

CHAPTER IV: DATA EXERCISE

HIV PREVENTION COUNSELLING THROUGH INDEGENOUS OUTREACH WORKERS: AN INTERVENTION TO REDUCE UNSAFE SEXUAL BEHAVIORS AMONG TRANSPORT WORKERS

4.1 INTRODUCTION:

Many studies have shown that with high sexual mixing, transport workers are 'bridging' the Human Immunodeficiency Virus (HIV) between high-risk groups such as Commercial Sex Workers (CSW) and low risk groups such as rural women (Garrett, 1995; O Connor, 1996; Podhishita et.al, 1996; Rao et.al., 1995). Because of the transient nature of work, it is very difficult to reach the transport workers with HIV prevention services or safer sex education. The baseline and mid term survey results in transport workers population in the Kailai district has shown negligible increase in knowledge (VaRG, 1997) and knowledge alone can not bring behavioral change because of many other social/ situational, psychological and accessibility factors.

The transmission of HIV/AIDS requires only a few instances of risk taking behavior in contrast to the prolonged lifestyle related behavior for chronic diseases.

Close and continuous contact with the client to maintain consistent behaviors is needed without fail.

Counseling and testing interventions have shown encouraging results in changing risk behaviors. Nepal and particularly the Kailali district has limited scope to apply this because of the lack of HIV antibody testing sites. HIV prevention counseling can facilitate behavior change irrespective of the testing facility by applying important elements of behavioral theories. Attempts have been made to implement it with high-risk populations such as CSWs and Sexually Transmitted Disease (STD) clients in Nepal but its impact has not been well documented.

The annual report of the NGO currently working with transport workers in Kailali has shown that only 10 percent of their STD clients were male (ICH, 1998). This suggests that the transport workers are most unlikely to visit the STD clinics and this important group has no opportunity to receive the counseling service. Due to very high mobility, it has been very difficult to reach this group with any prevention services. The major challenge here is to provide this group with counseling service through a feasible intervention.

In this connection, I have developed a one-year proposal to implement outreach counseling for the transport workers in the Kailali district through the partner NGO. As Save the Children is already supporting the NGO there, it is most likely that it can be started from early 1999.

Empirical evidences have shown that the behavioral interventions can be successful in reducing unsafe sexual behaviors and it is more true if the interventions are theory based (Fishbien 1996; Leviton and O'Reilly, 1996). Behavior change is not a one-step, all-or-nothing process, but involves incremental changes in behavioral continuum. Different message will be required for people at different stages of this continuum. However, as in many other countries, this approach has not been carefully applied in Nepal.

The HIV prevention counseling, I have proposed, is based on the AIDS Risk Reduction Model (ARRM) by Catania et al (1991). According to this model AIDS risk reduction effort has three stages: labeling, commitment and enactment. Each of these stages are influenced by cognitive-emotive and behavioral factors such as self-risk perception, knowledge, aversive emotion, perceived cost-benefits of safer sex, and life skills. These influences are affected by different social, psychological and accessibility cofactors. In order to design the content of the counseling sessions as well as that of the training of counselors, I have proposed to conduct formative research as the first step of the study.

The instruments designed for the formative research contains items derived from the conceptual framework, that I am using. Most of these instruments and methodologies proposed are based on standard documents (AIDSCAP/FHI, 1996; Higgins et al., 1996). However it is important to see whether they can collect information on the desired variables. This data exercise was planned to test some of

these instruments and provide me with experience in some of the research methodologies.

4.2 RELATED STUDIES AND RESEARCH :

Before conducting this data exercise, I reviewed research reports related to transport workers sexual behaviors in Thailand. I also reviewed some information related to HIV/AIDS counseling in Thailand.

