Dissertation Title

Knowledge, Attitude, Behaviour & Practices (KABP) Study among Truckers & Cleaners

A dissertation report for

Post Graduate Diploma in Health & Hospital Management

By

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BSS	Behavioural Surveillance Survey
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
IEC	Information, Education and Communication
USACS	Uttrakhand State AIDS Control Society
KABP	Knowledge, Attitudes, Behaviour and Practices
NACO	National AIDS Control Organisation
RCC	Regional Co-ordination Centres
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SACS	State AIDS Control Society
TI	Targeted Intervention
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

PREFACE

Being a student of Post Graduate Diploma In Hospital & Health Management with specialization in Public Health Management, the student is required to under go for dissertation in Public Health Organization . The student is required to undertake a project work as a part of the curriculum.

The present study **"Knowledge, Attitude, Behaviour & Practices (KABP) Study among Truckers & Cleaners in *Uttarakhand*"** is an endeavor to meet the standards laid by IIHMR .

The study is based on the information, learning, observations collected by the trainee during the period (Feburary-April,2011) . The report hereby is an outcome of my knowledge being a student of Health Management and learnings gained in Technical Support Unit-U SACS (Uttrakhand State Aids Control Society), Ministry Of Health & Family Welfare, Uttrakhand.

ACKNOWLEDGEMENT

This project report bears the imprint of many persons and I would be failing my duty if do not express sincere regards to those who have been instrumental in the finalization of the report .

First of all I would like to express sincere and heartfelt sense of gratitude to Dr.Vaishali ,Team Leader , TSU-U SACS and Mr.Mahendra Pancholi , Team Leader –TI , TSU , Futures Group International (India) Ltd. for providing such a good learning opportunity .

I owe a deep sense of gratitude to my mentor from IIHMR , Dr.Nitish Dogra whose support and advice during the whole dissertation period played a vital role in completion of this report.

It goes without saying that I alone will be held for any errors in the report

Abhinav Singh

Background of Organization

Uttarakhand State AIDS Control Society initiated four projects in 2004 and scaled up 17 TI in 2009, at present, the state is having 27 TIs with 21 Core TI and 6 Bridge population TI in the state. Mapping of the HRGs done by Raman Development Consultants in 2007 is used for scale up and it is also observed there are some sites where TI partners were not able to identify the community members as per given sites in mapping study, so State decided to conduct Participatory site assessment on 6 TI for validating data by the use of Local HRG consultants. There is minimum scope for scale up the HRG population in 2011-2012; where saturation is not possible through TI intervention due to scattered population at Hilly area so SACS is planning to cover them through focused IEC campaigns.

Technical Support Unit

Previously USACS TI projects were supported from Uttar Pradesh Technical support Unit with minimum human resources and NACO sanctioned separate Technical Support Unit in September 2009 to ensure the quality of TI projects.

Present Coverage

At present, the state is having 27 TIs with core high risk groups and bridge population in the state, 78%, 51 % MSM, 53% IDU and 43 % SMM were covered through TI interventions. District wise details are given in below table.

- Female sex workers – At present, 5650 FSWs are being reached in 12 districts through 10 exclusive and 5 composite TIs.
- Men having sex with men (MSM) – At present, 1440 MSMs are being reached in 5 districts through 2 exclusive and 5 composite TIs.
- Intravenous drug users (IDU) – At present, 1500 IDUs are being reached in 6 districts through 4 exclusive and 1 composite TIs.

Bridge Population: - At present, 30000 SMM are being reached in 6 Districts through 6 TI

India has one of the largest road networks in the world, involving millions of drivers and helpers. Truck drivers spend long periods of time away from home, and it is common practice for them to have relations with sex workers while on the road.

A total of 4 New Interventions will begin for Truckers in the year 2011-12 in Uttrakhand.

Review of Literature

According to Kumar SG, Dandona R (2009)[1] The variation between programs in the average number of contacts made by the program staff with truck drivers was 1.3 times versus 5.8 times for contacts by peer educators. Only 1.7% of the truck drivers were referred by the program for counseling and HIV testing. The need to strengthen the role of peer educators and increase referral of truck drivers for HIV testing.

Pandey, A et al (2008)[2] India has one of the largest road networks in the world, involving millions of drivers and helpers. Truck drivers spend long periods of time away from home, and it is common practice for them to have relations with sex workers while on the road. The study showed that nearly a third of the long-distance truckers had paid for sex in the past twelve months.

According to *Dude A et al , (2009)*[3] Time away from home, urban residence, income, and marital status were the strongest correlates of genital symptoms for Sexually Transmitted Infections (STI) and risk behaviors, although none were consistent predictors of all outcomes. Low HIV prevalence might be explained by a cohort that was mostly married, and at home. Novel HIV prevention interventions may be most cost effective when focusing upon young, single, and long-haul truck drivers.

The stated aim of the third phase of India's ***National AIDS Control Programme (NACP III)*** is to halt and reverse the spread of the HIV epidemic in India by 2012.[4] NACO aims to achieve this with targeted interventions that focus on high risk groups and 'bridging populations'. The high risk groups identified are female sex workers, men who have sex with men, and injecting drug users. The bridging populations, those who are the most likely to spread HIV into the wider population, are migrant workers and truck drivers.

As per ***Global Health Council Report (2002) 'Truckers carry dangerous cargo'***, There is no entertainment. It is day-in-day-out driving... When they stop, they drink, dine and have sex with women. Then they transfer HIV from urban to rural settings"

The ***UNAIDS, 2006 Report on the Global AIDS Epidemic*** states that there are signs that some efforts to prevent HIV among truck drivers have been successful. For example, a recent survey of truck drivers in Tamil Nadu - carried out after an HIV prevention program - found that the proportion of drivers who reported engaging in commercial sex declined from 14% in 1996 to 2% in 2003. Of those who did report having commercial sex, the proportion that had not used a condom the last time they did so fell from 45% to 9%.

In an article by BBC News , UK [5] One woman in Vijayavada demonstrates, these campaigns do not always manage to reach those at risk: “My husband is a truck driver and I got HIV through him. I had never heard of HIV or condoms before that and because I can't read, I couldn't understand any of the posters or banners.”

EXECUTIVE SUMMARY

This study examines awareness and behaviors related to reproductive health and HIV/AIDS among truckers and their cleaners/helpers in the city of US Nagar ,Uttarakhand, India. The objectives of this study were:

1. To determine knowledge, attitudes, behaviour and practices (KABP) about reproductive and sexual health among truckers and cleaners/helpers.

2. To determine the level of HIV/AIDS awareness and practice of risky behaviors among truckers and cleaners/helpers.

3. To assess the services desired by truckers/helpers at the male clinic and their willingness to pay for the services.

About 10 sites across the US Nagar district were covered in the survey. The sample frame consisted of respondents who came to the study site during the day. Respondents were selected randomly from this potential pool of respondents.

Truckers were defined as those engaged in transport of goods through roadways from one place to another.
Cleaners/helpers were defined as those persons who travel with the truckers and are responsible for maintenance and other odd jobs.

SAMPLING PROCEDURE

For the KABP study the city of US Nagar was selected. The city is industrial towns and have a significant number of truckers (about 1000 to 1500 per day) coming in to service the factories and industries.
In order to ensure optimum coverage, 10 sites across the city were covered. At the site level, the supervisor did the selection of all the respondents on a first-come-first-serve basis -- as the respondents were present at the site in a random manner. To avoid any duplication in responses, supervisors had kept a record of the truck number of the respondent, so that the trucker and cleaner/helper interviewed did not belong to the same truck -- in order to avoid similar awareness levels and behaviour patterns.

