CHAPTER 4

DATA EXERCISE

Data exercise consists of two parts; the first part is a pilot study and contains primary data while the second part contains secondary data.

Pilot Study

Introduction

In view of the population pressure that exists in Bhutan, I have identified certain groups for which condom promotion could have a potentially greater impact. The identification of these groups was based on the groups identified in other settings. according to the risk-prone behavior (people who are at greater risk of unintended pregnancy and STD).

i. Commercial Sex Workers (CSW): Commercial sex work is not organized in Bhutan. Their way of operation is little understood except mention made by Else Melgaard, DANIDA (Danish International Development Agency) short-term consultant in her report. She reports that the women involved in it are both national and non-national (mostly of Indian origin) in Phuentsholing and presumably all nationals in Thimphu.

Usually these business are based in bars, restaurants, and hotels. The services are offered in a discretionary manner in this type of setting. Most women had been found to be below 25 years of age though the range had been observed from 15-35. These

Women are largely from poor socio-economic status and include rural women coming into town, school dropouts, divorcees, working girls with high standard of living. An article reported in the national newspaper classifies this women broadly into three categories. Women who charge less fees targeting the low income group, Women who charge higher fees and seek prospective clients through third party contacts, and lastly a less well-defined group who charge much more than the other two groups (Kuensel, October 19, 1996).

Thus, the identification of this group is quite a tough job. In fact, this is a hard group to reach because of their covert operation due to the illegality of the trade and stigmatization associated with this line of work. So, this group has to be identified with support from other organizations and recruitment of Informants, and shall be targeted generally for STD prevention.

ii. Drivers: The driver has been chosen since they are believed to be sexually highly active with multitude of partners in Bhutan. There is a phrase used locally which captures their behavior in general i.e. "driver life is golden life, every turning one-one wife". Also, studies in other settings has identified this group as a potential high risk

group. Among the drivers, the priority focus will be on truck drivers and taxi drivers since these groups are the ones that are usually away from their families most of the time and come in contact with so many.

iii. Uniformed forces: This group has been chosen since they have a closed community, have high average family size, have to move away from families for out station duties, have institutional norms and culture, and would be easier to implement interventions because of their well disciplined vertical organization. Thus, they are a target for both family planning and STD prevention.

iv. Youths (school and out of school): Youths are considered one of the most vulnerable group both for STD and pregnancies all over the world. In Bhutan, youths are the least informed about birth control and STD since there are no systematic sex education and also because of the social taboo attached to free discussion of sex.

However, because of the ease in contacting the respondents without much prior arrangement, the taxi drivers were chosen to conduct a study. It was carried out primarily as an elicitation study to identify the various factors that affect condom use. The taxi drivers are a group of highly mobile, generally young, and likely to be sexually active. The group consists of mostly of those who have left their own villages in search of better prospects and School dropouts- those who have not been able to complete their studies beyond High School owing to various reasons. Majority of this drivers work as

employees, and only a few of these drivers own the taxi that they drive while the remaining rent the taxi.

The main purpose of this study was facilitate the development of a proposal for promotion of condoms among this group. Although there are no documented evidences, this group has been recognized as one of the potential group at risk by various people both from health and outside health organizations.This group has been specifically chosen for this study as they were among one of the groups more easily targeted based on their occupation, have a common waiting area in the heart of the town, and have free time for interviews while waiting for those wanting to use their service.

The study was conducted on 6-7 November, 1996 at the Taxi stand, Thimphu, Bhutan.

Objectives

The Objectives of this study were:

1.To identify the various factors that affect condom use among the taxi drivers in Thimphu.

2.To create a conceptual framework for further development of research for other groups.

Study questions

1. What is their current level of awareness of condoms?

2. For what purposes are condoms mainly used?

3. How do the people feel about using condoms?

4. From where do they get the condoms? Do they Buy?

5. What are their sources of information?

6. Would they use a condom everytime if it was made readily available?

7. Which are the places for condom distribution that they could visit without any embarassment?

Methodology

Population: The sample population for the study were the Taxi drivers in Thimphu, Bhutan. This group was selected mainly because of their high risk behavior for STD and causing unintended pregnancy to their partners. It was partly because they were easier to be acessed witout prior arrangements.

