CONTENTS

LIST OF ABBEREVIATIONS

AIDS	**Acquired Immuno Deficiency Syndrome**
ANC	**Ante Natal Care**
BSS	**Behavioural Surveillance Survey**
FSWs	**Female Sex Workers**
HIV	**Human Immuno-deficiency Virus**
HRG	**High Risk Groups**
MSM	**Men Having Sex with Men**
NACO	**National AIDS Control Organisation**
NGO	**Non Governmental Organisations**
NH	**National Highways**
OSACS	**Orissa State AIDS Control Society**
PLWHA	**People Living with HIV/AIDS**
STDs	**Sexually Transmitted Diseases**
STIs	**Sexually Transmitted Infections**
UN	**United Nations**
VCTC	**Voluntary Counselling & Testing Centres**
WBSAPCS	**West Bengal State AIDS Prevention & Control Society**
WHO	**World Health Organization**

Executive Summary

One of the most important challenge for health professionals all over the world in recent times is the prevention and control of acquired-immune deficiency syndrome (AIDS) caused by human-immunodeficiency virus (HIV).

More than 75% HIV infections in India are reported to be due to sexual transmission. This is why groups at higher risk of getting sexually transmitted infections (STIs) were considered to be at higher risk of contracting HIV infection also. One of the high-risk groups identified for health promotion interventions was truck drivers and helpers, especially those traveling on trucks having national or inter-state permits.

Selected pockets of high prevalence districts have been identified through the 2006 surveillance data and Orissa is among those State with West Bengal, Rajasthan and Bihar. Currently Orissa is considered one of the highly vulnerable States in the country. A current report elicits the fact that Orissa has five thousand people living with HIV. The infection rate among the high-risk population in Orissa has risen from 1.31% during 2001 to 2.34% in 2006. and among the general population has risen from 0.13% in 2001 to 0.55%. in 2006. Looking analytically at the figures, Orissa is still a low prevalent State but highly vulnerable to STD and HIV/AIDS. A rising trend in the absolute number of HIV positive, i.e., 2002-312, 2003-687 2004-595, 2005-1251 and 2006-2217 according to VCCTC data. The state has already reported 357 of HIV positive In the first quarter of 2007 and has been recently classified as an 'A' category state owing to its vulnerability to the epidemic and the probability of affecting the general population. As per OSACS, Keonjhar district is considered one of the highly vulnerable districts among the ten other districts of Orissa.

This report is a summary of the methodology and findings of the KABP study which is an outcome of an effort to understand the knowledge, attitudes, behaviours and practices of Truck drivers and helpers plying through Joda block (NH - 215, 75 and 6) and for designing effective intervention strategies based on the findings of the report. This KABP study is a part of the Project titled Community Based STI/RTI/HIV/AIDS prevention Project in Keonjhar District of Orissa, supported by Concern Worldwide. The study was conducted in Joda block of Keonjhar District during May – July 2007.

IDEAL DEVELOPMENT AGENCY (IDA) an NGO supported by Concern Worldwide, operating in Keonjhar district of Orissa since 1990 has won appreciation of UNAIDS in the year 2005 for its community based initiatives on HIV prevention in Orissa. Joda block of Keonjhar district is one of the important Project areas of the Organisation, adjacent to Sundargarh district of Orissa and shares common border with Bihar and Jharkhand States.

The KABP study intends to elicit current status in HIV/AIDS related knowledge, attitudes and behaviours among populations associated with the trucking industry, especially those at high-risk of acquiring HIV infection. The core indicators on which data was collected were (a) knowledge indicators and (b) behaviour indicators

The study covered two segments – truck drivers and truck helpers. The KABP Study involved methodology comprised of four phases: (a) exploratory qualitative phase to develop structured interview questionnaires, (b) pilot interviews to test the questionnaires and interview approaches, (c) mapping study to develop sampling frame and (d) quantitative phase to collect the data for the main study. The survey instruments were translated into Oriya language after extensive field testing.

This report has been divided into Part-A containing the KABP study and Part-B containing group discussion with CKIs and Halt Point Analysis using social mapping tools.

Sample Size:
The sample size for the study were 1350 for truckers.

Results and Key Findings of Truck Drivers and Helpers

Demographic information: Around 35.0% of truckers (n=473) are scattered around the age groups of 19-25 years and 49.9% (n=675) are around 26-35 years. 56.4% truckers said that they were married. The proportion of illiterate truck drivers was only 4.1%.

Knowledge indicators: Awareness about STD remains very high around 97%. Among the respondents around 96% knows that “STD is a sexual disease”. The knowledge

about STD symptoms has a relationship with the age of the respondent, higher the age better is their knowledge about STD symptoms. Significant to note is that 68.9% of the respondents have reported of more than one sources of information on STD. The common man's message that AIDS is a dangerous disease is well embedded in the mind of half of the respondents. Respondents do not much perceive the difference between HIV and AIDS. The broad understanding seems to be that if one gets HIV that person gets AIDS. Only the tag of being a killer disease is doubled when it is AIDS. Truckers are well knowledgeable about the probable routes of HIV transmission in a person. Overall 71.5% are aware that 'HIV is an STD' when 92.7% of all respondents are aware that unprotected sex with unknown persons can be a potential reason of HIV transmission; 95.0% are aware that use of infected needles can result in HIV; 88.4% are aware that an infected pregnant women can transmit HIV to the child in her womb; and 96.3% are aware of infected blood can be a source of transmission of HIV. A clear absence of clarity of HIV / AIDS messages can be observed from the fact that 73.8% of respondents believe that if a person have just one sexual partner will never have HIV / AIDS. Condom can be used for prevention of pregnancy is reported by 98.0% respondents while condom use for prevention of STD/HIV has been reported by 94.5%. There exist gap between these two values. This implies the respondents adequately do not perceive dual efficacy of condom in prevention of pregnancy as well as STD/HIV transmission. 35.3% respondents affirmed that condom reduces sexual pleasure. This single most important myth can be the reason for such poor consistent usage of condoms. 30.7% respondents feel that using condoms with wife is not right. This further adds up to non-usage of condoms.

Behavioural indicators: Around one-third of the respondents have reported of visiting the CSWs. Though use of condom during penetrative sex is significant, one cannot miss out the fact that 27% of the respondents who visit CSWs still do not use condoms during vaginal penetrative sex. The gravity of the situation further accentuates with nearly 80% of the same respondents who visit CSWs reporting of using at least one type of substance abuse before sexual encounter. Critical findings among those who visit CSWs are that, around 20.7% perceive peno-vaginal sex without condom or 10.5% perceive anal sex without condom as 'No or Low risk'. This makes them highly vulnerable to STDs and HIV/AIDS. Despite the respondents having excellent awareness about ways of HIV transmission and the ways of prevention, they have poor knowledge about where

HIV/AIDS can be tested. Most of the respondents showed a positive outlook while dealing with PLWHA. 98.9% felt for free medical support for PLWHA while 95.3% spoke for care and support. 77.5% felt that PLWHA should not be deprived from his/her rights and 56.9% of them felt for not socially excluding them. The practice of using condoms during all sexual encounters among the target group is only 17.8%. Among those who visit CSWs it is a little higher but only 31.2%.The practice of condom usage during sexual encounters is very low. If we compare condom usage in sexual encounters during last act (27.7%), last one month (26.9%) and last one year (22.1%), one can easily infer that condom use is not in the habit. The three values are very consistent.

PART – A

KABP REPORT

BACKGROUND

HIV/AIDS has been recognized as the most formidable disease to confront modern medicine, with the potential to undermine the massive improvements made in the last hundred years in global health. In June 2001, Heads of State and Representatives of Governments met at the United Nations General Assembly Special Session to acknowledge that the AIDS epidemic constitutes a "*global emergency and one of the most formidable challenges to human life and dignity*".

The history of the epidemic began in 1981, when the United States Centres for Disease Control and Prevention issued its first warning about a relatively rare form of pneumonia, later diagnosed to be AIDS related, among a group of men in Los Angeles. In the subsequent years, the HIV virus was isolated and the term Acquired Immune Deficiency Syndrome (AIDS) was formally recognized. Since then more than 60 million people have been infected with HIV worldwide, including 40 million estimated to be living with HIV/AIDS today. The disease has killed more than 25 million people, since it was recognized in 1981, making it one of the most destructive epidemics in human history.

The UNAIDS AIDS epidemic Update 2006 estimates that 39.5 million people(34.1 – 47.1 million people) people are presently living with HIV and that there were 4.3 million (3.6–6.6 million) people who were newly infected with HIV in 2006. Deaths due to AIDS in 2006 are 2.9 million (2.5-3.5million).

HIV/AIDS in India

Since the reporting of the first case of HIV infection in our country in 1986, the HIV epidemic is now completing two decades of its existence in India and we have an estimated 2.5 million persons living with HIV/AIDS .The new 2006 estimates released on 6th July, 2007 by the National AIDS Control Organization (NACO), supported by UNAIDS and WHO, indicate that national adult HIV prevalence in India is approximately 0.36%, which corresponds to an estimated 2 million to 3.1 million people living with HIV in the country. These estimates are more accurate than those of previous years, as they are based on an expanded surveillance system and a revised and enhanced methodology.

Previous estimates had suggested that there were around 5.7 million people living with HIV in India, giving it the largest HIV caseload in the world. The new figures suggest that the actual total is somewhere between 2 and 3.1 million people - around 60% lower than the original estimate. This places India third after South Africa and Nigeria for countries with the highest HIV positive populations. The new data were obtained through a survey that tested blood samples of 102,000 people across the country. Previous figures had been obtained using samples taken yearly from a number of surveillance sites visited mainly by pregnant women, injecting drug users and prostitutes. In addition to the higher levels of HIV often found in these populations, many of the surveillance sites were located in areas of particularly high HIV prevalence, leading to a false inflation of the country-wide figures.

While launching the third phase of the National Programme, Dr Anbumani Ramadoss, Union Minister of Health & Family Welfare said "Today we have a far more reliable estimate of the burden of HIV in India, the results show that there are an estimated two million to 3.1 million people affected with HIV-AIDS. In terms of human lives affected, the number is still large, in fact very large. This is very worrying for us."

The new data has been backed by the UN, who publish the most widely trusted statistics on HIV and AIDS through their UNAIDS epidemic reports and updates. The lowering of the caseload also lowers the HIV prevalence rate in India. With a population of over one billion the new rate now stands at 0.36 percent, down from 0.9 percent.

However, AIDS campaigners have warned that India should not become complacent. A recent government survey revealed that more than 40 percent of Indian women have not heard of AIDS, meaning they do not have the knowledge to protect themselves from HIV. The potential for the epidemic to grow rapidly is therefore quite high. While announcing the new estimation, it was also declared that HIV continues to emerge in new areas. The 2006 surveillance data has identified selected pockets of high prevalence in the northern states. There are 29 districts with high prevalence, particularly in the states of West Bengal, Orissa, Rajasthan and Bihar.

Scenario of HIV/AIDS in Orissa

The 2006 surveillance data has identified selected pockets of high prevalence districts, where Orissa is among those State with West Bengal, Rajasthan and Bihar. Presently Orissa is considered one of the highly vulnerable States in the country. Owing to several factors like low literacy rates, ignorance among the tribal and backward communities, large scale migration and long stretches of busy national highways make the situations manifold towards the vulnerability.

Recent report[1] says that Orissa has five thousand people living with HIV. The infection rate in the high-risk population in Orissa has risen from 1.31% during 2001 to 2.34% in 2006. The infection in the general population has risen from 0.13% in 2001 to 0.55% in 2006. Looking at the above figures, Orissa is still a low prevalent State but highly vulnerable to STD and HIV/AIDS. VCCTC data shows a rising trend in the absolute number of HIV positive, i.e., 2002- 312, 2003-687 2004-595, 2005-1251 and 2006-2217. In the first quarter of 2007, the state has already reported 357 of HIV positive. It has recently been classified as an 'A' category state due to its vulnerability to the epidemic and the probability of affecting the general population.

According to that report, sentinel surveillance data of Orissa shows that prevalence of last six years in ANC attendees is increasing consistently a high of 0.6% in 2005. However, in 2006 the prevalence decreased to 0.55% after ANC sites were increased from 7 to 23. The data for HIV in STD clinic attendees show a significant rise during last four years. It has increased to 3.5% in the year 2005, however declining to 2.34 in 2006.

In **Orissa**, similar to national scenario, sexual route is the primary transmission mode of HIV. Data from VCTCs for 2006 shows that the predominant mode of transmission reported by HIV positive cases is sexual route (81%). HIV infection through blood transmission is 1%.

In Orissa, similar to the other parts of the country disparate power relations and low status of women, in terms of limited access to human, financial and economic assets, weakens the ability of women to protect themselves and negotiate safer sex, thereby increasing vulnerability to HIV/AIDS. Males who engage in high-risk behaviour act as a "bridge" population may transmit HIV to people in the low risk or general category such as their wives and spouses. In Orissa, one of the highest HIV prevalence groups is

[1]Data source: HIV/AIDS: Orissa's Response to The Big Menace by Dr Dillip Chottaray, Team Leader, PSU–OSACS in 'The Halfway Mark & State of Realization of MDGs in Orissa'.(2007).

found to be wives of Migrant Labourers and truckers as well as among the industrial labour force.

The Organisation & the Project

IDEAL DEVELOPMENT AGENCY (IDA) an NGO operating in Keonjhar district of Orissa since 1990 has been endeavouring to address various social issues since its inception. IDA's community based initiatives on HIV prevention at Orissa, has been appreciated by UNAIDS in the year 2005. Joda block of Keonjhar district is one of the important Project areas of the Organisation, adjacent to Sundargarh district of Orissa and shares common border with Bihar and Jharkhand States. This Joda block has good deposits of iron ore which has led to the setting up of iron ore mines by many private, PSUs and MNCs. Subsequently the setting up of mining industry has led to migration in of people in search of their livelihood; to these industries from various parts of the country.. These industrial set-up witnesses not less than 5000 manual daily wage workers comprising 50% women, who commute from the nearby villages (from fifteen Gram Panchayats). Out of the total work force, a sizeable proportion 75% and 15% belongs to scheduled tribe and scheduled cast respectively; who all are solely dependent on earning their livelihood within the purview of these Iron ore production mining areas. Apart from that, more than 10,000 trucks are harbouring this area, for transporting the ores to Haldia and Paradeep port as well as to other States.

Having worked intensively since last ten years with general population on various social and health issues at Joda Block of Keonjhar district, IDA team has observed the vulnerability of STI/HIV/AIDS among the migrant workers who work as mine labourers, truck drivers. According to statistics available with NACO, Orissa is considered as a low prevalence State. In context of STI/HIV/AIDS the issues of concern for the State are sharing the border with high and moderate prevalence States, population mobility pattern along with low incidences of voluntary blood testing or lack of voluntary blood testing facilities in the districts, poor awareness level on STI/HIV/AIDS among general population as well as high risk groups and existing stigma and discrimination has worsen the situation. At the same time, Keonjhar district is considered one of the highly vulnerable districts among ten districts of Orissa as per OSACS. Considering the scenario and vulnerability towards STI/HIV/AIDS**,** IDA team designed a Project named *Community Based STI/RTI/HIV/AIDS prevention Project in Keonjhar District of Orissa***,**

supported by Concern Worldwide. The aim of the prevention project is ***Improving the knowledgebase of the target population on STI/RTI/HIV/AIDS, reducing stigma and risk behaviour among the target people by the year 2009*****.**

The project mainly caters the services to the mine workers, truck drivers and helpers, adolescents and youths and largely the community people.

This KABP study is an outcome of an effort to understand the knowledge, attitudes, behaviours and practices of Truck drivers and helpers plying through Joda block (NH - 215, 75 and 6). In due course of time, effective intervention strategies will be designed based on the findings of the report.

Review of Studies on Truckers

Economic growth accelerated by market liberalization and global market integration, has created many significant opportunities for men in particularly in the urban centres. But rural impoverishment has led many men to leave their families and villages in search of work, changing traditional patterns of sexual unions (Upadhyay, 2000).

India has one of the largest road networks in the world. Studies in India, suggest that there are at least five million long-haul truckers and helpers in the country (HIV and AIDS in India, 2006). The trucking industry is booming in India due to heightened consumerism facilitated by economic growth and a huge demand in transportation of goods. It is said that HIV travels along trucking routes and highways with numerous rest areas providing food, alcoholic drink and the services of commercial sex workers for lonely truckers (Bryan *et al.,* 2001; Singhal and Rogers, 2003). Perhaps, we can trace the extent of transmission of this virus if we compare truck routes connecting major cities with the rates of infection of people who are living close to these highways. Undoubtedly, one would find an increase in HIV prevalence rate. But why are these people more vulnerable to HIV? Is exposure to HIV an occupational hazard of long distance truck drivers?

While few studies have been conducted to determine the sero-prevalence rate among truck drivers, reports show that there is a sharp increase in HIV infection among antenatal women in the areas where high concentrations of truck drivers live (WHO Report, 2003). The HIV infection rate is steadily rising among the truck drivers, with 1.5% infected in 1995, 6% in 1997, and 20% in 2001 (Bryan *et al.,* 2001). Although, one has to be cautious with these statistics as a rise in infection rate can also be related to

the rate of participation in voluntary testing. Nevertheless, it is certain that HIV risk among this group is increasing and intervention strategies need to be directed more efficiently towards this high-risk population. In particular, behavioural surveys show that 75% of truck drivers report extramarital sex, mostly with sex workers among whom HIV infection is up to 60% in the worst affected areas (WHO Report, 2003; USAID, 2005; HIV and AIDS in India, 2006). These activities often take place at roadside *"dhabas,"* which act as both brothels and hotels for truck drivers. In many instances, commercial sex partners are extremely poor and are mobile rather than brothel-based. In such cases, truck drivers stop to pick up women by the side of the road, and transport them to another area after they have had sex with them. Therefore, both truck drivers and sex workers move from area to area, unaware that they maybe infected with HIV. Additionally, many associate condom usage with family planning, and "recreational sex" is usually casual and unprotected (WHO Report, 2003; HIV and AIDS in India, 2006).

Research indicates that there are gaps in knowledge regarding the determinants of high-risk sexual behaviour in India, the psychosocial correlates of condom use, cultural influences on risky or safer behaviour, or potential for intervention (Bryan *et al.,* 2001: 1413). Many social scientists feel that very little use have been made of behavioural science theory to understand the dynamics of HIV risk behaviour, which in part stems from cultural inhibitions regarding the discussion of sexual matters in India. Therefore, a team of researchers at the Department of Psychology, Institute of Behavioural Science, at the University of Colorado, Boulder conducted a project with respect to the determinants of HIV risk behaviour, among long distance truck drivers using the information-motivation-behavioural skills model (IMB) (Bryan *et al.,* 2001).

The goal of this project was to examine specific levels of HIV prevention and information, motivation, and behavioural skills, and to integrate these with other psychosocial, cultural, and contextual factors for determining condom use among truck drivers in India. According to the authors, this IMB model helps in providing a framework to describe and conceptualize risky and safer sexual behaviour among the target population. In this model, HIV prevention information, motivation, and behavioural skills are fundamental determinants of HIV preventive behaviour, and any limitation in these strategies will be associated with risk behaviour (Bryan *et al.,* 2001: 1414; Fisher and Fisher, 2000). The practice of high-risk sexual behaviour by this group puts them at risk of HIV, their sexual contacts with primary (wives) and secondary partners (other casual relationships) contributes alarmingly towards increasing HIV risk of the general population (HIV and

AIDS in India, 2006; UNAIDS, 2006; Bryan *et al.,* 2001; Bharat and Aggleton, 1999; Gangakhedhar *et al.,* 1997; Singh and Malaviya, 1994).

Midline assessment KABP study of truckers under WBSAPCS, Synovate India, Kolkata revealed that 92% truckers heard of STD and 54.6% truckers know that STD occurs through sexual route. However, only 8.9% truckers could mention four symptoms of STD whereas 31.2% knows four modes of HIV transmission. In regard to the attitudes of the truckers to STD/HIV/AIDS, it came out from the report that 48.3% truckers feel that there should be no sex till STD is cured and 85.3% feel that one should use condom always. 47.4% truckers feel that PLWHAs should be deprived of their property and 44.1% PLWHAs should live away from others. While assessing the prevailing myths and misconceptions on STD/HIV/AIDS, it was observed that 41.8% truckers perceived that HIV/AIDS transmitted through mosquito bites, 46.8% truckers felt that a person with just one sexual partner can never get HIV/AIDS and 28.7% felt that sharing clothes and food with a PLWHA can spread HIV/AIDS. The report also described that 69.7% truckers perform vaginal sex without condom whereas rate of anal sex and oral sex are 5% and 3% respectively. Only 7.7% truckers heard about VCTC and 22.8% truckers knew where HIV testing can be done.

A brief write – up on Truckers.

Truckers' are the people, who drive the nation. They drive kilometres after kilometres crisscrossing the nation on the National Highways, cross districts, towns, cities and ultimately one State to other States. India has one of the largest road networks in the world, involving millions of drivers and helpers.

Truckers migrates-in into this region from High prevalence States of Andhra Pradesh, Maharashtra, Tamilnadu and the low prevalence States of West Bengal, Bihar, Jharkhand, Chhattisgarh, Uttar Pradesh and Punjab. Drivers are also coming from north-eastern States of Assam, Manipur, Nagaland and Mizoram too, whereas short-distance truckers are plying in from different districts of Orissa. In the study region, it was observed that mostly they carry the iron ores, heavy machineries, motor cars, fishes, food grains and crops.

Truckers' stay apart from their families for a long period of time ranging from eight to nine months or three to four months. This long separation from families, children, induces stress among the truckers, dependence on alcohol and other addiction compels

them towards multi-partners sexual activities and make them vulnerable in STD/ HIV/AIDS. Simultaneously lack of health seeking behaviour, ignorance about the diseases, prevailing misconceptions aggravate the situation and increases their susceptibility to this deadly disease.

Generally, in this occupation, a person joins as a Helper in his late adolescent or early youth period and gradually masters himself as a Driver within a period of four to five years. Power dynamics between a driver and helper is evident and a helper obeys the Driver like anything and make him his 'hero' to be emulated in his life later on.

Truckers' are found in the age group of 25- 50 though there are drivers who are still in this occupation at the age of above fifty-five. Their income range also varies from Rs 2000 – Rs 4000 and Rs 5000 – Rs 7000 depending on the distance traverse by the truckers.

Most of the truckers are god fearing in nature and has various religious background.. Religious background does not deter them from making friends in this profession and relies heavily upon peers. Peer influence is very strong among them and has direct bearing on their behaviour such addiction, visit sex workers and is even found to change their so called 'bad' behaviours under peer pressure.

Generally truckers are peace – loving, but at times occupational tension makes them aggressive and they always suffer from low self-esteem.

A major stretch of national highways including long stretches of NH-5, NH-6 and NH - 215 with a number of halt-points pass through Orissa.

Going by various surveys, 24-34% of truck drivers have reported of engaged in sex with commercial sex workers. Sometimes, this occurs at roadside 'dhabas', which act as both brothels and hotels for truck drivers. In other cases, drivers stop to pick up women by the side of the road, and transport them to another area after they have had sex with them. Both truck drivers and sex workers keeps moving on least aware that they are infected with HIV. "There is no entertainment. It is a 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."[2]

[2] Christensen A. (2002)'Truckers carry dangerous cargo', Global Health Council, May 1

There has been a number of major HIV/STI prevention projects aimed at truckers across the nation by NACO and other donor agencies, many of which have aimed to promote condom use and inducing good health seeking behaviour.

There are signs that some efforts to prevent HIV among truck drivers have been successful. A report[3] says 99% of the truckers were aware of HIV/AIDS. 81% were aware that consistent condom use could prevent HIV transmission; close to 88% of the truckers knew that condom is used to prevent or control the spread of HIV/AIDS. 72.3% truckers were found to have used condoms with commercial partners, while consistent condom use in past 12 months was 66.7% with commercial partners.

[3] Data Source: Summary Report of Behavioural Surveillance Survey in West Bengal(Nov 2003)

METHODOLOGY

Goal & Objective of the study:

The ***goal*** of the current study was to ascertain the specific levels of HIV prevention information, motivation, and behavioural skills, and to understand the interplay of these factors with other psychosocial, cultural, relationship and contextual factors in the prediction of condom use among the truck drivers and helpers. Based on these findings, targeted HIV prevention interventions can be developed for this vulnerable group.

The ***objective*** of the study was to understand and analyse the knowledge, attitude, behaviour and practices of truck drivers and helpers in relation to STI/HIV/AIDS and to understand the major dimensions in the risk behaviour who were plying through Keonjhar district.

Key Indicators for KABP study:

Indicator 1 : Knowledge Indicators
Indicator 2 : Behaviour Indicators
Indicator 3 : Practices related to condom usage
Indicator 4 : STD symptoms and treatment seeking behaviours
Indicator 5 : Risk perception of contracting HIV/AIDS
Indicator 6 : Access to Condoms
Indicator 7 : Voluntary HIV testing
Indicator 8 : Exposure to interventions
Indicator 9 : Stigma and Discrimination

Geographical coverage of the KABP Study:

The KABP study was conducted at Joda Block of Keonjhar district in Orissa, where three major National Highways(NH-215, NH-75 & NH- 5) passes through the district. The study was particularly administered in 20kms stretch from Kalapahada parking zone point to Sirajuddin Weigh Bridge point where both NH- 215 and State Express Highway - 2 cross each other; keeping in mind the number of trucks, major mines, *dhabas* and vulnerability situation.