The first study entitled “Ethnographic Study of Long-Haul Truck Drivers for Risk of HIV Infection” was conducted in 1991 by the Institute for Population and Social Research, Mahidol University with support from AIDSTECH/FHI (Sawangdee, Isarpakdee, 1991). There were over two hundred thousand drivers driving 10-wheel trucks and the study was conducted to find out their lifestyle, norms and the conflicting pressures which influence their behavior. It was a qualitative study which used participant observation, observation, small group conversation, focus groups and in-depth personal interviews. The drivers were found between age 25 to 34 and almost all were currently married. The round trip took three to five days and along the truck routes there are three to four major stops. These stops are characterized by large areas with truck parks, market stalls, repair shops, restaurants and brothels.

All drivers traveling long distance take amphetamines. The truckers believed that to release the effect of amphetamine they should drink alcohol and have sexual intercourse with prostitutes. For variety they preferred to switch their sex partners

often. Few truck drivers used condoms because it interferes with the pleasure of sex. They believed that brothels should be safe because, an HIV positive prostitute would not be allowed to continue sex work. However drivers are switching to restaurant girls with the belief that these high priced sex workers were at low risk of HIV. On the other hand they also believed that local, low fee prostitutes are least risky because the foreigners would not sleep with them.

A second study, entitled "HIV Infection, Partners and Risk Behaviors Among Truck Drivers in Thailand" was done by the same institute in 1994, with support from Columbia University (Podishita et.al., 1994). Though officially illegal, there were around two to three hundred thousand prostitutes in brothels, tea houses, bars, restaurants, night clubs and massage parlors. The study interviewed with a quota sample of 330 long-distance truck drivers. In order to estimate HIV prevalence, serological specimens were obtained from the drivers by the filter paper technique. Statistical analysis was done with SPSS. Chi square measures and logistic regression were done. The drivers were between 15 to 54 years of age and 83 percent were married. The average driver made 13.6 trips monthly and earned 6,000 bhat. Mean age at first sexual intercourse was 17.1 years and for about half of the sample their first sexual experience was with a commercial sex worker. Thirty-eight percent of the subjects reported 50 or more lifetime partners. More than 33 percent had been with a CSW in the year and 8 percent were active in three types of sexual relationships; marital, CSW, and non commercial extramarital.

More than 66 percent of the drivers had used condoms with the CSWs and reasons for use were STDs prevention, AIDS prevention, and requested by CSWs. Reasons given for non use of condoms were unnatural, not available and being drunk. Of the 419 subjects tested for HIV, 2.4 percent were found positive. STDs were found more often among drivers with multiple partners. Regarding condom use strong relation was found with the number of partners. Drivers with three or more partners were less likely to use condoms. The multivariate analysis had shown that income was positively associated with having multiple partners. However co-habitation with a spouse markedly decreased the multiple partnership. Since rates of HIV transmission are dependent on sexual partner change and frequency of sexual intercourse, the truckers were the potential for bridging the virus from CSWs to the general population, wives and other women.

4.3 OBJECTIVES OF THE DATA EXERCISE :

The main objective of this data exercise is to pre-test some of the data collection instruments and methodology, developed to be used later in Nepal. Specifically the objectives are:

1. To observe truck stop site to learn about general environment, availability of risk situation and its interaction with the transport workers.
2. To conduct a focus group discussion with transport workers to find out their perception, beliefs and practices related to safer sex.
3. To modify the instruments and data collection methodology on the basis of lessons learned during the pretests

4.4 METHODOLOGY OF DATA EXERCISE :

Data exercise is an exploratory study aiming to find out the usefulness and accuracy of the proposed instruments and methodology. This exercise employs some of the techniques of data collection proposed in the proposal as described below:

1. Rapid ethnographic observation:

A truck-stop site in Ayutthaya province was observed during the data exercise using the participant observation method. Classic participant, as defined by anthropologists, means that the ethnographer lives and works for six months to one year or more in the community under study, learning the language and viewing behavior patterns over time. Realistically such a long-term approach to evaluation research is not possible, therefore rapid ethnographic approach was used in the data exercise.

A map was constructed to show, natural features, the types and locations of shops, alcohol shops, settlements, entertainment areas or brothels and distances between key sites around the truck-stop site. Creating maps of geographic areas is an important data collection technique frequently used at the beginning of participant observation.