COVERAGE OF THE SURVEY AND ACHIEVED SAMPLE SIZES

About 180 samples were prepared for survey coverage from US Nagar. A sample of 75 truckers /helpers per city was taken, in consideration of the minimum sample requirement for data analysis. Since there are no authentic data available about the helpers per truck, we assumed that approximately 50 % of truckers had cleaners.
Therefore the sample size for truckers and cleaners was worked out based on the following calculations:
$X + 1/2x = 100$ where x= truckers
It was proposed to cover 50 truckers and 25 helpers from the selected city under the survey.

Respondents Profile

Total sample of 50 truckers, 25 cleaners was taken.

48 percent respondents were from Bihar, 30 percent from Uttar Pradesh, 22 percent from Punjab & Haryana .66 percent were originally from rural areas and 34 percent from Urban areas.
Overall, most respondents travelled long distances of over 500 kms away from home. Only about 12 percent of the respondents travelled less than 500 kms per trip.
As a consequence of long distances travelled, a large proportion of respondents spent several months at a time away from home.

Nearly all (95 percent) of the respondents stated that their regular halting points were *dhabas* (roadside eating joints).
The following table presents coverage and sample sizes of target groups across the selected city covered in the State:

S.No.	City	Truckers	Cleaners
1	US Nagar	50	25

Awareness of HIV/AIDS, Prevention and Incurability

80% of respondents had heard of HIV/AIDS. However, just 50% of the respondents knew that AIDS could be prevented, and only 20 % aware that HIV/AIDS is incurable. Overall, 14 percent of the target respondents knew someone who was infected with HIV.

In total, more than one -third felt that families would accept another member if s/he is infected with HIV, and about one-fourth felt that the community would also accept such persons.

Modes of Transmission and Prevention

75 percent of the respondents reported that HIV is transmitted through sexual contact and through blood transfusions. Knowledge of transmission through needle sharing was slightly lower at 73 percent. Fewer respondents were aware of vertical transmission (from pregnant mother to her unborn child) (69%) and transmission through breast-feeding (54%).

Knowledge of prevention through sexual abstinence was higher among respondents (74%) than of other modes of prevention, such as consistent condom use (64%) or having one faithful uninfected sexual partner (59%).

Overall only 8 percent of the respondents had correct knowledge regarding all three facts about HIV transmission:

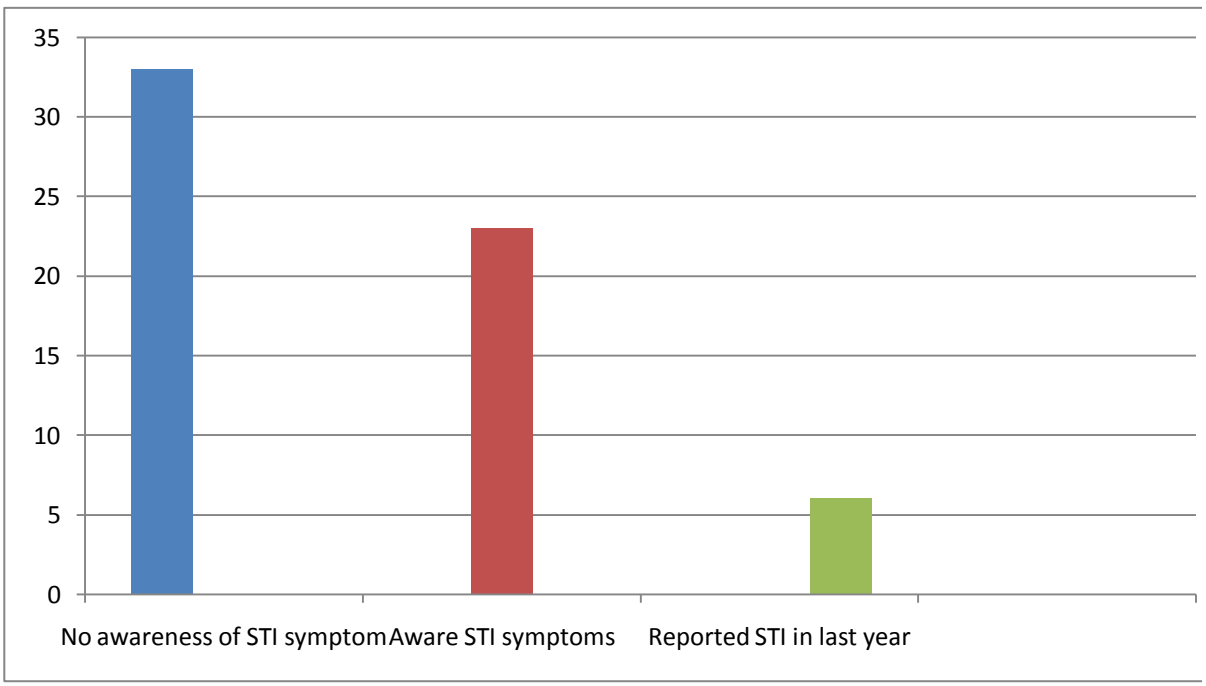
1. HIV cannot be transmitted though sharing meals with an infected person.
2. HIV is not transmitted through mosquito bites.
3. A healthy-looking person can be infected with HIV.

Testing Facility

Few respondents were aware of HIV testing facilities around the place of interview.

Awareness and Prevalence of STDs

33% respondents were aware of STD symptoms, and few respondents about 23% reported having STD symptoms. About 6 percent of them reported genital discharge and genital ulcers/sores in the last year.



Among those respondents who reported having STD symptoms in the past year, about one-third (36 percent) stated that they undertook treatment in private health facilities or clinics.

Awareness of Condom Usage

- About 80 percent of the respondents had heard of family planning. The family planning methods best known to respondents were: condoms, female and male sterilization, oral pills and IUDs.

- Of those respondents who were aware of FP, more than half had ever used family planning methods. Female sterilization is the most common form of contraceptive currently used among respondents, followed by condom usage.

Condom Awareness

- Nine in 10 respondents had ever heard of or seen a condom. Fewer than 10 percent were aware that condoms could be used to prevent HIV/AIDS and STIs.

- Of those respondents who had ever seen or heard of a condom, nearly three in five had obtained condoms from pharmacies. Two-fifths of this group of respondents needed to travel less than 15 minutes to get condoms.