Sample Design & Methodology:

A sampling frame was developed after visiting the sites(20 kms. stretch area from Kalapahada parking point to Sirajuddin weigh bridge point). All halting points were mapped where at least 50 trucks halt for minimum two hours or more for fuelling, loading – unloading, repairing, submitting tax at check posts, etc. 10% of the total universe were covered through systematic random sampling. At each sites, truck drivers and helpers were selected randomly for the interview. In all, 1352 respondents were covered under the study.

Data Collection, Quality Control & Analysis:

Pre testing and Training of Investigators

The pre-testing of the research questionnaires was followed by translation to Oriya to ensure the smooth flow and structure of the questions.

A team of 6 investigators and 1 supervisor were trained for two days on the basics of HIV/AIDS, techniques for asking sensitive questions on issues on sex and sexuality, ethnographic details of truckers population. Training of investigators was conducted in a participatory manner interspersed by mock sessions. During the training, investigators were oriented on ethical and sensitive issues related to the truckers.

Data Quality

The quality of the data was ensured by imparting quality training to the supervisor and the investigators for the survey and the field work. Besides these measures, regular scrutiny of questionnaires and computer based data checking was conducted to screen the database for the final analysis.

Analysis

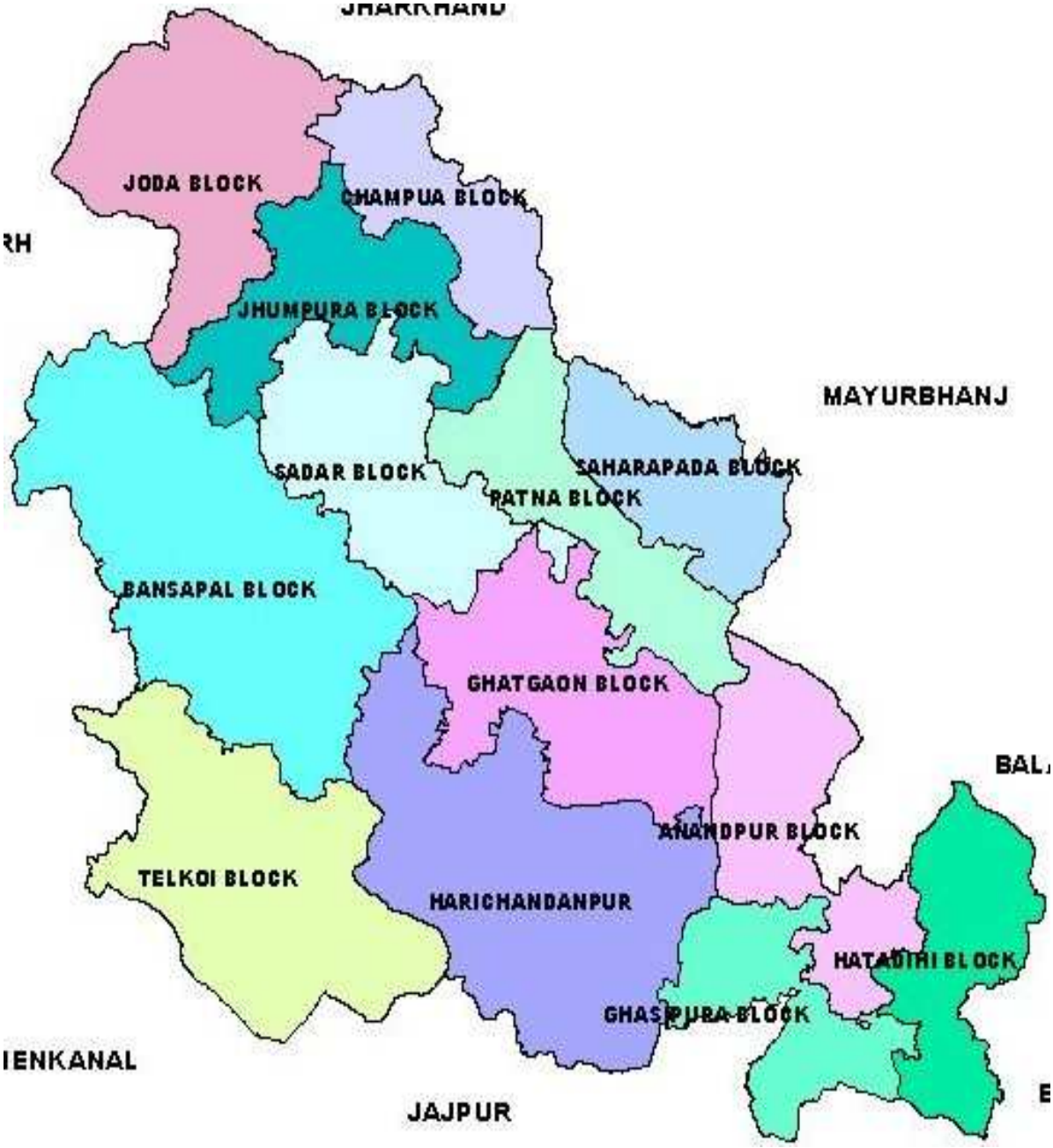
Filled-up interviewed questionnaires were thoroughly checked and reviewed. Data entry was done and analyzed through SPSS 10.0 version software.

Ethical Issues Considered while Conducting the Fieldwork:

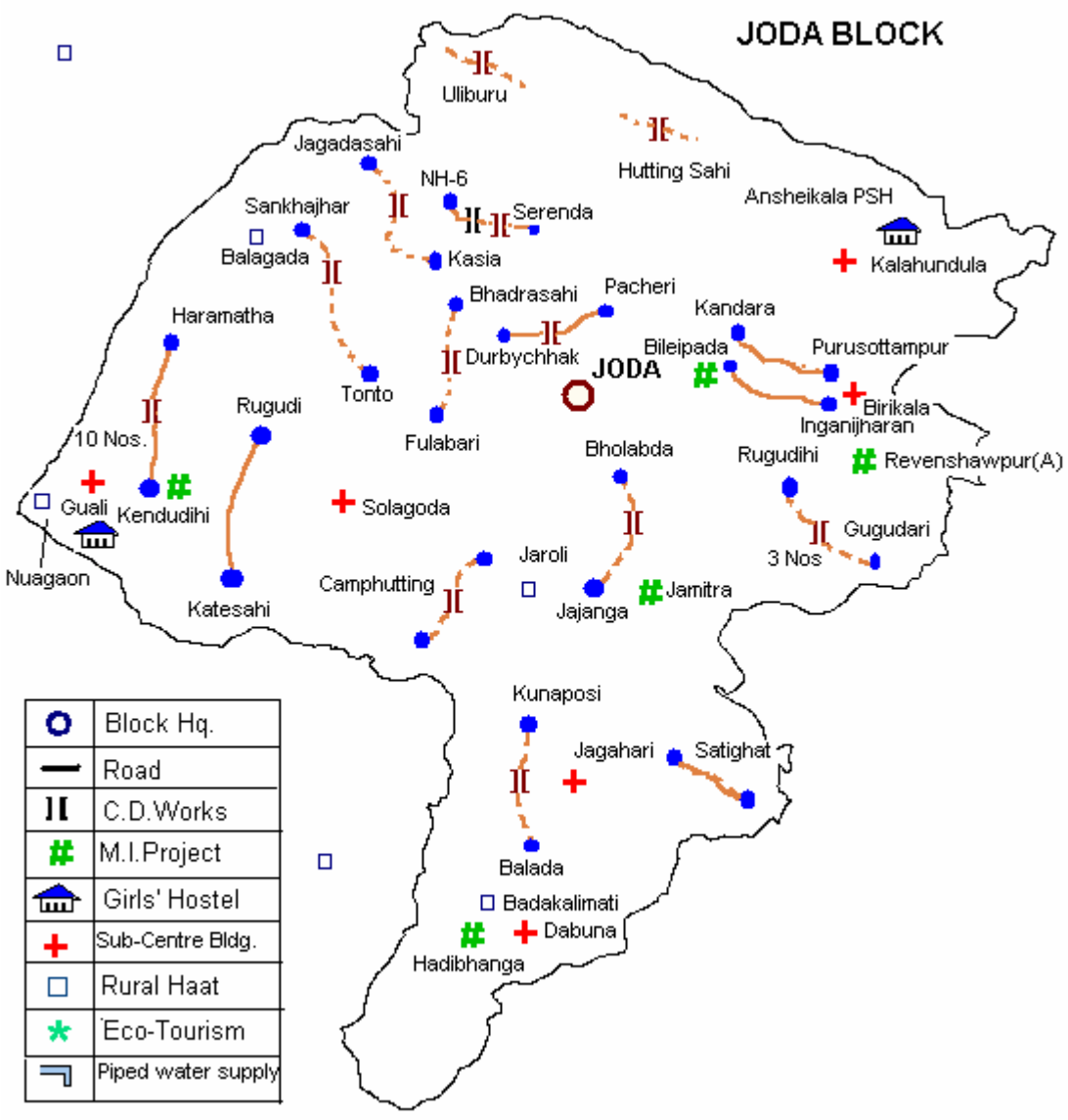
To deal with ethical issues related to sexually transmitted diseases and sexual behaviours of the respondent truckers, following preventive measures were undertaken:

- While conducting interviews, convenience of the respondents was given priority. In some cases, more number of visits was made to establish contacts.
- Prior to each interview, consent was obtained by informing them in Oriya or Hindi and explaining them the purposes of the study, type of information to be collected, and outcomes of the study.
- Respondents were also provided adequate privacy and were informed on freedom to quit the interviews at any point of time during the interviewing process.
- All the respondents covered under the survey were informed that the information provided during the interviews would be kept strictly confidential and used for research purposes only.
- Privacy of the respondents was also ensured by not asking or recording their names who are not willing during the interviews. All possible efforts were made to conduct interviews under those conditions wherein the respondents felt more comfortable and friendly.

DISTRICT MAP OF KEONJHAR



JODA BLOCK MAP



KABP Study: Key Findings

Demographic Profile of the Respondents

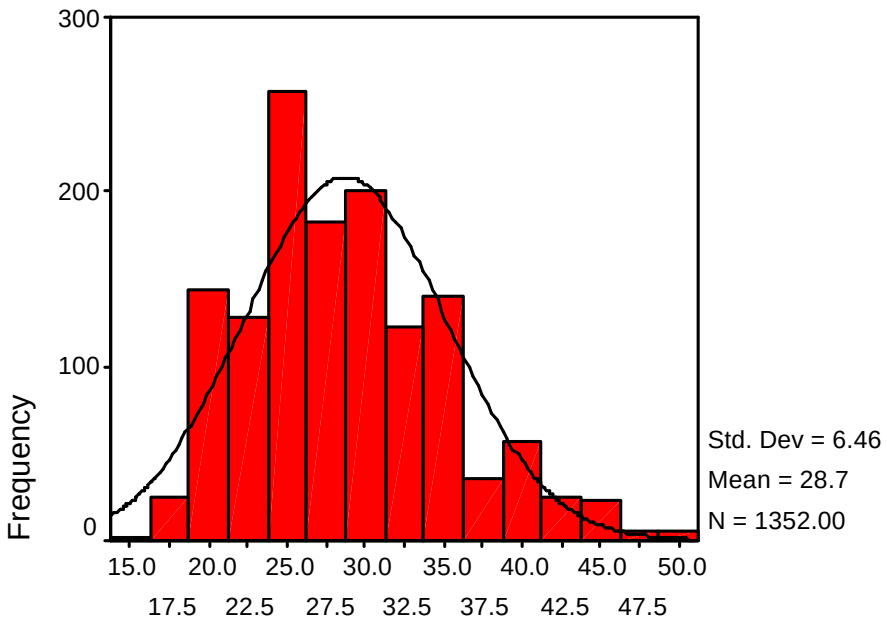
Age distribution:

In the following table we see that there were 27 truckers (2.0%) less than or equal to 18 years from the KABP study respondents. Around 35.0% of truckers (n=473) are scattered around the age groups of 19-25 years and 49.9% (n=675) are around 26-35 years. Naturally in the period of their youthful reproductive lives, they can engage themselves in unsafe sex practices provided adequate attention is not taken.

Age Distribution

Age Group	Frequency	Percent	Cumulative Percent
Up to 18	27	2.0	2.0
19-25	473	35.0	37.0
26-35	675	49.9	86.9
36-45	158	11.7	98.6
46-55	19	1.4	100.0
Total	1352	100.0	

The following histogram shows that mostly age is concentrated around 20-35 years

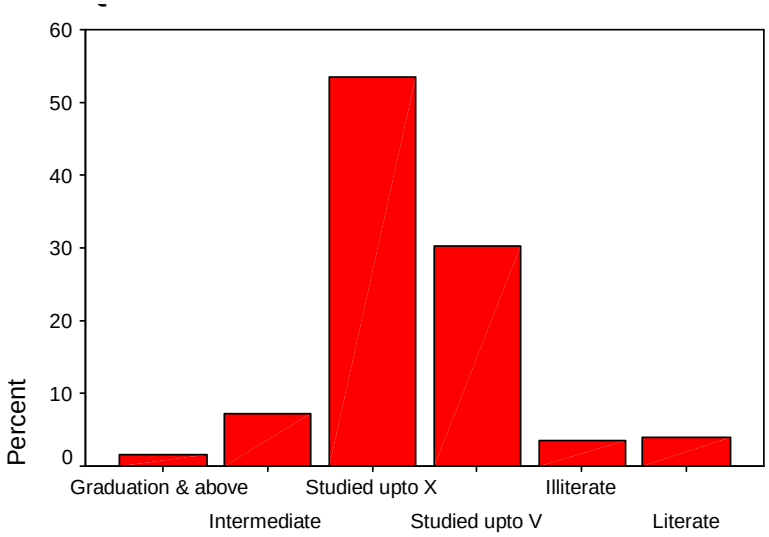


being mean age 29 years.

Education:

It is worth taking notice that the respondents for this KABP are not illiterate. Around 62.1% (n=840) have studied at least up to Class X. If we add up all those who have had formal education up to Class V it is 92.4% (n=1249).

Education	Frequency	Percent	Cumulative Percent
Graduation & above	21	1.6	1.6
Intermediate	96	7.1	8.7
Studied up to X	723	53.5	62.1
Studied up to V	409	30.3	92.4
Illiterate	48	3.6	95.9
Literate	55	4.1	100.0
Total	1352	100.0	



Current profession:

In the following table we can observe that the 79.8% of respondents are 'Drivers'. The remaining had been the 'Helpers'.

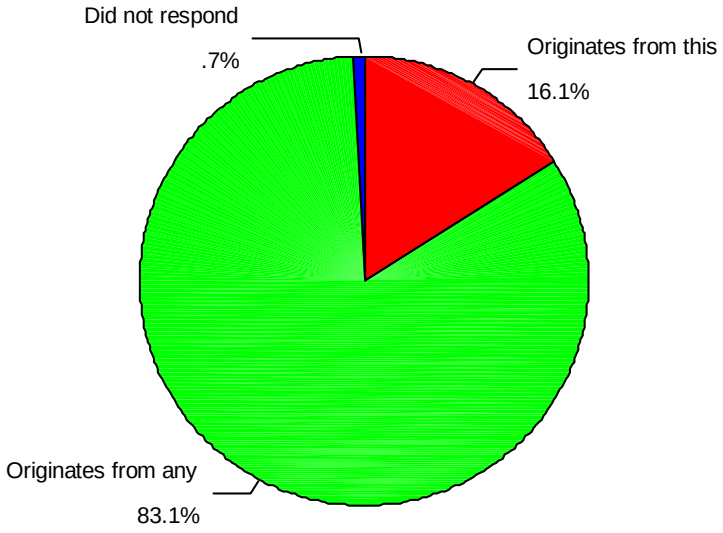
Current Profession	Frequency	Percent
Driver	1079	79.8
Helper	271	20.0
Cleaner	2	0.1
Total	1352	100.0

Place of origin:

In the following table we see that 1124 respondents (83.1%) is from a different place. But a scrutiny of the place of origin reflects that 26.8% of them are from this Keonjhar district. Therefore, around 43% of the respondents are from Keonjhar district. Jajpur and Mayurbhanj districts of Orissa contribute to the next chunk of respondents. Both the two tables reflect that around 85% of the respondents are from Orissa. Another 10% of respondents are from Bihar and Jharkhand.

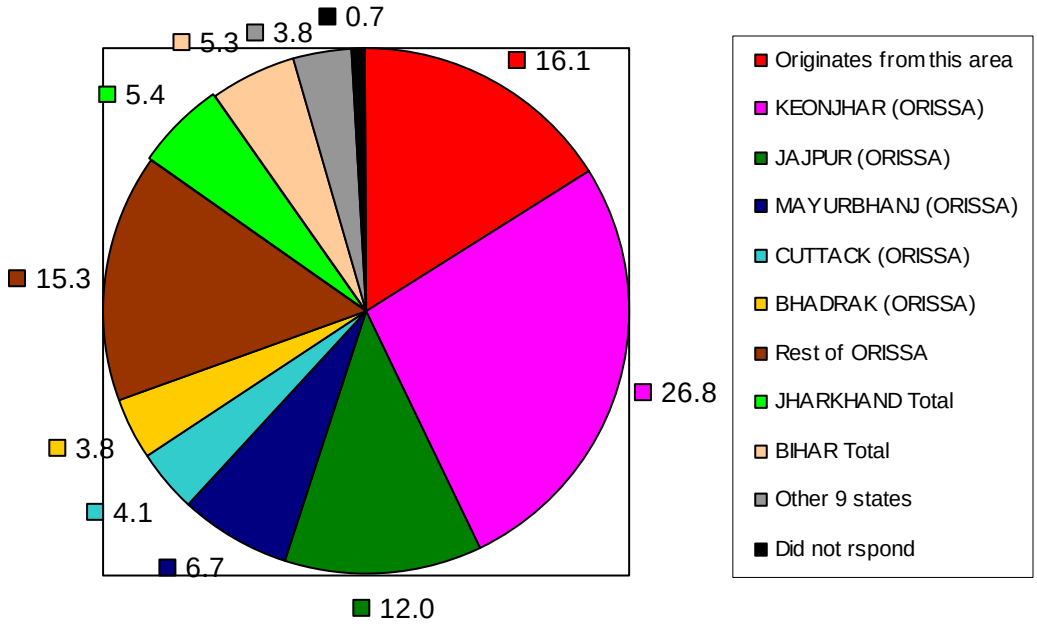
But, in other words more than half of the respondents hail from outside this district. This signifies their specific nature of job makes them a vulnerable group.

Place of origin	Frequency	Percent
Originates from this area	218	16.1
Originates from any other place	1124	83.1
Did not respond	10	0.7
Total	1352	100



District / State	Frequency	Per cent among those originating from any other place (N=1124)	Per cent among all respondents (N=1352)
KEONJHAR	362	32.2	26.8
JAJPUR	162	14.4	12.0
MAYURBHANJ	90	8.0	6.7
CUTTACK	56	5.0	4.1
BHADRAK	51	4.5	3.8
DHENKANAL	34	3.0	2.5
KENDRAPARA	34	3.0	2.5
BALESWAR	18	1.6	1.3
ANGUL	14	1.2	1.0

KHORDHA	14	1.2	1.0
SUNDERGARH	14	1.2	1.0
NAYAGARH	13	1.2	1.0
PURI	13	1.2	1.0
Rest of ORISSA	53	4.7	3.9
ORISSA Total	**928**	**82.6**	**68.6**
SINGHBHUM (WEST & EAST)	26	2.3	1.9
Rest of Jharkhand	47	4.2	3.5
JHARKHAND Total	**73**	**6.5**	**5.4**
SIWAN	16	1.4	1.2
Rest of BIHAR	56	5.0	4.1
BIHAR Total	**72**	**6.4**	**5.3**
WEST BENGAL Total	**24**	**2.1**	**1.8**
Other 8 states	**27**	**2.4**	**2.0**
TOTAL	1124	100.0	**83.1**



Marital status:

In the following table it is seen that ever married groups are contributing (56.4%) and the unmarried group contributing (42.3%). This gives us an idea about relevance of giving emphasis to both the married and unmarried younger group (19-35 years) as they are in most productive period of their lives.

Marital Status	Frequency	Percent
Married	763	56.4
Unmarried	572	42.3
Separate	7	0.5
Divorced	2	0.1

Deserted	1	0.1
Widower	4	0.3
Did not respond	3	0.2
Total	1352	100.0

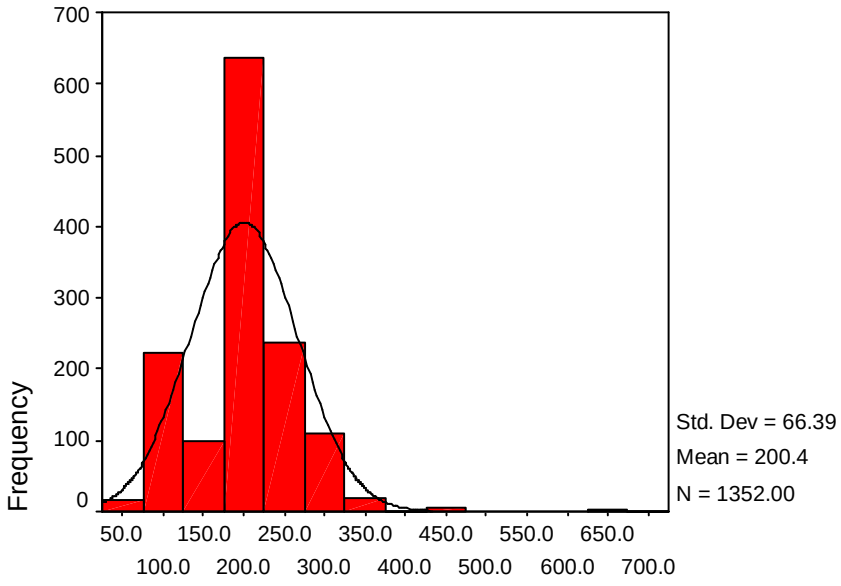
Income Distributions:

Taking Rs 100 as the cutoff value of income per day from main occupation, mostly it is contributed from higher income group above Rs 100 per day (97.5%).

Income from main profession per day

Daily Income	Frequency	Percent
<= Rs. 100 per day	119	8.8
> Rs. 100 per day	1233	91.2
Total	1352	100.0

In the chart below we see that mean income is Rs 200 per day and it is mostly concentrated around Rs 100 to Rs 300.



Through the following cross tabulation, we find that more than average income is mostly concentrated around age from 20-45 years.

Primary Income per day (in Rs)	Up to 18 years	19-25 years	26-35 years	36-45 years	46-55 years	Total
50-100		**6.2**				8.8

101-150		**8.9**	**2.6**			12.9
151-200		**5.8**	**9.0**			**16.0**
201-250		**12.2**	**31.0**	**7.6**		**51.8**
251-300			**4.4**	**2.1**		7.5
301-350						0.8
351-400						1.6
400+						0.7
Total	2.0	**35.0**	**49.9**	11.7	1.4	100.0

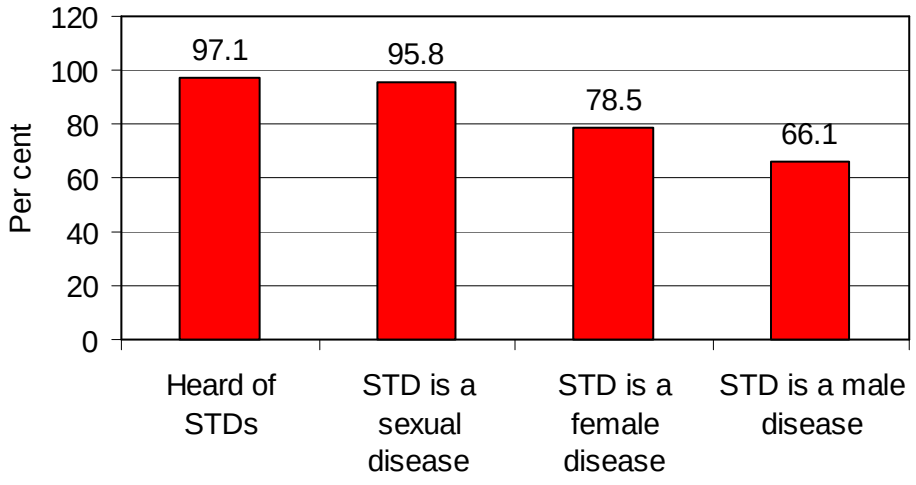
(# hiding all values less than 2% from the display)

STD Awareness and Knowledge

STD Knowledge

Awareness about STD remains very high around 97%. Among the respondents around 96% knows that "STD is a sexual disease". A small point of concern is that the respondents perceive that STD being more a female disease than a male disease.