Sampling: This study was conducted as an exploratory one and hence no statistical calculations were done to arrive at the number of drivers interviewed. It was simply a convenience sampling, based on their willingness to participate. I wanted to include as many as possible and the 20 respondents were interviewed.

Instrument: The instrument used was face-to-face Interview. An open-ended semi-structured questionnaire prepared in advance was used (see appendix#). This technique was used to be able to explore and incorporate the differing views held by the respondents.

Interview Setting and conduct

The site where the interview was conducted is in the midst of the town, just next to the taxi waiting area. As we go there we can hear the calls of this drivers for various destinations. The system of using the services of the taxis is somehow different to the one followed in Thailand. There are two ways by which the customers can avail the services. One way is by negotiated price and is quite expensive but no doubt faster. The other method is to join other passengers. This is the usual way but may have to wait until the taxi is filled. Therefore, the taxi parking area in Bhutan is a noisy place. Some of the drivers can be seen chatting, cracking jokes and laughing among themselves and some calling for customers. You can see some leaving, some with few passengers and waiting for more, some just coming back after completing a trip. There seems to be a strong sense of belongingness to the group among themselves.

One of the drivers that I knew was asked to help recruit his friends for the interview. Without his kind help, the interview would not have been possible, as I learnt later. Some of the interviewees came as a favour to him and not because of their interest. I started my interview with short introduction about its objective and what I expected out of them. As soon as I finished with one, I would ask my friend and he would send the

next one with ofcourse with some pursuassion. It was observed that most of them did not feel comfortable to talk about their partners, even to the point of saying nothing about it. Otherwise it went on well and I really enjoyed talking to them in such an informal situation.

Discussion of results

The type of partner seemed to be one of the important determinant in the use of condoms. The knowledge that condoms prevent pregnancy and transmission of sexually transmitted diseases was universal among the group. Thus, it depended on how well they knew the partner to assess the risk and the consequences of both pregnancy and STD. It was pointed out that condoms are used more with casual partners. It seemed from the interviews that the consequences of impregnating their partner was a stronger predictor of condom use rather than the risk of STD because most respondents who use condoms said the purpose of using it was to prevent pregnancy. Thus, it is likely that condoms promoted as family planning measure will have greater effect than as prophylactic within this target group.

Of the factors reported for non-use of condoms (barriers), the general consensus was on that it reduces sexual (penile-vaginal) pleasure. The extent and the contextual meaning is not known since it was not asked. However, the reasons for not using were quoted as, Not knowing how to use it, "Killed their erection", Penetration difficult, "Forgot while in the act", Expensive, Slippage, etc. Therefore, interventions addressing

this issue needs to be implemented on a priority basis. Promotion of sensitized condoms and IEC of "how to make sex enjoyable with condom" could be considered.

The other factor that seemed important is the availability. Most of the interviewees responded that they would use it if it was easily accessible and available. Distribution outlets near the waiting area and BOD (Bhutan Oil Distributor) were recommended by them.

The sources of information included Health workers, Friends, and Radio for almost all, News paper and pamphlets for those who could read.

A conceptual model for further research has been drawn based on the findings of the plot study and is presented in figure 4.1.

