu touts is causally associated with engaging in unrestricted multiple sexually unions is at once indirect and problematic.

Twenty per cent of the touts below 26 years do not carry female passengers free of charge while only 16 % of the touts who were over 26 years of age did the same. This suggests that in most cases than not, female passengers who are carried free of charge compensate with sexual favours.

The source of STD infection was cross-tabulated with age and the

table 5.4 was generated.

Table 5.4 Knowledge on the sources of STD infection by age

SOURCE OF STD INFECTION

	Single girl friend	Many ladies	C.S.W	clean working ladies	Ladies who drink	young ladies below 20 yrs	TOTAL
AGE							
young less than 26 yrs	5.1% (n=5)	4.1 % (n=4)	41.8 % (n=41)	4.1 % (n=4)	1 % (n=1)	5.1 % (n=5)	61.2 % (60)
Over 26 years		4.1 % (n=4)	24.5 % (n=24)	4.1 % (n=4)	1 % (n=1)	5.1 % (n=5)	38.8 % (38)
TOTAL	5.1 % (5)	8.2 % (8)	66.3 % (65)	8.2 % (8)	2 % (2)	10.2 % (10)	100% (98)

$X^2 = 4.74659$ DF=5 P >0.01 Contingent Coefficient .21493

The majority of the touts (42 %) who are less than 26 years thought that they would get STDs from commercial sex workers. This was also the case with the touts who were older (over 26 years).

This accords with other studies that have found commercial sex workers to be a major reservoir of STDs and a vital core group of high frequency transmitters who are at the highest risk of acquiring and transmitting STD infection (Sujatha, 1993).

Young ladies below 20 years old were also indicated as high risk

group in STD transmission.

The reason given was that they are young and inexperienced, thus more prone to being cheated. Additionally, the touts confessed in the indepth interview that most of the people like the very young girls because they are less expensive.

This observations bear similarity to those advanced by Kigundu et al (1994) that truck drivers and their assistants prefer very young girls less than 20 years as their sexual partners despite knowing that they may transmit STD infection.

Other notable sources of STD infection were multiple sex-partner ladies who the touts meet with occasionally and smartly dressed working ladies who they carry. The touts observed in the indepth interview that some of the smartly dressed ladies are just like the commercial sex workers because they charge partners now and then for financial gains.

Despite all this the touts did not think of themselves as at a risk of STD infection because of their multiple sexual partners. This is inspite of findings from other studies which indicate that regular clients of commercial sex workers have a high prevalence of STD infection (Nasio et al, 1993 and Ngugi et al, 1992).

Table 5.4 shows that there is a significant relationship between age and knowledge of the source of infection. This observation supports the hypothesis that young age of matatu touts is causally associated with engaging in unrestricted multiple sexual unions.

When marital status of the touts was cross-classified with girl

friends, table 5.5 was emerged. The above categorization was given by the touts themselves.

Table 5.5 Having girl friends in the stopovers by marital status

HAVING GIRLFRIENDS			
	YES	NO	TOTAL
MARITAL STATUS			
SINGLE	21.4 % (n=21)	28.6 % (n=28)	50 % (49)
MARRIED	20.4 % (n=20)	29.6 % (n=29)	50 % (49)
TOTAL	41.8 % (n=41)	58.2 % (n=57)	100 (98)

$X^2 = .04193$ DF =1 P < 0.01 Contingent Coefficient = .02068

Most of the touts said they did not have girl friends in the stopovers. 29 % of the touts who are single and 30 % of the touts who were married said that they did not have girlfriends in the stopovers. This is in contrast to 21 % of the single touts who have girlfriends and 20 % of the married touts who also have girlfriends.

From the above data, it can be safely argued that there is not much difference in having girl friends in the stopovers between the single and the married touts. Therefore it can be validly inferred that a tout's behaviour is not influenced by marital status.

Thus at 0.01 probability level, there is no relationship between marital status and having girlfriends in the stopovers. This is indicated by a Chi-square of .04193 with its resulting very low (insignificant) contingency coefficient of .02068.

By and large, this is hardly supportive of the hypothesis that young age of matatu touts is causally associated in unrestricted multiple sexual partners.

The relationship between marital status and the nature of female compensation was sought and table 5.6 emerged.