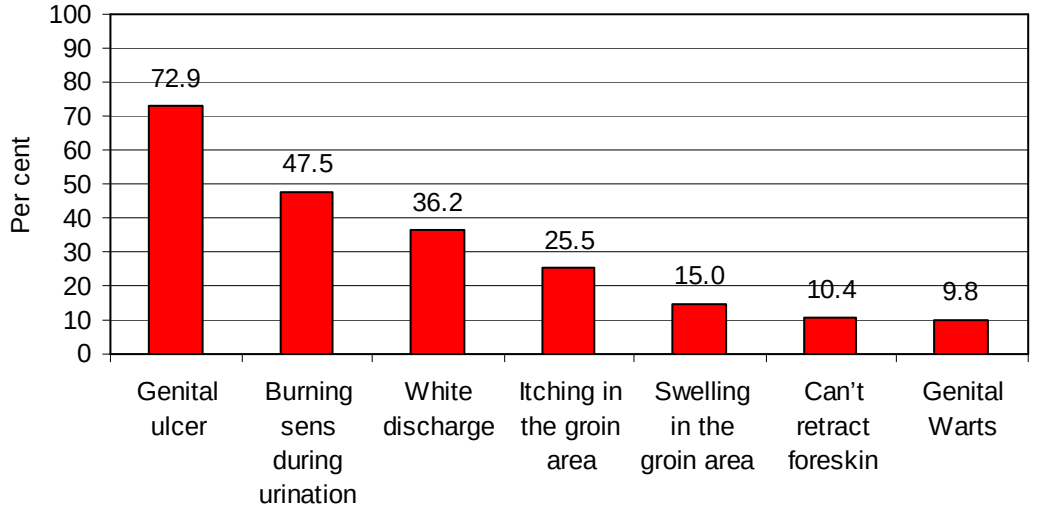
STD KNOWLEDGE	YES	
N=1352	**n**	**%**
Heard of diseases that can be transmitted through sexual intercourse	1291	95.5
Heard of STDs	1313	97.1
STD is a sexual disease	1295	95.8
STD is a female disease	1061	78.5
STD is a male disease	893	66.1



Knowledge about STD symptom

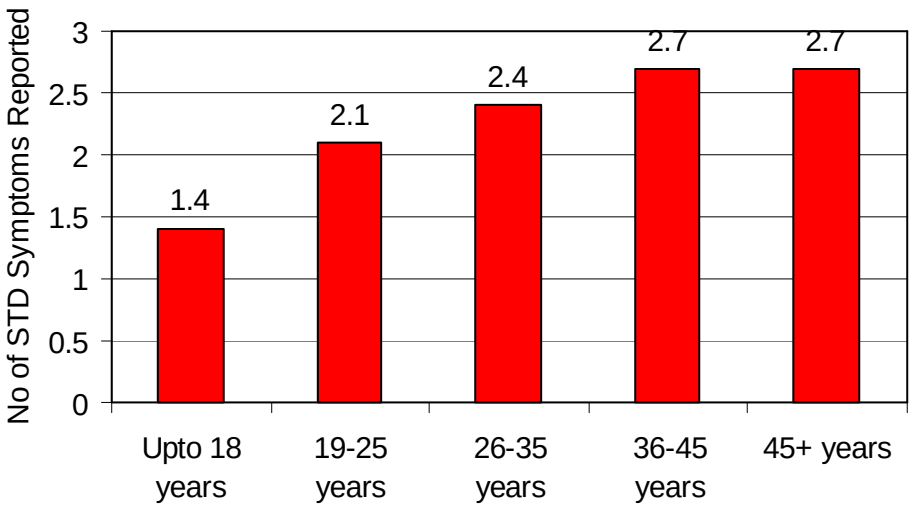
72.9% know genital ulcer as a symptom of STD. Many of them could recollect other symptoms of STD. The knowledge about STD symptoms has a relationship with the age of the respondent, higher the age better is their knowledge about STD symptoms. It is as low as 1.4 symptoms among those 'Below 18', while those above 35 years has idea about 2.7 of symptoms.

KNOWLEDGE ABOUT STD SYMPTOMS	YES	
N=1352	n	%
Genital ulcer	985	72.9
Burning sensation during urination	642	47.5
White discharge	490	36.2
Itching in the groin or genital area	345	25.5
Swelling in the groin area	203	15.0
Can't retract foreskin	140	10.4
Genital Warts	133	9.8
Skin rashes	109	8.1
Lower abdominal pain	78	5.8
Others	22	1.6



KNOWLEDGE ABOUT NO OF STD SYMPTOMS	No of STD Symptoms Reported	
Age Group	No	(n/N)
Up to 18 years	1.4	(37/27)
19-25 years	2.1	(990/473)
26-35 years	2.4	(1641/675)

36-45 years	2.7	(428/158)
45+ years	2.7	(51/19)



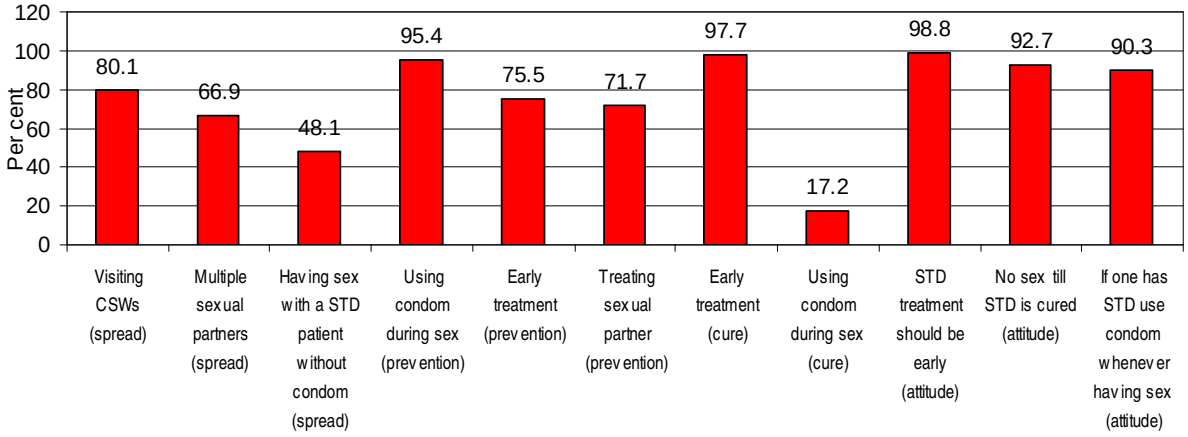
Knowledge about STD spread/prevention/cure & Attitudes

Similar high level of awareness about STD spread, prevention and cure is found among the respondents. Risky behaviour remains the bane of STD spread. Misconceptions about process of cure such as 'By having sex with a virgin' exist (though very small). In case of STD, early treatment and use of condoms or no sex remains the primary attitude among these respondents. In a situation where this population is always mobile and around 83% of the respondents coming from outside, these responses are quite encouraging.

KNOWLEDGE ABOUT HOW STD SPREAD	YES	
N=1352	n	%
Visiting CSWs	1083	80.1
Multiple sexual partners	904	66.9
Having sex with a STD patient without condom	650	48.1
Unhygienic practice	164	12.1
Using others' clothes	40	3.0
Common bathroom	25	1.8
It is hereditary	11	0.8
Touch	0	0.0
Others	11	0.8
KNOWLEDGE ABOUT HOW TO PREVENT STD	**YES**	
N=1352	n	%
Using condom during sex	1290	95.4
Early treatment	1021	75.5
Treating sexual partner	970	71.7
Staying neat & clean	927	68.6
Washing genitals with water after sex	723	53.5
Taking medicine	524	38.8
By taking injection	262	19.4
Others	21	1.6
KNOWLEDGE ABOUT HOW TO CURE STD	**YES**	
N=1352	n	%
Early treatment	1321	97.7
Staying neat & clean	789	58.4
Washing genitals with antiseptic	719	53.2
By using ayurvedic or herbal medicines	657	48.6
Not having sex	323	23.9
Using condom during sex	233	17.2
By going to traditional healers	39	2.9
By having sex with a virgin	21	1.6

Others	12	0.9

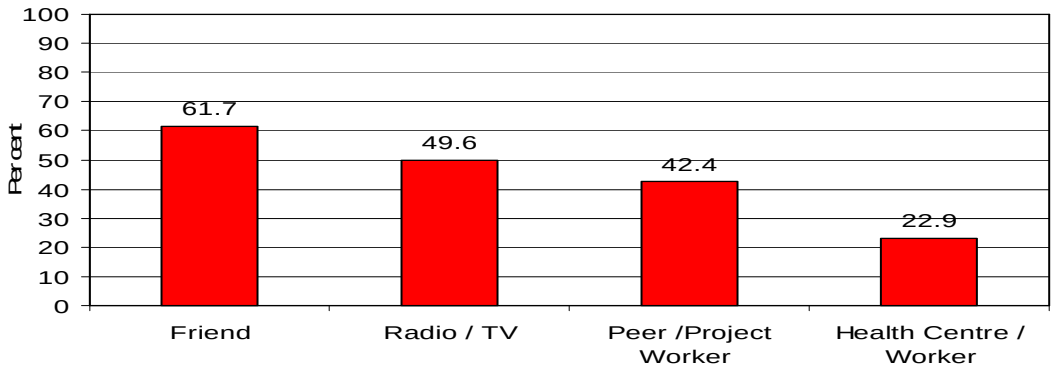
ATTITUDE TO STD	YES	
N=1352	**n**	**%**
STD treatment should be early	1336	98.8
No sex till STD is cured	1253	92.7
If one has STD it is proper to use condom whenever having sex	1221	90.3
Feels embarrassed to be examined for STD by a male/ female doctor	392	29.0



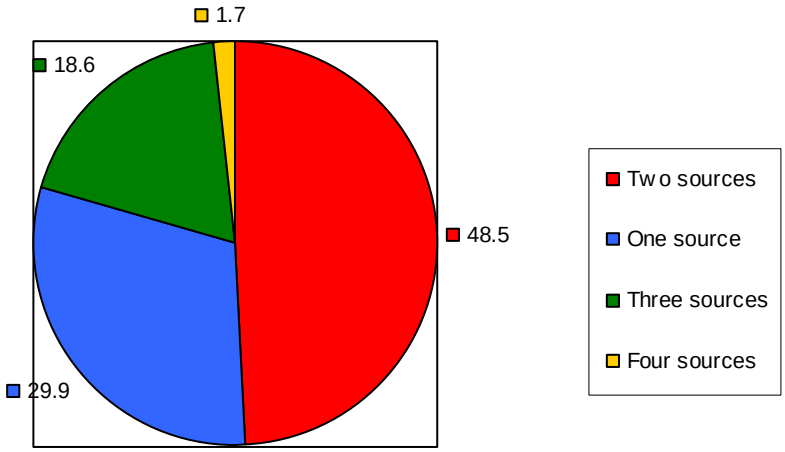
STD – source of information

Friends remain the primary source of information on STD. Radio/TV and Peer/Project Workers too remains a major source of the correct information. Significant to note is that 68.9% of the respondents have reported of more than one sources of information. This figure highlights the effectiveness of multi-channel BCC (including one to one counseling).

STD - SOURCE OF INFORMATION	YES	
N=1352	**n**	**%**
Friend	834	61.7
Radio / TV	670	49.6
Peer /Project Worker	573	42.4
Health Centre / Worker	310	22.9
Any Other	187	13.8



STD - NO OF SOURCES OF INFORMATION	YES	
N=1352	n	%
Two sources	656	48.5
One source	404	29.9
Three sources	252	18.6
Four sources	23	1.7
Five sources	2	0.1
None sources	15	1.1



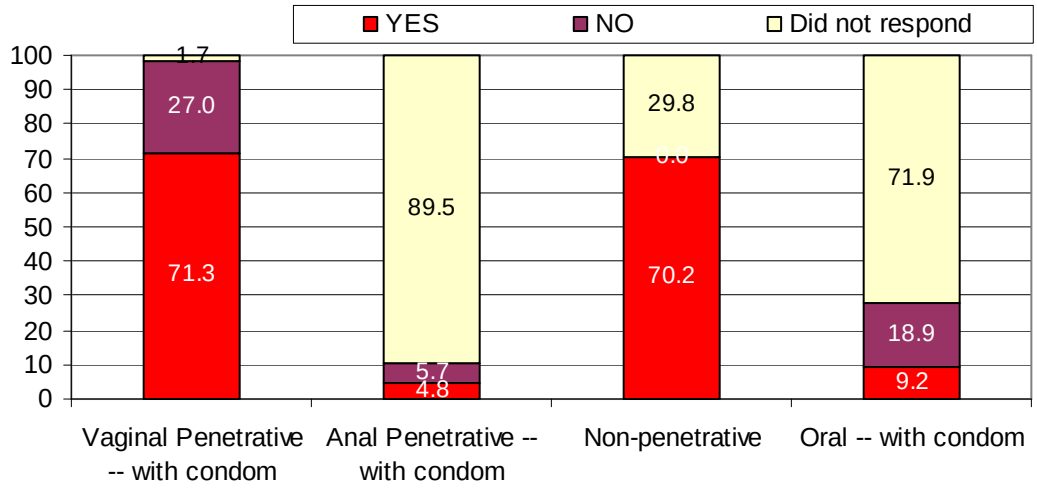
Type of sexual behaviour

Around one-third of the respondents have reported of visiting the CSWs. The average number of accessing days in a month is 6.6. Vaginal penetrative remains the primary sexual practice. Though use of condom during penetrative sex is significant, one cannot miss out the fact that 27% of the respondents who visit CSWs still do not use condoms during vaginal penetrative sex. Similar concerns are applicable for anal penetrative and oral practices.

LEGEND	Visit sex workers	
N=1352	n	%
Yes	477	35.3
No	871	64.4
Did not respond	4	0.3
Total	1352	100.0

Sexual Encounters (Statistics)	Number of CSWs in a day	Number of encounters in a day	No of accessing days in a month
N	477	477	477
Mean	1.1	1.4	6.6
Mode	1	1	2
Std. Deviation	0.3	0.7	6.1

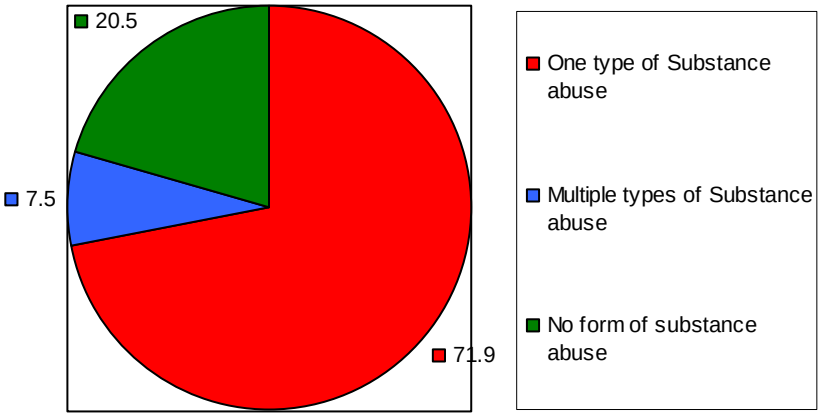
Type of sexual behaviour	YES		NO		Did not respond	
N=477	n	%	n	%	n	%
Vaginal Penetrative -- with condom	340	71.3	129	27.0	8	1.7
Anal Penetrative -- with condom	23	4.8	27	5.7	427	89.5
Non-penetrative	335	70.2	-	-	142	29.8
Oral -- with condom	44	9.2	90	18.9	343	71.9



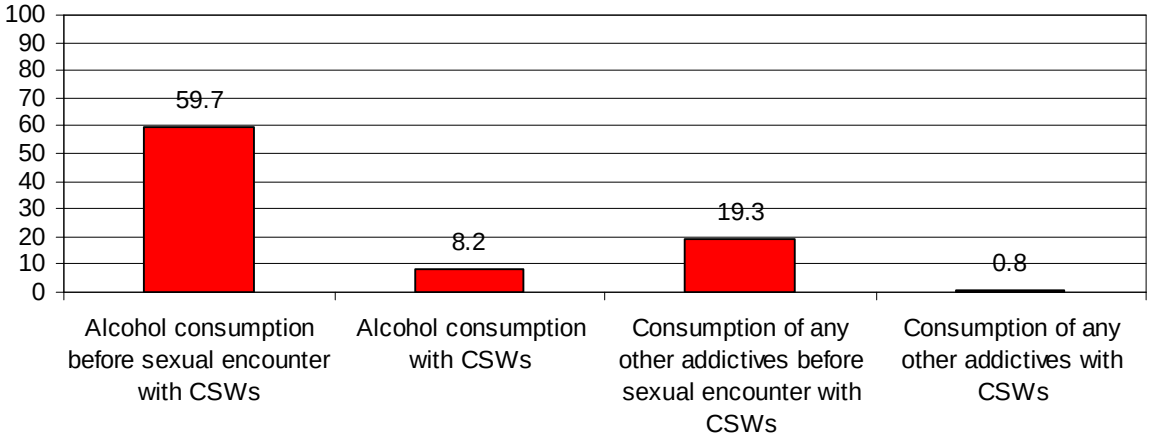
Sexual Behaviour & Substance Abuse

The gravity of the situation further accentuates with nearly 80% of the same respondents who visit CSWs reporting of using at least one type of substance abuse before sexual encounter. Around 9% of them have it along with the CSWs. All these reflect risky behaviour among the respondents.

Sexual Behaviour & Substance Abuse	YES	
N=477	n	%
One type of Substance abuse	343	71.9
Multiple types of Substance abuse	36	7.5
No form of substance abuse	98	20.5



Sexual Behaviour & Substance Abuse	YES	
N=477	n	%
Alcohol consumption before sexual encounter with clients/CSWs	285	59.7
Alcohol consumption with clients /CSWs	39	8.2
Consumption of any other addictives before sexual encounter with clients /CSWs	92	19.3
Consumption of any other addictives with clients /CSWs	4	0.8



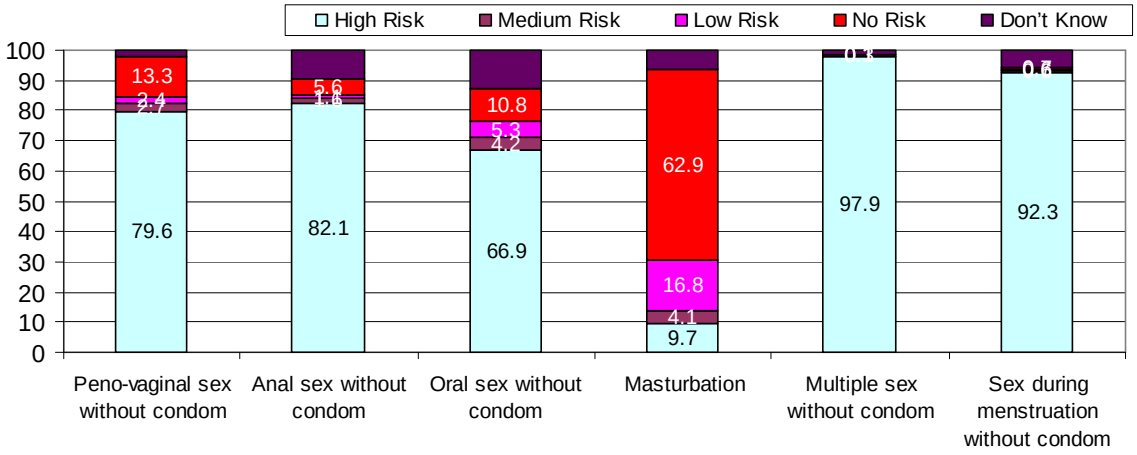
Perception of Risk

The average perception about contents of risky sexual encounter is observed to be high across the two groups, those who visit CSWs and those who does not visit CSWs.

Relatively their knowledge is poor in terms of risk for 'Oral sex without condom'. Critical findings among those who visit CSWs are that, around 20.7% perceive peno-vaginal sex without condom or 10.5% perceive anal sex without condom as 'No or Low risk'. This makes them highly vulnerable to STDs and HIV/AIDS.

The perception situation is broadly similar among those who do not visit the CSWs.

Perception of Risk		N	High Risk		Medium Risk		Low Risk		No Risk		Don't Know	
			n	%	n	%	n	%	n	%	n	%
Peno-vaginal sex without condom	Visits CSW	477	367	76.9	8	1.7	14	**2.9**	85	**17.8**	3	0.6
	Doesn't visits CSW	872	707	**81.1**	29	**3.3**	19	2.2	94	10.8	22	**2.5**
	All	1349	1074	79.6	37	2.7	33	2.4	179	13.3	25	1.9
Anal sex without condom	Visits CSW	477	387	81.1	6	1.3	3	0.6	47	**9.9**	35	7.3
	Doesn't visits CSW	872	721	**82.7**	16	**1.8**	12	**1.4**	28	3.2	93	**10.7**
	All	1349	1108	82.1	22	1.6	15	1.1	75	5.6	128	9.5
Oral sex without condom	Visits CSW	477	296	62.1	12	2.5	34	**7.1**	96	**20.1**	40	8.4
	Doesn't visits CSW	872	607	**69.6**	44	**5.0**	38	4.4	50	5.7	130	**14.9**
	All	1349	903	66.9	56	4.2	72	5.3	146	10.8	170	12.6
Masturbation	Visits CSW	477	39	8.2	17	3.6	66	13.8	344	**72.1**	11	2.3
	Doesn't visits CSW	872	92	**10.6**	38	**4.4**	160	**18.3**	504	57.8	75	**8.6**
	All	1349	131	9.7	55	4.1	226	16.8	848	62.9	86	6.4
Multiple sex without condom	Visits CSW	477	470	**98.5**	1	0.2	1	**0.2**	1	**0.2**	4	0.8
	Doesn't visits CSW	872	851	97.6	3	0.3	0	0.0	1	0.1	16	**1.8**
	All	1349	1321	97.9	4	0.3	1	0.1	2	0.1	20	1.5
Sex during menstruation without condom	Visits CSW	477	453	**95.0**	3	0.6	2	0.4	5	**1.0**	14	2.9
	Doesn't visits CSW	872	792	90.8	5	0.6	6.0	**0.7**	4	0.5	63	**7.2**
	All	1349	1245	92.3	8	0.6	8	0.6	9	0.7	77	5.7



Cleanliness & Sexual Hygiene

A high order practice in terms of personal cleanliness can be observed for both the groups, if we talk of 'washing genitals with soap' or 'Washing clothes regularly'. But when one checks for sexual hygiene, the overall scenario is not so bright. 'Checking of genitals of sex partners before having sex' and 'Discussion about STD with sex partner' are the weakest link in sexual hygiene.

Cleanliness & Sexual Hygiene:		N	Yes		No		No Response	
			n	%	n	%	n	%
Wash genitals with soap water	Visits CSW	477	460	**96.4**	12	2.5	5	1.0
	Doesn't visits CSW	872	829	95.1	28	**3.2**	15	**1.7**
	All	1349	1289	95.6	40	3.0	20	1.5
Wash clothes regularly	Visits CSW	477	472	**99.0**	5	1.0	-	-
	Doesn't visits CSW	872	860	98.6	12	**1.4**	-	-
	All	1349	1332	98.7	17	1.3	-	-
Check genitals of sex partner before having sex	Visits CSW	477	39	**8.2**	435	91.2	3	0.6
	Doesn't visits CSW	872	15	1.7	803	**92.1**	54	**6.2**
	All	1349	54	4.0	1238	91.8	57	4.2
Discuss about STD with sex partners	Visits CSW	477	95	19.9	380	**79.7**	2	0.4
	Doesn't visits CSW	872	187	**21.4**	637	73.1	48	**5.5**
	All	1349	282	20.9	1017	75.4	50	3.7
Discuss about STD with others apart from sex partners	Visits CSW	477	191	**40.0**	285	59.7	1	0.2
	Doesn't visits CSW	872	215	24.7	635	**72.8**	22	**2.5**
	All	1349	406	30.1	920	68.2	23	1.7

HIV/AIDS Awareness and Knowledge

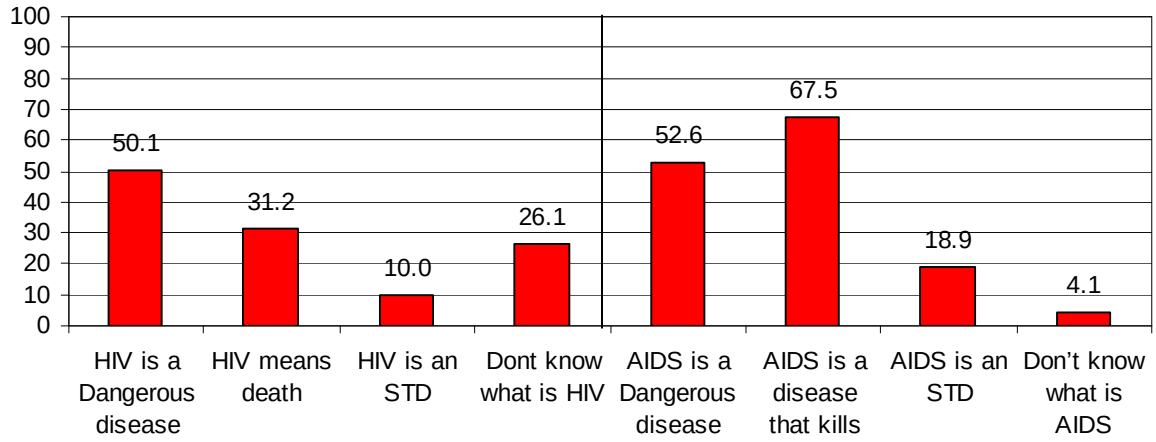
The common man's message that AIDS is a dangerous disease is well embedded in the mind of half of the respondents. From the table below it seems that the respondents do not much perceive the difference between HIV and AIDS. The broad understanding seems to be that if one gets HIV that person gets AIDS. Only the tag of being a killer disease is doubled when it is AIDS.

At the same time, nearly 18.9% of respondents understand that AIDS is an STD, while only 10.0% of them say that HIV is an STD. This is a gap in terms of "appropriate" knowledge on this issue, despite them having significant over arching knowledge on this subject.

It can be further observed that those who visit CSWs enjoy a marginal edge in terms of knowledge on HIV and AIDS. But they too do not have sufficient clarity on the subject, as can be seen from comparing the indicator 'Sex during menstruation causes HIV'. The missing link being 'unprotected'.