2. Focus Group discussion:

One focus group discussion with long-distance truck drivers was conducted in this data exercise. Originating from the market research in the 1950s, focus group discussion (FGD) has in recent years been increasingly used in social science research. Focus group discussion, as a qualitative research method with a definite goal, is essentially a discussion among people of more or less the same age, socio-economic status, sex, etc. It is time and cost saving means to collect information on group feelings, beliefs, attitude, experiences and reactions. The purpose was to get in-depth understanding of perceptions, needs and local terms for particular key words and group dynamics of transport workers.

4.4.1 Data collection instruments:

Topic guide with open-ended questions was used for the focus group discussion with drivers. A cassette player was used to record the discussion with drivers. Similarly an observation checklist had been developed and used during data exercise of rapid ethnography. A map of truck stop sites was developed during the observation.

4.4.2 Site chosen for the exercise:

The truck stop site was selected purposively on the basis of availability of transport workers. Because of time constraints and logistics arrangements like provision

of interpreters, only one Focus group discussion was conducted. In total 12 drivers participated in the discussion.

4.4.3 Data collection procedure:

I am describing here details of how the data was collected both in the ethnographic observation and the focus group discussion. This description will help in defining the standards of data collection procedures in this exercise.

1. Rapid ethnographic observation:

I reached Autthaya at about 9 am with two other friends: Khamphithoune Somsamouth (Air) and Sanjaya Dhal from our college. One of them could speak Thai. Two other friends, Ms. Pomchanok Premjitt and Dr. Chokechai Ketochawalit of Ayutthaya hospital joined us as moderator of the focus group and interpreting Thai into English for us as necessary. I had sent them the instruments beforehand for their review. Together we again reviewed the instruments and I oriented them on the purpose and technique for about one and half hours.

Sanjaya and I observed the truck park area and surrounding location with the help of Ms. Pomchanok. We talked informally with some of the guards, the drivers, their wives and the shopkeepers to clarify things. A map of the site was prepared by observation as well as informal conversations with the people there.

2. Focus Group discussion:

Upon reaching the truck-park Dr Chokechai tried to assemble the drivers for the discussion. First they were reluctant but after some persuasion they came hesitantly under the shade we had selected for the discussion. Dr. Chokechai. was very experienced in talking with people, though he told me he had not moderated FGD before. Mr. Air took the responsibility of note taking. He wrote the main points that emerged in the discussion as well as local terms for some of the key words. I handled the tape recorder and also observed the group dynamics, taking note of non-verbal cues.

First of all the moderators introduced the research team and requested the participants to introduce them one by one. About 10 minutes was given to make the group comfortable and building rapport. As the points in the introduction section was very long, some of the instructions could not be followed exactly by the moderator such as asking permission to tape record the discussion, assuring confidentiality and explaining there are no right or wrong answers.

Only after that he led the group towards more focussed discussion on safer sex. First he asked open-ended questions regarding behaviors of drivers and their assistants in general and gradually proceeded towards questions related to the participants themselves. The sensitive key words such as sex, forms of sexual act, HIV, AIDS, STDs, condom and judgmental words such as good, bad, approve/disapprove etc were not used by the moderator. Once they came from the participants, the moderator probed in detail about each of the beliefs and practice. The discussion continued for one and

half hours. Two or three participants left the discussion in the middle, while new ones joined. During that time almost all the participants were very vocal and seem to enjoy the discussion.

As the discussion had already gone on longer than planned time, the closure instructions could not be followed. Asking for suggestions and summarizing was not done. However everybody was thanked nicely for their participation and a token gift of multi color dot pens were given to each of the participants.

4.5 FINDINGS OF THE STUDY:

The main purpose of this data exercise was to test the proposed data collection instruments and to gain some experiences with the proposed methodology. So, I am presenting the finding not as research result but the usefulness of the instruments.

Observations and the FGD were done on 25 August in Ayutthaya. The site was the truck park of a fertilizer company on the Asian highway, about 7 km. east of Ayutthaya city.

