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Yahya Muhammed Bah*

University of the Gambia, School of Arts and Sciences, Brikama Campus, The Gambia, West Africa

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***Corresponding author:** Yahya Muhammed Bah, University of The Gambia, School of Arts and Sciences, Brikama Campus, The Gambia, West Africa, E-mail: yahyamuhammed@yahoo.co.uk

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Research Article

HIV/AIDS Risk for Young Female Petty Traders at Car Parks

Abstract

Though the HVI/AIDS prevalence rate in The Gambia is one of the lowest in the sub-region, the disease and its associated effects has always been a concern both to the government, non-governmental organizations, professionals, families, communities, development partners, etc. Over the decade a number of studies have been conducted in the areas of its mode of transmission, prevention, impacts, etc. However, there is none on the disease and the mobile population. The young female petty traders in the car parks are assumed to be at high risk of infection due to numerous factors including their contact with highly mobile populations. The purpose of this study was to examine their risk of infection by long-distance drivers. Due to the sensitivity of the topic, only twenty were willing to participate. The study was mainly centered on six fundamental areas namely; level of knowledge of the disease, perception toward the disease, level of knowledge of the causes and modes of transmission of the disease, level of knowledge of the preventive methods, level of knowledge of the disease management and treatment methods, and petty traders relationship with long-distance drivers. Because of limited resources and participants' reluctance to participate during first contact, the study took approximately seven months plus. Well-structured questionnaires were used to collect the data from the participants in three key car parks. The data was presented and analyzed using tables and percentage. The results among others revealed that there is high level of awareness of the disease. However, there is a mixed attitude toward the disease, the most worrisome being some participants seeing it as a punishment from God to the victims. Despite the majority being concern about being positive, they disassociated themselves with the seeking of medical treatment in case of being infected because of the fear of stigma and exclusion. The issue of herbalist being able to treat the disease was highlighted. Intimate relationships which include visitations exist between the young girls and long-distance drivers.

Introduction

At the end of 2015 in the world over, a total number of 36.7 million are living with HIV/AIDS [1]. Out of the same population 17.8 million are women 15 years and older while 2.3 million are adolescent girls and women constituting 60% of all young people living with HIV 15 to 24 years UN Women [2]. Sub-Sahara Africa bears the biggest burden with an estimated infection rate of 4.4% (nearly 1 in every 25 adults) constituting 70% of world victims, WHO [3]. The fact that the continent has prevalence rate of 4.4% should be a course for concern for all of us. Globally in 2015 there were approximately 2.1 million of new infection 150,000 of whom were children majority of whom reside in sub-Sahara Africa and were infected through their mothers either during pregnancy, delivery or breastfeeding, AVERT [4].

With 200 million people aged between 15 and 24 (the youth bracket), Africa has the youngest population in the world. The current trend indicates that this figure will double by 2045 [5]. Approximately, 70% of the African societies are under 30 years making it the world youngest continent with firm economic, social, political, health, etc. consequences, Regional Overview: Youth in Africa [6]. Adolescent girls and young women aged 15–24 years are highly at risk of HIV infection, accounting for 20% of new HIV infections among adults globally in 2015, UNAIDS [7]. This infection rate in the continent is worrying more especially when it comes to the females and the young ones who are more at disadvantaged than any given group.

In majority of the societies more especially in the third world, women and children are the most vulnerable group due to many factors namely, unequal cultural treatments including harmful traditions, social and economic status, inequitable laws, policies, etc. thus contributing to their becoming the poorest of the poor and above all, they are sometimes remarkably excluded from most economic, social and political activities that does not only denied them some of their fundamental rights but equally making them more dependent on the male folk even for their basic needs, AVERT [8].

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To avert total dependence and its associated problems, it is common to see women including the girl child being engage in different informal businesses such as making and trading in different commodities at different places including busy traffic, stopovers and car parks [9]. Though the informal sector has in many societies played crucial roles not only in livelihood of the poor and marginalized groups but in the national economy, it is not without risk or dangers (e.g. physical and sexual abuse, accidents, low financial benefits or bankruptcy, etc.) especially when it comes to the children particularly the girl child [10].

These commercial activities take place under different circumstances some of which involve risk taking for example, physical abuse, emotional abuse, sexual abuse, kidnapping, transactional sex, even constant harassment, assault and seizure of goods by metropolitan authorities and other users of the city space, etc. especially those that involve selling door to door, in car parks, train stations, mechanical workshops, factories, entrance of supermarkets and markets, schools and universities, tourist industries, bar and restaurants, factories, etc. which most of them don't easily realized because of immaturity or age [11].

The causes of children being engaged in commercial activities, for example, petty trading are numerous namely, supplementing parents' or guardians' income, rapid urbanization, shortage of effective and efficient infrastructures, rising cost of living, the desire for quick services, access to material goods, gradual disintegration of the extended family system, urban poverty, family violence, commercial exploitation, trafficking, etc., [12,13].

Since in most societies this sector is not heavily regulated its' players are not only exposed to financial losses, diseases but all kind of dangers and abuses especially the children particularly the girl child [14]. To address some of these issues, in some nations, different laws have been passed criminalizing for example, child labour, child trafficking, commercial and sexual exploitation of children, etc. In the same vein, policies have been passed to ensure free education, family strengthening programmes, social protection schemes, etc. Nevertheless children especially the girl child is frequently seen in different locations including the car parks jostling between minivans, trucks and buses negotiating for better prices and selling small items to passengers and drivers alike. In such dangerous situations series of questions comes into some people minds such as why still such a dangerous practice despite being banned, what are the risks and abuses such innocence children are expose to?

The high level of vulnerability of the women, occasioned by the conditions under which they trade are exploited by men who want to satisfy their sexual desire especially with teenagers. Therefore, it seems petty trading young girls are highly vulnerable to many diseases including HIV/AIDS both as girls and mobile population.

The acquisition of HIV/AIDS is not driven by choices or behaviors but rather the powerful inequalities that exist between people, Teitelman AM, et al. (2011), as quoted in Devanter NV, et al. [15]. While the rate of HIV/AIDS related deaths and infections is decreasing, there is a steady increment in infection rate among adolescents girls and young women through both sex and mother-to-child infection, gender-based violence, limited access to health care and education, systems and policies that do not address the needs of young people, harmful traditional practice, etc. UNAIDS [16].

In The Gambia 1.9 percent of the adults age 15-49 are living with the HIV virus. While the prevalence rate among the men is 1.7 percent, the women are 2.1 percent. The infection rate in urban areas is 1.9 percent and 2.0 percent at the rural areas. While regionally Banjul has the lowest rate of 1.1 percent, Mansakonko has the highest of 2.9 percent, The Gambia Bureau of Statistics (GBOS) and ICF International [17].

