

CHAPTER V

DISCUSSION AND CONCLUSION

5.1. Validity and reliability of data from behavioral survey

Since the objective of this study is to quantify the outcome of outreach program as the change of sexual behavior among CSWs in term of condom use, validity and reliability are critical issues because behavior of people can not be directly observed and self-report of sexual behavior in the absence of additional evidences are often considered invalid and unreliable by stakeholders and for whom such data are sensitive and run against cultural norm.

Validity (the extent to which a measuring instrument actual measures what it is intended to measure) and reliability (the extent to which a particular measures, instrument or test yield the consistent results repeatedly) obtained from the behavioral survey depend significantly on the method of data collection such as interview with structured questionnaires, in-depth interview and self-administered questionnaire. Several studies have conducted validity test on self-report sexual behavior variable and have mix result. A study by WHO revealed inconsistencies in reported condom use, which were depend on the interview method. Specifically, this study showed significantly lower report of risk behavior in structured questionnaire than in-depth interview, suggest that the latter may be more accurate.

However, because in-depth interview is expensive and difficult to standardize and compare over long period of time, the researcher conclude that quantitative survey of prevention indicators, complemented by in-depth interview were the optimal method of assessing behavioral trend over time.

Therefore, the quality of data of behavioral survey presented in this study, are also faced with the validity and reliability issue due to several reasons. First is the bias due to interviewers, because different interviewers, which have different skill in interviewing about sexual behavior although they were well trained at the same time, will yield different answers. Experience from previous study suggest that, in order to make people talk about their sexual behavior, a good rapport-building should come first. This can be achieved depend on age, sex, experience in sex and skill of interviewers. Interviewers should not be too old or too young, but they should be similar age as interviewee. Young female interviewers always fail to ask about sexual behavior of the people, while aged interviewer always make CSWs feel serious to report their true sexual behavior. New CSWs (new comer) are more likely prefer

female interviewer at similar age, but the longer the CSWs involved in prostitution the more they prefer male interviewer. Second is the bias due to CSWs (interviewee), CSWs who are more sensitive to the question ask about sexual behavior, provide answer less accurate and some time do not answer. Finally the confidential atmosphere is also very important to the accuracy of answers. Since the interview was conducted in the brothel, it is hard to ensure 100 percent of confidential atmosphere but in this study we try to conducted the interview in a high confidential atmosphere as much as possible.

We are encouraged about the validity and reliability of the behavioral survey result presented here for several reasons. First, the sampling is designed based on well-constructed sampling universe. Second, the questionnaire administration includes rapport-building with consistently applied and it were pre-tested according to professional standard. Third, the interviewer were well trained which can ensure to conduct the interview in a high confidential atmosphere.

5.2. Conclusion and implication to policy decision

Since the analysis was done on cost and performance of outreach program, the conclusion and implication to policy decision present here are related to some extend where cost and performance of the program should be improved in order to get better achievement.

While major part of this study has focused on costs, and performance of one intervention which has been conducted in the absent of comparable measure of effect across programs, it does make some useful initial contributions to the debate on resource allocation in this area. This cost analysis lays the ground work for the development of a costing inventory to guide the planning, management and evaluation of HIV prevention projects at both the local, national and international level. For instance, International Organization or Non-governmental Organization interested in implementing other education program might use this information to provide some estimation of total costs and to how costs might vary according to inputs. The inclusion of a requirement for the collection of costs in all project evaluations would also allow program planners and managers to make more rational decisions in attempts to increase program efficiency or initiate program expansion.

Based on this study, we found that the performance of outreach program is satisfied, but this program should prove to achieve better performance by improving the existing infrastructure of this program in order to ensure the high coverage with more efficient use of available scare resources.

The analysis highlighted alternative strategies in which policy makers can increase the cost performance of the program by attempting to boost performance and/or to reduce costs.

First, on the performance side, there are many significant factors could boost this achievement. Increasing the level of coverage and frequency of providing Peer-education session, and improving the efficacy of the program over time, determine the increase in condom use among CSWs. As we found from the analysis, the condom use of CSWs who ever attended Peer-education session was 12% higher than those who never attended the program. Although the program is most effective, lower coverage will likely causing the cost per CSWs educated to be relatively expensive. To the policy decision makers this means that they should concentrate on coverage and frequency of providing Peer-education services which can be result in increasing performance of the program.

The improving efficacy of outreach program over time, in the other hand, is the principle factor to maintain the consistency of outcome of the program which need to be enhanced. The analysis found that the proportion of CSWs, who reported ever attended Peer-education session, increase parallel to time of their involved in prostitution, but the longer they involved in prostitution the lower always condom use they have. This may indicate that the efficacy of the program may not be improved over time. This may suggest that the efficacy of outreach program should be increase over time by providing interesting messages which have been thoroughly researched so that are adopted to CSWs value, beliefs and concerns, and ultimately be able to share among friends.

In addition, the outcome of outreach program (in term of condom use) may not depend only on behavior of CSWs who have educated by the program but also depend on the behavior of their client, as the analysis found that the reason of not using a condom is 51.5% due to client resistance and/or client drunk. Dealing with client behavior, policy decision makers should target the high risk groups and provide health education according to how risk group they are; because the more risk the audience is, the greater the effect the intervention will have and cost can be reduced substantially by targeting as well. Behavioral Surveillance Survey I in 1997, high risk groups were found as, military, police, motor-taxi drivers and vocational school students; which were reported they are frequently visit CSWs, therefore intervention on client of CSWs should first focus on these group.

Second, on the cost side, reduction can be made by promoting cost recovery and cost saving approach. For the time being cost recovery can not be achieved but in the year ahead, at least partial cost recovery for condoms should be seriously

considered. This can be done by promote the involvement community (brothel owner and CSWs), which need further study on willingness and ability to pay for condom of CSWs and brothel owner. In addition if the program are able to obtain condom from manufacturer or other organizations (especially from PSI) at least cost, it should be possible to offer at lower price they can afford without requiring great subsidy from donor. Cost saving, on the other hand, can also gained by sharing equipment, building and by contracting for goods and services through other suppliers which are able to produced more efficiently (for example production of IEC materials).

Finally, the sustainability of outreach program which determine the consistency of outcome of the program over time (the trend of behavior change of CSWs over time). In order for outreach program to have a lasting-effect in reducing HIV prevalence rates, the program must be sustainable. A one-time intervention achieved some health benefits by postponing cases, but does not reduce the total number of cases who will be infected in the long run. Outreach program should therefore he combined with other intervention like STD treatment and health education in order to produce sustainable behavior change of people, which will help to achieve permanent reduction in HIV prevalent rate.

Since outreach program depends heavily on donor, this program may not be sustained when donor stop their funding. In case if the donor stop to fund the program and if sexual contact remained the major rout of transmission of HIV, the solution is to shift the fund from other interventions which are less important than outreach program or, in other way, is to integrate outreach program into other programs such as condom social marketing, STD treatment, and counseling.