Table 5.6 Nature of female compensation by marital status

FEMALE COMPENSATION

	No compensat- ion	Sexual favours	Don't carry ladies	TOTAL
Marital status Single	7.1 % (n=7)	24.5 % (n=24)	18.4 % (n=18)	50 % (n= 49)
Married	12.2 % (n=12)	19.4 % (n=19)	18.4 % (n=18)	50 % (49)
TOTAL	19.4 % (19)	43.9 % (43)	36.7 % (36)	100 % (98)

$X^2 = 1.89718$ DF= 2 P < 0.01 Contingent Coefficient = .13781

The above table indicates that most of the touts carry ladies free of charge for sexual favours. This is represented by 25 % (n=49) of the single touts and by 19 % (n=49) of the married touts. This suggests that apart from close relatives and what may be referred to as family friends, the rest of the girls

carried free of charge are either girl friends of the touts or girls the touts are trying to make friends with for sexual favours. It can then be argued that the matatu touts behaviour serves, among other things, as a bait to the girls who are either caught willingly or unwillingly into this "sexual web".

Thus as long as the matatus are in operation, touts will always use the bait of free rides for sexual favours. It was also evident from the indepth interview that once a relationship had been established, the girl gets free rides and goes visiting places (along the route the matatu operate) she has never been before. A lady may be invited for a ride to Nairobi. To a young ignorant lady who does not know the intentions of the tout, this is an offer one finds hard to turn down, and once the offer is taken, then a opportunity has been found for a relationship.

From table 5.6, it emerges that by and large compensation is not contingent upon martial status. The observed relationship between these two variables is not significant at 0.01 probability level. The contingency coefficient of .13731 is clearly negligible. The values of this table do not uphold the hypothesis that young age of matatu touts is causally associated with engaging in unrestricted multiple sexual unions.

5:2 Matatu touts and accessibility to health information

Some studies have indicated that marginal groups (a category or group outside the main stream economically) are more prone to STD infection than the general population.

Berg (1984) observes that during world war two several studies attempted to identify characteristics of servicemen prone to acquiring STDs. With occasional exceptions the studies correlated risk of STD infection with low levels of intelligence or education (less than 12 grade), alcohol abuse, frequent civilian and military legal problems, dissatisfaction with the service and inadequate personalities.

Levin (1976) also observed that a picture of a military patient with an STD to be that one of a young, low-ranking, poorly educated, single male and who tends to abuse alcohol.

These findings only further depict the web in which marginal groups live. They are seen as less likely to use recommended preventive health practices and least likely to seek medical care when symptoms develop (Dutton 1978).

Since social demographic variables have been related to a wide variety of health behaviour, it is important to use some of the variables in order to assess the matatu touts position.

In view of this, marital status of the touts was cross classified with the source of information on STD transmission, and table 5.7 was generated.

TABLE 5.7 Marital status of the touts by the source of information on stds

SOURCE OF INFORMATION					
	Friends	Mass Media	Books	Health personnel	TOTAL
Marital status					
Single	39.8% (n=39)	2.0 % (n=2)	7.1 % (n=7)	1 % (n=1)	50% (49)
Married	35.7% (n=35)	3.1 % (n=3)	4.1 % (n=4)	7.1 % (n=7)	50 % (49)
Total	75.5% (74)	5.1 % (5)	11.2% (11)	8.2 % (8)	100 % (98)

$X^2 = 5.73440$ DF= 3 P < 0.01 Contingent Coefficient = .23512

From the above table it can be seen that most of the touts (both married and singles) got their information on STDs from friends. This finding is in line with observations by Kigundu at al (1994) who also note that truck drivers' major source of information on STDs was from friends or colleagues.

This findings underline the importance of peer pressure in the dissemination of information. Mass media was another source although not very popular. This may be translated to mean that the touts did not listen to the radio either because they did not have time to do so or they never owned one.

Books as a source of information was reported by 7 % of the single touts and 4 % of the married touts.

This minimal variation may be explained by the fact that most of

the single touts were young, had left school recently and/or may have attained secondary level of education. This is in contrast to the married ones who, having been out of school for long, may have forgotten much and thus rely on friends.

The observed values in table 5.7 show that there is no relationship between the source of information on STD and marital status. Thus the chi-square of 5.73440 is not significant at 0.01 probability level and the contingency coefficient of .23512 is most plausibly a chance occurrence. The above observations do not lend support to the hypothesis that matatu touts' position makes them relatively inaccessible to health information and services. This finding is further given weight by table 5.8 which cross-tabulates religion by where the touts get information about STDs.