Sexual Behaviour and Condom Use

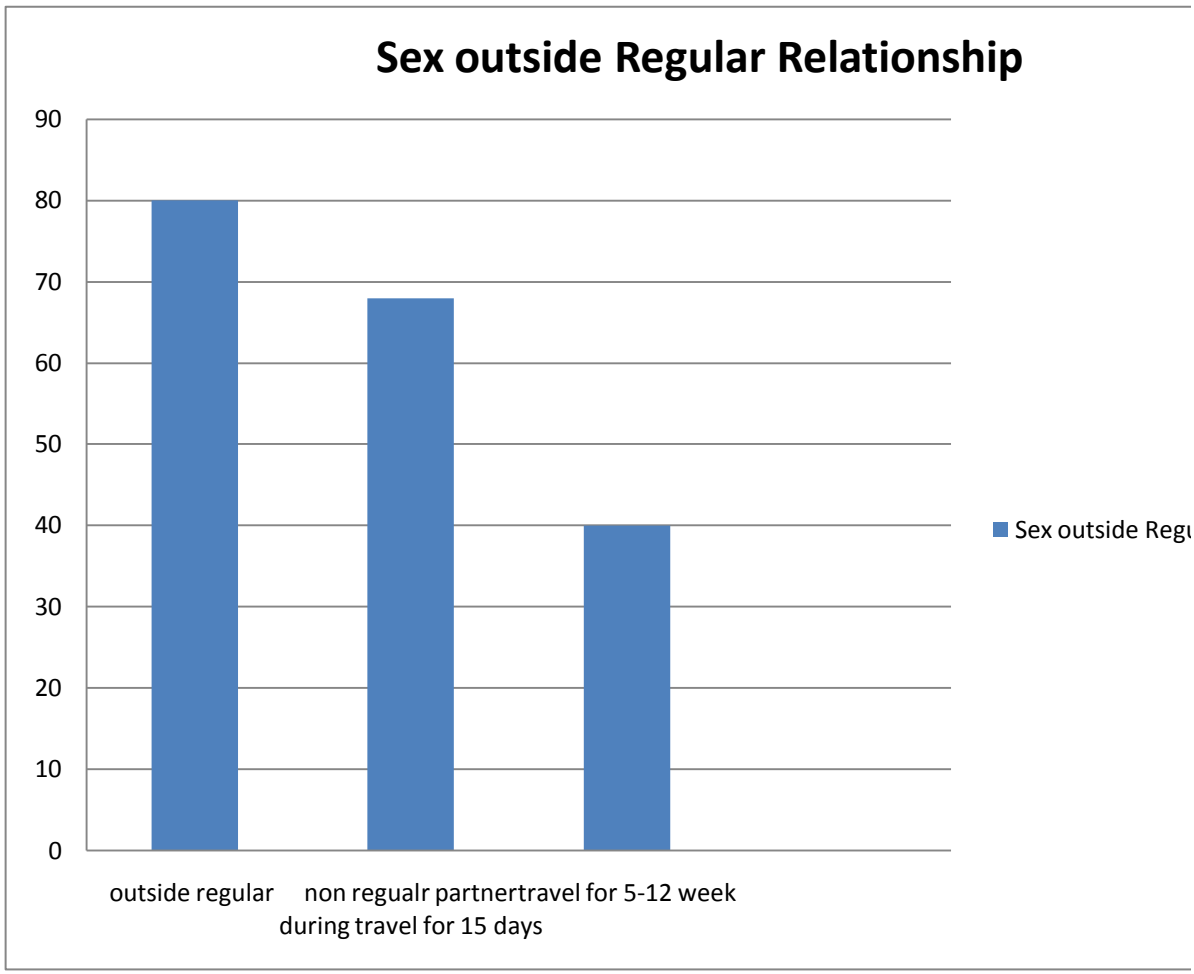
- About 8 percent of the respondents reported consistent condom use with their regular sexual partners in the year before the survey.

- Overall, nearly one -third of the respondents had sex with non-regular partners in the last year (28 percent). Of these, about half (45%) had at least two to three partners.
The largest proportion of respondents who reported sex with a non-regular partner in the past year (about 80 percent) had sexual experiences with commercial sex workers.

- More respondents in the age group of 18–39 had sex with non-regular partners. The highest proportion of respondents between the age of 25-29 years had sex with non-regular partners (46 percent).
In the 35 to 39 age group, nearly two thirds (65 percent) had at least 2–3 non-regular sexual partners, and in the 18–24 group, more than half (56 percent) had 2-3 partners.

Time Spent Away From Home and Sexual Behaviour

- About 80 percent had sex outside their regular relationships while on travel.
- 68% respondents reported having sex with non-regular sex partner during their travel more than week or fortnight. Nearly 40% of the respondents who were away for 5 to 12 weeks had non-regular sex partners.
- About three-fifths of the respondents had used condoms at last sex with their non-regular partners. Consistent condom use was reported by over a third of the respondents.



Sex with a Male Partner

- Altogether, about 8 percent of the respondents had ever had sex (manual/oral/anal) with a male partner. Most respondents who had sex with men said they were about 20 years old when they first experienced it.

Interpersonal Communication on HIV/AIDS, STIs and Condom Usage

- In general, interpersonal communication on HIV/AIDS and STIs and on condom usage was found to be low among the target group. Only 9 percent of the respondents had participated in any kind of awareness campaign on AIDS or STDs.

- About two in five respondents watched television regularly, listened to the radio, or read a newspaper.

- Very few (1.3 percent) had received free check-ups for STIs or HIV/AIDS.

Services at a Male Clinic

- Most respondents (97 percent) stated that they would like to use the services of a male clinic if such a facility is opened. Regarding the kind of services that should be offered in such a clinic, they listed treatment for minor illnesses, screening for HIV, laboratory services, treatment for STIs, and family planning services.

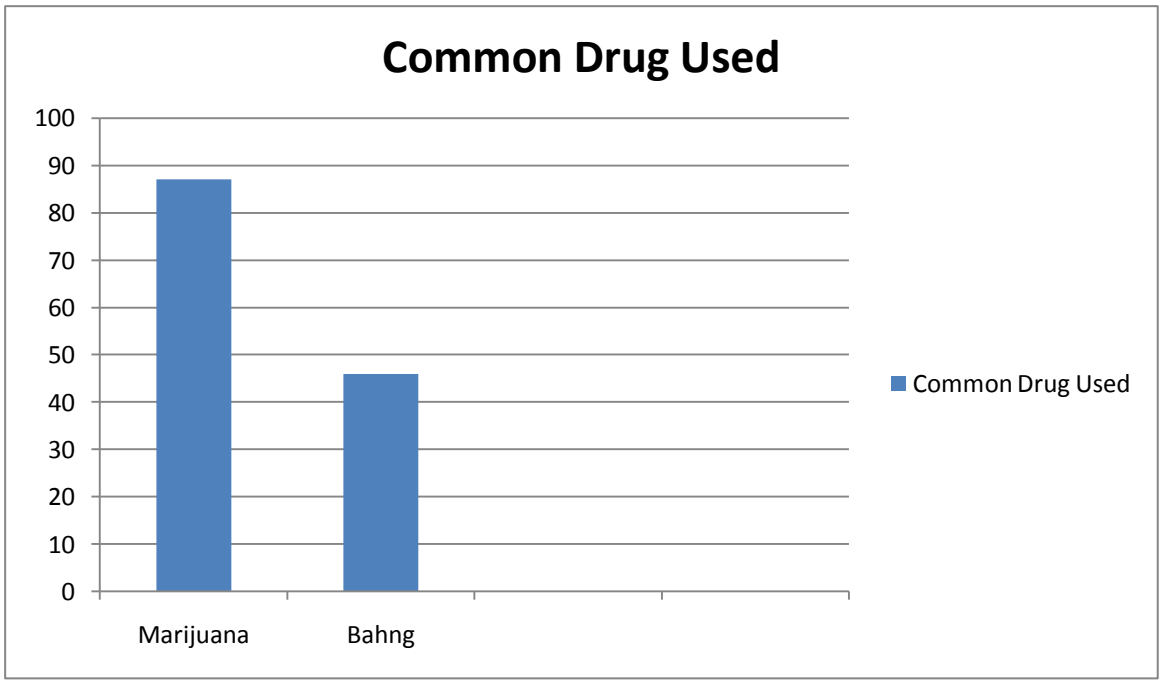
- About two-thirds of the respondents were willing to pay for these services. More than 90 percent said that they would use HIV counselling services from these clinics, and 81 percent would use HIV testing services. About half of the respondents wanted HIV testing facilities to be free, and about half stated that they would come to these clinics for counselling on family planning.

Substance Use

- More than 60% of the respondents had consumed alcohol at least once. Among those who had ever had alcohol, daily consumption was low, with only 16 percent reporting that they consume alcohol every day.

- About 23 percent of the respondents had ever tried drugs, but the proportion was unequally distributed among the sites .

- The most common drug consumed by the target group was Marijuana (Ganja) (87 percent), while the other commonly consumed drug was Bhang, used by around 46 percent.



CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

The International Conference on Population and Development (ICPD) in Cairo in 1994 has helped to bring the focus on me n, since it was realized that it was urgent for men to become involved in reproductive health education. Along with the HIV/AIDS epidemic and the increase in the incidence of sexually transmitted diseases worldwide, the repercussions of not involving men in reproductive health education and services are potentially dire for both sexes. In the past few years, this issue has received significant attention, and a larger focus has evolved in the treatment of men as individuals needing services and desiring a more collaborative, constructive role in reproductive health decision making and in family life.

Men as well as women play key roles in reproductive health, including family planning, but somehow interest in programmes to reach men has waxed and waned over the past several decades. However, new information and understanding and new approaches promise to help men become full partners in better reproductive health. For male participation in family planning to be successful, men will have to be much more than simply direct users of contraceptives. In addition, more and more men are making reproductive decisions together with their wives. Such findings suggest that men's attitudes in regards to reproductive behaviour are ready to change.

Worldwide, health care providers and policy makers are recognizing the direct connection between men's and women's gender roles and their reproductive health. In many countries traditional male and female roles deter couples from discussing sexual matters, condone risky sexual behaviour, and ultimately lead to poor reproductive health among both men and women. There is no denying that gender has a powerful influence on reproductive decision making and behaviour.

In India, as in many developing countries, men are the primary decision-makers about sexual activity, fertility and contraception. Little is known about the dynamics of couples' sexual and reproductive decision making or about how gender roles affect their decisions. However, it is clear that joint decision-making has to start with spousal communication. Research all over the world has consistently demonstrated that men and women who discuss family planning are more likely to use contraceptives, use it effectively, and have fewer children. With the current emphasis on male/female partnership, it is possible to achieve better spousal communication with a positive health outcome for all.

Enhancing men's partnership with women in regard to reproductive health benefits both men and women. The question today is no longer whether to involve men, but rather how to involve them. Providing information, education and communication (IEC) about reproductive and sexual health is key to gaining men's support and interest. Experience demonstrates that communication can change men's health behaviour for the better. Today many men are willing to participate in reproductive health activities. Men have expressed a desire to learn about family planning and there exists a large unmet need. Therefore reproductive health education programmes should reach out and provide men with the appropriate information.

Programmes need to address men's reproductive health issues, including sexually transmitted diseases (STDs), contraception, unwanted sex, and unintended pregnancies. There is also a need to assess what men know or do not know about sexual health and tailor information appropriately. Young men also need encouragement to delay sexual activities until they are better prepared to cope with their own and their partners' emotional and health needs. Finding ways to attract young men to reproductive health services is challenging because many are reluctant to seek help.

Programmes can reach more men when they are presented at places where men naturally congregate, such as the work place, social clubs or sporting events. Men feel comfortable in these places, form a ready audience, and may be more receptive to new information. Although condom promotion and sales have increased in response to the HIV/AIDS epidemic, the use of condoms falls far short of the need for them. Many men do not like condoms, however, because they interrupt sex and diminish pleasure. In many countries, social marketing has helped to make condoms widely available, and condoms are promoted both for family planning and for STD prevention.

In India, where decisions are made by men, addressing men’s needs for information and services is critical for improving reproductive and sexual health and family life. Innovative interventions such as informing men about HIV/AIDS and offering them medical services, particularly counselling and the treatment of STDs, can achieve better results.

STDs and HIV/AIDS certainly have a detrimental effect on the reproductive health of men and women. WHO reports that 15 per cent of the total disease burden worldwide is borne by STDs. UNAIDS and WHO estimates show that the number of people living with HIV/AIDS globally at the end of the year 2001 stood at 40 million. It is estimated that in 2001 about 7.1 million people were living with HIV/AIDS in Asia and the Pacific. During that year, the AIDS epidemic has claimed the lives of 4,35,000 people in the region. It has been estimated that nearly 3.97 million people in India were HIV-positive at the end of 2001. HIV infections have been reported from all states and union territories.

1.2 MALE INVOLVEMENT IN CONDOM USAGE

The Indian Family Welfare Programme has tended to focus on women and on female sterilisation. The use of modern temporary family planning methods is limited among males in India.

However, there is a strong need to involve males in the family planning programme. According to Population Reports (1999), men have a "dominant" role in making decisions pertaining to female reproductive health, and they are more interested in family planning than was believed earlier. While a majority of men were aware of at least three family planning methods, correct knowledge about these methods was deficient. The challenge therefore is multiple. There is a need to increase awareness regarding family planning among males, to increase male participation in the programme and to address the needs of male reproductive health. Also male sexual behaviour has come into special focus with the spread of HIV/AIDS, as men are indulging in risky sexual behaviour, thereby becoming infected and acting as transmitters of the virus.

As a part of this study, we have attempted to understand knowledge, attitudes and practices regarding family planning and HIV/AIDS among truckers and cleaners/helpers in US Nagar , Uttrakhand.

1.3 KABP STUDY ON MALE REPRODUCTIVE AND SEXUAL HEALTH IN UTTRAKHAND

As mentioned earlier, Uttrakhand has a significant number of timber , food processing industries with major labour-oriented work. A floating population of industrial labourers, mining labourers and transport workers is found in the State.
There is a higher chance of high-risk behaviour among this floating population group because of the time they spend away from their homes and families. The industrial city US Nagar has a significant migratory population consisting of industrial labour and truck drivers and cleaners/helpers.

Large numbers of truck drivers come to the State due to the existence of a major highway network for industrial transportation. Two national highways pass through Uttrakhand, besides significant state highways that connect each of the industrial city. As a result of the loading and unloading of goods at most of the industrial sites, there is a continuous movement of trucks to and from the State.
Truckers usually halt at eating-places within the city or on the highways (dhabas), for food and rest, or at petrol stations for refuelling.

1.4 OBJECTIVES OF THE PRESENT STUDY

The objectives of the study were:

1. *To determine knowledge, attitudes, behaviour and practices about sexual health among truckers and cleaners/helpers.*

2. *To determine the level of HIV/AIDS awareness and practice of risky behaviours among truckers and cleaners/helpers.*

3. *To assess the services desired by truckers/helpers at the male clinic and their willingness to pay for the services.*