4.5.1 Rapid ethnographic observation:

Here I am presenting the findings from observation and informal conversation. The findings are related to truck stop, shops and entertainment areas, trucks, people and the activity. A map of the truck parking area has been prepared with the help of a Thai

friend. However the map scale is not equal to the real place and prepared in a layman's approach. The map shows location, physical characteristics of the truck park and location of shops and entertainment areas. The map is given in appendix.

1. Ayutthaya province:

The Ayutthaya province is about 75 kilometers north of Bangkok. The province is surrounded by Aungthong in the north, Saraburi in the east, Bangkok in the south and Nonthaburi in the west. The population is 706,502 with a growth rate of 1.02 per year. The total area is 2547.62 square kilometers, giving a population density of 273.3 per sq.km. The minimum temperature is 19 and maximum 37.8 in the province. The total rainfall 1,246 is mm.

In total, 13,500 people are employed in the transport, communication and storage sector. In total 117,493 vehicles were registered in 1995. Out of that 5769 trucks were registered. The exact number of the drivers could not be found in the district.

In total the province has 448 schools, of which 55 are in the Ayutthaya district alone. In total 125,304 students were enrolled in these school in 1995. There are 19 hospitals, 206 health centers and 115 clinics. In general, condom acceptors are low and a low average use rate can be expected for drivers as well. Out of 16,903 acceptors of family planning, only 359 were using condoms in 1995 Six hundred and ninety-three

deaths were recorded from accident and poisoning. Regarding the accidents, the number of traffic accidents is not known.

2. The truck-stop:

The truck parking area, we visited, belongs to Thai Fertilizer, which was a private company. It was 9 kilometers north of Ayutthaya town, on the Asian highway, which starts from the Malaysian border and ends in Massai, the Burmese border on the north and far from a crowded public place. We asked and searched for other truck-stop points but we could not find any.

We could not exactly measure the area, but it covers around 1 square kilometer of land. The fertilizer factory is towards the west of the parking lot. On it located to the south was a pond to treat the water before sending it out to the field. The highway is on the east and there is a gem factory across the road, on the bank of a river.

Immediately after entering the compound, on the left hand side there was a small guard house with glass windows. From there the guard gave entry and exit permits to the trucks and also checked other documents. On the right side of the gate, there was a wooden tower about 30 feet high. A guard, while sitting on the wooden tower, kept an eye on the activity inside the compound. He also had a loudspeaker to give instructions to the inbound or outbound trucks.

3. The shops and entertainment areas:

No shops were allowed inside the parking area. Two small shops on pick-ups were standing beside the main gate. All daily items such as bread, eggs, beers, chocolate, biscuits etc were items seen in those shops. Occasionally, vendors of these shops go inside with items like cold drinks, noodles and lunch packs to sell to the drivers. We could not find out whether these shops also sell amphetamine pills, other medicines and condoms. There is a small restaurant across the road. We could see only two-three people there. But we did not see any women inside.

The entertainment places were not very near the parking area. The nearest Karaoke bar is about one kilometer north-east and nearest massage parlor is about six kilometers south-east on the Asian highway. However in Ayutthaya town there are many massage parlors and Karaoke bars.

4. The trucks:

There were about 300 trucks standing in the park. The trucks were not owned by any single company. However they looked very similar in physical appearance. Almost all were 18 wheel trucks with trailers. The big trucks had some extra space in the driver's cabin. Behind the driver's seat there was a long seat covering the full width of the truck. We could see only 3-4 small trucks there. Almost all the trucks were new and very clean. Nothing was written on the truck bodies. Some of the owners were small

operators, having only one or two trucks. Some of the trucks were driven by the owners themselves.

5. The people:

Immediately after we entered the park, we faced 3 guards in blue uniforms. They asked us the purpose of our visit and could not give decisions regarding arranging drivers for the discussion. They seemed to have considerable authority regarding what goes inside and whom to let in the compound. As alcohol is prohibited inside the park area, the guards were constantly watching for that.

There were around 40 drivers in the area when we entered. They were aged between 25 and 45 years. Mostly they looked like they were from various rural areas of Thailand. Most of them were dark and we could not find any one with fair complexion. Almost all of them were wearing T-shirts and shorts. A few were in trousers and shirts. They were smiling and looked friendly. Their facial expression suggested they were not in a rush and were interested to talk with us.