In light of the fact that the population of the Gambia is young with the youth under 25 years constituting 64% of the national population, this situation should not only be worrisome but must be addressed with urgency. The relation between HIV/AIDS and informal sector has been a subject of interest or research by many scholars. The goal for HIV/AIDS free generations or societies cannot be attained without this population. This study is meant to examine the HIV risk for adolescent petty traders at car parks. However, the main focus will be on long-distance drivers and the risk of infecting adolescent petty traders.

Literature Review

The relationship between movement of people and the spread of disease have be a grievous concern for many researchers since in the early nineteen century especially in the case of diseases such as HIV/AIDS. The movement of people across border and around border regions plays an important role in the transmission of HIV/AIDS, and in subsequent treatment efforts [18]. Therefore, for any disease prevention, control, and eradication programme to be effective and cost efficient; it must adequately cater for the mobile population who are fundamentally contributing to the spread of the diseases.

This section therefore intents to review and furthermore put into perspectives findings of relevant studies on the highly mobile population and people them often interact with in relationship to HIV/AIDS. Specifically, studies on long-distance drivers, security personnels, petty traders and sex workers will be reviewed as both are highly mobile population and equally are frequently in contact with highly mobile population groups.

In the case of HIV/AIDS since human being appears to be both vector and host of the virus therefore, it is critical that mobile populations are in the center of every efforts.

Studies in many parts of the globe have revealed an increase in HIV/AIDS infections along major trucking routes and stations due to numerous reasons including drivers spending good part of their time either on their wheels or sleeping away from homes.

High incident of HIV/AIDS occurring along transport

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corridors and roadside settlements has been documented in many parts of the world for example, Uganda and Tanzania it was found that communities living along the roadside have high HIV infection rates than the rest of the population (Barong, et al. 1992, Nunn et al. 1996) as quoted in Delany-Moretlwe S, et al. [19].

HIV/AIDS prevalence rate among truck drivers is not uniform. However, some studies revealed prevalence range from 3 to 32% much higher than the general population and pregnant women but lower than TB and sex workers. This can be attributed to multiple of factors namely, working conditions, level of awareness of the disease, sexual habits, demographic profile, etc.

Carswell, et al. (1989), as cited in Poda GG, et al. [20], in an assessment of the behaviors of long-distance drivers towards STI found an HIV prevalence rate of 35% in a population of 45 compare to 9% among control group. Bwayo, et al. [21], documented 27% infection rate among 970 long-distance drivers plying the Mombasa-Nairobi highways. Similar prevalence rate of 26% was found among 283 long-distance driver in Kenya while prevalence rate of 56% was unearthed in a sample of 320 long-distance drivers in KwaZulu-Natal, South Africa who are confirmed to frequently sleep with commercial sex workers in five different stopovers (Mbugua et al. 1995, Ramjee et al., 2002) as quoted in Delany-Moretlwe S et al. [19].

STIs and HIV/AIDS is claimed to be very high among truck drivers and sex workers along South Africa trucking route. They either don't use condoms or use it inappropriately or inconsistently. Long-distance drivers are susceptible to HIV/AIDS due to daily risk-taking behaviors, long separation from spouses, easy access to alcohol and sex, inconsistent use of condoms with sex workers, limited access to health facilities, high level preference for traditional healers for treatments including STIs, (UNAIDS & OIM, 2006) as cited in Dokubo EK et al. [22].

In certain destinations, truck drivers with multiple sex workers are praise and admired while monogamous are ridiculed. Truck drivers are known to have multiple sexual partners in stopovers towns or centres [23,24].

Sometimes, some of these long journey drivers transport informal traders who travel across borders some of whom especially the females engage in transactional sex with security personnels, money-changers, truck drivers or even the better off local men to raise foreign money or just for a better accommodation for overnight stay [25].

As a population on the move, long journey truck drivers, hardly have the time to attend or access HIV/AIDS educational materials or campaigns. In addition to being constantly on the road are the opportunities of finding different sexual partners along the routes and even at the parks. These include prostitutes, wives, adolescent girls, etc. who are provided by middlemen who are claimed to know the community and those trustworthy sex workers [26]. At some stopovers, accommodation is a serious problem and truckers would prefer hiring a sex worker for a night than rent a room in a guest house [27].

Although through television and radio their trucks are equipped with, some are aware of HIV/AIDS, however, there is high degree of misconception about the disease especially the mode of transmission which some believed is transmitted via mosquito bites, use of public toilets, bodily contact with people living with the virus/disease, sex with young commercial sexual worker's was less likely to cause sexually transmitted diseases (STDs) and HIV, use of battery water or urine antiseptic immediately after sex [28-30].

Truck drivers use of condoms is inconsistent due to many sociocultural factors namely, lack of time, disliking of it by partners, religious interdicts, refusal to use it, shortage of it, alcohol use before sex and beliefs that condoms "kills the mood of sex", the fear of moral condemnation by being label as prostitute, poverty, etc. remain key obstacles to proper and consistent condom use [31,32].

While mobility between and within countries increases HIV infection rates, there is no linear cause-and-effect relationship, however, mobility creates the conditions for susceptibility due to sociocultural factors, socio-demographic profile, separation from spouses, disruption of sociocultural norms, lack of access to health services and information, poor social support, etc., KMCC Uganda, Most at Risk Populations [33].

Commercial sex workers are equally another highly mobile population crossing borders for many reasons including avoidance of stigma associated with the trade, Academy for Educational Development-AED (2004) as cited in Weitzer R [34]. Because sex workers also prefer new or fresh faces, they are most of the time on the move in search of new customers some of whom are truck drivers or migrants [35].

Security personnels especially in war torn societies are usually known to have the ethos of risk taking including having sex with strangers without regards to social norms and HIV/AIDS prevention strategies. Naval personnels live and interact freely with civilian population and are potential bridging group for disseminating HIV into the larger population. HIV/AIDS prevalence rate in most African militaries is significantly elevated compared to their host communities [36,37].

HIV/AIDS and STIs is claimed to be much higher in the security personnels as it is in the general population. In general, HIV prevalence within the military is elevated compare to the general population [37].

Immigration and custom officials sometimes asked for sex from informal traders to avoid paying tax or their goods being confiscated, Family Health International, (2004) as quoted in Jewkes R et al. [38].

Petty traders especially the young women are exposure to HIV/AIDS as a result of a number of risky behaviors such as having multiple partners, non-use of condoms and excessive consumption of alcohol as practiced by some of them [39].