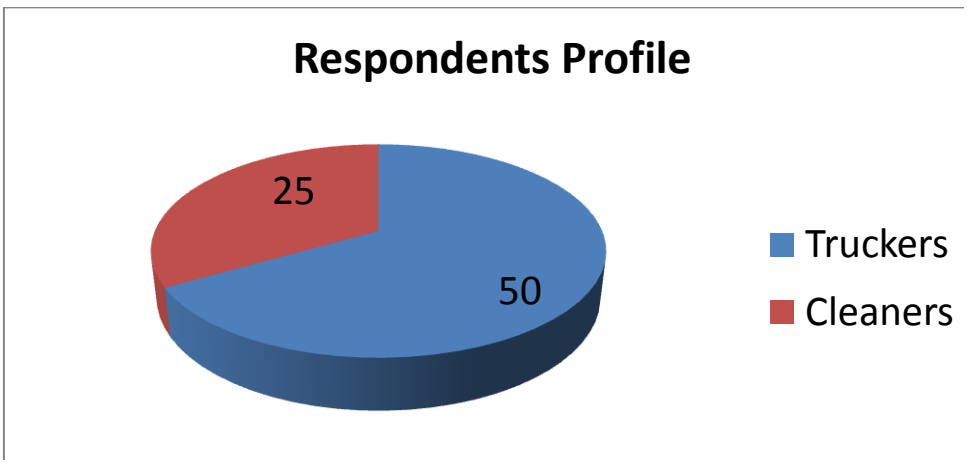
CHAPTER II: METHODOLOGY

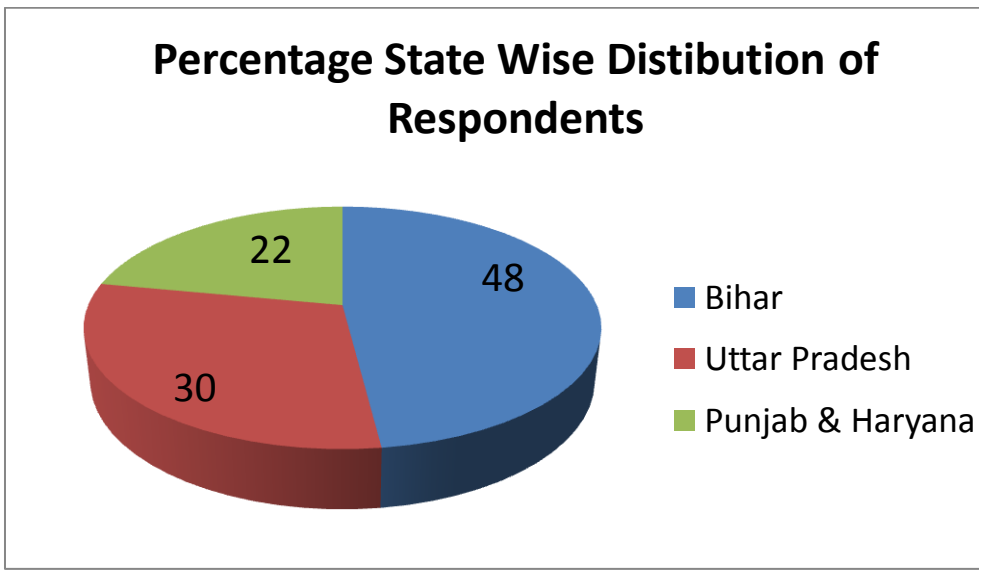
This chapter presents an overview of the methodology and sampling design adopted at the state level for carrying out the baseline knowledge, attitudes, behaviour and practices (KABP) study on male reproductive health, STIs and HIV/AIDS among truckers and cleaners/helpers.

2.1 TARGET RESPONDENTS

The following respondent target groups were covered based on the prevention efforts that are planned for in the future.

Eligible respondents among truckers were defined as those engaged in the transport of goods through roadways from one place to another, e.g. truckers found at halting points. Cleaners/helpers were defined as those persons who travel with the truckers and are responsible for maintenance and other odd jobs.





The questions were those used for the National Behavioural Surveillance Survey (BSS) on HIV/AIDS among the general population; these questions have been widely tested across the world.

2.2 SAMPLING PROCEDURE

For the KABP study selected US Nagar. The city is industrial town and have a significant number of truckers (about 1000 to 1500 per day) coming in to service the factories and industries.

In order to ensure optimum coverage, 8 sites across the city were covered. Sample coverage was proportionate to the size of the target group at the site. At the site level, the supervisor did the selection of all the respondents on a first-come-first-serve basis -- as the respondents were present at the site in a random manner. To avoid any duplication in responses, supervisors had kept a record of the truck number of the respondent, so that the trucker and cleaner/helper interviewed did not belong to the same truck -- in order to avoid similar awareness levels and behaviour patterns.

2.3 COVERAGE OF THE SURVEY AND ACHIEVED SAMPLE SIZES

About 180 samples were prepared for survey coverage from all three cities. A sample of 75 truckers /helpers per city was taken, in consideration of the minimum sample requirement for data analysis. Since there are no authentic data available about the helpers per truck, we assumed that approximately 50 % of truckers had cleaners.

Therefore the sample size for truckers and cleaners was worked out based on the following calculations:

$X + 1/2x = 100$ where x= truckers

It was proposed to cover 50 truckers and 25 helpers from the selected city under the survey

CHAPTER III:
TRUCKERS AND CLEANERS/HELPERS - RESULTS AND DISCUSSION

3.1 BACKGROUND

Truckers and cleaners/helpers represent one of the key bridge population groups for any intervention project. They act as a bridge between high and low prevalence communities and geographical areas. Their contact with their families is not for a protracted period of time, but during these interactions they share common aspirations such as having children and leading a normal family life. However, the nature of their profession and the stresses associated with long periods of travel and being away from family for prolonged stretches of time can result in truckers and cleaners/helpers indulging in risky behaviour with regard to HIV/AIDS.

The KABP survey among truckers and cleaners/helpers thus had undertaken a detailed study of this population, in terms of their demographic profile, contraceptive practice, awareness of STD and HIV/AIDS, prevalence of STD among the truckers and cleaners/helpers, their treatment -seeking behaviour, their sexual behaviour and condom usage, besides other salient observations pertaining to their risk behaviour.
Before initiating male clinics in the city, it was important to collect information about the services desired by this group and their willingness to pay for them. Each of these issues is discussed in detail in the ensuing sections. The discussion will present the overall scenario, as well as the inter-city variations.

3.2 Age Distribution

All respondents were asked to report their current age (at the time of the survey) in completed years. About three-fourths of the respondents were between the age group of 18-39, with the total mean age being 31.5 years and the total median age being 30 years.

3.2.2 Marital Status

A little less than three-fourths of the respondents reported that they were currently married.

3.2.3 Educational Attainment:

Overall, the respondents showed a moderate level of education, with slightly over half of them having studied between Grade V and Grade XII. About one-fourth had attained some technical or other educational qualification after their higher secondary levels.

3.2.4 Main Occupation and Time Spent in Present Occupation

Seven in ten respondents (71 per cent) reported trucking to be their main occupation. 3 in 10 respondents told that are season based farmers also.

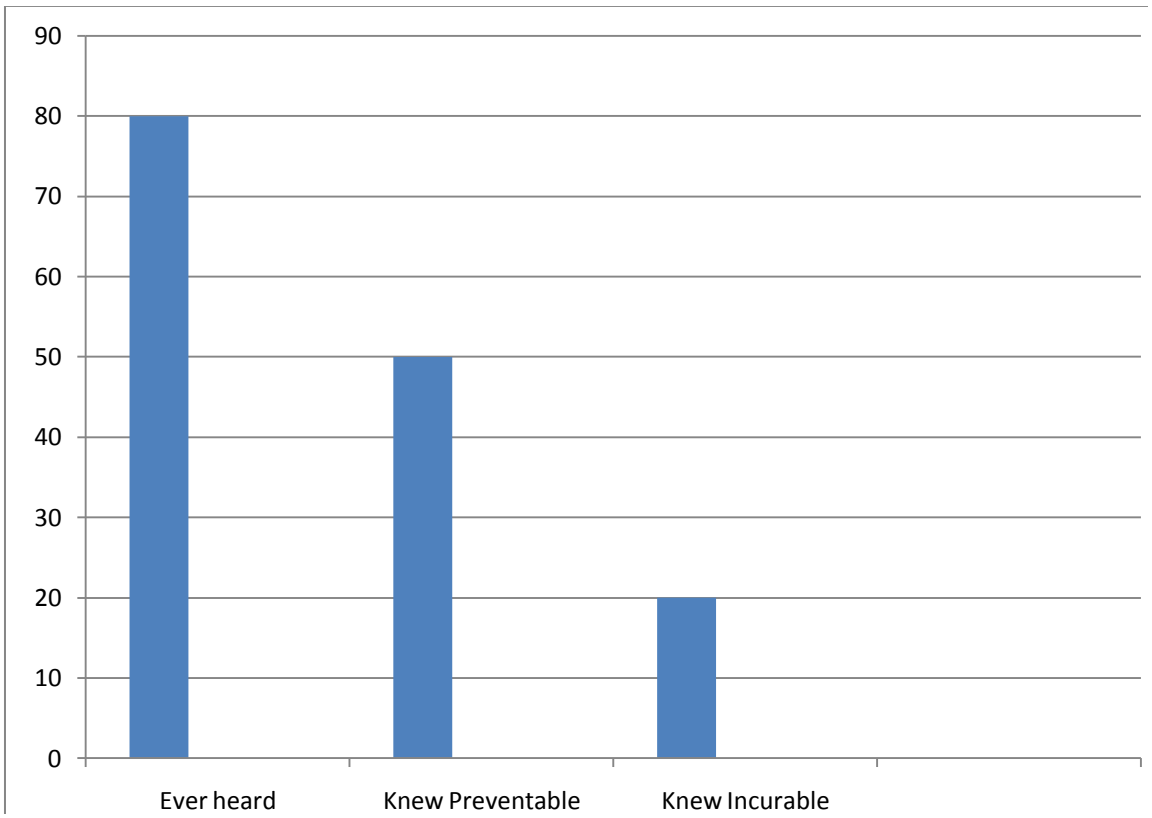
All respondents had spent at least a year in their present occupation. About 37 percent had been in their current occupation from one to five years. However almost half of the respondents had been in their present jobs from six to 15 years (50 percent).