There were also women together with some of the drivers. First I mistook them for highway girls but they were the wives of the drivers. In total we saw around 25 of these women. They appeared to be from rural areas but were dressed in western clothes such as shorts or skirts. They were fatter and darker compared to ladies in Bangkok. We came to know that they were accompanying their husbands on the journey as helpers.

They have left their children with the grandmothers in the villages. They looked happy and satisfied to be together with the husbands.

6. Activity:

We reached the parking area around 12.30 pm. Some of the drivers were in the driver seats. Some were in the guard house, making or entering the permits. Some of the drivers were going to the bathroom to freshen up.

Mostly we could observe the relaxing activities only. As it was very hot outside, others were resting on a swing under the trucks. One or two women were sitting besides them, holding cold boxes filled with cold drinks and water. They were talking together. At first when I saw them, I thought the ladies came from outside to offer entertainment to the men. However our Thai friends told me they were the wives. The norms evident there was in favor of bringing wives together and that the wives should serve the men. Altogether, we saw five men resting on the swing but only one woman resting like that. As this truck stop does have necessary facilities such as water supply, toilets, bathrooms, shopping, enough space and security, it is suitable for drivers who bring along their wives as the helpers.

From small conversations with them, we came to know that because of bad economic condition, they do not get the trips so often. Some time they have to wait up to seven days. If the wives were not driven the long wait could be a contributing factor for the drivers to seek CSWs, thereby increasing their chance for HIV infection. This

could have been a contributing factor for the HIV infection if the wives were not together with the drivers.

4.5.2 Focus group discussion:

The focus group topic guide contains 8 sections with questions regarding work condition of the drivers, sexual partners, sexual act, condom use, STDs treatment and risk perception. The findings here are presented under those categories :

1. Background:

The main topic of discussion here was working conditions. The drivers said that they stayed in the truck all day and night. On an average they had to drive 10 hours per day. However the length of travel depended on the order of the boss. Only some of them, had a second driver or a change of driver. As the owner of the truck did not want to spend money, he allowed to have second driver only for long trips like to Udon Thani, which is more than 600 km. from Ayutthaya. Driving very long was a risk by itself. The salary was not enough and further, if the police fines them the owner does not pay. The policemen usually charged them fine for not having the sticker, which is a sign of correct load on the truck. The participants said that the police gave trouble because they also wanted to earn some money.

The participants, at beginning of the discussion itself initiated topic about drug use. This happened perhaps because the moderator was a medical doctor. Their concern

was the “Pasawa” (urine) test by police to detect “Yaba” (amphetamine), under which pretext they would be often fined. Almost all of the drivers took one tablet of amphetamine every day to gain energy and stay awake. Two tablets can make them awake for the whole night. However, some may take up to three tablets and some do not take any. Some of them had left the habit for four to five years. They also stated that Khon Khen and Chaingmai were the places where obtaining amphetamine was quite easy.

2. Sexual contact and partners:

Contrary to my earlier belief, almost all the drivers were together with their “Mya” (wives). The main motivation for wives to come along seemed to be economical. The salary of the driver was around Bhat 10,000 per month, from this amount he has to hire a helper. By bringing the wives, he could save the salary to be paid to the helper. Wives also drove the truck for a while if it carried an empty load. They said they were comfortable bringing wives because wives would do all the work like cooking, washing and they could happily sleep together in the car. The wives will take care of all the goods in the truck. With wives accompanying the truck drivers, they did not visit brothels now. However for some a wife was a barrier to have pleasure with other girls. Drivers now perceived themselves as “Mya Ma Khum” (under the control of wife).