Young girls and female itinerant traders often exchange sex for free transportation at destination [40]. Petty traders were

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more vulnerable to HIV/AIDS because of gender inequality, duration of time spend at border posts which are high transmission zones, accommodation and transport challenges, and limited access to healthcare facilities [41].

The factors that influence the Indian epidemic are the size, behaviors, and disease burden of high-risk groups, their interaction with bridge populations and general population sexual networks, and migration and mobility of both bridge population and high-risk group [42].

Along the fish market chain, studies revealed that numerous points of vulnerability of female fish traders, encompassing borrowing for transportation, start seed, competition for good fish, trying to reduce operational cost in the areas of transportation, lodging, etc. In the same vein, studies found that fisher folks are one of the most vulnerable populations due to demographic structure, mobility, easy access to cash, poverty and engender inequality, poor health infrastructures and services, poor sanitation, low perception for risk. At the wholesale market, there are no permanent buyers and as such female fish sellers have to compete for customers each time they go to the market. The repayment of loan with high interest has forced some women into different activities including sex to gain income [43].

The fisher folks are highly susceptible to HIV/AIDS like all highly mobile population for many reasons for example, because of the biological, social, cultural, mobility, less constrained by family responsibility, high level of disposal cash, etc. [44], the vulnerability of HIV/AIDS of fishing communities stems from complex interactions, mobility of many fishers, the time they spend away from home, their access to cash income, their demographic profile, low level of education, gender inequality, readily available commercial sex workers in many fishing ports, shores of fishing grounds and fishing communities as well as, involvement in drugs, etc.

Factors that predispose the tomato sorters to HIV susceptibility include poverty, competition for selection as a sorter and the strong influence of the loading boys. Furthermore the lack of good habitation in Burkina Faso when they arrived to buy tomatoes and inaccessible health services places young women in the tomato trade to be susceptible to the HIV epidemic [45].

Research Methodology

Area of study

The study was conducted in three car parks namely, Guinea Conakry car park in Serekunda, Abuko Truck Park in Abuko, and Brikama car park in Brikama. These car parks are not only one of the biggest car parks in the country but are known to offer the best and quickest services for long-distance travels and transportation of goods both inside The Gambia and outside. In light of the fact that people travel a lot nowadays, these car parks have become one of the busiest places in the country and as such they have become one of the best places to conduct petty trading. Thus, is not uncommon to see young female petty traders carrying plates full of small items jostling each other for customers and bumping into passengers and their hard-earned goods and baggage.

Sample and sampling technique

In view of the sensitivity of the topic and high mobility of the studied population, I used the simple random sampling techniques. The study targeted twenty eight respondents but because of the unexpected cost increment due to rescheduling of interviews among others, parents/guardians not allowing their children or wards to participate, the reluctance of some potential respondents to take part, etc. I ended up interviewing only twenty participants.

Data collection method

The data was collected by conducting individual interviews using a structured questionnaire with 20 (twenty) young female petty traders. The questionnaire was divided into 6 (six) sections namely, knowledge of HIV/AIDS, perception toward HIV/AIDS, modes of transmission of HIV/AIDS and the preventive methods, relationship with long-distance drivers, and knowledge of HIV/AIDS management and treatment methods.

Data analysis method

The data analysis process entailed two stages: the initial analysis was coding and table creation, preparation of variables by combining a number of codes, converting codes into variables or developing completely new variables. This was used to provide a summary of patterns that emerged from the responses of the sample.

Limitations of the study

The following were some of the challenges that posed great obstacles in the execution of the study:

Literature: though there have been similar studies in this area but none was conducted in The Gambia. Therefore, it was a strong challenge to get the desire materials, especially for the literature review.

Funding: there was not a single financial support from any institution or individual despite all attempts. If there was some financial support the study would have been easier, less time consuming and above all the sample would have been much bigger for generalization.

Sensitivity of the topic: because of the sensitivity of the topic, I have encountered many problems in getting respondents who are willing to talk to me without unnecessary excuses or delay. Sometimes I feel my respondents were not giving the right answers especially those who insisted that they can only be interviewed in the present of their colleagues. Though this may appear to negatively affect the findings' validity, the degree could be very small.

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Objectives of the Study

The objectives of the study were to investigate into young female petty traders' level of knowledge of HIV/AIDS, perception toward HIV/AIDS, level of knowledge of the causes and modes of transmission of HIV/AIDS, level of knowledge of the preventive methods, level of knowledge of HIV/AIDS management and treatment methods, and their relationship with long-distance drivers.

Significance of the study

The significance of the study stemmed from the following:

1. It will contribute to the body of existing knowledge in academia and other fields;
2. It will act as an input for policy makers, thus providing new insights to improve their ability to design effective policies and programmes to cater for all groups;
3. It will provide a base for the protection of the mobile population and associates.
4. It will be useful to child rights and child protection advocates.
5. It will increase people knowledge of the risk of HIV infection of adolescent petty traders.

Definition of concepts

Young female: is any female under the age of 31.

Petty trader: is young female who is engage in a small scale business that involves the sale of small inexpensive items by carrying them on the head.

HIV: Human Immunodeficiency Virus.

AIDS: Acquired Immune Deficiency Syndrome.

Risk: A situation involving exposure to getting infected with the virus HIV which could have been avoided through preventive/pre-emptive actions.

Long-distance driver: any male person who control operation and movement of a motorized commercial vehicle such as a car, truck or bus for a distance not less than 370 kilometers.

Data Presentation, Interpretations and Discussions

Data presentation

The lives claimed by HIV/AIDS, is more than any other disease known in recent times. Therefore, to deter further devastations it is critical that everyone is protected by all means possible. Effective and efficient societal protection commence with their taking ownership of all the efforts through having proper understanding of the disease and active participation. Therefore, engaging them requires gauging among others their level of knowledge of HIV/AIDS, perception toward it, level of knowledge of the causes and mode of transmission, level of knowledge of the preventive methods, level of knowledge of its management and treatment methods, and sexual relationships formed.

Level of Knowledge of HIV/AIDS: In responding to whether the respondents have ever heard of HIV/AIDS, all answered in the affirmative. In commenting on the meaning of HIV/AIDS, respondents gave different responses. American idea of discouraging sex 1 (5%), human immunodeficiency virus and acquired immune deficiency syndrome 18 (90%), and others specified 1 (5%). In reacting on the types of HIV virus that exist the majority 18 (90%), subscribed to 2. Commenting on the most vulnerable group to the virus, they felt as follow, older people 1 (5%), youths 13 (68%), and others 4 (21%). Reacting on the signs and symptoms of HIV/AIDS, respondents gave different responses medium to high grade fever 9 (33%), falling sick everyday 7 (26%), feeling fatigue/tiredness 9 (33%), and others 2 (7%).

