

# CHAPTER I

## INTRODUCTION

The officially recorded number of HIV/AIDS cases has gone up from 300 to 1100 in the last three years in Nepal (NCASC 1996 and 1998) and estimated HIV prevalence had increased from 0.1 percent to 0.24 percent. The mid term evaluation report of the "Enhanced support for HIV prevention project in Nepal", which is implemented by SCUS through partner NGOs, has shown interesting results. The overall achievements of the prevention work of the partnering Non Governmental Organizations (NGOs) was satisfying and for most of the targeted population the project had been effective in bringing some degree of behavioral change. However, transport workers were lagging behind in not only reducing their risk behaviors but also in receiving prevention messages. It was disappointing because inspired by the AIDS Research Foundation India (ARFI) model in Madras, the NGOs had been working hard to reach the population by establishing the AIDS information booths on the highway in Far Western Nepal.

Chapter II, presents the argument that the problem and its causes indicate for an counselling intervention. However, the introduction in Chapter II provides a summary of arguments in favor of counselling for a cursory look. Studies on the sexual behaviors

of the transport workers in Thailand, Africa and India (Podhisita et al., 1996; Sawaengdee and Isarpakdee, 1991; O'Connor et al., 1992; Rao et al., 1995) had shown that the problem was not confined to the higher infection rate among transport workers but it was related to the bridging of the virus to other non-core population. This pattern of sexual mixing could equally be applied to Nepal. There are about one to one hundred and fifty thousand transport workers in Nepal and several facts indicate that they are at a high risk of HIV infection. The AIDS Risk Reduction Model (ARRM) by Catania, Kegels and Coates (1991) has been used as a complete framework to analyze safer sex adoption together with stages and cognitive-emotive and behavioral factors influencing the behaviors of the transport workers in Nepal.

The section on primary prevention strategies in the essay is based on the work of Over and Piot (1992), with a framework to look at possible mandatory, voluntary and passive behavior change strategies for the transport workers. A meeting of District AIDS Coordination Committee (DACC), Kailali proposed four interventions to prevent HIV in the district; promoting safer sex measures, AIDS education, HIV antibody testing and counselling. Because of high mobility, the transport workers were not reached by the interventions implemented by NGOs in Kailali. Education alone was not likely to bring behavior change and opportunity for antibody testing services was limited in Kailali.

The factors leading to unsafe sexual behaviors among transport workers suggest that they require enhanced behavior change intervention rather than simple education. Psychological factors such as denial of risk, stress and low self-efficacy indicates for the application of cognitive and emotive influences through one to one

interaction. There could be no better intervention than counselling to put all these elements together.

However, there were three main issues regarding the use of counselling for safer sex; one to one counselling is an expensive method of helping, it is useful only when someone has a perceived problem and initiates the dialogue and it can not be provided to people in mobile occupation. In Nepal, all the target people in the community are provided health education through one to one intervention. Further, discussing personal issues such as sex, requires individual contact. WHO has recommended counselling for people with high risk behaviors even if they do not consider themselves at risk. Outreach activities have been successfully carried out to deliver HIV prevention services, so it could be appropriate for counselling also.

Chapter III is the proposal of the study to implement counselling intervention. This chapter tries to elaborately describe all the major phases of the proposed study to implement the HIV prevention counselling. Instruments for data collection and protocols of counselling sessions are given in the appendices. The general objective of the study is to reduce the unsafe sexual behaviors among transport workers by providing HIV prevention counselling. The specific objectives are to train the indigenous outreach counsellors, provide outreach counselling services and to evaluate the effectiveness of the intervention in bringing the desired reduction in unsafe sex.

In order to design the counselling service in a better way, rapid ethnographic study of the risk environment in the truck-stop site and the beliefs and behaviors of the transport workers have been planned. The instruments have been kept open as far as

possible and use of any sexual or non-judgemental words has been excluded. The study relies heavily on qualitative techniques for the formative research and process evaluation. While the impact evaluation basically depends on quantitative technique such as pre and post written tests of the counselling clients. Assigning subjects randomly to control and intervention groups has not been possible without an advance population frame, which is most unlikely with a mobile population such as transport workers. Further controlling one group is denying them the important service and is totally unethical.

This chapter also includes a plan of activities to accomplish the study, manpower, budget and technical equipment requirements, ethical issues and limitations of the study. Currently SCUS is working with their partner NGOs in four districts to prevent HIV transmission among the transport workers. The NGO, Institute of Community Health (ICH) in Kailali will implement HIV prevention counselling as an outreach service for the transport workers. The outreach counsellors will get back up support from existing counsellors in the STD clinic and the blood banks.

The small data exercise, presented in Chapter IV, has not covered all the proposed methodology. Rapid ethnographic observation and focus group discussion, as a part of this exercise, has been done in the Ayutthaya province. This chapter consists of the objectives of the data exercise, methodology, findings and limitation. As the experience gained during this data exercise is valuable to provide direction for data collection during actual project implementation in Nepal, a discussion section has been included to compare findings with earlier studies. Similarly, important lessons learned from the data exercise have been presented.

Chapter V is the information on the presentation made during the thesis examination. It includes the copies of the 27 transparencies used for the oral presentation. Chapter VI contains the annotated bibliography of the five resource materials used liberally in writing this thesis. This bibliography attempts to briefly present the nature of the material, content, strengths and limitations if any. Appendices contains, important materials which could not be accommodated in the main text and includes maps, data collection instruments, counselling protocol and training plan.

From April 1999, SCUS and ICH are entering in a second phase of the partnership for the HIV prevention in Kailali. This portfolio thesis will be presented to concerned authorities in both these organizations. If the support from the major parties including DACC, the District Transport Association (DTA) and the District Health Office (DHO) is received as expected, there will be no difficulty in the successfully implementing the program and sustaining it for a longer period. The result of this study will be critical in shaping the design of HIV prevention interventions for the transport workers in Nepal.