Table 5.8 Source of information on STD by religion

SOURCE OF INFORMATION					
	Friends	Mass media	Books	Health personnel	Total
RELIGION					
Christian	74.5 % (n=73)	5.1 % (n=5)	11.2 % (n=11)	7.1 % (n=7)	98 % (96)
Muslim	1 % (n=1)			1 % (n=1)	2 % (2)
Total	75.5 % (74)	5.1 % (5)	11.2 % (11)	8.2 % (8)	100 (98)

X² = 4.88689 DF = 3 P = < 0.01 Contingent Coefficient = .21794

Table 5.8 shows that the predominant source of information was friends. This is a further evidence that peer pressure is very strong among the touts and it is a major source of disseminating information. By criterion of the calculated chi-square of 4.88689, there is no relationship between religion and the source of information, because the chi-square value is not significant at 0.01 probability level. And it follows by implication that the contingency coefficient of .21794 is negligible. Clearly the values of table 5.8 refute the hypothesis that matatu touts position makes them relatively inaccessible to health information and services. The nature of information known on the prevention of STDs was explored by cross tabulating marital status with whether condoms can be used for the prevention of STDs and the following information elicited.

Table 5.9 Marital status by whether condoms can prevent STDs

CONDOM USED TO PREVENT STDs

	YES	NO	TOTAL
Marital status			
Single	30.6 % (n=30)	19.4 % (n=19)	50 % (49)
Married	20.4 % (n=20)	29.6% (n=29.6)	50 % (49)
TOTAL	51 % (50)	49 % (49)	100 % (98)

$X^2 = 4.08333$ DF = 1 P > 0.01 Contingent Coefficient = .20000

From the above table it is evident that over 50% of both single and married touts think that a condom can be used to prevent

contracting STDs. However from the indepth interview, it was clear that despite this knowledge, they did not use the condoms regularly, and in some cases never used it at all. 31 % of the interviewed singles (n=49) said condoms can be used to prevent contracting STDs, meaning that they considered it as a prophylactic rather than as a family planning method.

This observation concurs with a study by Kigonde et al (1994) who observed that despite the truck drivers' and their assistants' knowledge of condoms as a prophylactic against AIDS, they still did not use the condoms consistently. Their failure to use the condom is not due to lack of Knowledge, but can be explained as the truck drivers fatalistic attitudes. They simply do not care whether they contract STDs or not. Be that as it may, the Truck drivers and their assistants only used the condoms because they had no alternative despite the fact that they hated them.

Table 5.9 evidences that there is a significant relationship between condom use and marital status. The cross-classification yields a chi-square of 4.08333 which is significant at 0.01 percent. The foregoing discussion thus lend credence to the hypothesis that touts' position makes them inaccessible to health information and services.

When religious affiliation and abstinence from sex as a method of avoiding getting STDs were cross-tabulated the values of tables 5.10 were yielded.

TABLE 5.10 Abstinance from sex as a method of avoiding contracting STD by religion

ABSTINENCE FROM SEX			
	YES	NO	TOTAL
MARITAL STATUS			
Christian	5.1 % (n=5)	92.9 % (n=91)	98 % (96)
Muslim	1 % (n=1)	1 % (n=1))	2 % (2)
TOTAL	6.1 % (6)	93.9 % (92)	100 (98)

$\chi^2 = 6.83884$ DF = 1 P < 0.01 Contingency Coefficient = .25541

From the table 5.10 there is no statistically significant relationship between abstinance from sex as a method of avoiding STDs and religion. This is evidenced by a chi-square of 6.83884 which is not significant at 0.1 probability level; and by implication a contingency coefficient of .25541 which is negligible.

It is interesting to note that despite over 90 % of the touts being christians, they did not practise abstinance from sex in order to avoid getting STDs. 93 % of the touts who were christians did not think of abstaining from sex as a method of avoiding STDs. The touts who professed as christians are not practising christians and many of them could not remember when they last went to church. They were christians by name. This was

given more emphasis during the indepth interviews, where the touts admitted that they engaged in multiple sexual relations more often despite knowing of the dangers of contracting STDs. This observation may be true if one is to look at the number of the touts who have contracted an STD.

Sixty four per cent of the touts consented that they had contracted an STD while 89 % of the touts agreed that they knew of a colleague (fellow tout) who had contracted an STD. This indicates that they are sexually active and partially explains why 93% of the touts did not practise abstinence as a means of avoiding contracting STDs. This observation is consistent with that of Rukaria (1990) who notes that male students start their sexual activity earlier than females, remain sexually active and tend to have more sexual partners.