Perception toward HIV/AIDS: In responding to what they think of the attitudes people have towards HIV/AIDS, they reacted as follow, mere illness 8 (18%), serious illness 10 (22%), punishment from God 6 (13%), will of God 3 (7%), punishment for deviating from culture 7 (16%), punishment for fornication 5 (11%), and others 4 (9%) (Table 1).

Commenting on how persons living with HIV/AIDS in the community are perceived and treated, they felt in these manners, prostitutes homed 16 (31%), sinners 10 (39%), fornicators 8 (15%), very bad 7 (13%), bad 5 (10%), nice 2 (1%), very nice 1 (1%), and others 3 (6%) (Table 2).

Level of Knowledge of the Causes and Mode of Transmission of HIV/AIDS: It is a common understanding that every social problem has some causes and as such I felt it is important that I ask respondents the causes of HIV/AIDS and modes of transmission. Responding to the causes of HIV/AIDS respondent reacted with varying answers, unprotected sex 7 (23%), having too many sexual partners 10 (33%), staying with an infected person 4 (14%), unsafe blood transmission 3 (10%), child-mother transmission 2 (7%), inconsistent and wrong use of condoms 3 (10%); and others 1 (3%). Reacting on whether HIV/AIDS can be transmitted nearly all responded in the affirmative. Commenting on the modes of transmission,

Table 1: Attitudes towards HIV/AIDS.

Mere illness	8	18%
Serious illness	10	22%
Punishment from God	6	13%
Will of God	3	7%
Punishment for deviating from good culture	7	16%
Bad omen	1	2%
Punishment for fornication	5	11%
Witchcraft	1	2%
Others specified	4	9%
Total	45	100%

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different responses were given such as through unprotected sex 14 (51.8%), keeping many sexual partners 4 (14.8%), eating with an infected person 2 (7.4%), through blood transmission 7 (25.9%) and others 1 (3.7%).

Level of Knowledge of HIV/AIDS Management and Treatment Methods: In most cases social problems including medical ones, can be prevented, minimized or cured. In reacting to whether HIV/AIDS can be prevented almost all responded in the affirmative. In a related question as to how HIV/AIDS transmission can be prevented, respondents felt as enumerated sticking to one partner 8 (27%), avoiding sex workers 3 (10%), abstinence 12 (40%), use of condoms 4 (13%), I don't know 1 (3%), and others 2 (7%) (Table 3).

In light of the alarming rate HIV/AIDS is spreading, especially among the young ones, remaining negative throughout is claimed to be a daunting task and when the respondents were asked why this is so, they reacted as captured, infected persons cannot be identify by their look 8 (14%), too much cheating in today's relationships 10 (18%), mode of transmissions are numerous and complex 5 (9%), infected persons are angry with the society because of open discrimination and isolation 7 (15%), today's relationship are money driven and not for the sake of God 12 (21%), people are continuously provoking God 3 (5%), girls are becoming shameless 6 (11%), and others 5 (9%) (Table 4).

In a related question as to how HIV/AIDS transmission can be prevented, respondents commented as follow, sticking to one partner 8 (27%), avoiding sex workers 3 (10%), abstinence 12 (40%), use of condoms 4 (13%), I don't know 1 (3%), and others 2 (7%). In responding to whether people should go for HIV/AIDS test majority of the respondents answered in the affirmative. Commenting on the usefulness of going for HIV test participants felt as follow to know one's HIV/AIDS status 14 (58.3%), to avoid infecting others 4 (16.6%), to sensitize people 2 (8.3%) and others 4 (16.6%).

In reacting to whether the respondent has ever done a test on HIV/AIDS majority 19 (95%) responded in the negative. In a related question as to whether respondents would be willing to share their results with their partners, majority 14 (93.3%) responded in the negative. In reacting to why they cannot share results, if he knows I am positive he can divorce me 3 (30%), he might think that am not faithful to him 2 (20%), my status should be a confidential issue to me alone 5 (50%).

For those who don't want to do the test in commenting on why not they reacted in the following, I already know I am negative 4 (22%), I will be discriminated if seen going for the test 7 (39%), health workers can infect me through their needles 2 (11%), my partner will never trust me again 4 (22%), and others 1 (6%) (Table 5).

Level of Knowledge of HIV/AIDS Management and Treatment Methods: It is believed that every social problem has an impact on individual victims and the public in general. In responding to the negative impacts of HIV/IDS have on the people living with it, participants subscribed to different answers such as it weakens the individual economic and social functions 5 (19.2%), discrimination and isolation 2 (8%), weakens the individuals' immune system 14 (57%) and others 5 (19%).

The consequences of being positive can be hard to manage for some people, in commenting to whether any suspicion needs to be reported for medical treatment they reacted differently. Yes 6 (30%), no 8 (40%), no response 2 (10%), and I don't know 4 (20%). In reacting to why treatment should be sought, the participants felt as follows to avoid quick death 3 (50%), to control its negative impacts 1 (17%), to avoid further spread 1 (17%), and to get quality treatments 1 (17%).

Table 2: Public attitudes towards persons living with HIV/AIDS.

Very nice	1	2%
Nice	2	4%
Very bad	7	13%
Bad	5	10%%
Sinners	10	19%
Prostitutes	16	31%
Fornicators	8	15%
Others specified	3	6%
Total	52	100%

Table 3: HIV/AIDS prevention methods.

Sticking to one sexual partner	8	27%
Avoiding sex workers	3	10%
Abstinence	12	40%
Use of condoms	4	13%
I don't know	1	3%
Others	2	7%
Total	30	100%

Table 4: Difficulties in remaining negative throughout.

Infected persons cannot be identify by their look/ appearances	8	14%
Too much cheating in today's relationships	10	18%
Mode of transmissions are numerous and complex	5	9%
Infected persons are angry with the society because of open discrimination and isolation	7	15%
Today's relationship are money driven and not for the sake of God	12	21%
People are continuously provoking/annoying God	3	5%
Girls are becoming too shameless	6	11%
Others	5	9%
Total	56	100%

Table 5: Reasons for not going for HIV test.

I already know i am negative	4	22%
I will be discriminated if seen going for the test	7	39%
Doctors/nurses can infect me through their needles	2	11%
My partner will never trust me again	4	22%
Others specify	1	6%
Total	18	100%

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In lamenting on whether HIV/ AIDS can be managed to avoid one becoming quickly full blown leading to sudden death, respondents reacted as follow, yes 7 (37%), no 4 (21%), and I don't know 9 (42%). In a follow up question as to how HIV/ AIDS can be managed, the respondents reacted differently, eating balanced meals 5 (16%), taking anti-retroviral drugs 4 (13%), avoiding sex with infected people 3 (10%), avoiding stress and discrimination 4 (13%), taking traditional medicine 12 (39%), and others 3 (10%) (Table 6).