A longer time and a greater distance spent away from home meant higher chances for indulging in risky sexual behaviour.
Therefore, questions were also asked on truck halting points, which might serve as places for meeting sexual partners, and therefore as areas where information, education and communication programmes could be initiated.

3.3.1 Correct Knowledge about HIV Transmission

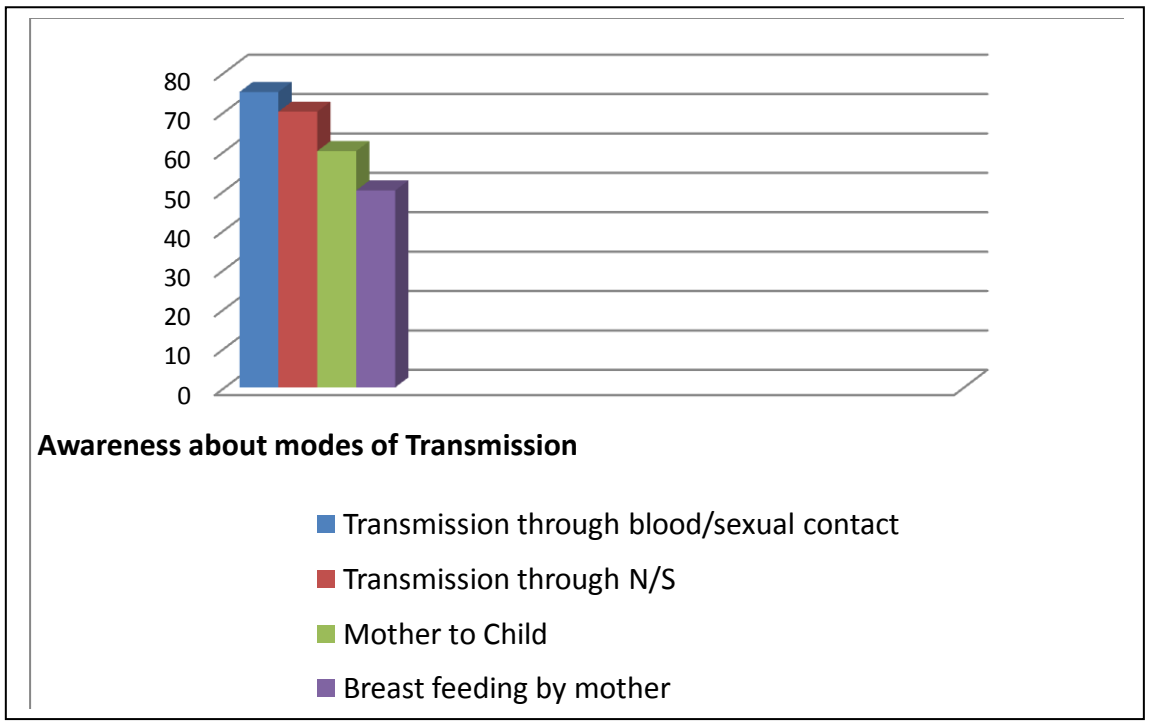
About three-fifths of the respondents (61 percent) were correctly aware that HIV cannot be transmitted though sharing meals with an infected person.
Whereas more than three-fifths in were correctly aware that HIV does not transmit through mosquito bites, only about 43 and 34 percent in and US Nagar respectively were aware of it.

Overall, only about two-fifths were aware that a healthy-looking person could be infected with HIV. Awareness of all three issues was also quite low, with only 4 percent of respondents in compared to 13 percent of respondents in being correctly aware of the following three facts: that HIV cannot be transmitted though sharing meals with an infected person, or through mosquito bites, and that a healthy-looking person can be infected with HIV. Overall, only 8 percent of the respondents had correct knowledge about the above three issues regarding HIV transmission.



3.3.2 Testing Facility

Few respondents (6%) were aware of HIV testing facilities around the place of interview. However, about one -fifth knew of some HIV testing clinic in other areas. Most people (61.5 percent) agreed that in case such facilities were open, it would be possible to have a confidential HIV test done there. But over half of the respondents from felt that it would not be possible to keep the results of the tests confidential.



3.4 Awareness of Sexually Transmitted Diseases (STDs)

Respondents were questioned on their level of awareness of STDs, the common symptoms of STDs in men and women, their own STD afflictions, STD symptoms that they chose to reveal, the kind of treatment undertaken and the kind of treatment preferred in case of future episodes. These questions were asked to find out the prevalence of STDs among the target group, based on their reported symptoms, and therefore to find out the degree of risk that the group faced in regards to HIV infection. The aim was also to promote better treatment facilities at clinics and hospitals.

3.4.1 Awareness of Symptoms of STDs, Linkages between STD and HIV/AIDS

Overall, awareness of STD symptoms was found to be low (29 percent) among respondents. It was lowest in, where only about 17 percent had heard of STD symptoms, while it was highest in US Nagar at 42 percent.

3.4.2 Awareness of STD Symptoms in Women and Men

Genital discharge and genital ulcers/sores were considered to be common symptoms of STDs in men and women. Awareness of common STD symptoms was quite low among respondents, with a higher proportion of respondents aware of STD symptoms in men (17 percent) than in women (4.4 percent).

3.4.3 Prevalence of STD Based on Self-reported Symptoms

Respondents considered to have STD symptoms were those who reported genital discharge, genital ulcer/sore or both discharge and sore in the year prior to the survey. Prevalence of STD symptoms was found to be low among respondents, with about 6 percent reporting genital discharge and genital ulcers/sores in the last year. About 8 percent had genital discharge or ulcers/sores in the 12 months before the survey. STD cases were reported to be least prevalent in (6%)

3.4.4 Source of Treatment and Preferred Treatment Methods

Among those respondents who reported having STD symptoms in the past year, most (36 percent) stated that they undertook treatment in private health facilities or clinics. Whereas more than half of the respondents in US Nagar (56 percent) and two-fifths in (22 percent) reported treating themselves for STDs in private facilities, no respondent from claimed to have done so.