The “Sod” (Single) man or even those who were not accompanied by their wives, would visit roadside “Ap Op Nuad” (massage parlor) or go to places such as

Klong dong, Sri Kute Ampur and Chai Plum, where “Sopeni” (prostitutes) were available along the roadside. The highway prostitutes were cheaper than massage parlor girls. A long time ago there were many massage parlors but now they were closed. Almost all the participants said they had gone to the bar or parlor for sex but only a long time ago, which means two three months ago. The participants teased one of them who never visited “Sopeni”, by saying “he had received good teaching from his parents” If there was no massage parlor, “Phuying” (Girls) could be found hiding inside restaurants or Karaoke bars. Drivers also went to song clubs, which are cheaper than other places and get girls there. Other non commercial partners were also possible and they could be easily found in places such as Khon Ken province.

Some times because the drivers do not have money or some times the rate of the sex worker was high, they did not seek commercial sex and return home. The drivers did not go to massage parlors because of lack of free time and money. They said they went back home also due to situation, but what situation could not be clear. Some drivers might visit sex workers more frequently like once or twice a week.

The participants said that men visited sex workers because it is monotonous to have sex only with wives and men should gain more sexual experience. The wives were not concerned that the drivers are visiting “Sopeni” (prostitutes). Their concern was only about keeping mistresses. The participants think that man obtain a mistress because they are young and different. In their opinion every man from every class want to have a mistress. But only social and “Lor ching ching” (very handsome) people can have them.

3. Sexual act :

This was the hardest section to initiate discussion. First the moderator asked “what did they like about other partners”, which is a question suggested in the topic guide. But it could not initiate discussion on sexual act. Hence the moderator invented his one way and asked about “Tha” (Positions) to initiate discussion). Most of the drivers laughed and said that they use only normal position. However it could not be clarified what is the normal position for them. In massage parlor, the girls gave oral sex also. If drivers do not have any sexual partners, they will “go to Sanam Luang” This expression denotes masturbation because in Sanam Luang, usually people fly the kites and “flying the kite” means masturbation in Thai slang.

4. Condom use :

There was almost 100 percent condom use in the commercial sex because this was the rule in the massage parlors. The drivers did not have to buy because the girls had the condom. The Red cross distributed free condoms there. In case of an emergency some had condoms in the key chains.

With wives however they never used condom. They think there was no need because they did not go to parlors any more. As all the participants had said that they do not visit the sex workers, questions such as “why those visiting sex workers do not use a condom with wives” could not be asked. For contraception the wives use injection or medicine.

5. STDs treatment :

The drivers would visit venereal disease centers if they have “Rok” (disease). However the participants were not quite sure about the name of the center. The participants denied the possibility of STDs for them because of condom use. Hence further probes regarding signs and symptoms, partner notification and support and difficulties could not be done.

6. Risk perception and anxiety :

The participants themselves raised the issue of AIDS. They said they were afraid of AIDS but when they saw beautiful “Phuying” (girlst) hey forgot about AIDS. It may be so because they were drunk also. Some participants said they were not afraid of AIDS because they used condom 100 percent of the time. One of the participant said “If a man with 100 million baht is not afraid of AIDS, why should a simple driver like me be afraid”.

The concept of the risk perception and that of fear could not be differentiated very well. However some of the participants said AIDS may not be real because they do not see it. Others felt that they can tell by looking at a girl whether she has AIDS. Further, the girls at massage parlors were checked every day for STDs, there was no need to be afraid. The health authority, who checked for STDs put a Red Cross mark on the place, so that sex seeking clients could be assured of no possible infection. However

the “Sopeni Dek” (Adolescent prostitutes) were more infectious because they do not have any check ups.

4.6 DISCUSSION :

Very useful information was found during the data exercise, which could guide the use of instruments and methods in the proposed study. The proposed counseling intervention is based on the AIDS Risk Reduction Model (ARRM) and the aim of the formative research is to generate information necessary for the designing the contents of both training and counseling sessions. Hence in the discussion, I am comparing the findings of data exercise with my conceptual framework and earlier researches in Thailand and Nepal.

4.6.1 The truck-stops :

Truck stops represent the risk environment, which is one of the very important cofactors in the stages of sexual risk reduction by the drivers. Hence it is very important to collect information regarding all aspects of risks, present in these spots. The data exercise has generated some information regarding availability and accessibility of sex seeking spots as well as places where HIV prevention services are available. However, detailed information about the interaction of drivers with the shop-keepers, sex workers and health service providers could not be observed.