Knowledge HIV/ AIDS	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
What is HIV	**n**	**%**	**n**	**%**	**n**	**%**
Dangerous disease	257	**53.9**	419	48.1	676	50.1
A curable disease	14	**2.9**	6	0.7	20	1.5
It means death	158	**33.1**	263	30.2	421	31.2
Its name of a virus	71	**14.9**	87	10.0	158	11.7
A virus that destroys immunity	24	5.0	55	**6.3**	79	5.9
Sex during menstruation causes this disease	11	**2.3**	8	0.9	19	1.4
HIV is an STD	56	**11.7**	79	9.1	135	10.0
Don't know	114	23.9	238	**27.3**	352	26.1
What is AIDS	**n**	**%**	**n**	**%**	**n**	**%**
Dangerous disease	259	**54.3**	451	51.7	710	52.6
A disease that kills	315	66.0	596	**68.3**	911	67.5
A curable disease	21	**4.4**	17	1.9	38	2.8
Person with AIDS remains sick for a long time	95	**19.9**	91	10.4	186	13.8
It is an STD	123	**25.8**	132	15.1	255	18.9
Don't know	18	3.8	37	**4.2**	55	4.1

Others	4	0.8	6	0.7	10	0.7



Symptoms of AIDS

From the table below one can comment that the respondents have clarity about the right signs and symptoms of HIV and AIDS but this needs to be probed as data shows that majority of the respondents are not completely aware on what happens when one gets HIV and the symptoms of AIDS.

Here too those who visit CSWs are better aware than the rest. It is worth noticing that they have picked up knowledge about the association of AIDS and TB, though still very few.

Knowledge HIV/ AIDS	**Visits CSW (N=477)**		**Does not visit CSW (N=872)**		**ALL (N=1349)**	
What happens when one gets HIV	**n**	**%**	**N**	**%**	**n**	**%**
The person gets AIDS	230	48.2	420	48.2	650	48.2
Falls sick frequently	83	**17.4**	119	13.6	202	15.0
Dies	201	**42.1**	218	25.0	419	31.1
Don't know	116	24.3	264	**30.3**	380	28.2
What are the symptoms of AIDS	**n**	**%**	**N**	**%**	**n**	**%**
Weight loss	157	**32.9**	258	29.6	415	30.8
Getting weaker	267	**56.0**	424	48.6	691	51.2
Continuously having fever for a period of one month	130	**27.3**	153	17.5	283	21.0
Continuously suffering from dysentry for a period of one month	31	**6.5**	41	4.7	72	5.3
Swelling of glands	12	**2.5**	14	1.6	15	1.1

Getting TB	53	**11.1**	28	3.2	81	6.0
Others	37	**7.8**	16	1.8	53	3.9
Don't know	162	34.0	390	**44.7**	552	40.9

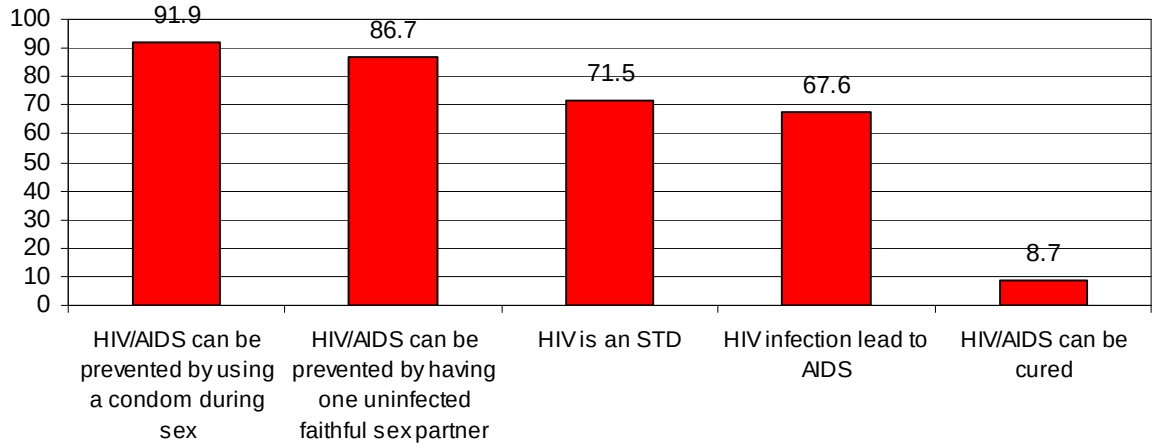
Knowledge of HIV/ AIDS

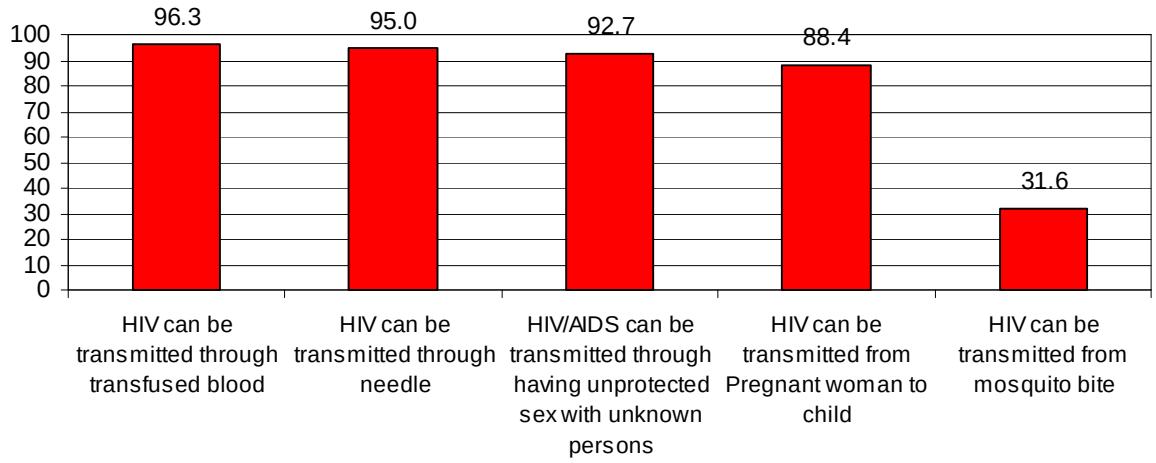
It can be observed from the following table that the Truckers are well knowledgeable about the probable routes of HIV transmission in a person. Overall 71.5% are aware that 'HIV is an STD' when 92.7% of all respondents are aware that unprotected sex with unknown persons can be a potential reason of HIV transmission; 95.0% are aware that use of infected needles can result in HIV; 88.4% are aware that an infected pregnant women can transmit HIV to the child in her womb; and 96.3% are aware of infected blood can be a source of transmission of HIV.

Again 86.7% opined that through being faithful to an uninfected sex partner and/or through using condoms during sex, one can prevent himself from getting infected of HIV.

Knowledge HIV/ AIDS	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		N	%	n	%	n	%
Does HIV infection lead to AIDS?	YES	337	**70.6**	575	66.2	912	67.6
HIV is an STD	YES	364	**76.3**	600	68.8	964	71.5
Can HIV/AIDS be prevented?	YES	351	73.6	646	**74.2**	997	73.9
Can HIV/AIDS be cured?	YES	43	**9.0**	74	8.5	117	8.7
	NO	403	**84.5**	710	81.5	1113	82.5
If a mosquito bites a PLWHA and then bites another, will the second person get HIV/AIDS?	YES	146	30.7	280	**32.1**	426	31.6
	NO	314	**66.0**	539	61.8	853	63.2
If the same needle is used first on a PLWHA and then on another person, will the second person get HIV/AIDS?	YES	456	**95.8**	826	94.7	1282	95.0
If a pregnant woman is HIV+, will her child get the virus?	YES	427	**89.7**	766	87.8	1193	88.4
If the blood of a PLWHA is transfused to another person, will the second person get HIV?	YES	462	**97.1**	837	96.0	1299	96.3

Can people protect themselves from HIV/AIDS by having one uninfected faithful sex partner?	YES	409	85.9	760	**87.2**	1169	86.7
Can people get HIV/AIDS through having unprotected sex with unknown persons?	YES	444	**93.3**	806	92.5	1250	92.7
Can HIV/AIDS be prevented by using a condom during sex?	YES	443	**93.1**	797	91.4	1240	91.9





HIV test

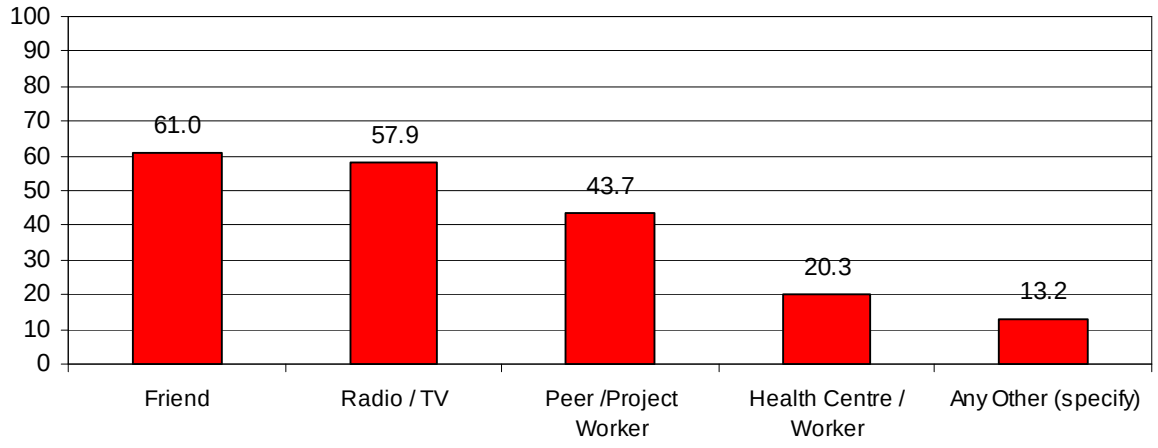
Despite the respondents having excellent awareness about ways of HIV transmission and the ways of prevention, they have poor knowledge about where HIV/AIDS can be tested. From the table below we find only one fifth of the respondents are aware where HIV/AIDS tests can be done. Only a few of them have heard of VCCTC.

Knowledge HIV/ AIDS	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		N	%	n	%	n	%
Do you know where HIV/AIDS can be tested?	YES	122	**25.6**	154	17.7	276	20.5
	NO	311	65.3	638	**73.2**	949	70.3
Have you heard about VCCTC?	YES	61	**12.8**	82	9.4	143	10.6
	NO	388	81.5	729	**83.6**	1117	82.8
Can you go all by yourself and get yourself checked for HIV at a VCCTC?	YES	300	**63.3**	427	49.0	727	53.9
	NO	173	36.5	439	**50.4**	612	45.4

Source of Information - HIV/ AIDS

The source of information for HIV / AIDS to this group of respondents remains the same of that of source for STD information. Friends, Radio/TV and Peer/Project Workers still remain the major source of information for HIV / AIDS.

Source of Information - HIV/ AIDS	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
	n	%	n	%	n	%
Friend	305	**63.9**	518	59.4	823	61.0
Radio / TV	285	**59.7**	496	56.9	781	57.9
Peer /Project Worker	213	**44.7**	376	43.1	589	43.7
Health Centre / Worker	96	20.1	178	**20.4**	274	20.3
Any Other (specify)	70	**14.7**	108	12.4	178	13.2

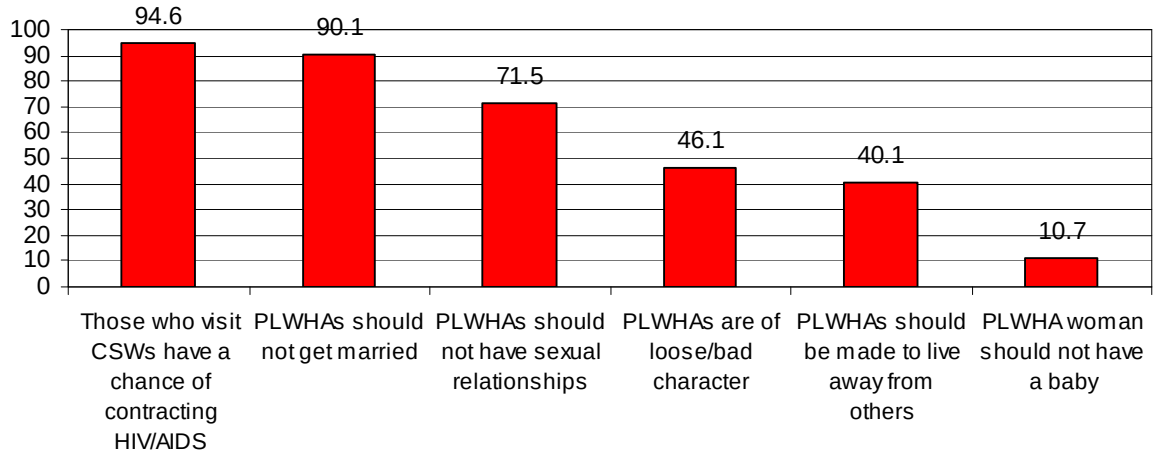


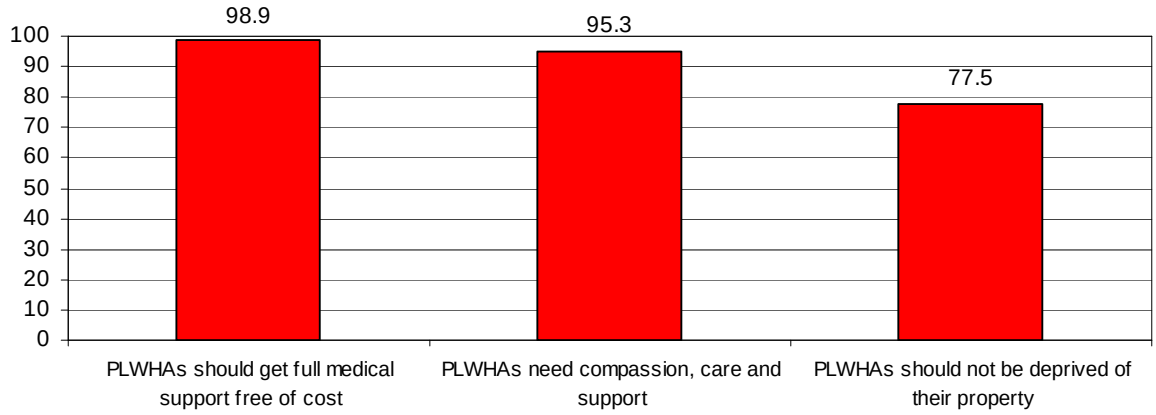
Attitude to HIV/ AIDS

Most of the respondents showed a positive outlook while dealing with PLWHA. 98.9% felt for free medical support for PLWHA while 95.3% spoke for care and support. 77.5% felt that PLWHA should not be deprived from his/her rights and 56.9% of them felt for not socially excluding them. But around 71.5% respondents feel that PLWHAs should not have sexual relationships and 46.1% consider PLWHAs are people of bad characters.

82.9% of the respondents felt that a PLWHA woman can have babies while 24.3% have attitude towards having sex with HIV/AIDS being present. This attitude enhances risk of disease transmission if the complete understanding of the issue is not known to the respondents or available PPTCT and MTCT services is not available in the locality.

Attitude to HIV/ AIDS	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		N	%	N	%	n	%
A PLWHA woman should not have a baby	YES	47	9.9	98	**11.2**	145	10.7
	NO	410	**86.0**	708	81.2	1118	82.9
PLWHAs should not have sexual relationships	YES	368	**77.1**	596	68.3	964	71.5
	NO	94	19.7	234	**26.8**	328	24.3
PLWHAs are of loose/bad character	YES	224	**47.0**	398	45.6	622	46.1
	NO	237	49.7	444	**50.9**	681	50.5
Those who visit CSWs have a chance of contracting HIV/AIDS	YES	452	**94.8**	824	94.5	1276	94.6
PLWHAs should be made to live away from others	YES	177	37.1	364	**41.7**	541	40.1
	NO	286	**60.0**	481	55.2	767	56.9
PLWHAs should not get married	YES	429	89.9	786	90.1	1215	90.1
	NO	37	**7.8**	55	6.3	92	6.8
PLWHAs need compassion, care and support	YES	458	**96.0**	827	94.8	1285	95.3
PLWHAs should get full medical support free of cost	YES	473	**99.2**	861	98.7	1334	98.9
PLWHAs should not be deprived of their property	YES	376	**78.8**	669	76.7	1045	77.5



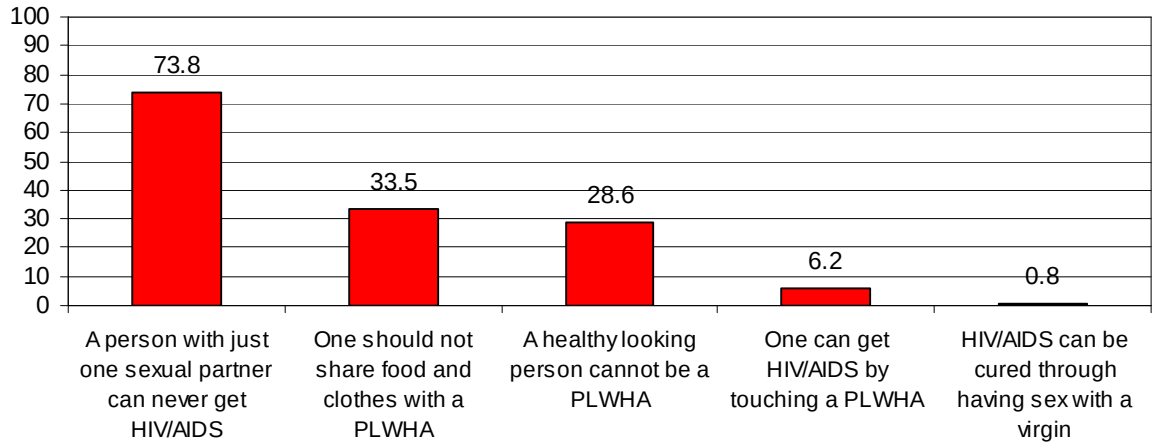


Beliefs / myths about HIV/AIDS

Beliefs and myth results in certain misconception that usually creates impediments to opt for appropriate behaviour. Though only 6.2% of the respondents feel that one can get HIV / AIDS through touch, yet 33.5% of them believe not to share food and clothes with a PLWHA. A clear absence of clarity of HIV / AIDS messages can be observed from the fact that 73.8% of respondents believe that if a person have just one sexual partner will never have HIV / AIDS.

Beliefs about HIV/AIDS	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		n	%	n	%	n	%
You can get HIV/AIDS if	YES	20	4.2	64	7.3	84	6.2

you touch a PLWHA	NO	441	**92.5**	771	88.4	1212	89.8
HIV/AIDS can be cured through having sex with a virgin	YES	3	0.6	8	**0.9**	11	0.8
	NO	443	**92.9**	781	89.6	1224	90.7
A person with just one sexual partner can never get HIV/AIDS	YES	366	**76.7**	629	72.1	995	73.8
	NO	96	20.1	203	**23.3**	299	22.2
A healthy looking person cannot be a PLWHA	YES	138	**28.9**	248	28.4	386	28.6
	NO	325	**68.1**	583	66.9	908	67.3
One should not share food and clothes with a PLWHA	YES	153	32.1	299	**34.3**	452	33.5
	NO	311	**65.2**	541	62.0	852	63.2

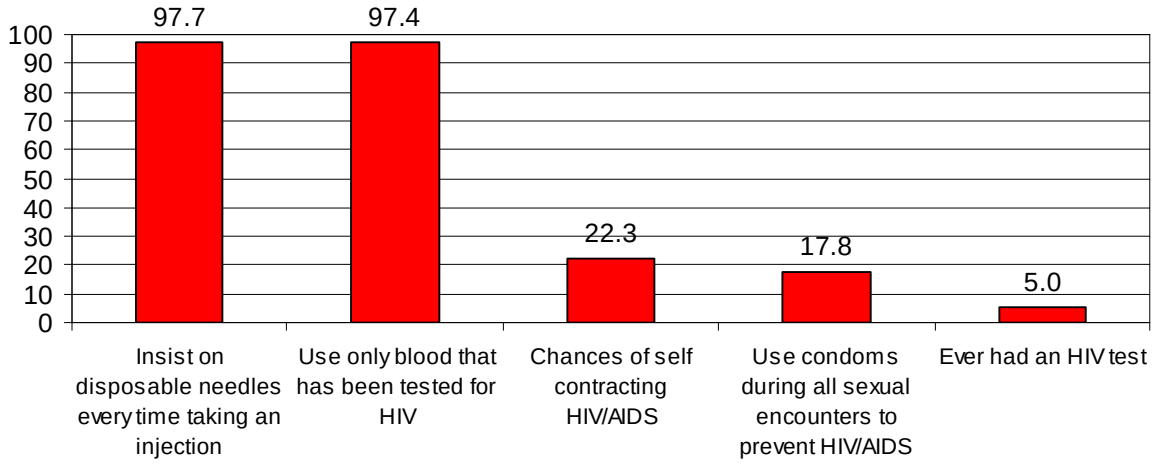


HIV/AIDS: Practices and Perceptions

The practice of using condoms during all sexual encounters among the target group is only 17.8%. Among those who visit CSWs it is a little higher but only 31.2%. Considering the transmission efficacy of HIV for unsafe sex, and related behaviours of accessing CSWs, etc., the condom use seem to be very important in respect to arrest HIV transmission

HIV/AIDS: Practices and Perceptions	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		N	%	n	%	n	%
Use / Ask sexual partner	YES	149	**31.2**	91	10.4	240	17.8

to use condoms during all sexual encounters to prevent HIV/AIDS	NO	325	68.1	733	**84.1**	1058	78.4
Chances of self contracting HIV/AIDS	YES	178	**37.3**	123	14.1	301	22.3
	NO	267	56.0	709	**81.3**	976	72.3
Insist on disposable needles every time taking an injection	YES	468	**98.1**	850	97.5	1318	97.7
People should use only blood that has been tested for HIV	YES	462	96.9	852	**97.7**	1314	97.4
Ever had an HIV test	YES	44	**9.2**	24	2.8	68	5.0
	NO	432	90.6	845	**96.9**	1277	94.7
HIV/AIDS: Practices and Perceptions	**Response**	**Visits CSW (N=44)**		**Does not visit CSW (N=24)**		**ALL (N=68)**	
		N	**%**	**n**	**%**	**n**	**%**
Had an HIV test and knows the result	YES	42	95.5	23	95.8	65	95.6

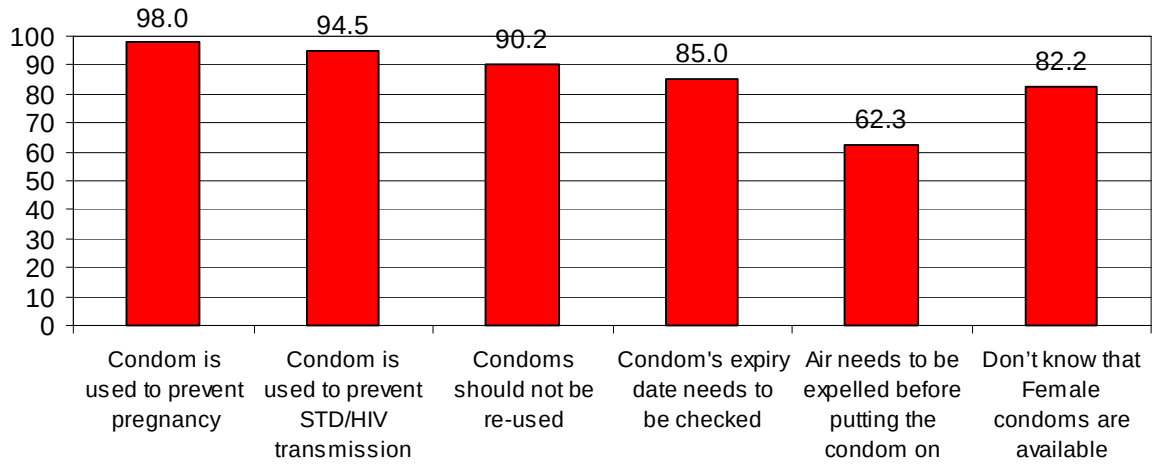


Condom Use - knowledge

Condom can be used for prevention of pregnancy is reported by 98.0% respondents while condom use for prevention of STD/HIV has been reported by 94.5%. There exist gap between these two values. This implies the respondents adequately do not perceive dual efficacy of condom in prevention of pregnancy as well as STD/HIV transmission.

Gap can be observed in the knowledge level for proper putting on the condom. The knowledge about Female condoms is nearly non-existent.

Condom Usage: Knowledge	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		N	%	n	%	n	%
Condom is used to prevent pregnancy	YES	474	**99.4**	848	97.2	1322	98.0
Condoms are used to prevent STD/HIV transmission	YES	458	**96.0**	817	93.7	1275	94.5
The expiry date needs to be checked before a condom is used	YES	424	**88.9**	723	82.9	1147	85.0
Air needs to be expelled before putting the condom on	YES	345	**72.3**	495	56.8	840	62.3
Condoms should not be re-used	YES	442	**92.7**	775	88.9	1217	90.2
Female condoms are available	YES	39	**8.2**	56	6.4	95	7.0
	NO	51	**10.7**	84	9.6	135	10.0
	DON'T KNOW	385	80.7	724.0	**83.0**	1109	82.2

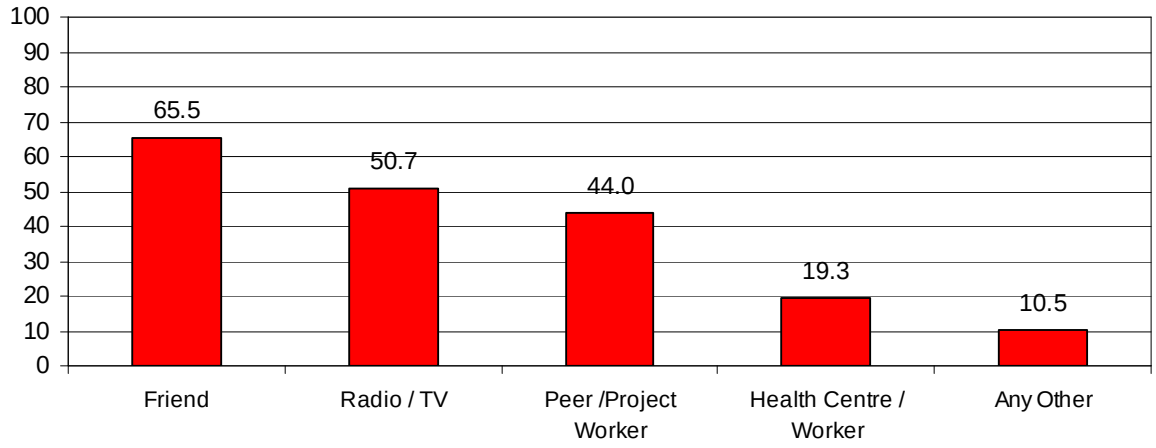


Source of Information - Condom Usage

As one should expect, the source of information for condom usage to these group of respondents remains the same of that of source for STD/HIV/AIDS information. Friends,

Radio/TV and Peer/Project Workers still remain the major source of information for condom use too.