This finding supports the hypothesis that matatu touts' position makes them relatively inaccessible to health information and services.

Some studies have shown that lowest levels of education is a factor in the acquisition of recommended preventive health practices and that the less educated people are less likely to seek prompt medical care when symptoms develop (Dutton 1978). This also concurs with Darrow and Pauli (1984) who observes that socio demographic variables such as race, sex, age, marital status, education, religion, and income have been related to a wide variety of health behaviour.

Thus the relationship between education and using condoms to prevent contracting STDs was examined and table 5.11 generated.

Table 5.11 Use of condoms to prevent contracting STDs by educational level.

CONDOM USED TO PREVENT CONTRACTING STDS.

	YES	NO	TOTAL
EDUCATION			
Primary Education	26.5 % (n=26)	24.5 % (n=24)	51 % (50)
Secondary and beyond	24.5 % (n=24)	24.5 % (n=24)	49 % (50)
TOTAL	51 % (50)	49 % (48)	100 % (98)

$X^2 = .3920$ DF =1 P < 0.01 Contingency Coefficient = .02000

The above table shows that there is no difference in responses between those touts who have secondary level of education and those with primary level of education. Half of the touts mentioned that condoms would be used to prevent getting STDs while the other half did not mention using condoms.

Here education was found not to influence knowledge of prevention of contracting STDs. There is therefore no relationship between education and using condoms to prevent contracting STDs. This is shown by a contingency coefficient of .02000 which is low. These findings disagree with studies done by Darrow and Pauli (1984), and Dalton (1978) all sighted earlier.

This indicates that education to the touts does not influence their way of working. This still echoes that their marginal position unites them, and as such they look at things from one perspective.

When education was cross-classified with having one sexual partner to prevent contracting STDs, table 5.12 was obtained.

Table 5.12 Having one sexual partner so as to avoid contracting STDs by educational level.

HAVING ONE SEXUAL PARTNER			
	YES	NO	TOTAL
EDUCATION			
Primary	28.6 % (n=28)	22.4 % (n=22)	50 % (50)
Secondary	29.6 % (n=29)	19.4 % (n=19)	49 % (48)
TOTAL	58.2 % (57)	41.8 % (41)	100 (98)

$X^2 = .19632$ DF = 1 P < 0.01 Contingency Coefficient = .04471

The calculated chi-square value of .19632 with one degree of freedom at a probability level 0.01 shows that the relationship is insignificant. Thus education does not influence a change in sexual behaviour. This is indicated by a contingency coefficient of .04471 which is quite low.

Explicitly the table shows that only 58% of the touts indicated that having one partner will reduce getting STDs as compared to 42 % who did not. However, this knowledge is not put in to practice by every tout because there are still reported cases of STDs among the touts (over half 63 %).

Thus education does not influence their sexual behaviour. This concurs with an earlier assertion that the difference in education among the touts can not be noted. They are a

homogeneous group who see themselves as struggling to make ends meet. Thus as observed earlier in the introduction, stratification by education is not noticeable.

When education was cross-classified with whether it is possible to quit touting table 5.13 was generated.

Table 5.13 Whether it is easy to quit touting by education.

EASY TO QUIT TOUTING			
	YES	NO	TOTAL
EDUCATION			
PRIMARY	12.2 % (n=12)	38.8 % (n=38)	51 % (50)
SECONDARY	11.2 % (n=11)	37.3 % (n=37)	49.0% (48)
TOTAL	23.5 % (23)	76.5 % (75)	100 (98)

$X^2 = .01600$ DF =1 P > 0.01 Contingency Coefficient = .01278

The X^2 for education and quitting touting is insignificant. Thus the relationship is insignificant as indicated by a contingency coefficient of .021278 which is quite low. The table clearly shows that majority of the touts (77 %) indicated they can not leave touting for they did not know where else to go.

This is betoken by an interview with one of the touts. He was 27 years old, married with secondary level of education and had worked as a tout for seven years. He confessed that it was not easy to quit touting and if one did so he would end up going back to touting because you can not fit in to the society

Additionally it is hard to get another job. The only way a tout may leave touting is by learning how to drive and getting a driving licence; then get employment as a driver. Otherwise to him once a tout always a tout.

There was no difference in responses between those who had gone to secondary and primary level of education. In this vein, the values of table 5.13 lend support to the hypothesis that touts' position makes them relatively inaccessible to health information service.