To eliminate the epidemic, access to efficient and affordable treatment is critical. In responding to whether HIV/AIDS is curable, the respondents felt as follow, yes 15 (75%), no 3 (15%) I don't know 2 (10%). In a follow up question, as to the possible methods of curing HIV/AIDS, they felt as highlighted seeking prayers in holy places 5 (11%), taking ARVs regularly 4 (9%), permanent abstinence 11 (24%), use of quality condoms always 4 (9%), taking traditional medicine 15 (33%), having sex with virgin 1 (2%), giving out charities 3 (7%), and others 2 (4%) (Table 7).

For those who believed that HIV/AIDS cannot be cured in lamenting on why, they felt anti – retroviral drugs are palliative 5 (14%), HIV/ AIDS kills all the immune system 10 (28%), discrimination and isolation will never stop in the society 2(6%), other people financially benefits from it 4 (11%), it is a punishment from God 2 (6%), people will never stick to one partner 7 (19%), it is a poor people disease 2 (6%), and others 4(11%) (Table 8).

Support in any form is critical in the life of a sick person. In commenting on the needed support for persons living with HIV/AIDS, respondents gave different responds. Financial support 7 (11%), psychosocial support 4 (6%), counseling services 2 (3%), free healthcare support 11 (18%), income generating programmes 5 (8%), employment support 8 (13%), balance meals support 10 (16%), housing and mobility support 6 (9%), societal acceptance 7 (11%), and others 4 (6%).

In a related question as to who should provide the support, respondents reacted differently. Government 12 (21%), local government authorities 9 (16%), non-governmental organizations 7 (12%), community support groups 8 (14%), Associations of persons living with HIV/AIDS 9 (16%), families and friends 4 (7%), United Nations (UN) system 6 (10%), and others 3 (5%).

Relationship with long-distance drivers

In commenting on whether the car parks are the major petty trading place for the respondents, majority 14 (70%) responded in the affirmative. In a related question as to why the car parks are their major trading places, the respondents reacted as follows: know many customers there 15 (37%), are always busy 13 (32%), are close to home and many of my friends sell their 5 (12%) and others 3 (7%).

In lamenting on whether they frequently interact with their customers, majority 17 (94%) responded in the positive. In a follow up question as to whether they do interact with long-distance drivers, vast majority 15 (75%) answered in the affirmative. In rating their level of interaction with the truckers, the respondents reacted as captured, very high 16 (52%), high 7 (23%), low 3 (10%), moderate 2 (6%).

In a related question as to whether they have observed any relationship between their fellows and the truckers, majority 14 (74%) responded in the positive.

In describing the nature of relationships between them and the truckers, they described them as follows: cordial 8(29%), sellers and buyers 7 (25%), intimate 5 (18%), brothers and sisters 2 (7%), and others 6 (21%). Commenting on whether they are closed to the truckers majority 16 (94%) respondent in positive. In a related question they described their closeness as follow, very close 14 (52%), close 6 (22%), moderately close 2 (7%), and others 5 (19%). For those who claimed not to be closed to truckers, in commenting on why not, they felt like this; no time for such relationships 9 (38%), their inappropriate behaviors 5 (21%), I don't know 3 (13%), and others 7 (29%) as indicated in (Table 9).

In reacting to whether they do enjoy some favors from the truckers, majority 14 (78%) responded in the affirmative. In a

Table 6: Methods of managing HIV/AIDS infection.

Eating balanced meals	5	16%
Taking anti- retroviral drugs	4	13%
Avoiding sex with infected people	3	10%
Avoiding stress and discrimination	4	13%
Taking traditional medicine	12	39%
Other	3	10
Total	31	100%

Table 7: HIV/AIDS curative methods.

Seeking prayers in holy places	5	11%
Taking ARVs regular	4	9%
Permanent abstinence	11	24%
Use of quality condoms always	4	9%
Taking traditional herbs/medicine	15	33%
Having sex with virgin	1	2
Giving out charities	3	7%
Other	2	4%
Total	45	100%

Table 8: Reasons for no cure for HIV/AIDS.

Anti – retroviral drugs are palliative	5	14%
HIV/ AIDS kills all the immune system	10	28%
Discrimination and isolation will never stop in the society	2	6%
Other people financially benefits from it.	4	11%
It is a punishment from God	2	6%
People will never stick to one partner	7	19%
It is a poor people disease	2	6%
Other	4	11%
Total	36	100%

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follow-up question as to the kind of favors accorded to them by the drivers, free transportation 6 (19%), monetary gifts 15 (48%), ceremonial gifts 4 (13%), and others 5 (16%).

In responding to whether they know where some of the goods they sell come from majority 11 (65%) responded in the positive. In a follow-up question regarding whether they do pay for the transportation of their goods from the provinces the respondents reacted as follows; not at all 11 (46%), sometimes 7 (29%), I don't know 4 (17%), and all times 2 (8%).

Commenting on whether they have people they can call as favorite customers, majority 16 (84) responded in the positive. In a connected question, the majority 15 (88%) regarded truckers to be among those favorite customers. In responding to why truckers are regarded as favorite customers, they felt as follow, they buy a lot at once 9 (33%), never ask for change 6 (22%), buy all the goods 4 (15%), give materials gifts 3 (11%), and others 5 (19%). In a follow-up question as to whether they know where the favorite customers reside, majority 1 1(69%) answered in the positive. In responding to whether they have met the favorite customers outside the car parks, the respondents reacted as captured 11 (61%) subscribing to no, and 7 (39%) to yes. In commenting on where they have met their favorite customers, they reported as follow 11 (35%) at their friends' homes, 6 (19%) they come to our home, 4 (13%) at a gust house, 2 (6%) at their homes, 1 (3%) at bars and restaurants, and 7 (23%) others. Majority 8 (47%) of the favorite are non-Gambians. For those who to have no favorite, on commenting why they don't have, they felt as follows; 10 (40%) not lucky, 7 (28%) I don't know, 3 (12%) I don't like it, and 5 (20%) others.

Responding to whether their fellow petty traders exchange jokes with any of the truckers, majority 9 (50%) answered in the affirmative. In reacting to whether respondents themselves exchange jokes with the truckers, majority 16 (80%) responded in the positive. Commenting on the nature of jokes that exist between them and the truckers, the majority 13 (50%) subscribed to husband and wife, followed by 7 (27%) ethnic jokes, 1 (4%), and 5 (19%) others. For those who don't exchange any kind of joke with the truckers, they opined as follow 9 (39%) I don't like it, 7 (30%) they are older than me, 5 (22%) no time for such, and 2 (9%) others.