Source of Information - Condom Usage	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
	n	%	n	%	N	%
Friend	320	**67.1**	564	64.7	884	65.5
Radio / TV	259	**54.3**	425	48.7	684	50.7
Peer /Project Worker	213	**44.7**	381	43.7	594	44.0
Health Centre / Worker	90	18.9	171	**19.6**	261	19.3
Any Other	65	**13.6**	76	8.7	141	10.5



Condom Usage - Practice

The practice of condom usage during sexual encounters is very low. This target group has been observed to possess very good knowledge about methods of STD / HIV / AIDS transmission. This group is also aware of HIV / AIDS as STDs.

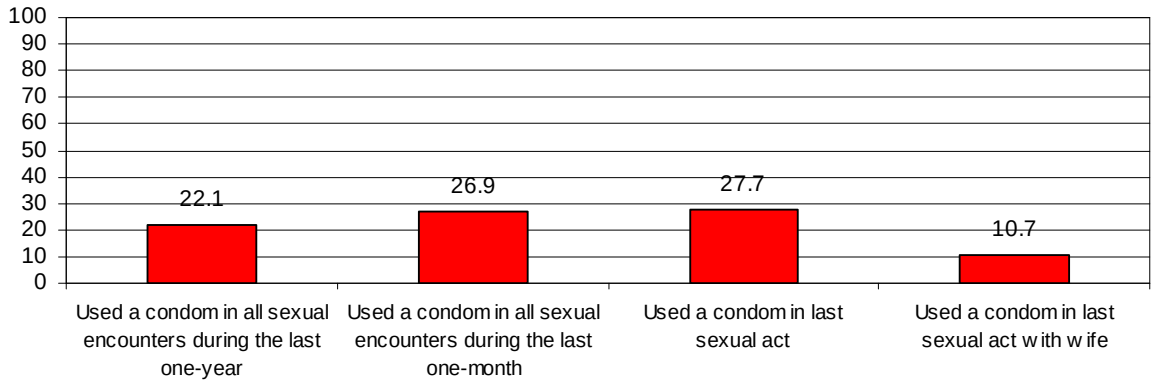
If we compare condom usage in sexual encounters during last act (27.7%), last one month (26.9%) and last one year (22.1%), one can easily infer that condom use is not in the habit. The three values are very consistent.

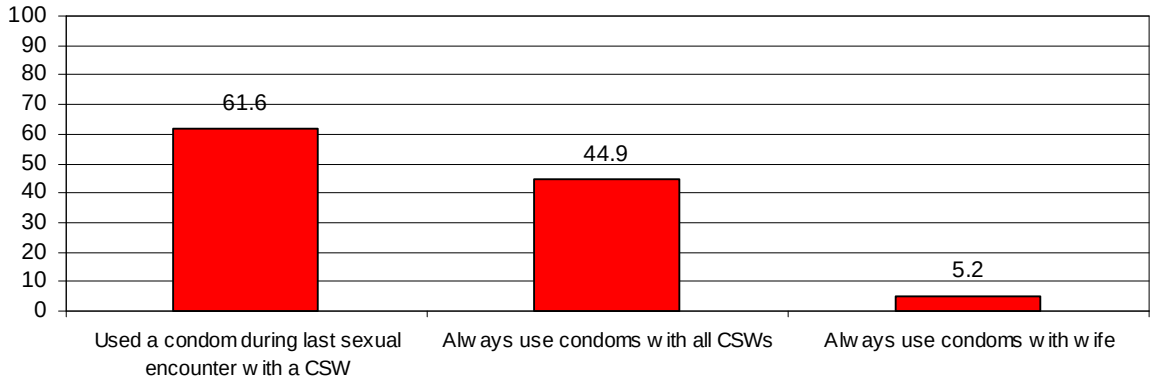
More so only 61.6% of those who visits CSWs had used condoms during last encounter with a CSW. The consistent condom use practice while sexual encounter with CSWs

comes down to 44.9%. A mere 5.2% of the respondents of this category always uses condom with wife. This makes the chances higher for wife's getting STD / HIV / AIDS.

It is also observed that only 21.3% have access to free condoms, 29.3% respondents express that they buy condom always and 27% purchase condom sometimes.

Condom Usage: Practice	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		n	%	N	%	N	%
Used a condom in all sexual encounters during the last one-year	YES	221	**46.3**	77	8.8	298	22.1
	NO	256	53.7	766	**87.8**	1022	75.8
Used a condom in all sexual encounters during the last one-month	YES	264	**55.3**	99	11.4	363	26.9
	NO	212	44.4	745	**85.4**	957	70.9
Used a condom in last sexual act	YES	263	**55.1**	111	12.7	374	27.7
	NO	212	**44.4**	111	12.7	323	23.9
Used a condom in last sexual act with wife	YES	42	8.8	102	**11.7**	144	10.7
	NO	418	**87.6**	738	84.6	1156	85.7
Used a condom during last sexual encounter with a CSW	YES	294	61.6				
	NO	182	38.2				
Do you always use condoms with all CSWs?	YES	214	44.9				
	NO	263	55.1				
Always use condoms with wife	YES	25	5.2	72	**8.3**	97	7.2
	NO	427	**89.5**	759	87.0	1186	87.9
Have access to free condoms	YES	177	**37.1**	111	12.7	288	21.3
	NO	299	62.7	760	**87.2**	1059	78.5
Buy condoms always	YES	285	**59.7**	110	12.6	395	29.3
	NO	191	40.0	761	**87.3**	952	70.6
Buy condoms sometimes	YES	259	**54.3**	107	12.3	366	27.1
	NO	218	45.7	763	**87.5**	981	72.7
Use both free condoms and socially marketed condoms	YES	181	**37.9**	30	3.4	211	15.6
	NO	294	61.6	839	**96.2**	1133	84.0
Wife refuse to use condoms	YES	30	6.3	117	**13.4**	147	10.9
	NO	413	**86.6**	690	79.1	1103	81.8



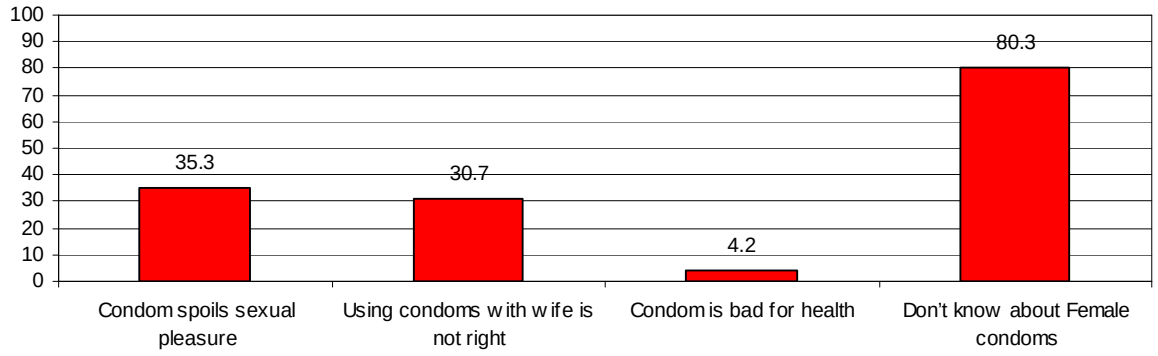


Condom Usage - Attitude

35.3% respondents told that condom reduces sexual pleasure. This single most important myth can be the reason for such poor consistent usage of condoms. 30.7% respondents feel that using condoms with wife is not right. This further adds up to non-usage of condoms.

7.1% believe that condom is bad for health. 82.4% of respondents have no idea about female condoms. Therefore, breaking the myth barrier and improving upon the use of condom during sexual encounter remains a challenge.

Condom Usage: Attitude	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		n	%	n	%	n	%
Condom spoils sexual pleasure	YES	264	**55.3**	212	24.3	476	35.3
	NO	149	**31.2**	243	27.9	392	29.1
Condom is bad for health	YES	34	**7.1**	22	2.5	56	4.2
	NO	428	**89.7**	744	85.3	1172	86.9
The picture on a condom packet is important	YES	342	**71.7**	495	56.8	837	62.0
	NO	124	26.0	338	**38.8**	462	34.2
The brand is not important but its use is important	YES	468	**98.1**	800	91.7	1268	94.0
Using condoms with husband/ babu/wife is not right	YES	167	**35.0**	247	28.3	414	30.7
	NO	248	**52.0**	417	47.8	665	49.3
Female condoms would increase condom usage	YES	15	**3.1**	18	2.1	33	2.4
	NO	69	14.5	161	**18.5**	230	17.0
	DON'T KNOW	393	**82.4**	690	79.1	1083	80.3

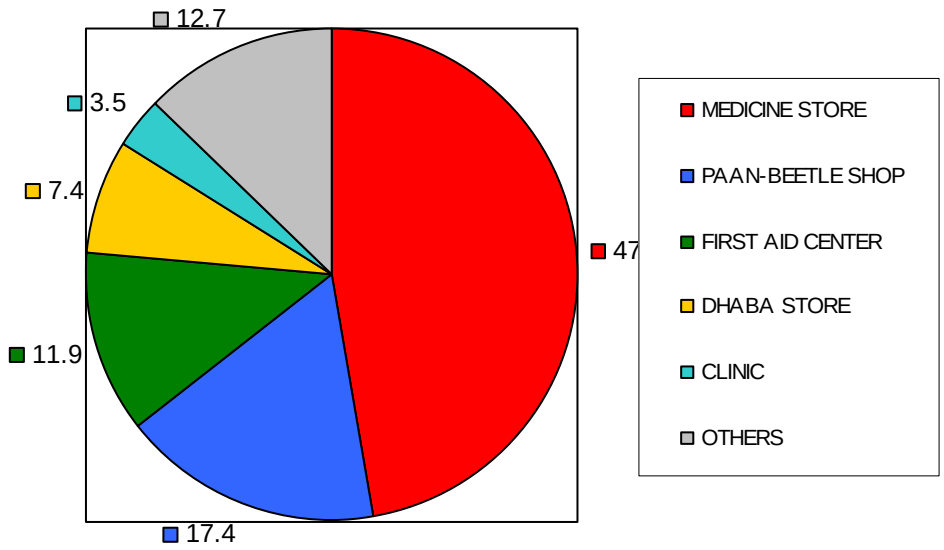


Condom availability

Condom Outlets

Medicine Store remains the main source (47.1%) for procurement of condoms among all respondents. Paan-Beetle Shops and First Aid Centres follow suit. The mention of free sources of condom availability is restricted. Although insignificant, yet there is at least the mention of CSW as the source.

Condom outlets	Visits CSW		Does not visit CSW		ALL	
	n	%	n	%	n	%
MEDICINE STORE	198	45.5	292	48.2	490	47.1
PAAN-BEETLE SHOP	90	20.7	91	15.0	181	17.4
FIRST AID CENTER	43	9.9	81	13.4	124	11.9
DHABA STORE	35	8.0	42	6.9	77	7.4
CLINIC	11	2.5	25	4.1	36	3.5
STATIONERY SHOP	12	2.8	10	1.7	22	2.1
HEALTH CENTER	12	2.8	7	1.2	19	1.8
ANGAN WADI CENTRE	6	1.4	12	2.0	18	1.7
GOVT HOSPITAL	7	1.6	11	1.8	18	1.7
TYRE SHOP	6	1.4	4	0.7	10	1.0
CSW	5	1.1		0.0	5	0.5
OTHERS	10	2.3	31	5.1	41	3.9
TOTAL	435	100.0	606	100.0	1041	100.0

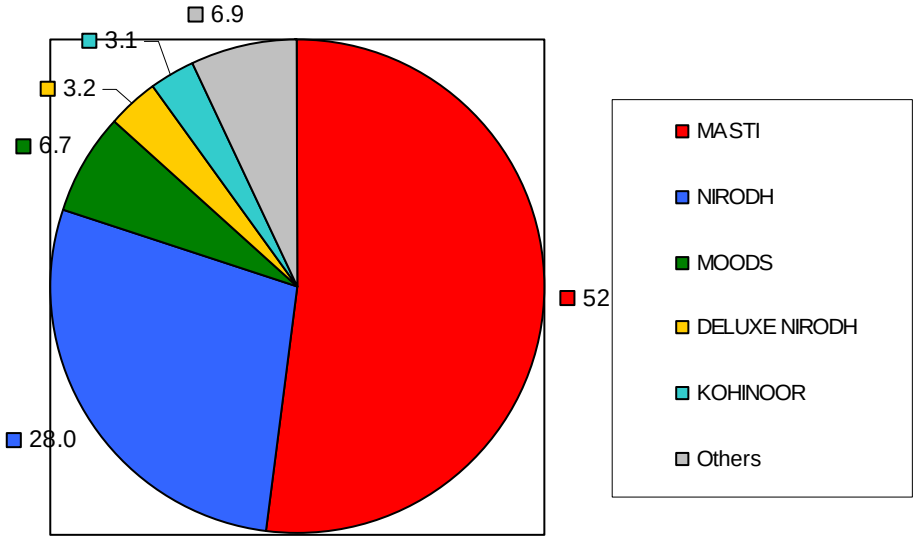


Brands available

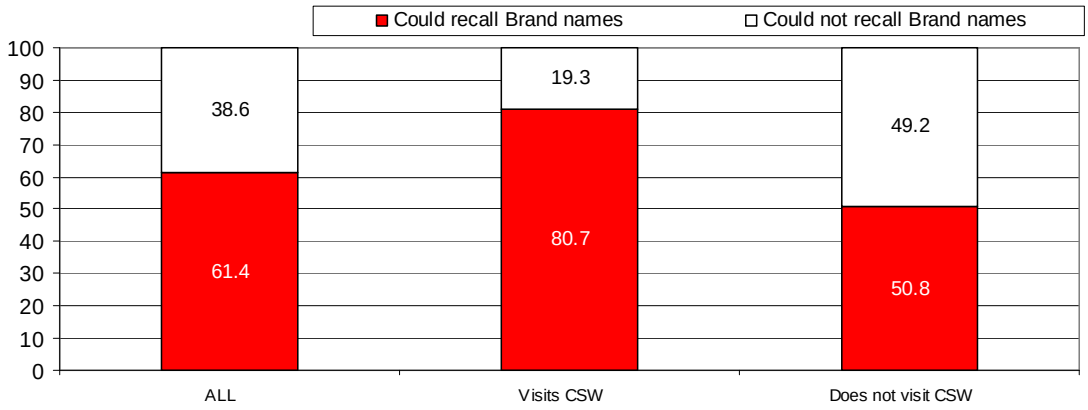
The table below depicts the top 10 Brand recalls from amongst the respondents. *Masti* happens to rule the minds of the respondents. It is the undisputed leader controlling 52.0% of the mindshare. Nirodh and Deluxe Nirodh combined control another 31.2%.

It needs to keep note that only 61.4% of the respondents could recall at least a Brand name. The same table also reflects that those who visit CSWs are more exposed to Brands, as 80.7% of them could recall at least one brand.

Brands available	Visits CSW		Does not visit CSW		ALL	
	n	%	n	%	n	%
MASTI	279	56.7	239	47.4	518	52.0
NIRODH	109	22.2	170	33.7	279	28.0
MOODS	26	5.3	41	8.1	67	6.7
DELUXE NIRODH	21	4.3	11	2.2	32	3.2
KOHINOOR	23	4.7	8	1.6	31	3.1
STYLE	2	0.4	10	2.0	12	1.2
USTAD	6	1.2	4	0.8	10	1.0
KAMASUTRA	8	1.6	1	0.2	9	0.9
THRILL	6	1.2	2	0.4	8	0.8
SAWAN	3	0.6	4	0.8	7	0.7
Others	9	1.8	14	2.8	23	2.3



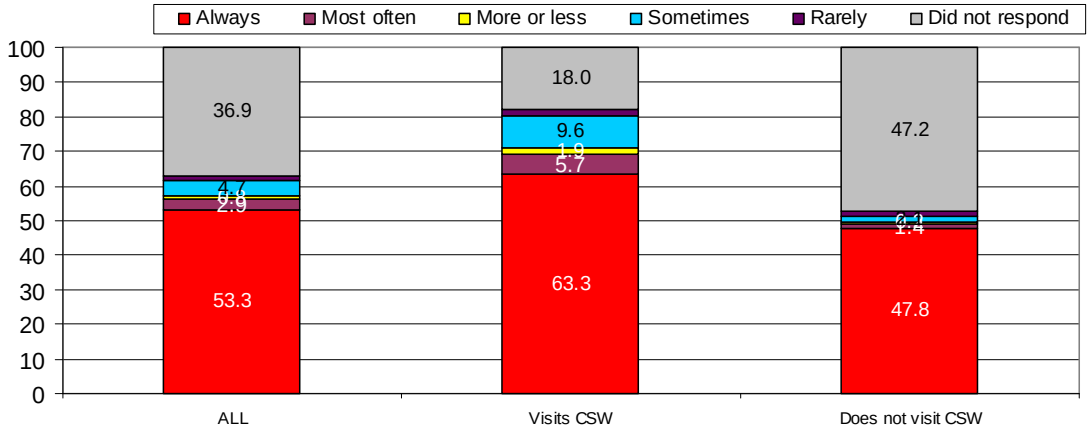
Brands available	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
	n	%	n	%	n	%
Could recall Brand names	385	80.7	443	50.8	828	61.4
Could not recall Brand names	92	19.3	429	49.2	521	38.6
TOTAL	477	100.0	872	100.0	1349	100.0



Regularity of condom availability

More than half of the respondents reported regular availability of condom. Those who visit CSW report 'always' availability by at least 10 point percent. Yet only 63.3% reporting of availability of condom as 'always' is not a healthy sign.

Condom availability	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
	n	%	n	%	n	%
Always	302	**63.3**	417	47.8	719	53.3
Most often	27	**5.7**	12	1.4	39	2.9
More or less	9	**1.9**	2	0.2	11	0.8
Sometimes	46	**9.6**	18	2.1	64	4.7
Rarely	7	**1.5**	11	1.3	18	1.3
Did not respond	86	18.0	412	**47.2**	498	36.9
Total	477	100.0	872	100.0	1349	100.0



Condom received in free

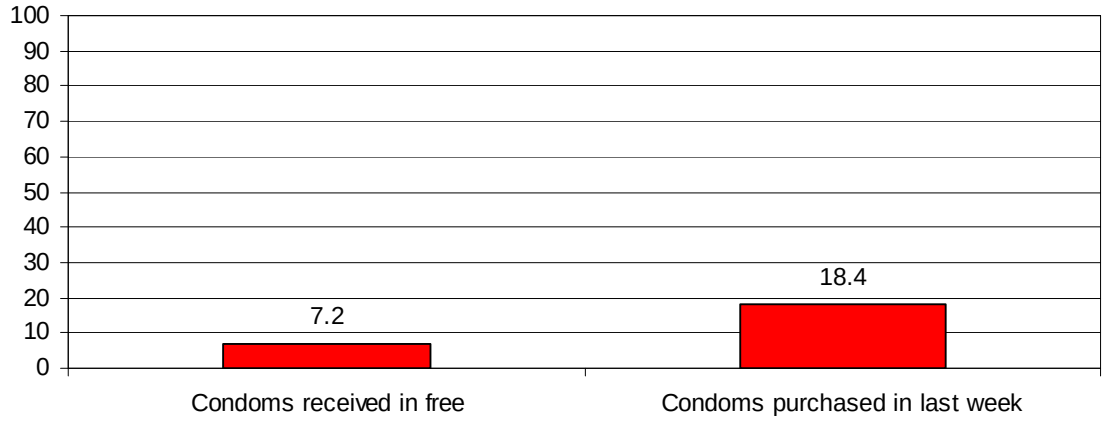
The free condom receipt scenario is not so bright. Only 7.2% of respondents report of receiving free condoms. The table below also reveals that those who visit CSWs, they primarily have access to free condoms.

Condom received in free	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
	n	%	n	%	n	%
1-3 Condoms	26	**5.5**	5	0.6	31	2.3
4-6 Condoms	25	**5.2**	1	0.1	26	1.9
7-10 Condoms	14	**2.9**	4	0.5	18	1.3
10+ Condoms	9	**1.9**	2	0.2	11	0.8
Total	80	**16.8**	17	1.9	97	7.2

Condom purchased in last week

The per cent of those who report purchase of Condoms in the last week is 2.5 times more than those who report of receiving Condom through free distribution. In a scenario where more than half of the respondents report of 'always' availability and the poor state of receipt of free condoms signify that 'shops' remain the primary source of condom provisioning. Among these shops, Medicine Store, *Paan*/Beetle Shop and First-Aid Centres remains the primary sources.

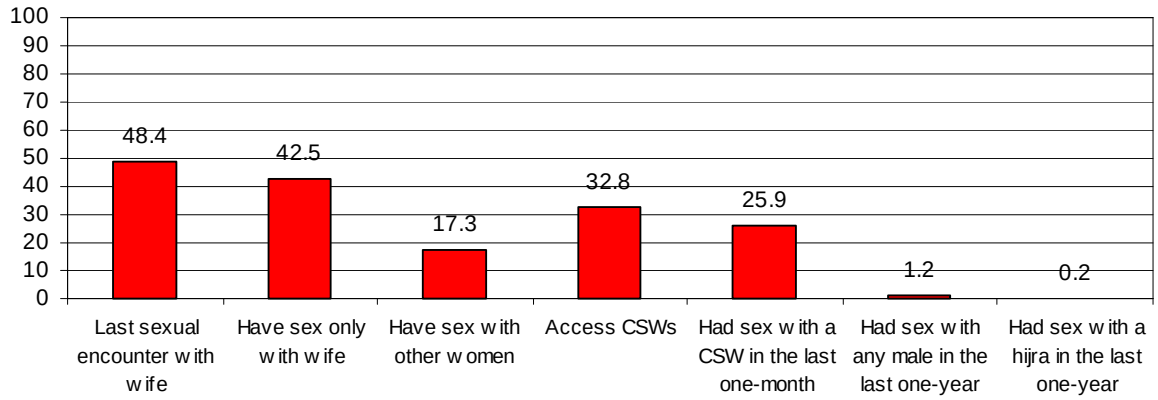
Condom purchased in last week	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
	n	%	n	%	n	%
1-3 Condoms	142	**29.8**	58	6.7	200	14.8
4-6 Condoms	6	**1.3**	7	0.8	13	1.0
7-10 Condoms	5	1.0	12	**1.4**	17	1.3
10+ Condoms	1	**0.2**	0	0.0	1	0.1
Total	165	**34.6**	83	9.5	248	18.4



Sexual Behaviour

32.8% of respondents report of accessing CSWs, while 42.5% of respondents report of having sex only with wife. Around 56.4% of the respondents are married. This implies around 19% of the unmarried respondents are accessing CSWs. It can be assumed mostly they are the young age group who are not married. The propensity to engage themselves in unsafe sex therefore will be more.

Sexual Behaviour	Response	Visits CSW (N=477)		Does not visit CSW (N=872)		ALL (N=1349)	
		n	%	n	%	n	%
Have sex only with wife	YES	76	15.9	497	**57.0**	573	42.5
	NO	387	**81.1**	326	37.4	713	52.9
Have sex with other women	YES	179	**37.5**	54	6.2	233	17.3
	NO	298	62.5	813	**93.2**	1111	82.4
Access CSWs	YES	438	**91.8**	5	0.6	443	32.8
	NO	39	8.2	862	**98.9**	901	66.8
Last sexual encounter with wife	YES	164	34.4	489	**56.1**	653	48.4
	NO	298	**62.5**	332	38.1	630	46.7
Had sex with a CSW in the last one-month	YES	346	**72.5**	3	0.3	349	25.9
	NO	131	27.5	866	**99.3**	997	73.9
Had sex with any male in the last one-year	YES	12	**2.5**	4	0.5	16	1.2
	NO	465	97.5	868	**99.5**	1333	98.8
Had sex with a hijra in the last one-year	YES	3	**0.6**	0	0.0	3	0.2
	NO	474	99.4	872	**100.0**	1346	99.8


100
90
80
70
60
50
40
30
20
10
0
48.4
42.5
17.3
32.8
25.9
1.2
0.2
Last sexual encounter with wife
Have sex only with wife
Have sex with other women
Access CSWs
Had sex with a CSW in the last one-month
Had sex with any male in the last one-year
Had sex with a hijra in the last one-year

DISCUSSION ON THE FINDINGS

Awareness about STD remains very high around 97%. Among the respondents around 96% knows that “STD is a sexual disease” whereas respondents also perceive that STD being more a female disease than a male disease. It is observed that respondents are also aware on STD symptoms. But only 15% of the respondents have knowledge that swelling in the groin area is also an STD. Similar high level of awareness about STD spread, prevention and cure is found among the respondents. This suggested that general awareness on STD has improved. But there are still some issues which needs to be taken care off during the intervention. For example – 80% respondents feel that visiting CSW is one of the mode of STD transmission, but we observe 66.9% respondents feel that multi partner sex can also spread STD which is significant. Only 48% of the respondents have knowledge on having sex without condom can spread STD. But when the issue of STD prevention comes, 95.1% respondents opine that using condom during sex can prevent STD with other positive responses which reflects the increase of knowledge among the population.