Chapter 6

CONCLUSIONS AND RECOMMENDATIONS

This chapter gives a conclusion of the research findings and gives a few recommendations based on the findings.

6.1 Conclusions

The research object of the present study was matatu touts attitudes towards sexually transmitted diseases (STDs).

Interest in the object emanated from the fact that hitherto no studies had been done on matatu touts' general attitudes towards STDs and multiple sexual partners. However, related studies that have been done on the prevalence of STDs have been medical in nature and mostly based individuals attending clinics and health centres.

In this research study baseline data were collected from 98 touts using probability and non probability sampling methods. Due to the nature of the study, direct observations and indepth interviews were incorporated and described in the analysis.

The study was done in two research areas in Murang'a and Makuyu bus stops.

Sixty- one point one per cent of the touts were 26 years and below while 49 % were over 26 years. Many of the touts were in the 25 year old bracket (n=15), and 22 years of age (n=11). In

terms of denomination, 41 % of the touts were catholics, 43 % protestants, 4 % were Muslims and 12 % professed as belonging to no denomination.

All this were summed up as christians and constituted 98 % . Only two touts were muslims. Half of the touts were married or cohabiting with 49 % of the touts having primary level of education.

The study found out that matatu touts had a high knowledge of the common STDs as syphilis and gonorrhoea. They even gave them local names like Kuhia (literally to get burnt) and Homa (Common cold). They had knowledge of AIDS and how it is transmitted. They do not believe that AIDS exists and for those who believed, they did not take it seriously. For in line with their belief, they argued that since they contracted a lot of STDs, if AIDS was there, and is transmitted sexually, then most of the touts would have died from it. However, since none of the touts had died from the same and they did not know of one who had AIDS it is thus a myth. For the tout seeing is believing.

Four hypothesis were set out to be tested; three of these were supported by the research findings while one was not. The result supported the hypothesis that matatu touting is an occupational activity which significantly encourages contracting STDs.

Matatu touting is an occupation that exposes the touts to a lot of the different people and of different sexes daily.

The touts got their lady friends from the matatu that they operate. These are the passengers that they carry. Another source

is the bus stop. Here the touts would talk to the ladies with the double aim of persuading them to get into the matatu and at the same time with the aim of starting a friendship. Once friendship has been started, this is the causal factor for engaging in sexual unions.

The touts also had stopovers along the routes that they operated. Here just like their counterparts the truck drivers, they kept intimate sexual partners. These are the girls they referred to as their girl friends and they meet with them after work. They would be left in the stopover during the last trip and be picked up early the following morning or they would carry the lady to where they sleep. The touts used the bait of saree (carrying female passengers free of charge) in exchange for sexual favours. Except for close family friends and relatives, who were carried free of charge with out compensation, the other female passengers compensated with sexual favours.

A majority of the touts who had ever contracted an STD had more than one sexual partner. Over half of the touts had contracted an STD either once or more than once. To the touts having more than one sexual partner was an indication of toughness (machoism) and adventure. It also shows that one has taste and can go out with different ladies.

Commercial sex workers (C S W) were indicated as the major source of STD infection. This represented the single largest source.

This was followed by young girls less than 20 years and the smartly dressed ladies. The touts felt that the smartly dressed ladies, were just like the C.S.W only that in this category, some of them are working. However, despite the Knowledge that C.S.W were a major source of STD infection, the touts had them as their sexual partners. This was an indication that Knowledge of the STD was not matched by safe sexual practice. For example the touts knew that condom use and abstinence can prevent contracting STDs but they still did not practise the same. The reason for this was a do not care attitude.

STDs were also not taken seriously by the touts. STDs were not a threat to the health of the touts. Touts could easily get treatment for STDs even when they did not have money. The issue of self medication was quite common. This is where a sick tout would consult one of his fellow tout and in most cases tetracyclines capsules would be made available for the sick. The other sources of treatment was from pharmacists, private clinics and the use of herbs. (Herbs are boiled and the liquid from it drunk).

The study results also gave credence to the hypothesis that matatu touts' physical mobility predisposes them to multiple sexual unions.

The touts' mobility was indicated as a major contributory factor to their involvement in multiple sexual relations.

There was a high relationship between the touts mobility and engaging in multiple sexual unions.

Due to the nature of their work, matatu touts move from one place to another and invariably stop at stopovers where they have intimate sexual partners.