Data Interpretation and discussions

Introduction: Twenty eight young female petty traders at different cars parks were approached to participate in the study but only twenty accepted to participate, constituting 71% of the total sample size as can be seen in the table below. For most questions, participants were able to pick more than one response, so the totals answers exceed this sample number.

Number of young female petty traders approached	Number of young female petty traders that participated	Percentage (from total)
28	20	71

The participation of twenty respondents only, regardless of the number of approaches and follow-ups, can be attributed to reasons such as lack of interest in studies because they are not aware of the significances of research, strict warnings with regard to giving out information especially to government officials and strangers, the fear of the disease, its sensitivity, etc.

Nevertheless, according to Trost (1994) as cited in Ritchie, et al. [46], a response percentage rate of 50% or more can serve as a basis for judgment. To analyze and make some concluding remarks, I drew all the conclusions based on what the survey results could provide and other earlier studies of this kind.

Level of Knowledge of HIV/AIDS: The findings indicate a high level of awareness of HIV/AIDS in view of the fact that all the respondents have heard about the disease and vast majority knows what it means and how many types exist. With this level of awareness, supported by the below findings, there is a strong hope that the respondents will take reasonable measures to reduce their risk of being infected. Lack of factual knowledge on the disease propelled the engagement of young adolescent girls in sexual intercourse, (Lema, 1990) as quoted in Agyemang S, et al. [47].

(UNAIDS, 2003 & UNFPA, 2003) as cited in Agyemang S, et al. [47], young people who have been exposed to the appropriate education about the disease do delay sex and use condoms.

Countries that have witnessed significant reduction in the rates of new infections, were those that massively invested in HIV/AIDS education and awareness programmes (UNAIDS, 2005) as quoted in Agyemang S, et al. [47]. Majelantle RG, et al. [48], persons who are less knowledgeable about the disease and those who have adverse health beliefs are mostly to engage in risky behaviors as they do not perceive themselves to be at risk. Majelantle RG, et al. [48], increased in knowledge about the disease is not a predictor for behavioral change, although knowledge about the disease is prerequisite for change.

Furthermore, the results revealed young persons and youths as the most at risk of infection. This occurs with Agyemang S, et al. [47], globally, young people are among the most vulnerable groups to HIV/AIDS, while adequate knowledge about the disease is key to their protection. Shiferaw Y, el al. [49], more than half of the new infections worldwide were among the young between the ages 15 and 25, and daily 6000 become infected with the virus making more than five every minute. Gregson S [50], young women are almost 7-fold more at risk of infection than all because of intergenerational sex with older men who are already part of multiple or concurrent partnership and/or sexual networks. Quarraisha A, et al. [51], interventions target at reducing risk of HIV infection among

Table 9: Rationales for not being closed to truckers.

No time for such relationships	9	38%
Their inappropriate behaviors	5	21%
I don't know	3	13%
Other	7	29%
Total	24	100%

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women require more targeted efforts directed at boys and young men.

Perception toward HIV/AIDS: The results indicate a mixed attitude towards the disease. The most worrisome is most respondents seemingly ascribed to its being a punishment either for offending God or deviating from social norms. This concurs with Suleiman AA (n.d.) [52], in the Yoruba community HIV/AIDS is conceived to be sexually transmitted disease (STDs) and is associated with gonorrhea, virulent gonorrhea, disease caused by sexual immorality and as such victims cannot disclosed their status, seek treatment openly above all left to serve their punishment for their indiscipline conduct. Muoghalu CO, et al. [53], majority of the respondents viewed HIV/AIDS as a disease that afflict immoral people and as a punishment from God. Only a handful of them saw the disease as a disease that could afflict anybody. Masanja MM, et al. [54], it is believed that God created sex organs for the exercise of love within marriage and for the purpose of reproduction and not for mere self-gratification. Religious leaders argue that sex is the main cause of HIV infections therefore good conduct should be promoted instead of condoms. Shiferaw Y, et al. [49], deeply seated sociocultural factors, religion, attitude towards ill-health and risky behaviors especially sexual behaviors can affect attitude towards HIV/AIDS. Haroun D, et al. [55], HIV is associated with taboos and belief that it is transmitted through forbidden sexual relationship. Luwaga (2004) as cited in (Masanja MM 2015) religious leaders insisted on abstinence as it is believed that AIDS is a punishment from God since it is transmitted through sexual intercourse.

Similarly, portraying persons living with HIV/AIDS as sinners, prostitutes, fornicators, etc. does not help the fight against the disease concurring with Muturi N. [56], comprehending especially facts that are related to the disease, infection and prevention, is paramount particularly in communities where the majority of the population still has limited knowledge and programmes must take into consideration the norms, values, beliefs and other sociocultural factors unique to the society as they dictate their viewing of the disease, use of contraceptive methods and reproductive health decisions. Shiferaw Y. et al. [49], majority of the participants believed that HIV/AIDS was a result of deviation from the moral life but were both sympathetic to victims and against their isolation.

Level of Knowledge of the Causes and Mode of Transmission of HIV/AIDS: The results indicate respondents possessing good knowledge of the causes and modes of transmission of the disease as majority associated its causes with unprotected sex and multiple partners and almost all agreed that it is transmissible and fundamentally through unprotected sex and blood transmission. Sexual habits are decisive determinants of the risk of HIV infection [57].

Furthermore, the results are in agreement with Sikira A, et al. [39], in which he discovered high level of knowledge on the HIV/AIDS among petty traders despite the fact that it did not reflect in their behaviors. However, their knowledge on mother to child transmission was very shallow.

Nubed KH, et al. [58], majority of participants demonstrated an adequate understanding of HIV transmission and prevention. However, misconceptions about routes of transmission were observed in 3.4 to 23.3% of respondents.

In light of the fact that only one of the respondents could see child-mother transmission as critical way of transmitting the disease and four claiming that staying with an infected person can result in getting infected with the virus, a lot more education is needed as these young ones are expected to grow and take care of the victims and above all, they are to get marry and bear children in the future. This occurs with, Suleiman AA (n.d.) [52], if there continue to be political uncertainties, economic inequalities, social decadence, and resilience of superstitious traditional beliefs, the prevalence of HIV/AIDS is bound to increase, and better care and support for PLWAs will be lacking [52], with the multicity of fragmented ideas and knowledge of HIV/AIDS the fight can only be effective if these ideas and knowledge is harmonized.