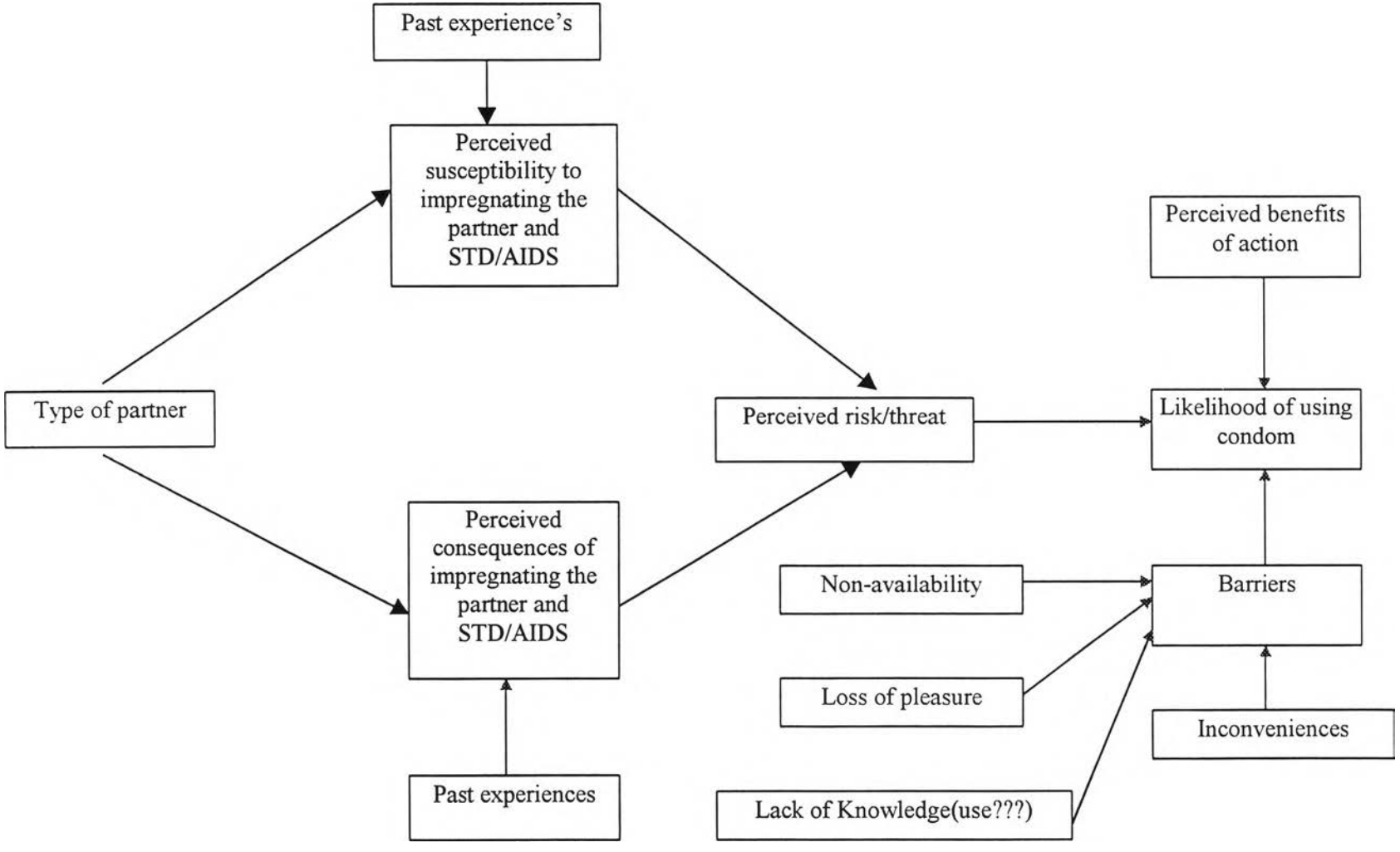

Fig 4.1 - Conceptual model for condom use

Limitations

1. The study was not a well planned one since it was carried out more as an learning experience and as such the results can only be taken as general pointers but not as concrete evidence.

2. The instrument used for this data collection was driven more by the time and resource constraints rather than a thorough analysis of the needs. Therefore, other methods of qualitative data collection can be found to be more appropriate.

3. Some form of Observation or Participant Observation could have provided more insight into the behavioural aspects of this group, had time permitted. However, it is uncertain whether the target behaviour could be observed considering the nature of the circumstances.

4. The interview was conducted in an open space. It was found that the noises and the people around was a distraction. Therefore, interviews need to be conducted in places where there are no disturbances.

5. It was hard to get the drivers for interviews. It was partly due to the nature of the interview and perhaps because of their busy schedule. Incentives in the form of wage compensation could enhance the cooperation of this group.