Owing to the touts' mobility, they do not sleep at the same place. As a result they are exposed to the chances of having many sexual partners because they are away from "home". It was evident that majority of the touts who do not sleep at home have many girl friends as opposed to those who sleep at home. Thus being away from home, (their official residence) was indicated as influencing the touts sexual behaviour into having many girl friends.

The hypothesis that young age of matatu touts is causally associated with engaging in unrestricted multiple sexual unions was inconclusive. Although it has been documented that young people are more prone to getting STDs than the old people this was not the case here.

Age was found to have no differential influence on the touts lifestyle. It was shown as not a factor in having many girl friends at the stopovers.

Both the young (less than 26 years) and the older touts (over 26 years) behaved the same way. Thus when the touts were together the issue of age was not a factor in doing what they thought best. What could be done by the young touts (for instance carrying female passengers free in exchange for sexual favours) could also be done by the older ones.

Similarly age did not influence knowledge of the sources of STDs.

All the touts both young and old shared the same notions. All of them thought that the major source of STD infection was from commercial sex workers followed by the young ladies less than 20 years and the smartly dressed ladies.

Marital status of the touts was also found not to have any influence on their sexual behaviour. The married and the unmarried behaved the same and all had girl friends.

There was no difference between the two where one would have expected the married touts to be faithful to their wives and stop having extra-marital affairs. They just behaved like their unmarried counter parts, having girlfriends in every stopovers.

The role of the peer in disseminating information was evidently quite strong among touts. Their major source of information about STDs was friends, followed by books. Also when the touts contracted an STD, the first person they asked for advice was a fellow tout. This indicated that the other touts were quite instrumental in decisions taken by a tout in everyday life. They also advised one another on what to do when arrested for traffic offenses or for touting.

The study results supports the hypothesis that Matatu touts' position makes them relatively inaccessible to health information and services. Some social demographic variables related to a wide variety of health behaviour were used among them education, religious orientation among others.

Education among the touts was also not influencing the touts sexual behaviour. There was no significant difference in response

between those touts who had attained primary level of education and those with secondary level and above. It was expected that those with secondary level of education and above would know more about methods of preventing STDs, than their counterparts, but this turned out not to be the case; both had approximately the same level of knowledge about sexually transmitted diseases.

The touts' religious orientation did not help them to abstain from sex. Despite over 98 % of the touts saying they were christians, they did not practise abstinence from sex as a method of preventing STD despite the religious teaching. Also education did not influence the touts to have one sexual partner so as to avoid contracting STDs.

The touts also believed that it was hard to quit touting. They found it quite hard to adjust in the outside world after being a tout for long. Most of the touts had been touts for an average of four years. The best way one would leave touting was by becoming a driver.

These sentiments were also shared by even the educated (those with secondary level of education and above) who inspite of their education, still felt that they could not leave touting for a better job elsewhere. They admitted that even those who left touting later on come back.

Generally, it was clear that touts are a high risk group in the transmission of STDs because of the nature of work which exposes

them to many female passengers and involves travelling. They also tend to be involved in indiscriminate sexual unions and they are not scared of getting an STD. They equated contracting an STD with catching a common cold, which typically is not taken seriously.

6:2 RECOMMENDATIONS

In view of the findings in this study the following recommendations are proposed.

1. Religious organizations (churches) should be explored to see how best they can reach the youth with information on sexuality and STDs. This should be started early while both boys and girls are young so that a firm foundation can be established. This is necessary because of the breakdown of the traditional norms, that used to govern the society.
2. The use of the peer groups in educating the youth should be explored and used. A way should be established of how the peer groups can be incorporated into health care system so that they may advice their counterparts. This is important because the peer influence among the touts was quite strong and a major source of information. Equipped with proper education, they may be of great help in shaping the sexual behaviour and attention of their colleagues.

3. The issue of drug abuse should be investigated further and ways of stamping out this social vice sought. There are a lot of drugs being sold at the bus stop. Bhang, some intoxicating drugs I was unable to identify what they are and *Miraa* are easily changing hands at the bus stops. Also changaa is easily available to any willing buyer. Since there are some touts who do not smoke bhang, or use the drugs, they can be used to help educate the others about the dangers of drugs and also try to influence their negative beliefs pertaining to these drugs in the hope of changing them. This is an uphill task but with time positive changes can be achieved.

4. Touts' attitudes towards STDs have to be changed and more especially their attitudes towards AIDS. Audio-Visual can be used, where they are shown videos on AIDS in the evening and discussions generated on the topic of STDs. Through this forum, they can be educated more about STDs and their sexuality. Also the possibility of letting a number of the touts meet with people suffering from AIDS, especially those in critical stages and talking to them should be emphasised.