Level of Knowledge of the Preventive Methods: The outcomes manifest that respondents have clear knowledge of some of the fundamental preventive methods as majority of them named abstinence, sticking to one sexual partner, and going for HIV/AIDS test as critical. This is supported by Quarraisha A, et al. [51], abstinence, monogamy, male and female condoms; voluntary counseling and HIV testing and medical male circumcision are widely promulgated as cornerstones of efforts for prevention of HIV infection. Guindo OM, et al. [59], the level of knowledge among adolescents in general is high but, does not seem to have any practical impact on attitudes towards HIV / AIDS.

In the same vein, the findings have shown some areas where some efforts are needed if ever the battle to stop the spread of the diseases is to be won namely, discrimination and isolation of victims occurring with Sohn A, et al. [60], social stigma is a major barrier to the prevention, treatment, testing, and accessing HIV treatment and care because of service providers refusal to support and stigmatized patients not wanting seek support. (zwang & Garenne (2008) as cited in Parker W [61], social exclusion by families contribute to high-risk practices among single mothers, including for example, resorting to sex work or other transactional adaptations among young mothers

Encouraging more people to go for voluntary counseling and testing, and sharing of results without any form of punishment (e.g. stigmatization, discrimination, isolation, etc.) rather a support from the partners, immediate family members, and state authorities and partner organizations was equally highlighted as fundamental. This is in agreement with the findings of (Gaillard P. et al., 2002) as quoted in Obermeyer CM, et al. [62], stigma and discrimination, and fear of violence remains fundamental obstacles to voluntary counseling and testing particularly for women. Fear of stigma, discrimination and violence has deterred women participation in voluntary counseling and testing. Social stigma has interfered with the effective response to HIV/AIDS, deterred people from attending voluntary counseling and testing (VCT) and disclosing their positive status to family members, partners and close friends,

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(Herek GM (2003) as quoted in Sohn A, et al. [60]. As a result of stigma, women are often reluctant to seek HIV testing and are not empowered to enact HIV prevention [63]. Knowledge of the virus is critical but in the reduction of transmission, seeking of diagnosis, treatment and fight against stigma and discrimination is fundamental [64]. This is closely associated with the misconception of the mode of transmission and attitude toward the disease and its victims [60].

Level of Knowledge of HIV/AIDS Management and Treatment Methods: While nearly all participants expressed great concern in becoming positive, the need to seek treatment to advert quick dead and the fact that the disease is manageable to avoid rapid full blown, majority disagreed with reporting for medical treatment in case of any suspicion of being positive due to the associated stigma, discrimination, isolation even by relatives and closest friends and lack of confidence in the professionals conducting the tests. This fear concurs with (Letamo G (2004) as cited in Majelantle RG, et al. [48], half of young children and one-fifth of older youth in Botswana believed that if someone is found positive, s/he should be isolated even if s/he has not started showing the symptoms. Knowledge of the virus is critical but in the reduction of transmission, seeking of diagnosis, treatment and fight against stigma and discrimination is fundamental [64].

Van Dyk AC, et al. [65], the results indicate that while the research participants, in principle, were not opposed to VCT, they professed a deep mistrust of health-care professionals, and feared discrimination and rejection by the latter, their sexual partners, and their communities.

Knowledge of HIV/AIDS is still relatively poor among health personnels and significant proportionate still use unacceptable cross-infection control procedures (Rudolph MJ, 1999) as cite in Ogunbodede Ile-Ife EO [66].

To manage the disease and prolong life support is highly required in which free health services provision by the state becomes apparent. Bateganya M, et al, [67], support groups were associated with reduced mortality and morbidity, increased retention in care, enhance treatment success and improved quality of life through equipping PLHIV with coping skills.

Niu L, et al. [68], confirmed that people living with HIV are vulnerable to mental health problems, and there is substantial need for mental health services among this population. Wux L, et al. [69], support/intervention effects, range from a reduction in HIV/AIDS stigma, loneliness, marginalization, distress, depression, anger, and anxiety to an increase in self-esteem, self-efficacy, coping skills, and quality of life.

Moradi G, et al. [70], revealed the needs of people living with HIV/AIDS, include three main categories. The first category was prevention and counseling services i.e. education, consultation, distribution of condoms, counseling centers providing appropriate psychological and supportive counseling, and family planning services. Second category includes diagnostic and treatment services i.e. full retroviral treatment, tuberculosis treatment and continuing care, providing care and treatment for patients with hepatitis, and dental services. Third category includes rehabilitation services i.e. home care, social and psychological support, nutritional support, and empowering positive clubs.

Interestingly, majority of the respondents felt that the disease can be cured and mainly through traditional medicine and permanent abstinence. However, cure through herbal medicine is still hypothetical as revealed by Orisatoki R, et al. [71], the inclusion of traditional herbal healers in the health care system especially in primary healthcare team in developing countries could improve quality of life and safety standards and their use as a complimentary therapy could play a role in the palliative care of people living with HIV/AIDS. Whether backed by medical science or simply by years of use, traditional treatments remain popular and as more research is carried out, some may play a complementary role in modern medicine.

Kayombo E.J [72], traditional remedies helped many HIV/AIDS patients to cope with the illness. Traditional remedies mainly from herbs, honey and psychosocial counseling arrested symptoms of HIV/AIDS that would lead to AIDS. Some of traditional remedies formulations had food components for patients who had no appetite. IK with its practitioners has a significant role to play on HIV/AIDS both in prevention and treatment.

Kanta V, et al., [73], herbal medicine provides rational means for the treatment of AIDS. Many compounds of plant origin that inhibits HIV during various stage of cycle, include alkaloids, carbohydrates, coumarine, flavonoids, lignin, phenolics, proteins, quinines, xanthenes, phospholipids and tannins. Plant derived microbicide and plant bodies are some of the new approaches for prevention of HIV. So, herbal medicines can be developed as a safe effective and economical alternate for AIDS.

Klassen DL, et al. [74], until future research is available, it is recommended that healthcare workers be vigilant about cautioning AIDS patients on ART who also use herbal remedies that this practice may reduce the treatment effectiveness of ARV drugs. In our opinion, there is not enough evidence available to advise patients on ARV drugs to strictly avoid Traditional Herbal Medicine (THM) because THM may also be of benefit to them.

In light of this, traditional leaders and healers are a "must not to leave behind partners" in the fight against the disease. This is in agreement with the findings of (Richter DL (2001) as quoted in Ogunbodede Ile-Ife EO [66], the challenge for HIV prevention indicate the need for collaboration with traditional healers both for sharing of information and service delivery. HIV prevention initiatives need to incorporate in depth some traditional healers and traditional theater as channels of information dissemination for more effective outputs (Richter DL, et al. (2001) as cited in Ogunbodede Ile-Ife EO [66].