Lessons learnt

I have learnt that a framework should guide the process of data collection so that the data collected can be easily analysed to provide meaningful information. Thorough planning in terms of question design, method of data collection and analysis, and how the

information will be used needs to be carried out in advance. The study can be made more useful by involving partners who might need the information and thereby making it even more cost effective.

Recommendations

1. A further quantitative detailed study could be carried out to place weightage upon the different factors identified with this study.

2. Other methods of data collection, for example "the focus group discussion" and the "Indepth Individual Interview" could be used to solicit more information and to compare results. There is a further need to understand the various types of partner and how it affects condom use.

3. Participant observation could be another way of getting first hand information on their behaviour. However, it is highly unlikely whether the target behavior could be observed.

4. The tools and the type of data to be collected should be guided by tested models of behavior change for specific behavior to be able to plan effective IEC strategies. Data collected without any guide becomes difficult to analyze.

5. The study can be made more useful by letting the respondents identify solutions to remove the barriers of condom use rather than taking only the provider's views.

Secondary Data

Introduction

The secondary data analysis was carried out to point out the differences in the use of different contraceptive methods between the Annual Health Bulletins(1993,1994) and the National Health Survey(1994) in Bhutan. In fact, it is to show how the results differ when the means of data collection differs.

The comparison is presented both in tabular and graphical form in Table 4.1 and Figure 4.1 respectively:

Table 4.2: Comparison of contraception practices according to the results of Health Survey, 1994 and Health Bulletin, 1993 & 1994.

Type of contraceptives	Survey (%)	Bulletin 1993 (%)	Bulletin 1994 (%)
Pills	2.35	9.6	6.44
DMPA	3.98	6.5	6.65
Condoms	0.33	6.4	4.19
IUD	1.04	0.7	0.80
Vasectomy	8.04	0.8	1.75
Tubectomy	3.06	0.1	0.30
Total	18.80	23.1	19.91

Source: Adapted from Annual Health bulletin (1993,1994) and National Health survey.