I suggest they should be brought to Kenyatta National Hospital. After seeing and talking to the patients, they can act as good ambassadors in asserting the reality of AIDS to their colleagues.

5. The use of condoms must be emphasised and encouraged among the touts. This can be done by making the condoms available and using their fellow touts to issue them out. Proper use and better storage should be shown to the providers to avoid breakages. They also should be taught about the dangers of not using condoms so that their negative beliefs about the condoms may be dispelled. A condom should be portrayed as a lifesaver.

6. Girls should also be targeted with information about safer sex. This is very necessary especially among the young girls less than 20 years who are the sexual partners of the touts.

They should be able to say no to unsafe sex in order to avoid contracting STDS including AIDS. Also ladies should be able to say no to sexual approaches from the touts for being carried free of charge. Alternatively ladies should refuse being carried free of charge to avoid the feeling of being indebted to someone.

7. The adolescents should be taught about their sexuality while still young before they become sexually active.

Sex education here is intended to improve knowledge and understanding of sexual development, human reproduction, and health sexual behaviour among children and the youth. This would help the young practise responsible sexual behaviour including where appropriate, the delay of sexual

activity. This should be undertaken by both the parents and teachers (preferably a trained guidance and counselling teacher). This is required because the youth are no longer counselled if their sexual behaviour and prevalence of STDs is anything to go by.

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APPENDICES

APPENDIX I The questionnaire

Good day, I'm a student from the university of Nairobi and conducting a research here in Murang'a. You happened to be among those sampled to be interviewed. Some of the questions are personal but necessary in order to develop programs that may help you. Your answers will be treated in total confidence and your name will not be written anywhere on the questionnaire. Your cooperation will be highly appreciated.

Centre no. (1) Murang'a

(2) Mukuyu

Questionnaire no.

1. How old are you (in years)

2. What is your religion .(TICK)

(1-) None

(2-) Catholic

(3-) Protestant

(4-) Moslem

(5-) Others specify _____

3. What is the level of your education.

(1-) Class 1-5

(2-) Class 6-8

(3-) Form 1-4

(4-) Form 5-6.

(5-) College

(6-) University.

4. What is your marital status

(1-) Single

(2-) Married

(3-) Divorced

(4-) Separated.

(5-) Widowed.

(6-) Others specify _____

5. How long have you worked as a tout?

(1-) Less than 1 year.

(2-) 2-3 years.

(3-) 4-6 years .

(4-) over six years.

6. Are you from Murang'a ?

1) Yes

2) No.

7. If NO where do you come from ?

- 1) Central Province
- 2) Nairobi
- 3) Rift Valley
- 4) Other Specify _____

8. How did you travel today ?

- 1) Matatu
- 2) Bus
- 3) Walk

MOBILITY QUESTIONS

9. Do you board a matatu from one bus station to another ?

- 1) YES
- 2) NO

10. If yes is it on a daily basis

- 1) YES
- 2) NO

11. How long in KM can you estimate is your journey per day?

- 1) Between 0 - 50
- 2) Between 50 - 100
- 3) Over 100

12. Do you have any stop overs ?

- 1) Yes
- 2) No

13. Are there possibility of having girlfriends in this stopovers ?

- 1) Yes
- 2) No

14. If yes how do you meet ?

- 1) Carry them in the matatu to where we sleep.
- 2) Be left in a particular stop over.
- 4) The lady comes where you sleep.
- 5) Others Specify _____.

15. Approximately how long do you stop at each bus stop ?

- 1) Less than 30 Minutes
- 2) Between 1/2 - 1 hr.
- 3) Between 1 - 2 hrs.
- 4) Over 2 hrs.

16. Do you normally sleep at the same place?

- 1) Yes
- 2) No

17. Normally what do you do at this time?

- 1) Rest
- 2) Fill in more passengers
- 3) Eat
- 4) Sit around the Matatu.
- 5) Chat with some passengers.
- 6) Others Specify _____

18. Do you carry the following passengers free of charge ?

Male

- 1) Yes.

- 2) No.

Female

- 1) Yes.

- 2) No.