Earlier studies of long-haul truck drivers, have mentioned about “tit tat” (stuck in the sun), which are truck stops every 100 kilometers where the drivers check tires and delay their arrival to reach Bangkok in appropriate time (Sawaengdee and Isarpakdee, 1991) This information was important because it gave ample time for the drivers to visit sex workers. However, we could not find any such truck stop, perhaps due to searching only nearby Ayutthaya. The highways in India have many major and minor halting points as well as other spots, where the drivers stop the trucks (Rao et. al., 1995). Those stops usually do not have any separate parking areas as in case of the Thai fertilizer park. In Nepal truck drivers prefer to park the trucks a little farther from the main market area to avoid disturbance by the police or public (Cox and Subedi, 1993). The truck stops in Nepal are usually small places with tea and alcohol shops.

4.6.2 The truck drivers :

According to the conceptual framework, perception of self risk, peer pressure and aversive emotion, perceived cost-benefits, self efficacy, life skills and accessibility of information and services are the factors affecting safer sex practices among the transport workers. This data exercise could collect useful information related to these factors. However, the collected information are not very detailed to know about their past attempts at safer sex measures and difficulties faced and their confidence in using safer sex measures. In the proposed study, information on all these factors should be collected in detail and verified from different formative research methods.

Earlier studies in Thailand have found common amphetamine use among truck drivers (Podhisita et al., 1996; Sawaengdee and Isarpakdee, 1991). This has been found in the data exercise also. The alcohol use has been a common finding of the truckers study in the earlier studies in Thailand, India and Nepal (New Era, 1997; Rao et. al. 1995).

Availability of massage and Karaoke girls as in Thailand, is not possible for Nepal. But the restaurant girls ready to offer sexual service to the drivers are found in Nepal. The data exercise has found that girls are available on the highway roads for sexual service and they are cheaper than the parlor girls. However, many things such as the nature of their sexual service, could not be clarified about them. They might be similar to the rural low income women in India and Nepal.

Denial of self-risk seems to be a common feature of the drivers in Thailand, India and Nepal. In the data exercise, the drivers talked about the restaurant girls and travel girls and they expressed low self-risk because of regular check up of these girls. However their denial of risk on the ground that they visit low risk prostitutes, who are not visited by the foreigners (Sawaengdee and Isarpakadee, 1991), could not be found now. In the present exercise, denial of risk came on the ground that now they do not have sexual relation with the girls in the parlors or brothels and there is 100 percent condom use in massage parlor or Karaoke bar.

Earlier studies both of India and Thailand have found some sort of reason to visit sex workers related to occupation. In Thailand, it is to take rest and to expel the

amphetamine from the body (Sawaengdee and Isarpakadee,1991). In India it is to release the heat of the engine (Rao et. al., 1995). However in the present study they were more direct about the reason and said that they get bored with their wives and wanted a change. Alcohol drinking has been found as the immediate reason of visiting sex workers in other studies (Rao et. al., 1995; Sawaengdee and Isarpakadee, 1991). It was not cited strongly as the immediate factor in this data exercise.

The studies in India and Nepal have shown some extent of anal or oral sex (VaRG, 1998). However this data exercise could find out about oral sex in parlors only but did not explore much regarding anal sex or homosexual issues. Further more, given the complete loyalty to their tutors, the truck-cleaner boys in Nepal can be at risk of homosexual encounters.

The treatment-seeking behavior in the case of STDs was found to be unclear in the data exercise. The drivers reported the venereal disease clinic as the place of treatment but it was not clear as to the exact location of the clinic; how soon they sought treatment and whether they took their sex partners for the treatment. As STD treatment is critical for the success of any HIV prevention program, more information is required regarding treatment seeking practices of the target population.