Parents and religious leaders are the most common sources of HIV/AIDS knowledge for young people and most common message is abstinence [54].

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Relationship with Long-Distance Drivers: According to the respondents majority of them trade at the car parks because of having many customers there. They claimed to interact with all types of customers including the truckers which majority described to be high. These interactions which are asserted to be cordial have resulted to both closed ties and intimacy. This finding seem to be supported by IOM-UNAIDS Report [25], truckers have multiple relationships with women not only with sex workers but other members of the local communities who gathered to sell services either at the bars, lodges, markets , etc. that are not only frequent by the truckers alone but even migrants. Adelekan AL, et al., [75], the HIV prevalence rate observed among the tested participants was higher than the overall state prevalence, the result calls for concern as it showed that the population of truckers is a potential high risk group in Kogi State. Safe sex and use of condom therefore have to be energetically promoted among long distance truck driver.

Furthermore, the findings revealed that majority of participants are receiving some support from the truckers in the form of money as gifts and free transport for some of their goods especially those coming from the provinces. In light of the above named relationships, the tendency of this support being paid for in the form of transactional sex or in kind is very high as majority knows where the truckers live and have visited them in many places including their friends' homes. This concurs with (Ramjee G (2005) & (Karim A, et al. (1995) as cited in Damodar Sahu D, et al. [76], because of social and economic constraints that limit women's access to resources in many developing countries, sex becomes a commodity to ensure survival in the form of transactional sex, serial monogamous relationships, sex for transportation, school uniform and fees, food, accommodation, and conventional sex worker.

The practice of sex in exchange for gifts also promotes higher risk of HIV infection: the risk was more pronounced for males in rural areas, and for females in urban areas (NARHS Plus II, 2012) as cited in Awoleye OJ, et al. [57].

Transactional sex among young females is typical although not exclusively, conducted with older partner (Hawkins et al. (2005) as quoted in Parker W [61]. Transactional sex by young women involves multiple partners and is mostly for material gains and typically but not exclusively with older people which is directly related to HIV infection especially when the age difference is ten years or more (Kelly et al. (2003) as cited in Parker W [61]. Young females are susceptible to HIV/AIDS due to transactional sex, older partners, being linked to sexual networks, STIs, disruption in vaginal flora, heterosexual anal sex, inconsistent use of condoms, early sexual debut, physical immaturity, etc. (UNAIDS, 2008) as cited Parker W [61]. Underwood C, et al. [77], identified structural factors such as insufficient economic, educational, socio-cultural, and legal support for adolescent girls as the root causes of girls' vulnerability to HIV through exposure to unprotected sexual relationships, primarily relationships that are transactional and age-disparate.

Therefore it is critical that these relationships are not only closely monitored, but petty traders are sensitized about the danger of such relations as unearthed that drivers are susceptible to the virus for their lifestyle which include frequent visits of brothels, transportation of sex workers, low and inconsistent use of condoms, easy access to sex workers, anonymity as result of working long hours during nights (Morisk D, et al. 2005) as quoted in Morisky DE, et al. [78].

(World Bank 2013) as cited in Sohn A, et al. [60], trucker drivers were found to constitute 70% of clients of commercial sex workers twice as likely to acquire HIV infection compared to workers in low risk occupations, and serve as bridge population linking the general population. Morris, et al. (2004) as quoted in Parker W [61], where there is partner concurrency, vulnerability increases exponentially because an HIV negative individual is linked to large number of partners through network pathways that include sexual partnerships occurring within the current time frame. Doherty, et al. (2006) & Morris, et al., (2004) as cited in Parker, W. [61], partner concurrency increases vulnerability as HIV negative is link to a chain of positive ones and so too it is with mixing concurrent partners with different characters either as a result of settlements, economic activities, etc. Awosan, K.J. et al., [79], poor HIV/AIDS risk perception, unsafe sexual practice, and poor condoms use among drivers in Sokoto is high, despite adequate knowledge of the disease.

Delany-Moretlwe S, et al. [19], mobility increased risk by creating conditions for unsafe sex and reducing access to health services. Lippman SA, et al. [27], mobile populations, including truck drivers, are at elevated risk of acquiring HIV and other sexually transmitted infections (STI).

Truckers are equally viewed by the majority as favorite customers because they often buy all the goods at once. 'Husband and wife' jokes are a common practice. These undoubtedly are some of the strategies employed by child sex abusers to groom children which include the establishment of a special bond with the child, causing the child to rely on the abuser, reducing the child's resistance to abusive behaviors, keeping the child in the victimizing position for as long as the abuser can, etc. which is famously acronym (BRAT). Winters GM [80], empirical studies have found that nearly half the sexual offenders utilized what is known as 'grooming' behaviors which include preparing the child, community, significant others, etc. by getting closure to the child, gaining compliance, ensuring the child maintains high level of secrecy to avoid disclosure, etc.

Summary and Conclusion

To gauge young female petty traders at car parks vulnerability to HIV/AIDS, six main areas were explored namely, level of knowledge of the disease, perception toward the disease, level of knowledge of the causes and modes of transmission, preventive methods, management and treatment methods, and petty traders relationship with long-distance drivers. The findings indicate majority of the petty traders possessed good knowledge of the disease. Unfortunately, misconceptions still exist in the modes of transmission as persons living with the virus are regarded as immoral and offenders of God. Though participants are deeply worried of becoming positive, they are

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reluctant to seek medical treatment if found positive because of stigma and exclusion. High levels of interactions exist between the truckers and the young females resulting to intimate relationships constituting series of visitations both at home and brothels. In view of the above, these young petty female traders jostling between trucks are highly vulnerable to HIV/AIDS putting into account truckers' high level of mobility and ethos of taking risk.

Recommendations

To reduce vulnerability and safeguard the future of society it is recommended that:

Parents

1. Intensify their supervisory roles and don't only focus on the little cash the girls bring home at the end of day.
2. Continue to engage their daughters in reproductive health education with special emphasis on sexually transmitted infections including HIV/AIDS.

Community

1. The promotion of children 'being communities' children' especially the young girls should be revive and intensified and above all cherish as a fundamental pillar of coexistence.
2. Awareness raising to fight stigma and discrimination must be intensified and sustain to improve treatment seeking, the life and living conditions of persons living with HIV/AIDS.

Government and development partners

1. Create more job opportunities for the youths especially the females to pull them out of the streets and exploitative relationships.
2. Support families especially those in extreme poverty to eradicate child labour and related issues.
3. Continue awareness raising activities to enhance the fight against sexually transmitted diseases (STIs) especially HIV/AIDS.
4. Formulate and enforce laws and policies against child exploitation and sexual abuse, etc.

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