19. If yes why do you carry them ?

20. How do you compensate for this

Male

- 1) They reciprocate in other ways later ie. buying beer, food.
- 2) No compensation.
- 3) Some are just friends.
- 4) Others specify _____

Female

- 1) No compensation
- 2) Sexual favours
- 3) They buy beer/ food.
- 4) others specify _____

21. Why do Matatu have blaring Music ?

- 1) passengers like it that way.
- 2) Attracts the youth .
- 3) It is fashionable
- 4) Others specify _____

22. What time does your work come to an end?

- 1) Afternoon
- 2) Evening after 7:00 p.m.
- 3) Others specify _____

23. What do you do after work?

- 1) Nothing
- 2) Go home to rest
- 3) Join friends for a drink
- 4) Meet with some passengers prior meet in the matatu.
- 5) Others Specify _____

24. Is it always on a regular routine ?

- 1) Yes
- 2) No

25. When you are not doing that what else do you do ?

26. Is it easy to become a tout ?

- 1) Yes
- 2) No

27. If no what are the reasons

- 1) Other touts are hostile to new comers .
- 2) It is a difficult occupation for strangers
- 3) The general population dislikes touts
- 4) Others specify _____

28. Are you in any form of organization ?

- 1) Yes
- 2) No

29. Approximately how much do you earn per day (in Ksh)

- 1) Between 20-50
- 2) 51-100
- 3) 101-200
- 4) Over 200

30. Is it enough for your up-keep?
 1) Yes 2) No.
31. Have there been instances of your fellow touts quitting touting?
 1) Yes 2) No
32. If yes what reasons do they give for quitting touting?
 1) Quit Tedious
 2) Less money
 3) Just hates it
 4) Parents don't approve of it.
 5) Got some other employment .
 6) Others specify _____
33. Have you heard of STDs ?
 1) Yes 2) No
34. Where did you get this information from ?
 1. Friends
 2. Mass media.
 3. Books.
 4. Some health personnel.
 5. others Specify _____
35. Can you name a few of the STDs you have heard
 1) Gonorrhoea
 2) Syphilis
 3) AIDS
 4) Herpes
 5) Chancroid
 6) Chlamydia
 7) Pubic lice
 8) Others Specify _____
36. What are the methods which can be used to prevent STD infection
 1) Use of condoms
 2) Stick to one partner
 3) Abstinence
 4) Taking drugs before the act
 5) Others Specify _____
37. Has any of your friend ever contacted an STD this Year
 1) Yes 2) No
38. What is the reaction of your fellow touts when one of the touts is infected with an STD
 1) Just the same/ it is okey
 2) Advise him to go to hospital
 3) Scolds him/ laugh at him.
 4) Others Specify _____
39. Is there any group of people who are more prone to STD infection than the others ?
 Yes NO

40. If yes who are they?
- 1) Commercial sex workers
 - 2) Truck Drivers
 - 3) Matatu touts
 - 4) The youth (15-30)
 - 5) The Poor (economically)
 - 6) Others Specify _____
41. Have you ever contacted an STD this year
- 1) Yes
 - 2) No
42. Is it possible to have more than one girlfriend ?
- 1) yes
 - 2) No
43. If yes what are the reasons
- 1) A man can not stay with one lady
 - 2) As a sign of good suitor
 - 3) Women have many boy friends
 - 4) It is fashionable
 - 5) Others Specify _____
44. How would one get other ladies other than the girlfriend yet he is busy all the day long ?
- 1) Interacting with them in the matatu
 - 2) Giving them free rides
 - 3) They like Matatu touts
 - 4) Meeting with them after work
45. How do you view your friends who have only one girlfriend ?
- 1) As Old fashioned
 - 2) As unable to get more women
 - 3) As bad suitors
 - 4) Others Specify _____
46. With whom do you think is possible to be infected with an STD?
- 1) From a single girlfriend
 - 2) From many ladies
 - 3) From established commercial sex workers
 - 4) From a lady you first meet in the matatu.
 - 5) Others Specify _____

THANK YOU FOR PARTICIPATING IN THIS STUDY.

APPENDIX ii

Guiding questions for indepth interview.

Do they enjoy their work?

Why did you join touting

Average money earned per day

Sexual behaviour questions

Probe for their mobility.

Is it possible to have girlfriends on the various centres they visit while on transit ?

Is it possible to have many Girlfriends at a time?

How do you feel about having many of them ?

Knowledge on the STDs

How do you feel about STDs

How do you feel when a friend tells you that he has an STD?

How does one get infected ?

Are there methods which can be used for STD prevention.

Have you heard of AIDS

Do you think AIDS is a threat to the society and to yourself?

Probe for their activities after work.

Do you find any difference between you and the general population (occupationwise) ?