3.5 CONDOM AWARENESS

Overall, most respondents (87 percent) had heard of or seen a condom. Awareness was high in US Nagar. Among those respondents who were aware of condoms, most of them also knew that condoms were used for family planning or to avoid pregnancy.
A cause for concern, however, is the low awareness of using condoms as a measure of preventing sexually transmitted infections. Only about 3 percent knew that condoms could be used to prevent sexually transmitted infections (STIs), with no respondent from reporting any knowledge in this respect, while a slightly higher 10 percent of respondents were aware that condoms could be used to prevent HIV/AIDS. Surprisingly, awareness of AIDS prevention through condom use was very low in US Nagar (2.2 percent)

Respondents were asked to relate the correct steps for using a condom and their spontaneous responses were recorded. Then the steps were read out to them and their prompted responses were recorded. Thus, there were both spontaneous and prompted responses to this question.

Most respondents (about half) knew without prompting that condoms had to be removed from the package.
Even on prompting, only one-third of the respondents agreed that it was a correct step for using a condom. Except for removing the condom from the penis after sex and then disposing the condom after use, all the other steps in between, like holding on to the condom while withdrawing, and withdrawing while still erect, got more responses when they were prompted, suggesting that these important steps might not be clearly known to most respondents

3.5.1 CONDOM AVAILABILITY

Knowledge of places or persons from where condoms can be obtained, as well as the easy availability of condoms in terms of distance to be travelled, facilitates condom usage

The top five responses received in terms of places/persons from whom condoms could be obtained were: pharmacy shops, ordinary shops, clinics, family planning clinics and sexual partners. The majority of respondents said that condoms were available in pharmacies (92 percent) and the next most common places were clinics (80 percent). About two-thirds of respondents also said that condoms could be obtained from shops, with the proportion being higher in US Nagar (88 percent). Overall, two-thirds of eespondents who have ever heard or seen a condom also knew that condoms were sold at family planning clinics.
About three-fourths in US Nagar mentioned that condoms could be obtained from sexual partners. The percentage of those who mentioned sexual partners as a possible source was lowest in at 45 percent .

3.5.2 Type of Non-Regular Sexual Partner and Place of Non-regular Sex

The largest proportion of respondents who reported sex with a non-regular partner in the past year (about 80 percent) had non-regular sexual experiences with commercial sex workers.

About 80 percent had sex outside their regular relationships while on travel, and this proportion was almost all (about 97 percent) respondents had non-regular sex while travelling.

3.5.3 Condom Use

About three-fifths of the respondents had used condoms at last sex with their non-regular partners -- with three-fourths of the respondents in US Nagar and less than half in reporting this behaviour.

Overall, over one-fifth of the respondents who did not use condoms at last sex did not do so because they did not find it necessary. Those who did not use condoms at last sex in US Nagar mostly reported that condoms were unavailable. Nearly 40 percent in did not find it necessary to use condoms with their non-regular partners, while one -eighth of the respondents who had non-regular partners in said that there was no time to procure a condom.

3.6 Type of Male Partner

Half of the respondents had a first-time male-to-male sex with a co-worker, while the other half had it with a friend. On the other hand, mostly said that they had homosexual encounters for the first time with a neighbour or a friend.

3.6.1 Anal Sex and Condom Use

A large proportion of respondents who ever had sex with a male partner – in US Nagar (67 percent) had anal sex with male partners in the last year.
Significantly, none of the respondents who had anal sex used condoms with their male partners at last sex, or used condoms consistently with their male partners.
On the other hand, the small percentage of respondents who reported having anal sex, used condoms at last sex and used them consistently with their male partners.

3.6.2 SEXUAL BEHAVIOUR AND CONDOM USAGE WITH MALE PARTNER

The study also attempted to understand the extent to which truckers engage in sex with male partners, and the precautions taken in case of such sexual encounters, which would determine their risk of being infected with STDs and HIV through male-to-male sex.

3.6.3 Sex with a Male Partner

Altogether, about 8 percent of the respondents had ever had sex (manual/oral/anal) with a male partner. The percentage was 14 percent in US Nagar reported such encounters. Most respondents who had male -to-male sex said that they were about 20 years old when they first experienced it. They said that the age of their first partner was around 18 at that time.

3.7 EXPOSURE TO THE MASS MEDIA AND TO INFORMATION, EDUCATION AND COMMUNICATION (IEC)

In order to find measures to improve IEC programmes, questions were asked of respondents on HIV/STI messages received through the mass media, campaigns organized for awareness generation, free medical check-ups given to these bridge groups etc.

3.7.1 Interpersonal Communication on HIV/AIDS/STIs and Condom Usage

In general, interpersonal communication on diseases such as HIV/AIDS and STIs, or on condom usage, was found to be low among the target group.

3.7.2 Exposure to Mass Media

Regular exposure to the mass media was moderate among respondents. Slightly more respondents (43 percent) watched television regularly, than listened to the radio (41 per cent), or read the paper (42 percent). Exposure to the radio, television and newspapers was also high in US Nagar.

3.7.3 Participation in Awareness Campaigns and Free Check-ups

Participation in any kind of awareness campaign on AIDS or STDs was also quite low among respondents (9 percent).Very few (1.3 percent) had received free check-ups for STIs or HIV/AIDS. All of those who had received such check-ups in US Nagar had received them from government clinics.

years age group, for example, of the 6 percent who had sex with others than their regular partners, all had only one non-regular partner. In the 35 to 39 age group, on the other hand, nearly two-thirds (65 percent) had at least 2–3 non-regular sexual partners, and in the 18–24 age group, more than half (56 percent) had 2-3 partners. However, in the 40-49 year age group, it was found that an equal proportion had between two and more than five partners in the year before the survey. The actual numbers of those who had multiple partners in this age category was likely to be quite low, since the 40–49 age group recorded a low percentage of truckers/cleaners/helpers engaged in sex with non-regular partners, compared to the younger age groups.

3.8 OTHER SALIENT OBSERVATIONS

This sub-section deals with community acceptance of people living with HIV/AIDS (PLWHAs), as well as the respondents' awareness of such persons.

Overall, 14 percent of the target respondents knew someone who was infected with HIV. In total, more than one-third felt that families would accept another member if s/he was infected with HIV, and about a fourth felt that the community would also accept such persons.

Condom Use with Non-Regular Partners

Significantly, no one in the age group below-18 years used condoms at last sex with their non-regular partners, though they had two or more such partners. On the other hand, all respondents who had non-regular partners in the over-49 year age group used condoms at last sex; consistent condom use with all their non-regular partners was reported by nearly two-fifths of them. Condom use at last sex was reported by 70 percent in the 30 to 39 age group, by 63 percent in the 18 to 29 age group and by 50 percent in the 40 to 49 group. Consistent condom use among these age groups was considerably lower, ranging between 30 and 40 percent .

3.9 AGE-WISE SEXUAL BEHAVIOUR OF TARGET GROUP

3.9.1 Non-Regular Partners

Analysis of data shows that more respondents in the age group of 18–39 had sex with non-regular partners. The highest propor tion of respondents aged 25-29 years had sex with non-regular partners (46 percent). About 15 percent of respondents in their forties and six percent of respondents in the above -40 age group also had sex with non-regular partners.

The trend in terms of age and number of non-regular sexual partners shows that with increasing age, there are a fewer numbers of such partners. In the over-49

3.10 SEXUAL BEHAVIOUR AND MAIN OCCUPATION

Cross-tabulation of data on occupation and sexual behaviour revealed that similar proportions of truckers and cleaners/helpers engaged in non-regular sex (29 percent). Over half (52%) of the cleaners/helpers had 2 sexual partners on the-3 whole, compared with 43 percent of truckers reporting the same.

A higher proportion of truckers reported condom use at last sex with a non- regular partner and consistent condom use with non-regular sex partners, compared with cleaners/helpers, indicating that interventions need to focus on the sexual and risk behaviour of the later group .