Around one-third of the respondents have reported of visiting the CSWs. The average number of accessing days in a month is 6.6. Vaginal penetrative remains the primary sexual practice. Though use of condom during penetrative sex is significant, one cannot miss out the fact that 27% of the respondents who visit CSWs still do not use condoms during vaginal penetrative sex. Similar concerns are applicable for anal penetrative and oral practices.

The common man’s message that AIDS is a dangerous disease is well embedded in the mind of half of the respondents. It seems that the respondents does not much perceive the difference between HIV and AIDS. The broad understanding seems to be that if one gets HIV that person gets AIDS. At the same time, nearly 18.9% of respondents understand that AIDS is an STD, while only 10.0% of them says that HIV is an STD. This is a gap in terms of “appropriate” knowledge on this issue, despite them having significant over arching knowledge on this subject. It can be further observed that those who visit CSWs enjoy a marginal edge in terms of knowledge on HIV and AIDS. But they too does not have sufficient clarity on the subject, as can be seen from comparing the indicator ‘Sex during menstruation causes HIV’. The missing link being ‘unprotected’.

It is observed that the respondents have clarity about the right signs and symptoms of HIV and AIDS. but this needs to be probed as data shows that majority of the respondents are not completely aware on what happens when one gets HIV and the symptoms of AIDS. In response to what happens when one gets HIV, only 48% respondents say that the person gets AIDS, 15% says falls sick frequently, 31.1 respondents express that person dies. But a significant number of 28.2% is not aware on this point. In the context of symptoms of AIDS, 30.8% respondents say 'weight loss', 51.2% say 'getting weaker', 21% are able to say that continuously having fever for more than one month can be the symptoms of AIDS whereas only 5.3% respondents aware on the symptoms of continuous dysentry for one month. Here is also a significant number of respondents(40.9%) are not aware on the symptoms of AIDS. Knowledge level needs to be improved in this regard otherwise VCCTC can not be promoted on desired level in this area among this population.

Awareness on various modes on transmission of HIV is very high among the respondents but at the same time, 31.6% respondents feel that HIV can be transmitted through mosquito bites.

Despite the respondents having excellent awareness about ways of HIV transmission and the ways of prevention, they have poor knowledge about where HIV/AIDS can be tested. Only 20.8% respondents are aware where HIV/AIDS tests can be done. 10.6% have heard of VCCTC.

Most of the respondents showed a positive outlook while dealing with PLWHA. 98.9% felt for free medical support for PLWHA while 95.3% spoke for care and support. 77.5% felt that PLWHA should not be deprived from his/her rights and 56.9% of them felt for not socially excluding them. But around 71.5% respondents feel that PLWHAs should not have sexual relationships and 46.1% consider PLWHAs are people of bad characters. 82.9% of the respondents felt that a PLWHA woman can have babies while 24.3% have attitude towards having sex with HIV/AIDS being present. This attitude enhances risk of disease transmission if the complete understanding of the issue is not known to the respondents or available PPTCT and MTCT services is not available in the locality.

Beliefs and myth results in certain misconception that usually creates impediments to opt for appropriate behaviour. Though only 6.2% of the respondents feel that one can get HIV / AIDS through touch, yet 33.5% of them believe not to share food and clothes with a PLWHA. A clear absence of clarity of HIV / AIDS messages can be observed from the

fact that 73.8% of respondents believe that if a person have just one sexual partner will never have HIV / AIDS.

The practice of using condoms during all sexual encounters among the target group is only 17.8%. Among those who visit CSWs it is a little higher but only 31.2%. Considering the transmission efficacy of HIV for unsafe sex, and related behaviours of accessing CSWs, etc., the condom use seem to be very important in respect to arrest HIV transmission.

Knowledge of condom can be used for prevention of pregnancy is reported by 98.0% respondents while condom use for prevention of STD/HIV has been reported by 94.5%. There exist gap between these two values. This implies the respondents adequately do not perceive dual efficacy of condom in prevention of pregnancy as well as STD/HIV transmission. Gap can be observed in the knowledge level for proper putting on the condom.

The practice of condom usage during sexual encounters is very low. This target group has been observed to possess very good knowledge about methods of STD / HIV / AIDS transmission. This group is also aware of HIV / AIDS as STDs. If we compare condom usage in sexual encounters during last act (27.7%), last one month (26.9%) and last one year (22.1%), one can easily infer that condom use is not in the habit. The three values are very consistent. More so only 61.6% of those who visits CSWs had used condoms during last encounter with a CSW. The consistent condom use practice while sexual encounter with CSWs comes down to 44.9%. A mere 5.2% of the respondents of this category always uses condom with wife. This makes the chances higher for wife's getting STD / HIV / AIDS. It is also observed that only 21.3% have access to free condoms, 29.3% respondents express that they buy condom always and 27% purchase condom sometimes.

More than half of the respondents reported regular availability of condom. Those who visit CSW report 'always' availability by at least 10 point percent. Yet only 63.3% reporting of availability of condom as 'always' is not a healthy sign. Only 7.2% of respondents report of receiving free condoms.

35.3% respondents told that condom reduces sexual pleasure. This single most important myth can be the reason for such poor consistent usage of condoms. 30.7% respondents feel that using condoms with wife is not right. This further adds up to non-

usage of condoms. 7.1% believe that condom is bad for health. 82.4% of respondents have no idea about female condoms. Therefore, breaking the myth barrier and improving upon the use of condom during sexual encounter remains a challenge.

In the context of understanding the sexual behaviour of the respondents, it is observed that 32.8% of respondents report of accessing CSWs, while 42.5% of respondents report of having sex only with wife. Around 56.4% of the respondents are married. This implies around 19% of the unmarried respondents are accessing CSWs. It can be assumed mostly they are the young age group who are not married. The propensity to engage themselves in unsafe sex therefore will be more.

To conclude, it can be said that general awareness on STI/HIV/AIDS has increased among the truckers population. But more clarity on the subject is required on the subject. Still there are stigma and discrimination to be prevalent related to the disease among the respondents. Thus there is a gap between general awareness with STD/HIV/AIDS specific symptoms between knowledge and attitude. Adequate knowledge is not translated into better attitude and practices in all important issues in relation to the disease. There is also a need to increase risk perception rather than enhancing knowledge or awareness regarding different types of unsafe sex practices, where awareness level is low. There is also a need to increase the awareness on VCTC facility and improved access to STD treatment. It is also felt from the study that issue of alcoholism and other addictions, consistent condom use and others need to be taken care of through counselling, GD, FGD and IEC materials for improving risk perception and promotion of consistent condom use as barriers lie in perception of reduced sexual pleasure, refusal by their wives due to mistrust. Availability and accessibility of condoms need to be improved.

Recommendations and Suggestions

As a part of the KABP study, focus group discussion and Group discussion among CKIs was conducted. Though knowledge level among the truckers is quite high concerning STI/HIV/AIDS, consistent use of condom is low and not been put into practice. Hence interventions for this group is very much important.

Compared to the knowledge level of the truck drivers, the knowledge level among the helpers is abysmally poor hence special interventions need to be taken for the helpers who incidentally fall in the category of adolescents and late adolescents age group.

In future course of intervention, there is need for in-depth counselling services, interpersonal communication sessions on alcoholism and other addictions, dual efficacy of condoms, condom usage skills with all sexual partners (including wife). Increasing of risk perception is required. IEC materials needs to be developed to address these issues. Availability and accessibility of both free and social marketed condoms needs to be increased.

During FGD conducted as a part of KABP 30% helpers have reported to have been heard of helpers been sexually abused by the drivers which requires further probing and subsequently addressed. .

Drivers expressed that establishing of clinic based drop in centres will be helpful for them since there is a lack of adequate number of clinic based drop in centres in Keonjhar and adjacent districts.

Truckers expressed during FGD that they avail CSWs from nearby villages or from highway community. It is felt that there is no intervention for these women hailing form the villages who carry out the sex trade in search of livelihood, with the overt and covert support of their husbands or head of household. So it is felt interventions need to be initiated for these women.

During FGD drivers expressed that presently natural polluted stream water is used as drinking water and provision for safe drinking water is practically absent. The water supplied by the mines is inadequate. The issue of scarcity of drinking water needs to be

addressed on priority basis since the population is afflicted with diahorrea and continually suffer from abdominal ailments. Under enabling and supportive environment, provision for safe water is a must to address this basic necessity.

PART – B

HALTPOINT ANALYSIS

&

FINDINGS FROM THE GROUP DISCUSSIONS OF COMMUNITY KEY INFLUENTIALS.

INTRODUCTION

Halt-point analysis was conducted through social mapping process; involving key influential persons from the community as participants from among the selected 13 sites proposed for the study as well for future intervention. This process will enable IDA team to understand the geographical spread of the community and to identify the concentration of the vulnerable groups in the context of their socio-demographic and resource profile of the area for future programme interventions. The mapping and the group discussions included the followings : accessing information on community boundaries, important locations, extent of target populations in these sites, health facilities, educational background, communication facilities, worksites and others. Group discussions particularly focussed on issues related to community power structures, employment patterns, language skills, health profile of inhabitants, awareness of existing facilities, socio cultural beliefs, community profile, extent of violence in the community and others.

While conducting the group discussions, behaviours of the entire community people comprising of mine labourers, truckers and general population of that sites got reflected. Last but not least, the mapping process, halt point analysis and facilitating discussions was a tedious job for the investigators team but ultimately this exercise helped them in establishing an effective rapport with the community in each of the 13 sites.

FINDINGS FROM THE GROUP DISCUSSION FROM CKIs

- The discussion elicited that long distance Truckers plying in this area(Joda block of Keonjhar district) enters from Tamilnadu, Andhra Pradesh(high prevalence States) and also from Bihar, West Bengal and Chattishgarh(low prevalence States). It was also observed that truckers were found passing through this area from Cuttack, Ganjam, Khurda and Puri i.e. the high risk zones of the States to other parts of Orissa.
- Subgroup wise truckers population can be differentiated in terms of income, type of goods carrying in the truck, religion, language. Income range on the higher side is around Rs. 6000/- per month including expenses for foods and others of the truck drivers who carry the perishable items, iron ores and coal. Whereas the helpers earn Rs. 2000/- or more including expenses of food who stay in these trucks.
- The truckers plying through this area has diverse religious background (Hindu, Muslim and Sikh). Their vernacular are mostly Hindi, Oriya, Tamil, Telugu, Marathi and few of truckers also speak Nepali and Bengali.
- In this area, on average most of the truck drivers are found to the age group of 25-50 years and helpers are in the age group of of 14-25 years.
- According to the community key influential persons, the Oriya truckers population are the most powerful group while the Hindi/ Telugu or others are the least powerful subgroups among the target group. The reason behind this is most of the trucks carry iron ores to Paradeep port and they are high in numbers in this area. Income wise also they are in better position than other trucks who are having national permits.
- According to the CKIs, the livelihood of the community are depended on the mining industry. Around 61-80% people of the community are engaged as mine labours, 41-60% people are involved as truckers, around 21-40% people are engaged as transporters, 0-20% people are associated in business or working as security guards.

- There is a huge scarcity of safe drinking water. Truckers have to depend on running streams characterised by running polluted water. Some mines supply drinking water for the truckers. Local community also depended on these sources of drinking water.
- Concerning the literacy level of the community, the CKIs feel that most of the community people are literate barring a few, around 60% of them have studied up to primary level.
- It is reflected from the discussion that, around 20% truckers have the knowledge on STD, but there is very little knowledge on the RTI symptoms or prevention.
- The age of marriage of girls is as early as 14 years and that of boys is 16 years. The average age of pregnancy is 15 years and the average number of children per couple is 2-3. There is a preference for male children in the community and thus women undergo ultra- sonography for foetal sex determination. Selective foetal abortions are undertaken employing unsafe indigenous methods based on the knowledge of the *fakir* or the experienced people. CKIs have mentioned that truckers are coming from different States, so they are unable to comment on the current scenario. .
- The major health challenges faced by the community members are fever, diarrhoea, dysentery, breathing trouble and asthma, RTI and STD. In case of illnesses they resort to RMPs and private practitioners who provide mostly allopathic treatment and seldom avails the services of the Government run hospitals or nearby Industry run Health Centres. .
- The truckers population spends leisure time generally by playing cards, watching TV, going to cinema, or engaging in sexual activity. Addiction to local indigenous hard liquor, heroine, cocaine, bhang, cough syrups and tobacco in all forms is a very common among them. .

- There are some factors that predisposes and increases their risk to HIV infection of the community. Staying away from families, increases their stress level and the truckers population are found to be involved in drinking to temporarily keep aside the economic stress. To reduce the stress level they are found to indulge in activities associated with high risk behaviour and this increases their risk to HIV infection. This risky behaviour supplemented by poor knowledge about

HIV/AIDS, increases their risk towards HIV infection. On the other hand there are also some other factors like influence of religion, increase in knowledge, etc which motivates the target group to change their behaviour for their own betterment.

The community is generally peace loving but there are problems also. Drunken brawls are an daily affair, occupational conflict and conflict between subgroups occur quite frequently. The organization and the CKIs mediates and handles the situation and arrives at a amicable solution acceptable to both the confronting individuals or groups. IDA and the CKIs enjoy an enviable position of a mediator among the community.

HALT-POINT ANALYSIS-1 (Kalapahad Parking Area)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Kalapahada Parking area	*Kalapahad parking area	Police station	NH-215 Railway over bridge	Mining office	7.46%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Kalapahada Parking area	4
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	1
Police Station / Outposts	--do--	1
Bus Terminals	--do--	1
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Kalapahada Parking area	1
Health Centres	--do--	1
Private Hospitals / Nursing Homes	--do--	2
Private Doctors (medicine)	--do--	1
STD Specialists	--do--	--
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	2

Service	Sites	Numbers
Pathological & X-ray facilities	--do--	3
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	1	1
Primary Schools for Girls	--	--
Primary Schools for Boys	--	
Coeducational Secondary Schools	1	1
Secondary Schools for Girls	--	--
Secondary Schools for Boys	--	--
Coeducational Higher Secondary Schools	--	--
Higher Secondary Schools for Girls	1	2
Higher Secondary Schools for Boys	--	--
Coeducational Colleges/Polytechnics	--	--
Colleges/Polytechnics for Girls	1	1
Colleges/Polytechnics for Boys	--	--
Non Formal Education run by NGOs/CBOs	--	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Kalapahad Parking Area	76
Public Phone Booths with no STD/ISD facilities	--do--	3
Public Phone Booths with STD/ISD facilities	--do--	5
TI Field Office/Clinic phone available to community	--do--	-

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Kalapahada Parking area	1
Grocery Stores	--do--	12
Stationery Stores	--do--	10
Book Stores	--do--	1

Items	Sites	Numbers
Garment Stores	--do--	6
Departmental Stores	--do--	--
Tea Stalls	--do--	7
Cigarette/Pan shops	--do--	10
Alcohol Shop	--do--	2

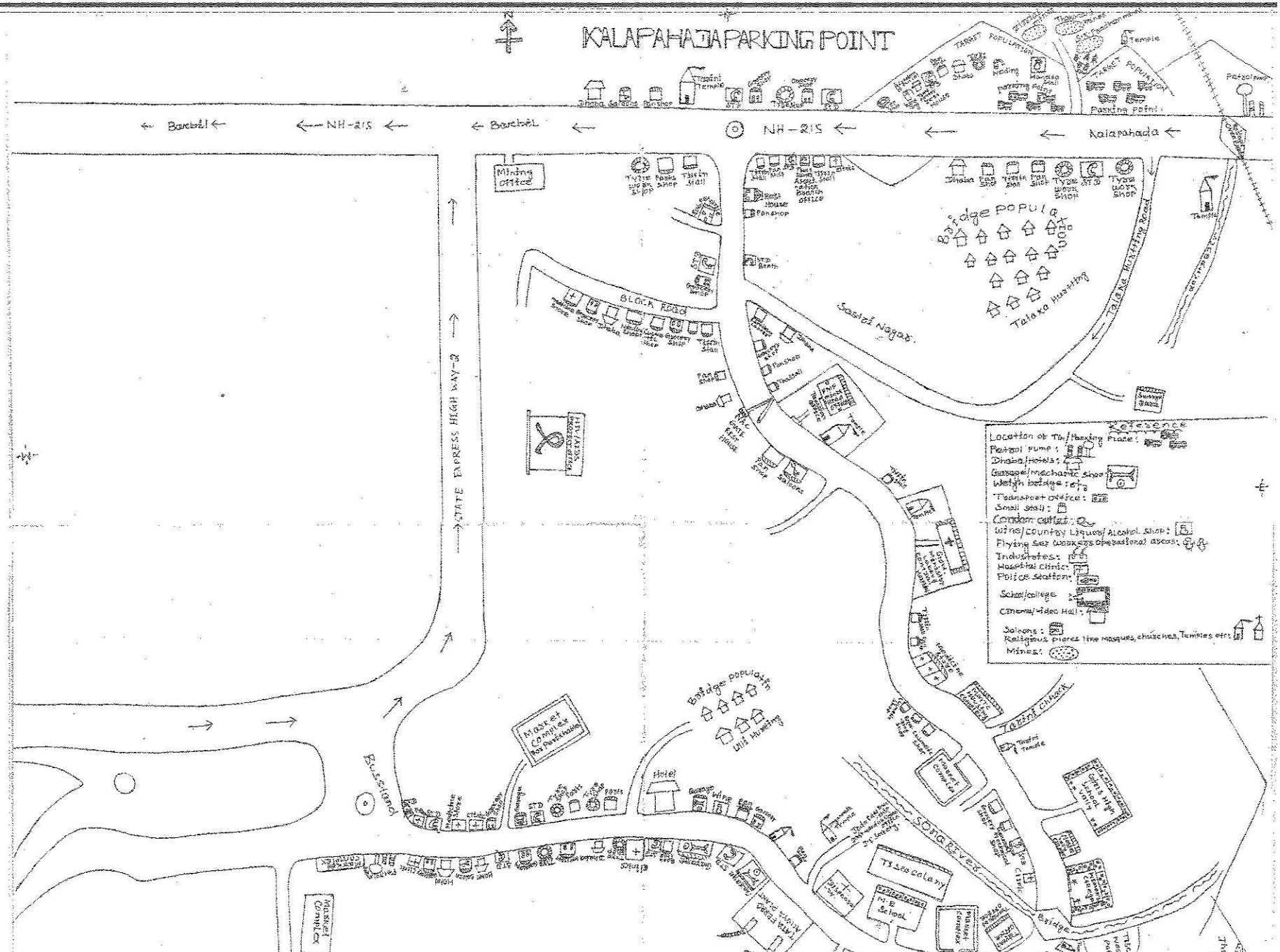
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Kalapahada Parking area	3
Hotels/ *Dhabas*	--do--	10
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	1
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	2
Bakeries / Food Processing	--do--	--
Brothels/ Areas frequented by flying sex workers	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop

- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others


KALAPAHADA PARKING POINT
← Barbil ←
← NH-215 ←
← Barbil ←
NH-215 ←
← Kalapahada ←
Mining office
BLACK ROAD
Bridge Popula
Talaka Hunting
Sasizi Nagar
STATE EXPRESS HIGH WAY-2
Reference
Location of Tk/Parking Place :
Petrol Pump :
Dhaba/Hotels :
Garage/Mechanic Shop :
Weigh bridge :
Transport Office :
Small stall :
Condom outlet :
Wine/Country Liquor/Alcohol Shop :
Flying Sex Workers Operational area :
Industries :
Hospital/Clinic :
Police Station :
School/college :
Cinema/Video Hall :
Saloons :
Religious places like Masques, churches, Temples etc :
Mines :
Bridge population
Hotel
SONA River
Bridge

HALT-POINT ANALYSIS –2 (Azad Basti)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Azad Basti	*Barbilroad *Ranasala Ghati	*Jurudi Road *Lao palace	*Bus stand	*Koida Mines	2.98%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Azad basti	2
Truck Halt Points /Shelters	--do--	2
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	1
Bus Terminals	--do--	1
Rail Stations	--do--	--
Public Toilets	--do--	1
Brothels / Flying Sex Workers' operational areas	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Azad basti	--
Health Centres	--do--	3
Private Hospitals / Nursing Homes	--do--	1
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	1
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	1
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--

Service	Sites	Numbers
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	3	2, 3
Primary Schools for Girls	--	--
Primary Schools for Boys	--	---
Coeducational Secondary Schools	3	1, 3
Secondary Schools for Girls	--	---
Secondary Schools for Boys	--	---
Coeducational Higher Secondary Schools	--	---
Higher Secondary Schools for Girls	--	---
Higher Secondary Schools for Boys	--	---
Coeducational Colleges/Polytechnics	--	---
Colleges/Polytechnics for Girls	--	---
Colleges/Polytechnics for Boys	--	---
Non Formal Education run by NGOs/CBOs	--	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Azad Basti	62
Public Phone Booths with no STD/ISD facilities	--do--	1
Public Phone Booths with STD/ISD facilities	--do--	5
TI Field Office/Clinic phone available to community	--do--	-

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Azad Basti	2
Grocery Stores	--do--	15
Stationery Stores	--do--	8
Book Stores	--do--	2
Garment Stores	--do--	10
Departmental Stores	--do--	--

Items	Sites	Numbers
Tea Stalls	--do--	5
Cigarette/Pan shops	--do--	8
Alcohol Shop	--do--	1

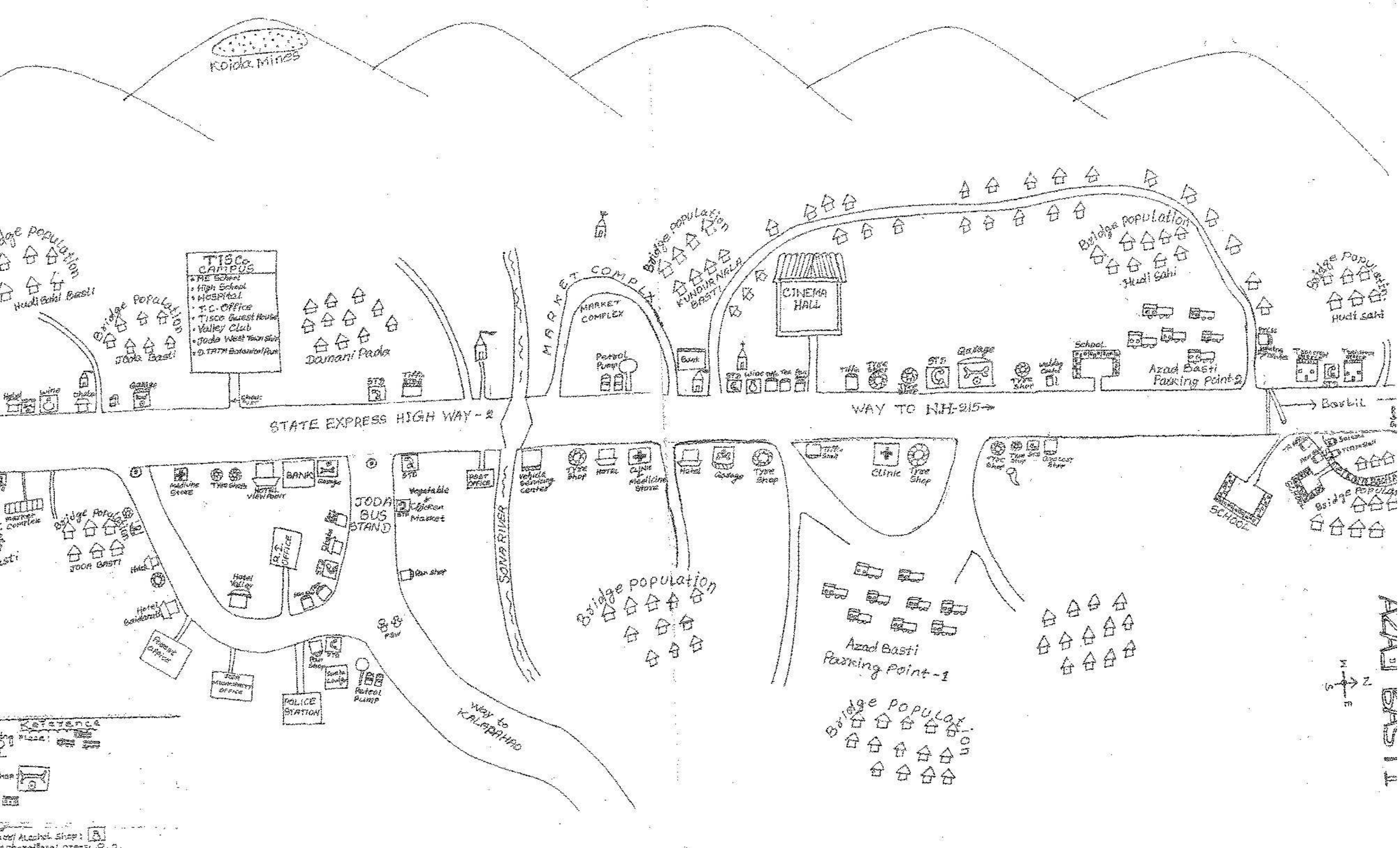
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Azad Basti	1
Hotels/ *Dhabas*	--do--	7
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ Areas frequented by flying sex workers	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics

- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others


AZAD BASTI
Koida Mines
STATE EXPRESS HIGH WAY - 2
WAY TO NH-215→
→ Barbil
SONA RIVER
MARKET COMPLEX
MARKET COMPLEX
Petrol Pump
TISCo CAMPUS
• ME School
• High School
• Hospital
• T.C. Office
• Tisco Guest House
• Valley Club
• Joda West Town Ship
• D.TATA Botanical Park
Bridge Population
Hudi Sahi Basti
Joda Basti
Damani Pada
Kundurnala Basti
CINEMA HALL
Hudi Sahi
Azad Basti Parking Point-2
Azad Basti Parking Point-1
School
SCHOOL
Garage
Tyre Shop
Clinic
Hotel
Medicine Store
BANK
HOTEL VIEW POINT
JODA BUS STAND
Vegetable & Chicken Market
POST OFFICE
Vehicle Servicing Center
Clinic & Medicine Store
Hotel Valley
P.C. OFFICE
POLICE STATION
Forest Office
Petrol Pump
Way to KALAPAHAD
JOODA BASTI
Reference

HALT-POINT ANALYSIS-3 (Bansapani Parking point)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Bansapani Parking point	Petrol Pump	Railway Over bridge	Bansapani Basti	S.C pady & Narayan Son's	2.23%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Bansapani Parking point	2
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	1
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	--

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Bansapani Parking point	1
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	1
STD Specialists	--do--	--
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--

Service	Sites	Numbers
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	1	1
Primary Schools for Girls	--	---
Primary Schools for Boys	--	---
Coeducational Secondary Schools	1	3
Secondary Schools for Girls	--	---
Secondary Schools for Boys	--	---
Coeducational Higher Secondary Schools	--	---
Higher Secondary Schools for Girls	--	---
Higher Secondary Schools for Boys	--	---
Coeducational Colleges/Polytechnics	--	---
Colleges/Polytechnics for Girls	--	---
Colleges/Polytechnics for Boys	--	----
Non Formal Education run by NGOs/CBOs	1	1

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Bansapani Parking point	20
Public Phone Booths with no STD/ISD facilities	--do--	3
Public Phone Booths with STD/ISD facilities	--do--	4
TI Field Office/Clinic phone available to community	--do--	-

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Bansapani Parking point	1
Grocery Stores	--do--	5
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	--

Items	Sites	Numbers
Departmental Stores	--do--	--
Tea Stalls	--do--	8
Cigarette/Pan shops	--do--	10
Alcohol Shop	--do--	---s

7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Bansapani Parking point	1
Hotels/ *Dhabas*	--do--	7
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	4
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ Areas frequented by flying sex workers	--do--	--

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics

- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others

BANSPANI PARKING POINT
N
W
E
S
Hotel Lee Palace
Govt Hospital
Bus Parking Point
STATE EXPRESS HIGH WAY-9
Iron ore dumping yard
Banspani Rly Siding
Bridge population
BANSPANI EAST AREA
TISCO Mines Division
S.C. Padhi Iron Mines
Bridge population

HALT-POINT ANALYSIS-4

(SC Padhy & Narayana & Sons Iron Mines)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
SC Padhy & Narayana & Sons Iron Mines Railway over bridge	Railway over Bridge	Jurudi chhak Cretch hurtting	Hurting	Hill	Not taken interview from this site

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	SC Padhy & Narayana & Sons Iron Mines Railway over bridge	2
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	---

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	SC Padhy & Narayana & Sons Iron MinesRailway over bridge	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	--

Service	Sites	Numbers
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	--	---
Primary Schools for Girls	--	---
Primary Schools for Boys	--	----
Coeducational Secondary Schools	--	---
Secondary Schools for Girls	--	---
Secondary Schools for Boys	--	---
Coeducational Higher Secondary Schools	--	---
Higher Secondary Schools for Girls	--	---
Higher Secondary Schools for Boys	--	---
Coeducational Colleges/Polytechnics	--	---
Colleges/Polytechnics for Girls	--	---
Colleges/Polytechnics for Boys	--	---
Non Formal Education run by NGOs/CBOs	1	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	SC Padhy & Narayana & Sons Iron Mines Railway over bridge	--
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	--
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Azad Basti	--

Items	Sites	Numbers
Grocery Stores	--do--	2
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--
Tea Stalls	--do--	--
Cigarette/Pan shops	--do--	--
Alcohol Shop	--do--	2

7. Major Work places within the organization's operational area:

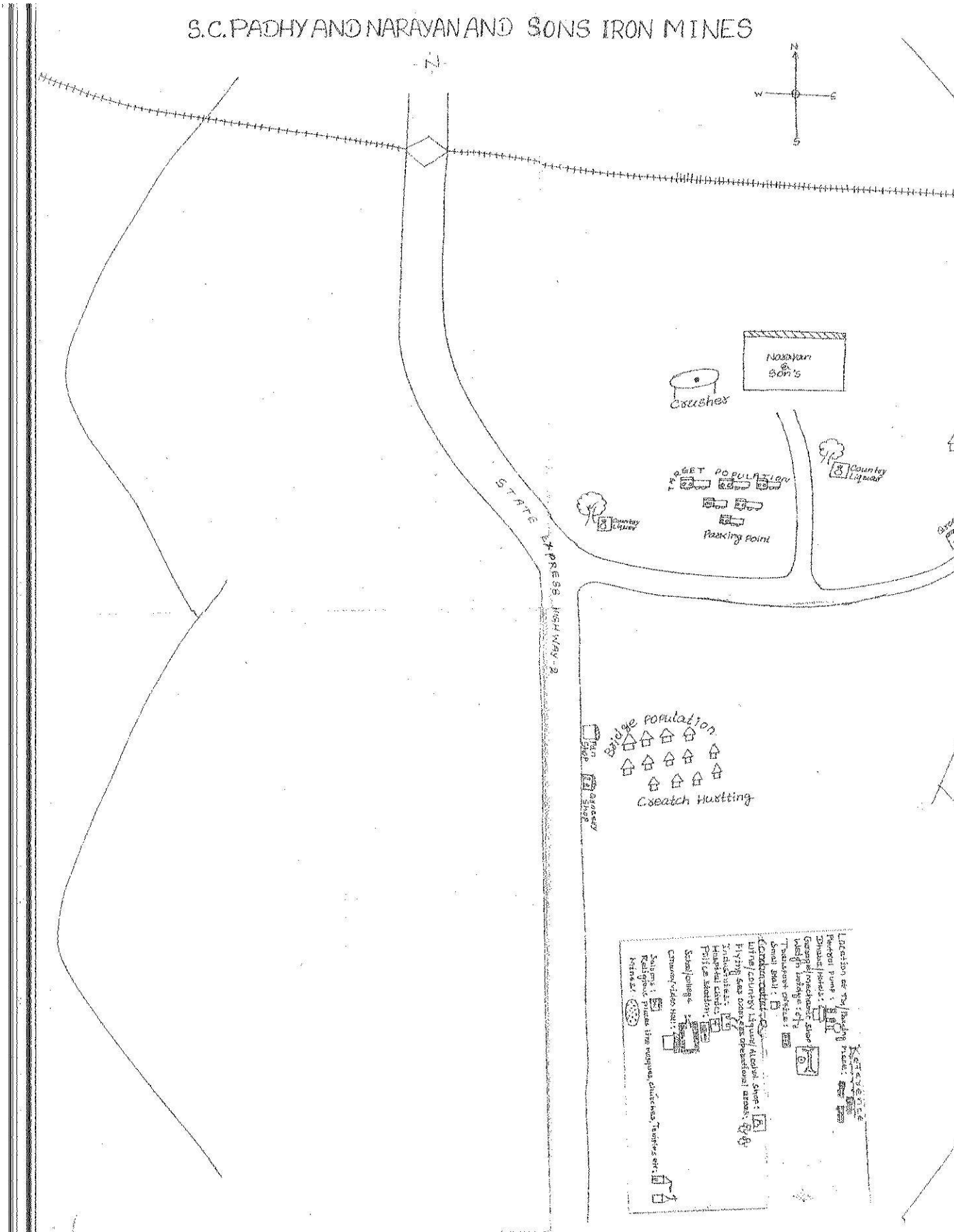
Work Place	Sites	Numbers
Markets	SC Padhy & Narayana & Sons Iron Mines Railway over bridge	1
Hotels/ *Dhabas*	--do--	--
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	---

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls

- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others

S.C. PADHY AND NARAYAN AND SONS IRON MINES



HALT-POINT ANALYSIS-5

(Birla Essel Mines Weigh Bridge & Mines)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Birla Essel Mines Weigh Bridge & Mines	*Jurudi Road, *Cretch Hutting	Jurudi Chhak Cenal	Birla Essel Mines	ITC mines	4.47%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Essel Mines Weigh Bridge & Mines	2
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station **/ Outposts**	--do--	--
Bus Terminals	--do--	1
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / **Flying Sex Workers' operational areas**	--do--	---

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Essel Mines Weigh Bridge & Mines	1
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	1
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	1
Clinics run by NGOs/ CBOs	--do--	--

Service	Sites	Numbers
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	2	1, 3
Primary Schools for Girls	--	---
Primary Schools for Boys	--	---
Coeducational Secondary Schools	--	--
Secondary Schools for Girls	--	---
Secondary Schools for Boys	--	---
Coeducational Higher Secondary Schools	--	---
Higher Secondary Schools for Girls	--	---
Higher Secondary Schools for Boys	--	---
Coeducational Colleges/Polytechnics	--	---
Colleges/Polytechnics for Girls	--	---
Colleges/Polytechnics for Boys	--	---
Non Formal Education run by NGOs/CBOs	---	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Essel Mines Weigh Bridge & Mines	5
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	2
TI Field Office/Clinic phone available to community	--do--	-

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Essel MinesWeigh Bridge & Mines	1
Grocery Stores	--do--	9
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	1

Items	Sites	Numbers
Departmental Stores	--do--	1
Tea Stalls	--do--	2
Cigarette/Pan shops	--do--	4
Alcohol Shop	--do--	2

7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Essel MinesWeigh Bridge & Mines	1
Hotels/ *Dhabas*	--do--	6
Chemical Factories	--do--	--
Small Engineering Factories	--do--	1
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ Areas frequented by flying sex workers	--do--	--

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics

- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others

BIRLA ESSEL MINING WEIGHBRIDGE

HALT-POINT ANALYSIS –6 (Jurudi chhak)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Jurudi Chhak	Petrol pump	Railway Over Bridge	Essel Railway Sliding	TISCO Mines	0.74%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Jurudi Chhak	3
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	1 station for goods train
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	2 in forest area

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Jurudi Chhak	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	5
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	2
Pathological & X-ray facilities	--do--	--

Service	Sites	Numbers
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	1	1
Primary Schools for Girls	--	
Primary Schools for Boys	1	2
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	1	1
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	--	--

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Jurudi Chhak	12
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	5
TI Field Office/Clinic phone available to community	--do--	-

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Jurudi Chhak	1
Grocery Stores	--do--	10
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	2

Items	Sites	Numbers
Departmental Stores	--do--	--
Tea Stalls	--do--	4
Cigarette/Pan shops	--do--	6
Alcohol Shop	--do--	2 (indigenous Alcohol)

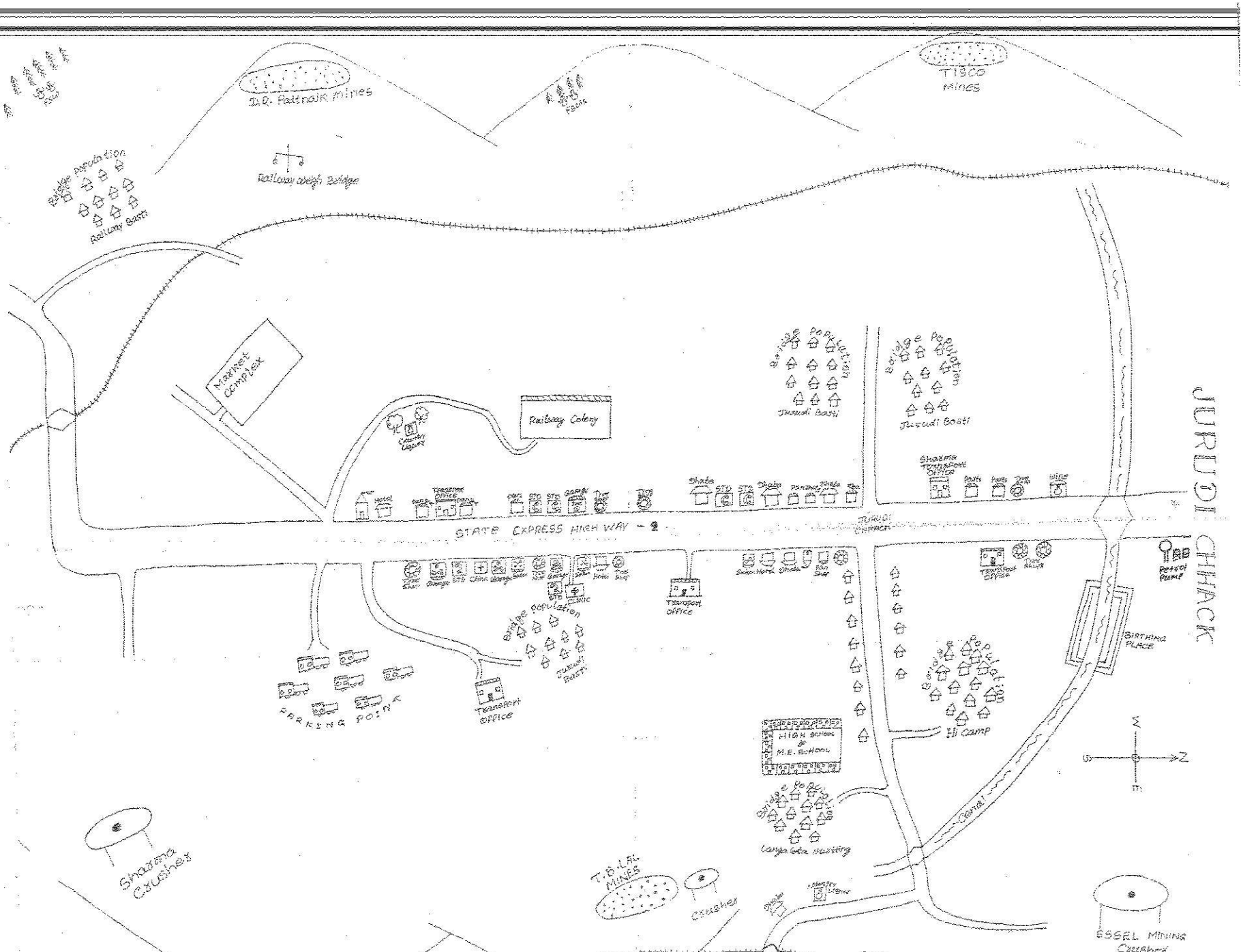
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Jurudi Chhak	1
Hotels/ *Dhabas*	--do--	7
Chemical Factories	--do--	--
Small Engineering Factories	--do--	3
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	2

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries

- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others


J.D. Pattnaik mines
TISCO Mines
Railway weigh Bridge
Bridge Population
Railway Basti
Market Complex
Railway Colony
Country Liquor
Jurudi Basti
Jurudi Basti
Shakma Transport Office
JURUDI CHHACK
STATE EXPRESS HIGH WAY - 2
Transport office
Petrol Pump
BIRTHING PLACE
PARKING POINT
Transport office
Bridge population
Jurudi Basti
Ill camp
HIGH School & M.E. School
Canal
Langa Gota Nursing
Shakma crushers
T.B.L.AL MINES
Crushers
ESSEL MINING

HALT-POINT ANALYSIS -7 (Bansapani Iron Ltd)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Bansapani Iron Ltd	Bridge Population	Hesabeda Weigh bridge	Rungta mines	Hill	4.47%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Bansapani Iron Ltd	--
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / **Flying Sex Workers' operational areas**	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Bansapani Iron Ltd	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--

Service	Sites	Numbers
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	--	
Primary Schools for Girls	--	
Primary Schools for Boys	--	
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	--	
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	-	

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Bansapani Iron Ltd	2
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	--
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Bansapani Iron Ltd	--
Grocery Stores	--do--	1
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--

Items	Sites	Numbers
Tea Stalls	--do--	--
Cigarette/Pan shops	--do--	2
Alcohol Shop	--do--	--

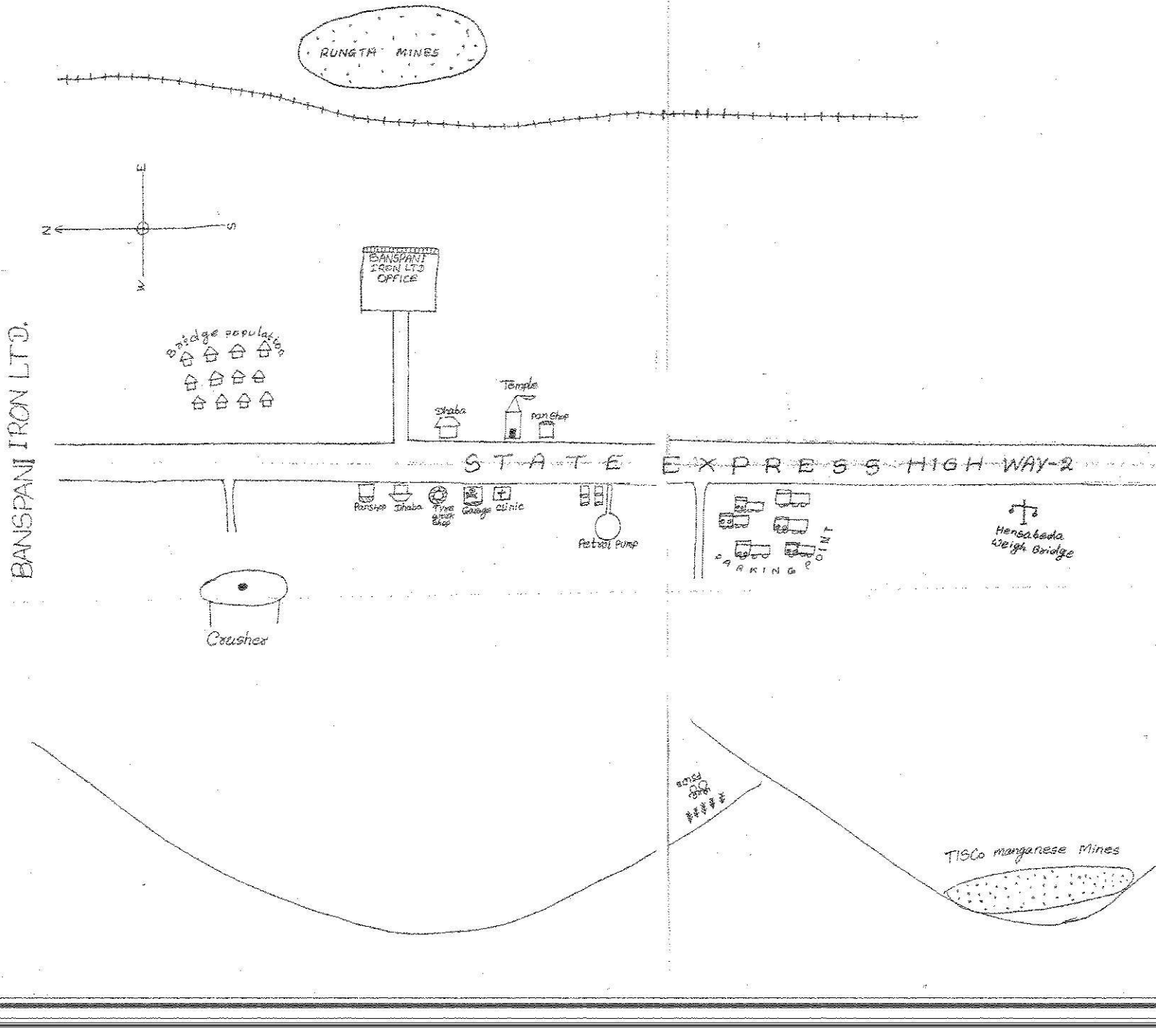
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Bansapani Iron Ltd	--
Hotels/ *Dhabas*	--do--	2
Chemical Factories	--do--	--
Small Engineering Factories	--do--	2
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic

- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others


RUNGTA MINES
E
N
S
W
BANSPANI IRON LTD. OFFICE
Bridge population
Temple
Dhaba
pan shop
BANSPANI IRON LTD.
STATE EXPRESS HIGH WAY-2
Parshop
Dhaba
Tyre puncture Shop
Garage
clinic
Petrol pump
PARKING
Hensabeda Weigh Bridge
Crushers
TISCo manganese Mines

HALT-POINT ANALYSIS-8 (Jaribahal Dhaba)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Jaribahal Dhaba	Railway Over bridge	Bridge population	Rungta mines	Khanda Bandha	1.49%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Jaribahal Dhaba	1
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Jaribahal Dhaba	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	---
STD Specialists	--do--	---
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--

Service	Sites	Numbers
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	1	1
Primary Schools for Girls	--	---
Primary Schools for Boys	--	---
Coeducational Secondary Schools	--	---
Secondary Schools for Girls	--	---
Secondary Schools for Boys	--	---
Coeducational Higher Secondary Schools	--	---
Higher Secondary Schools for Girls	--	---
Higher Secondary Schools for Boys	--	---
Coeducational Colleges/Polytechnics	--	---
Colleges/Polytechnics for Girls	--	---
Colleges/Polytechnics for Boys	--	---
Non Formal Education run by NGOs/CBOs	---	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Jaribahal Dhaba	15
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	1
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Jaribahal Dhaba	--
Grocery Stores	--do--	3
Stationery Stores	--do--	2
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--

Items	Sites	Numbers
Tea Stalls	--do--	--
Cigarette/Pan shops	--do--	3
Alcohol Shop	--do--	--

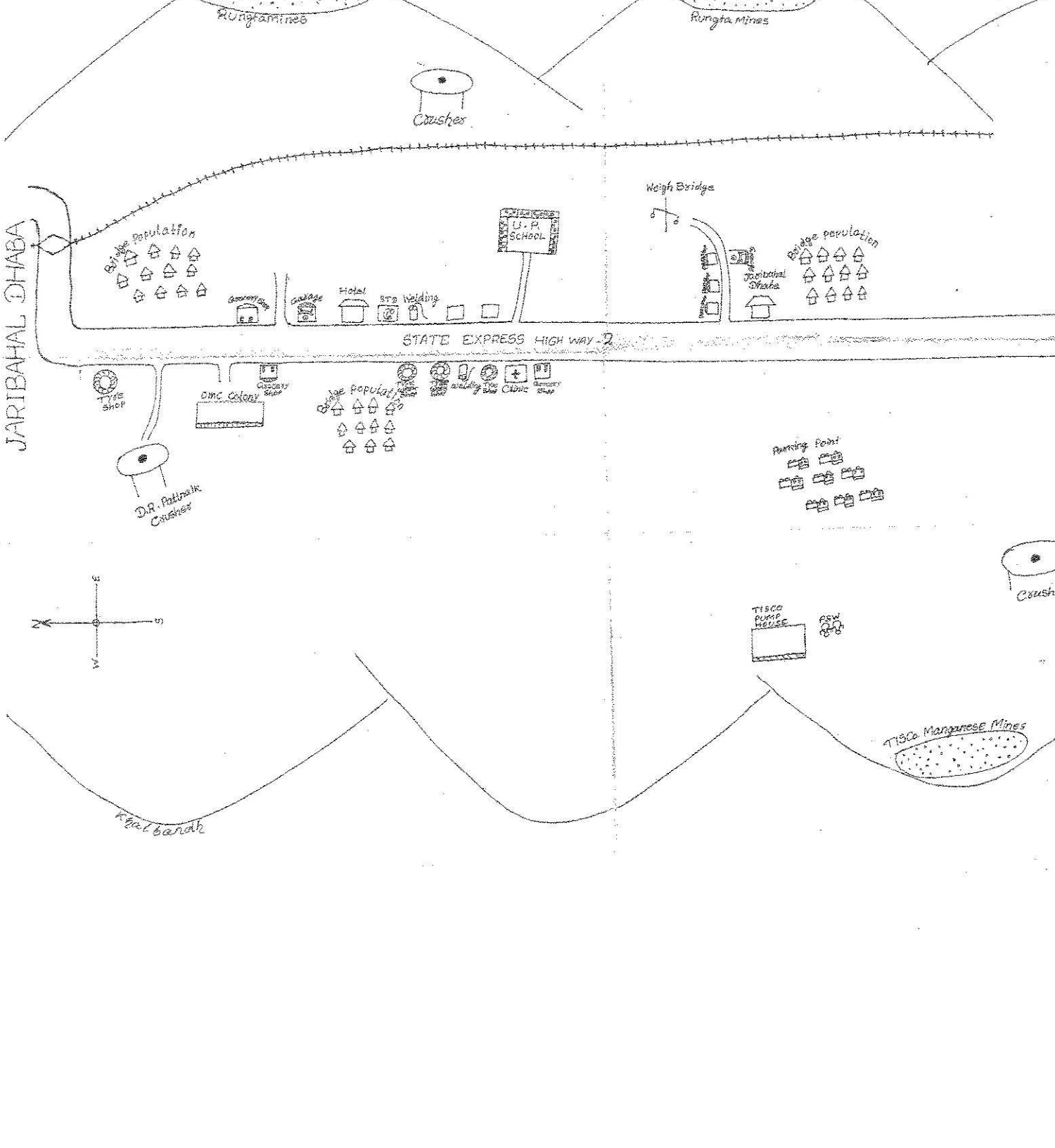
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Jaribahal Dhaba	--
Hotels/ *Dhabas*	--do--	2
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres

- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others


Rungta Mines
Rungta Mines
Crushes
JARIBAHAL DHABA
Bridge Population
U. P. SCHOOL
Weigh Bridge
Bridge population
Hotel
STD
Welding
STATE EXPRESS HIGH WAY-2
Tyre Shop
DMC Colony
Grocery Shop
Bus
Clinic
Pharmacy Shop
D.R. Pattnaik Crushers
Parking Point
TISCO PUMP HOUSE
RCW
TISCO Manganese Mines
Khatbandh

HALT-POINT ANALYSIS-9 (PMP Mines)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
PMP Mines	Hesabeda Chhak	B.D Pattnaik Mines	Rungta mines	TISCO Mines	2.23%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	PMP Mines	1
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels **/ Flying Sex Workers' operational areas**	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	PMP Mines	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	---
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--

Service	Sites	Numbers
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	--	
Primary Schools for Girls	--	
Primary Schools for Boys	--	
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	--	
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	-	

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	PMP Mines	8
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	1
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	PMP Mines	--
Grocery Stores	--do--	2
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--

Items	Sites	Numbers
Tea Stalls	--do--	1
Cigarette/Pan shops	--do--	1
Alcohol Shop	--do--	--

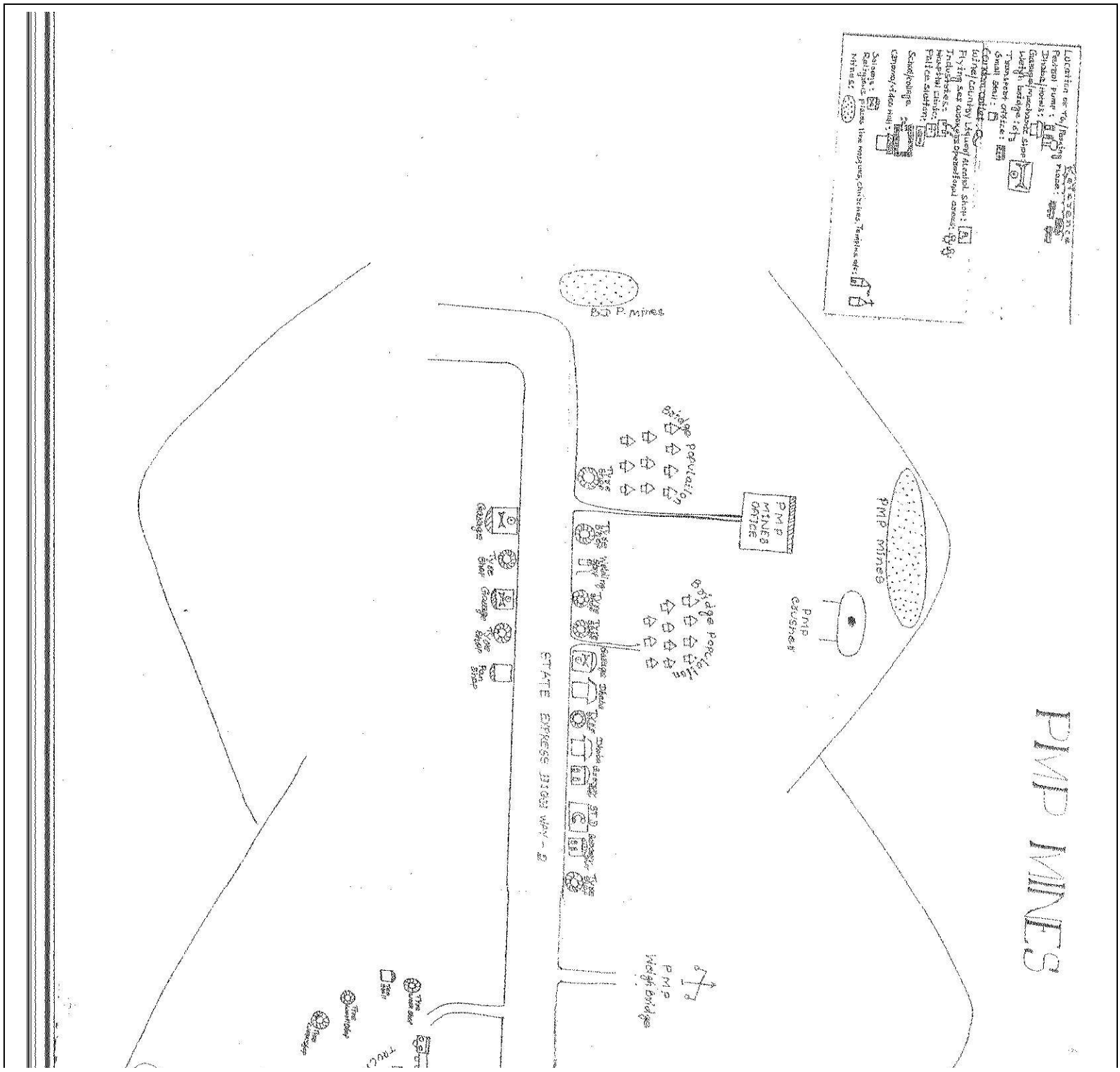
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	PMP Mines	1
Hotels/ *Dhabas*	--do--	2
Chemical Factories	--do--	--
Small Engineering Factories	--do--	1
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic

- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others



HALT-POINT ANALYSIS-10 (OMC Parking)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
OMC Parking	B.D.Pattnaik Mines	Tisco Manganese Mines	Rungta Mines	OMC Crusher	2.98%

2. Locate the following in the organization's area of operation:

Item	Sites	Numbers
Truck Routes	OMC Parking	1
Truck Halt Points /Shelters	--do--	--
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	Sites	Numbers
Government Hospitals	OMC Parking	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	--	
Primary Schools for Girls	--	
Primary Schools for Boys	--	
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	--	
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	---	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	OMC Parking	--
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	--
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	OMC Parking	--
Grocery Stores	--do--	--
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--
Tea Stalls	--do--	--

Items	Sites	Numbers
Cigarette/Pan shops	--do--	1
Alcohol Shop	--do--	1

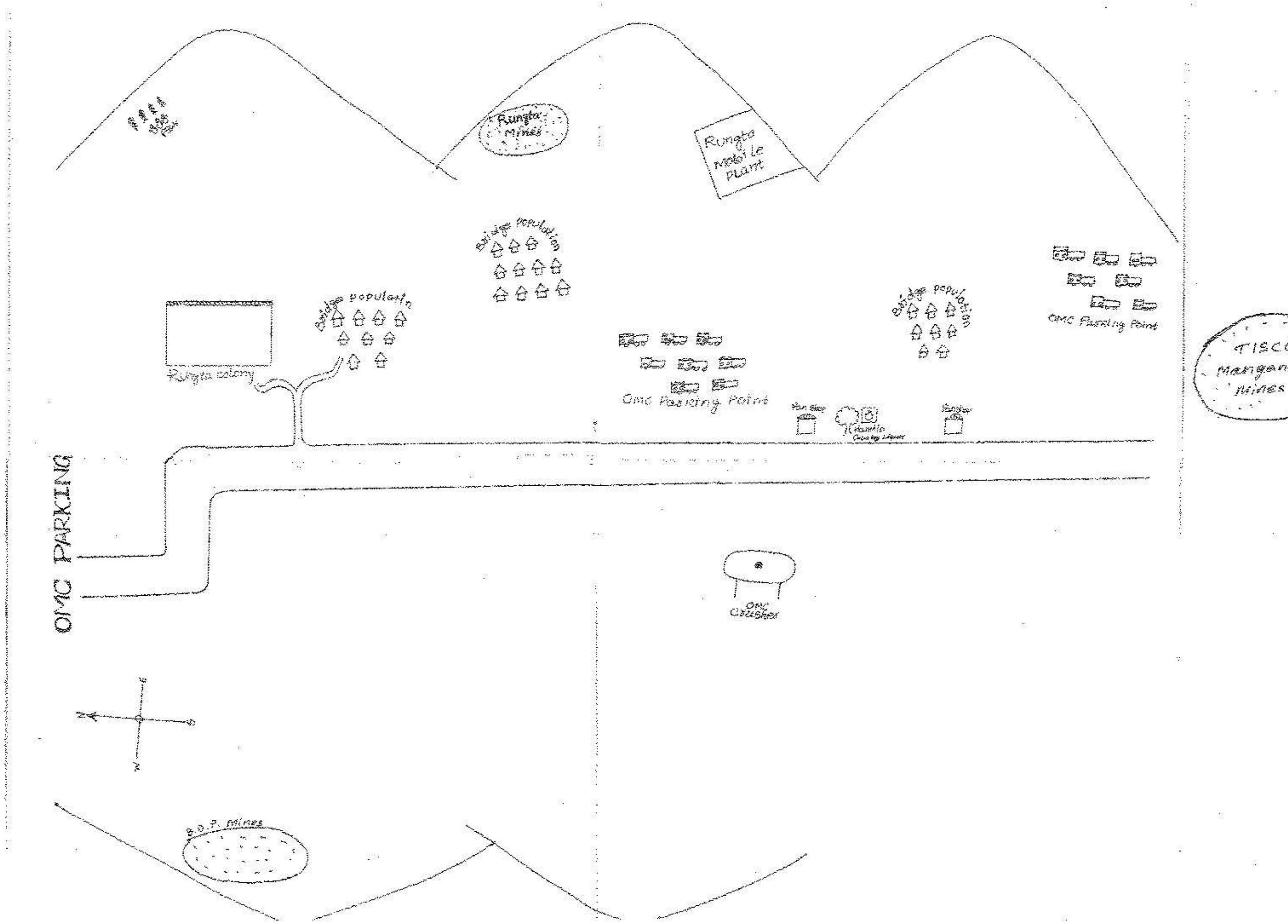
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	OMC Parking	1
Hotels/ *Dhabas*	--do--	--
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic

- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others



OMC PARKING
Rungta colony
Rungta Mines
Rungta Mobile Plant
OMC Parking Point
OMC Parking Point
OMC Crusher
B.O.P. Mines
TISCO
N
S

HALT-POINT ANALYSIS –11 (OMC Crusher)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
OMC crusher	BD Pattnaik Mines	Maa Mngala temple	Rungta 'C' Block Mines	OMC iron Mines	1.49%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	OMC crusher	1
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / **Flying Sex Workers' operational areas**	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	OMC crusher	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	--
STD Specialists	--do--	--
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--

Service	Sites	Numbers
VCCTC	--do--	--
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	--	
Primary Schools for Girls	--	
Primary Schools for Boys	--	
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	--	
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	---	---

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	OMC crusher	--
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	--
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	OMC crusher	--
Grocery Stores	--do--	--
Stationery Stores	--do--	--

Items	Sites	Numbers
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--
Tea Stalls	--do--	--
Cigarette/Pan shops	--do--	--
Alcohol Shop	--do--	--

7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	OMC crusher	--
Hotels/ *Dhabas*	--do--	1
Chemical Factories	--do--	--
Small Engineering Factories	--do--	1
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	1

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries

- Hospital/ Clinics
- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others

OMC CRUSHER
B.O.P Mines
OMC Iron Mines
OMC Crusher
STATE EXPRESS HIGH WAY-2
Rusting Point
Rungta Mines
High School
N
W
E
S

HALT-POINT ANALYSIS-12 (Bamebari Manganese Mines)-

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Bamebari Manganese Mines	OMC Parking	Bamebari chhak	TISCO Manganese	Palsa OMC mines	1.49%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Bamebari Manganese Mines	1
Truck Halt Points /Shelters	--do--	1
Army Cantonment/ Barrack	--do--	--
Police Barracks	--do--	--
Police Station / Outposts	--do--	--
Bus Terminals	--do--	--
Rail Stations	--do--	--
Public Toilets	--do--	--
Brothels / Flying Sex Workers' operational areas	--do--	1

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals	Bamebari Manganese Mines	--
Health Centres	--do--	--
Private Hospitals / Nursing Homes	--do--	--
Private Doctors (medicine)	--do--	1
STD Specialists	--do--	--
RMPs / Quacks	--do--	--
Clinics run by NGOs/ CBOs	--do--	--
Medicine Shops / Pharmacies	--do--	--
Pathological & X-ray facilities	--do--	--
VCCTC	--do--	--

Service	Sites	Numbers
PPTCT Centres	--do--	--

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	1	1
Primary Schools for Girls	--	
Primary Schools for Boys	--	
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	--	
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	-	

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones	Bamebari Manganese Mines	15
Public Phone Booths with no STD/ISD facilities	--do--	--
Public Phone Booths with STD/ISD facilities	--do--	1
TI Field Office/Clinic phone available to community	--do--	--

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Bamebari Manganese Mines	--
Grocery Stores	--do--	--
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	--
Departmental Stores	--do--	--

Items	Sites	Numbers
Tea Stalls	--do--	--
Cigarette/Pan shops	--do--	--
Alcohol Shop	--do--	--
Tyre Workshop	--do--	2

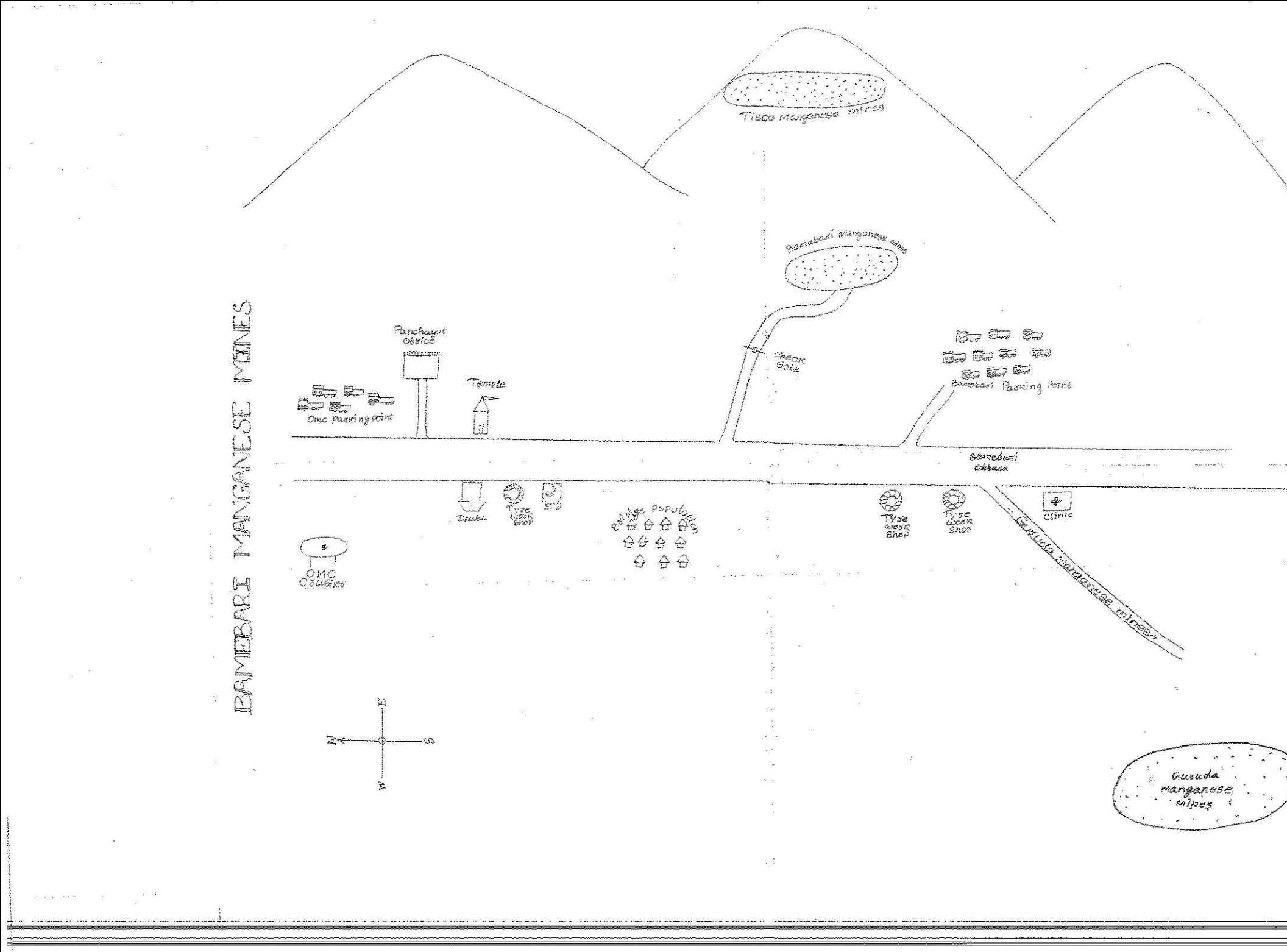
7. Major Work places within the organization's operational area:

Work Place	Sites	Numbers
Markets	Bamebari Manganese Mines	--
Hotels/ *Dhabas*	--do--	--
Chemical Factories	--do--	--
Small Engineering Factories	--do--	--
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ **Areas frequented by flying sex workers**	--do--	--

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics
- Investigation centres

- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others


BAMEBARI MANGANESE MINES
Tisco Manganese mines
Bamebari Manganese mines
Panchayat office
Temple
Omc Parking point
Check Gate
Bamebari Parking point
Bamebari Chhaon
Dhaba
Tyre work Shop
STD
Village Population
OMC Crusher
Tyre work Shop
Tyre work Shop
Clinic
Guruda Manganese mines
N
S
E
W
Guruda manganese mines

HALT-POINT ANALYSIS –13 (Sirajuddin Weigh Bridge & Mines)

1. Geographical location of the community with boundaries and target group percentages in each site:

Boundaries					
Site Names	**North**	**South**	**East**	**West**	**Target Population Percentage**
Sirajuddin Weigh Bridge & Mines	Balda B-plot	Kalimati Chhak	Sirajuddhin Iron Mines	Sirajuddhin Iron Mines	67.91%

2. Locate the following in the organization's area of operation:

Item	**Sites**	**Numbers**
Truck Routes	Sirajuddin Weigh Bridge & Mines	1
Truck Halt Points /Shelters	--	1
Army Cantonment/ Barrack	---	--
Police Barracks	---	--
Police Station / Outposts	--	--
Bus Terminals	--	1
Rail Stations	--	--
Public Toilets	---	--
Brothels / Flying Sex Workers' operational areas	---	2

3. Health services available to the community that the target population caters to, providing exact site names:

Service	**Sites**	**Numbers**
Government Hospitals		
Health Centres	--	1
Private Hospitals / Nursing Homes	--	--
Private Doctors (medicine)	--	--
STD Specialists	--	---
RMPs / Quacks	--	---
Clinics run by NGOs/ CBOs	--	---
Medicine Shops / Pharmacies	--	---
Pathological & X-ray facilities	--	---
VCCTC	--	---

Service	Sites	Numbers
PPTCT Centres	--	---

4. Educational Facilities available to the community:

Codes: Government – 1 / Government Aided – 2 / Private – 3

Institution	Numbers	Type (Codes 1/2/3)
Coeducational Primary Schools	--	
Primary Schools for Girls	--	
Primary Schools for Boys	--	
Coeducational Secondary Schools	--	
Secondary Schools for Girls	--	
Secondary Schools for Boys	--	
Coeducational Higher Secondary Schools	--	
Higher Secondary Schools for Girls	--	
Higher Secondary Schools for Boys	--	
Coeducational Colleges/Polytechnics	--	
Colleges/Polytechnics for Girls	--	
Colleges/Polytechnics for Boys	--	
Non Formal Education run by NGOs/CBOs	--	

5. Communication Facilities available to the community: Give the approximate numbers.

Items	Sites	Numbers
Houses with Private Phones		
Public Phone Booths with no STD/ISD facilities	Sirazuddin Weigh bridge -	-
Public Phone Booths with STD/ISD facilities	-do--	--
TI Field Office/Clinic phone available to community	-do-	-

6. Markets / Shops within the geographical location of the organization's need assessment area:

Items	Sites	Numbers
Market for Perishables	Sirazuddin Weigh bridge	--
Grocery Stores	--do--	2
Stationery Stores	--do--	--
Book Stores	--do--	--
Garment Stores	--do--	1
Departmental Stores	--do--	--

Items	Sites	Numbers
Tea Stalls	--do--	7
Cigarette/Pan shops	--do--	10
Alcohol Shop	--do--	10

7. Major Work places within the organization's operational area:

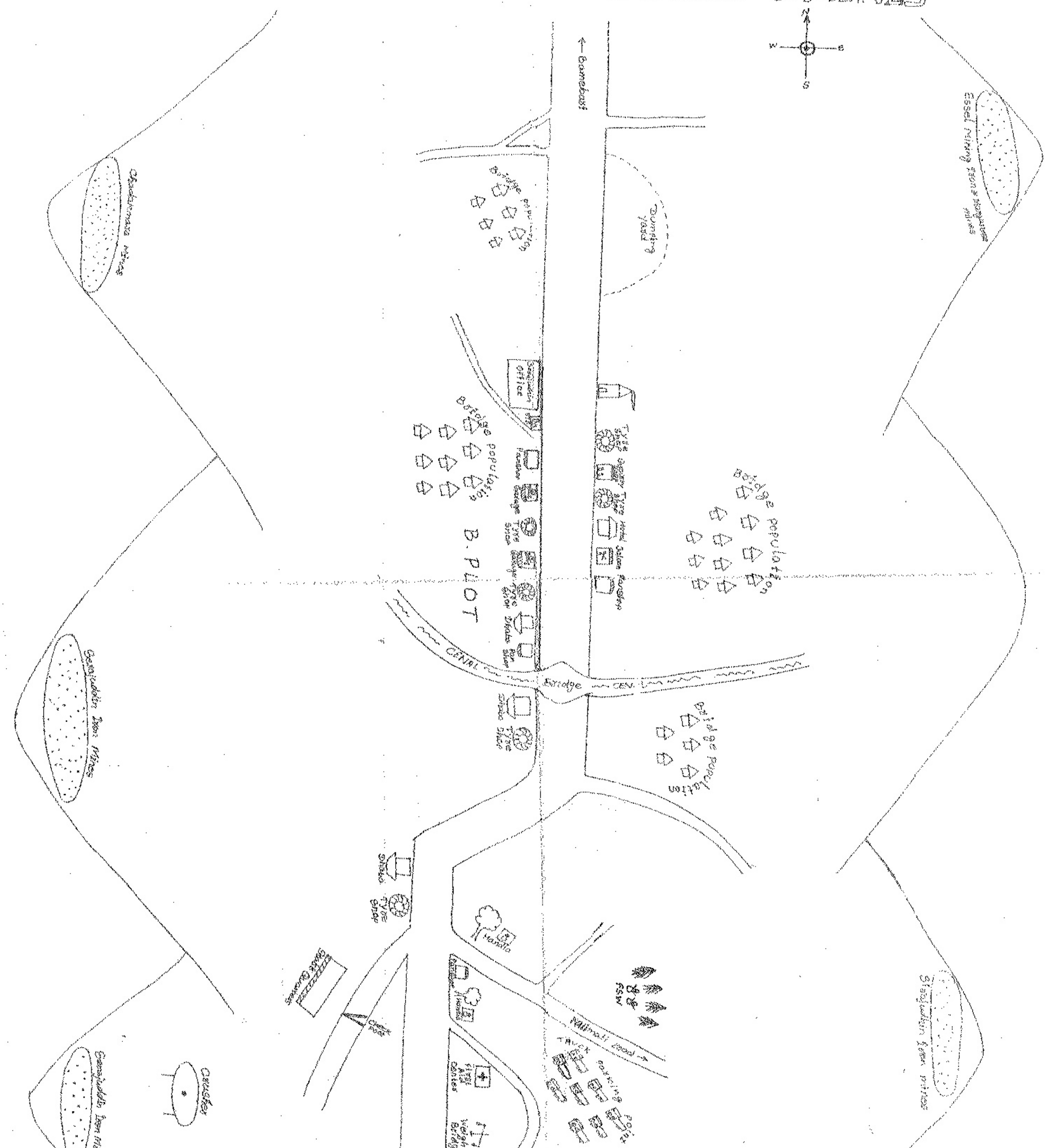
Work Place	Sites	Numbers
Markets	Sirazuddin Weigh bridge	--
Hotels/ *Dhabas*	--do--	8
Chemical Factories	--do--	--
Small Engineering Factories	--do--	2
Heavy Engineering Factories	--do--	--
Jute Mills	--do--	--
Brick Fields	--do--	--
Construction Sites	--do--	--
Small & Cottage Industries	--do--	--
Fisheries/ Hatcheries/ Poultry/ Apiary/ Dairy/ Piggery	--do--	--
Bakeries / Food Processing	--do--	--
Brothels/ Areas frequented by flying sex workers	--do--	2

Following POINTS are also located as per the availability in site wise halt-point mapping:

- Location/number of TG
- Availability of other bridge population
- Parking place
- Nearest petrol pump
- *Dhaba*/ hotels
- Garage/ mechanic shops
- Weighbridges
- Transport office
- Small stalls
- Condom outlets
- Wine/ country liquor/alcohol shop
- Flying sex workers operational areas
- Industries
- Hospital/ Clinics

- Investigation centres
- ANC check-up clinic
- VCTC
- Hospice
- District hospital
- Police Station
- School/ colleges
- Latrine
- Cinema/ video halls
- Saloons
- Religious places like mosques, churches, temples etc.
- Others

SERAJUDDHIN WEIGH BRIDGE & MINES



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THE RESEARCH TEAM

The name of the Investigators

1. **Debasis Mahanta**
2. **Murchhana Mahapatra**
3. **Mamtamayee Dae**
4. **Parameswar Mahanta**
5. **Paresh Kumar Naik**
6. **Sabitri Rana**
7. **Prabin Amanta**

The Name of the Supervisor

A. Panchanan Achari

Principal Investigator

Anindita Maity.

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Anindita Maity
Principal Investigator

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