4.6.3 The wives of the drivers :

The conceptual framework has shown social networks and peer norms as a strong cofactor to affect safer sex. Several studies have shown that with mobility, the

norms of the community and the family get weaker but the peer norms become stronger for the drivers. However, contrary to the expectation, the drivers reported that presence of wives weakened the effects of peer pressure to seek sex outside. The validity of this reported behavior was not verified in this exercise.

As the main focus of my thesis is about the bridging of the virus between CSWs and the wives, findings of this data exercise are very important. Almost all drivers in the data exercise brought their wives as helpers on the trip. The earlier studies in Thailand have not found this phenomena as so common and this is not the case in Nepal. The extent of visits to commercial sex workers (CSWs) by their husbands was not clear in the data exercise. If recruiting wives as helpers, has helped to reduce visit to CSWs significantly among drivers in Thailand, it can be a very good social medicine for the Nepalese drivers as well.

4.7 LIMITATIONS :

1. Limited time :

The data exercise was completed in two days. Only one case of each of the methods could be accomplished. However, in qualitative method a minimum of two cases are required to draw valid conclusion.

2. Language :

It was very frustrating. Due to lack of Thai language skills I could not understand many things during the data exercise with the transport workers. Language is particularly important for ethnographic study because the researcher should be able to interpret data collected.

3. No relevance to counseling intervention :

The drivers included in the focus group discussion had no connection with the counseling, as I have proposed for my intervention. Hence, their experience and reaction about counseling services could not be asked.

4. Characteristics of the transport workers :

The transport workers are much different in Nepal from those in here. The practice of bringing wives as a helper will be foreign idea to Nepalese drivers. So the findings here can not be applied for Nepal.

4.8 LESSONS LEARNED :

Important lessons both for the future research activities and program implementation, have been learned from the data exercise. It is necessary to take a letter

from the authorities to do research in any place. We faced some difficulty from the management of the truck park.

There are important lessons learned regarding the structure of the focus group. As we could not properly inform the drivers in advance regarding the time, everybody did not attend the session at same time. Some of the drivers joined late and left early. Similarly, in-depth information, related to sex seeking, could not be collected because the group was not homogeneous. This indicated that with the help of a screening questionnaire a separate discussion with those, visiting CSWs, should be conducted.

In qualitative research the researcher himself is one of the data collection instruments. It is necessary hence that the moderator knows the purpose and method of each of the topic fully. In this data exercise, only about a one and half hours orientation could be provided to the moderator. This seriously limited the validity of the method of data collection. In the real study in Nepal, full training regarding the focus group methodology and variables of interest should be provided to the researchers.

The observation checklist was found to be ambiguous in many instances. It was found to be too general. It should be made more specific to the truck stop context to help collect accurate information. The items in the event/activity section needs improvement. There is also an overlap between this section with place and environment. All redundant items should be deleted.

Triangulation is one of the important elements of qualitative research, which increases the validity of the research. In the present data exercise triangulation of moderator could not be done because only one focus group discussion was conducted. However, attempt was made to triangulate the findings of focus groups with those of observation. Similarly findings of observation were verified through informal conversation and focus group discussion. As three researchers observed the place and activity simultaneously, it became easier to complement each other's findings and also to draw a more accurate map. In the proposed study, triangulation of all three aspects method, researcher and instruments should be done.

The aim of the formative research is to produce information for designing the intervention, particularly the training of the counselors. As the proposed counseling service is theory based, the instruments of formative research should be based on the conceptual framework. This data exercise generated important information, which can be useful for the training. However the instruments require careful review regarding the inclusion of all items likely to generate information necessary for the training.

It is important to set more practical target for a day's work. The questionnaire survey could not be done because it was not possible to complete three data collection methods in a single day. As the situation, culture and personal characteristics are different here than in Nepal, the instruments should be pre-tested one more time in Nepal before using it for data collection.

Lastly, language was a problem, but I was lucky to get help from Thai friends, who had both language and research skills. Other international students are sure to face the same problem, so it is necessary to make a plan in advance for the interpretation work. The most appropriate would be to pair each of the international students with Thai counterparts for the data exercise. Even a professional interpreter can not do justice with this work because they would not be familiar with research skills.

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