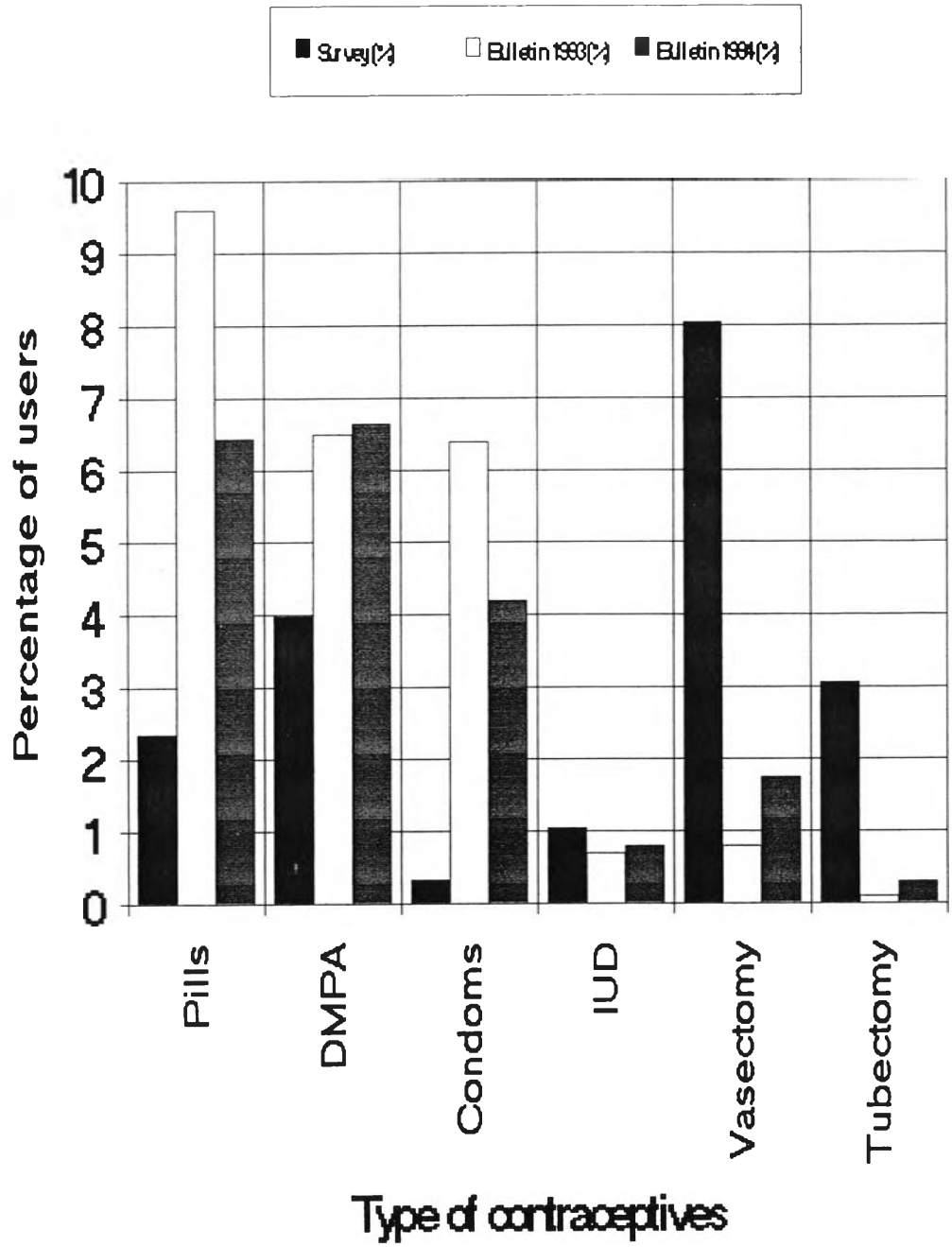

Figure 4.2 Comparison of contraception practices according to the results of Health survey and Health bulletins

The figures in Bulletins and the Survey has both been converted into percentages for comparability. The Bulletins for 1993 and 1994 was selected since the Survey was carried out in February, 1994.

The results in the Annual Health Bulletins are compiled from the reports sent by the different health facilities in the Kingdom. A standard procedure as guided by the Health Division is followed (or must be followed). The results In the National Health Survey was collected using a structured questionairre. A stratified multi-stage stage sampling was used for representative purpose.

Discussion

There is a need to understand and recognize the biases involved in the data collected if the data is to be used for any decision making. The biases can be recognized by analyzing the study design like Sampling used, Data collection technique, etc. The following section presents the reasons for the discrepancy between the Health Bulletins and the Health Surveys.

1. It is found that the contraceptive methods that are hospital-based and long term are under reported in the Health Bulletins as compared to the Survey while the methods which are clinic-based and temporary are over reported in the Bulletins. The following are the plausible reasons:

i. The reporting system for temporary methods being short term could be based on incidences rather than prevalence.

ii. It was pointed out by the Officials of the Health Information unit that there are inconsistencies and inadequacies in the regular reporting system.

iii. Multiple reporting of the same person occurs because of the floating users for temporary methods within the different clinics or the hospitals.

iv. The Bulletins does not take into account the cummulative nature of the permanent methods. The figures reported are for that year only.

v. The survey does not take into account the users who have discontinued during the time of survey but have used some methods in that year.

vi. The information in the survey was collected from the women only. Condoms are used mainly for non-marital sex and this could be one of the reasons for the difference. The other reason could be that there are huge wastage i.e. so much taken from the clinics but few only used.

2. The contraceptive prevalence rate from both the results are comparable. However, if cumulative figure for the long term methods are used (as per the standard procedure), the contraceptive prevalence rate goes up to around 33 percent. This rate is taken as the official rate for the present contraceptive prevalence rate by the Health Division, Bhutan.

Recommendations

1. The Health Division should improve the existing reporting system so that the Bulletins become a reliable source of information to identify the health problems of the population.

2. A system by which discrepancy of this nature can be detected and made known to the readers/users need to be worked out.

3. A central unit responsible for maintaining raw data, collecting all health and health-related studies/survey reports, all health information, etc. need to be identified. This would help all those needing information to access it easily without loss of time and chasing after so many people.