Since most respondents reported having sex with non-regular partners during their travels, we tried to analyze whether the length of time spent away from their families affects the sexual behaviour of the target group. No respondent reported engaging in sex with non-regular partners when they spent only a week or a fortnight away from home. Nearly two-fifths of the respondents who were away for 5-6, 7-8 and 11-12 weeks had non-regular sex partners. About one -third each of respondents, however, had non-regular partners when they were away from home for 13 to 16 weeks, 9-10 weeks 17 to 28 weeks or for more than 28 weeks. These respondents mostly had two to three partners. All of the respondents who had non-regular sex when they were away for about a month also had two to three partners. All of them reported using condoms at last sex with these partners and consistently with all their non-regular partners.

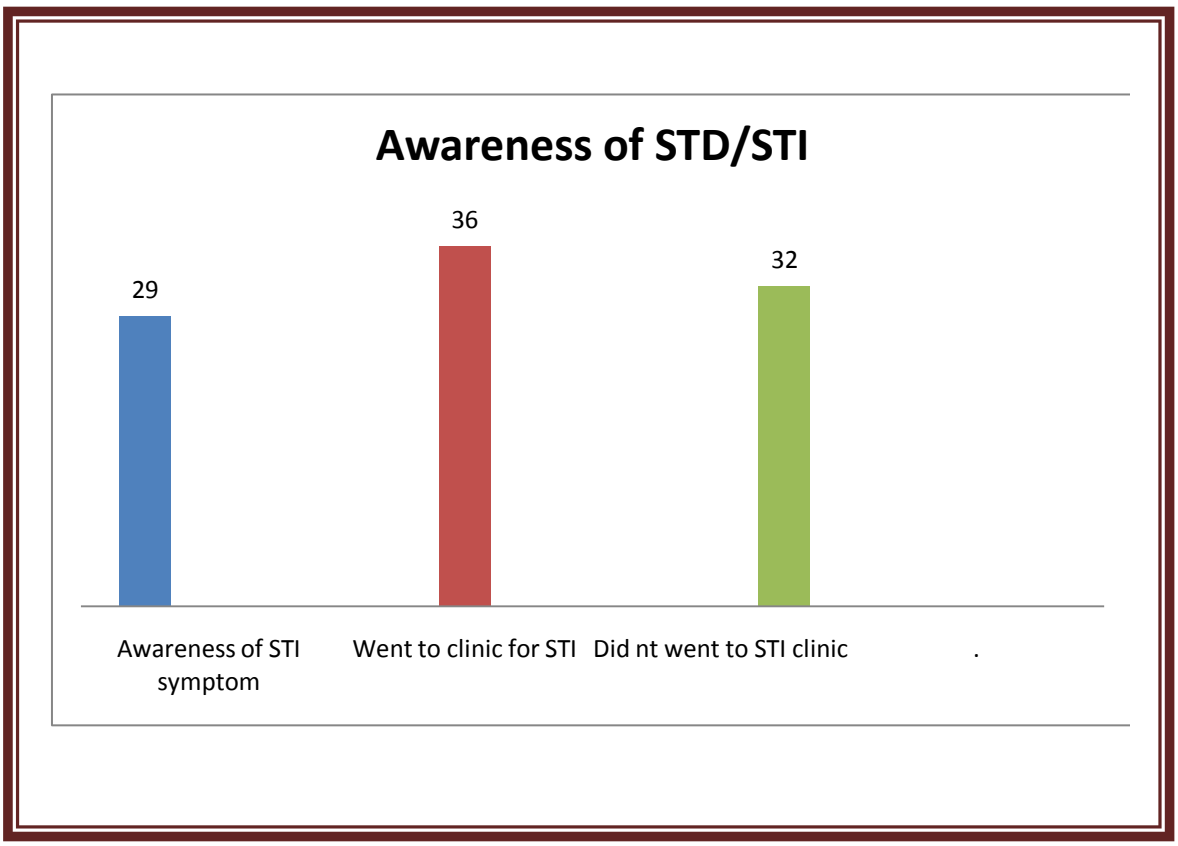
Condom use during the most recent time they had had sex with a non-regular partner was high among those who spent 9 to 10 and 11 to 12 weeks away, at 88 and 86 percent respectively. Among those who spent 13 to 16 weeks away, last time condom use was 73 percent. Consistent condom use was reported by 64 and 43 percent by those who spent between 13 to 16 and 11 to 12 weeks traveling, respectively.

CHAPTER IV: SUMMARY AND CONCLUSIONS

1. The baseline survey showed that the level of awareness regarding HIV/AIDS was quite high among both truckers and cleaners/helpers. More than 80 percent of all the respondents interviewed during the survey reported that they had heard of HIV/AIDS. However, the level of awareness regarding the prevention of HIV/AIDS was not so high among truckers and cleaners/helpers. Only 64 percent of them mentioned consistent condom use as a method of prevention, and 59 percent mentioned having sex with one faithful uninfected partner as a method of prevention.

2. More than 40 percent of truckers and cleaners/helpers had misconceptions on the mode of HIV/AIDS transmission. These included 'myths' such as transmission through mosquito bites and through the sharing of meals with an infected person.

3. Awareness of sexually transmitted diseases (STDs) and their common symptoms was particularly low among truckers and cleaners/helpers at 29 percent. A low proportion of respondents reported symptoms of an STD. Of these, most respondents went to a private clinic/hospital for treatment (36 percent), and a significant proportion did not go for any treatment (32 percent).



4. Overall, condom awareness among the truckers and cleaners/helpers was high. Around 88 percent had ever heard of or seen a condom. *However, awareness that condom use could prevent sexually transmitted infections (STIs) and HIV/AIDS was low and this presents a challenging scenario for future intervention projects. Prompted awareness on correct steps for using a condom was low.* Most respondents reported pharmacies as places where condoms were available and where they had obtained condoms.

5. The median age at first sex among the truckers and cleaners/helpers was 18 years. Over one-fourth of all respondents who ever had sex reported non-regular sex in the past year, and over two-fifths (45 percent) of them had 2-3 partners in the past year. For most of them their non-regular sex partner was a commercial sex worker. This indicated that truckers and cleaners/helpers become sexually active at a young age and are at risk of HIV transmission, since they have multiple partners.

6 .Nearly two-thirds of the respondents used condoms at last sex with a non-regular partner and over one -third (38 percent) used condoms consistently in the last 12 months. The main reason for not using a condom was that one -fifth of those who did not use a condom at last sex did not think it necessary to do so.

7. A low proportion of respondents, less than a tenth, had ever had manual/oral/anal sex with a male partner. Of these, the median age at the time of initiation of sex with a male partner was 20 years.

8. Around 23 percent of truckers and cleaners/helpers had exposure to interpersonal communication on STD/HIV/AIDS in the past year before the survey. The proportion of respondents reporting attendance in any meeting or campaign on STD/HIV/AIDS during last one year prior to the survey was less than one tenth (9 percent). Overall exposure to the mass media at least once a week in the month before the survey was reported by around two-fifths of the respondents.

9. Almost all of the respondents reported that they would avail themselves of the services of a male clinic. Two-thirds reported that they would like services to include treatment for minor illnesses; half of the respondents wanted the clinic to provide HIV testing services. Around three-fourths were willing to pay for services at the male clinic. Over a fourth (29 percent) of the respondents felt that the male clinic should be located on the highway, and nearly half felt that the clinic's hours of operation should be in the morning.

10. Among married respondents, four-fifths had ever heard of family planning, but less than two-thirds had ever used any family planning method (59 percent). The most commonly used method was female sterilization by the partners of the respondents, followed by the use of condoms. The main reason for not using any family planning method by those who had never used any method was that they wanted a child (38 percent) and 28 per cent wanted a son.

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