

Study on Knowledge, Attitude, Behaviour & Practice (KABP) among Industrial Labour of Kamarhati Industrial Belt

A study report conducted for the period since July 2006
to September 2006
Conducted by:

NAIHATI PROLIFE



Supported By:

ESI –West Bengal
&
International Labour Organization

Acknowledgements

I am grateful to **Mr. S. Mohd. Afsar**, National Project Coordinator , “HIV/AIDS Prevention in the World of Work” of International Labour Organization & **Sri A.R. Bardhan, IAS**, Director of ESI (M.B.) Scheme, Government of West Bengal for providing us opportunity to conduct the KABP(Knowledge, Atitude, behaviour and Practice) study among the Industrial Labour around Kamarhati Industrial Belt.

I express my sincere gratitude to **Dr. Subhas Chakroborty**, Administrative Medical Officer, Directorate of ESI (M.B.) Scheme, Governmet of West Bengal, **Dr. Suresh Saha, Medical Inspector**, ESI(M.B.)Scheme, Govt. of West Begal, **Dr. J.P. Banerjee, Superintendent, Kamarhati ESI Hospital**, **Dr. Monish Goswami** for providing us necessary support whenever required for the sake of the study.

I gratefully acknowledge the constant help and encouragement rendered by **Dr. Sabyasachi Banerjee**, mentor of the study. I am grateful to the Magement and Union leaders of Texmaco, Kamarhati Jute Industry, Agarpara Jute Mill, Prabartak Jute Mill, Saraswati Press Ltd., Hindusthan Heavy Chemicals and Electro Still Company for their constant help and support by providing volunteer during data collection of the study.

I accept the opportunity to appreciate the hard work put in by the staffs and volunteers of the programme Mr. Bianny Halder, Mr. Ramdhyan Kushwaha, Mr. Sanku Ranjan Das, Mr. B.K. Sen, Mr. Kali Shaw, Mr. Amit Kundu and Mr. Pradip Kundu.

A word of thanks to the staffs and volunteers of Naihati Prolife for providing instant solution to any faced problem particularly to Prof. Supratik Mukherjee, Hony. President of Naihati Prolife, Dr. Himadri Halder , Hony. Asst. Secretary of Naihati Prolife, Sri Sujay Singh, Hony. Secretary of Naihati Prolife, Mr. Gouranga Mondal, The Project Coordinator of Truckers' Project Naihati Prolife, Mr. Krishnandu Banerjee, Hony. BCC Development consultant of Naihati Prolife without whom the study can not be completed effectively.

Sreeparna Ghosh Majumder
C.E.O.
Naihati Prolife

24 Parganas(N), West Bengal
October 2006

Executive Summary-

Naihati Prolife, as a registered NGO, became an official partner of the National AIDS Control Programme with the beginning of their STD/HIV intervention programme among the commercial sex workers in June 1996. While working with the client groups of these CSWs a group of Industrial Labours are identified as highly vulnerable group who are highly mobile in nature. Considering their high risk nature the organization started working among them in 1997 at Kalyani-Barrackpore Industrial Belt. In the year 2004 the organization decided to work with ILO and ESI-Kamarhati to develop health seeking behaviour of the Industrial labour of Kamarhati Industrial Area and also generate awareness among the migrant industrial labours regarding HIV/AIDS and STD. The project came into execution since April 2006. A KABP study was conducted among them to assess their sexual behavioral pattern, their knowledge of STD/HIV/AIDS, their health seeking behaviour, use of condom, risk perception etc. The study report exposed the need of intervention among this high risk community.

Objectives & Methodology:

The main thrust of the study was to make an assessment of the knowledge, attitudes, behaviour & Practice of the target population regarding sexual health. It also aimed to understand their sexual behaviour pattern as well as their health seeking attitudes.

The methodology adopted for this study was quantitative in nature and involved structured interviews and participatory/non participatory observation. The data was collected from 156 individuals from 7 Industries e.g Kamarhati Jute Industry, Agarpara Jute Industry, Prabartak Jute Industry, Texmaco, Sarswati Press Limited, Hindusthan Heavy Chemicals and ECL. Ethical issues like confidentiality, informed consent and non-judgmental attitude of the field investigators we consciously maintained through out the study.

BACKGROUND:

Naihati Prolife is working as a registered organization since 1995. Since June 1996 it has been conducting STD/HIV intervention programme among the different high risk population. Towards this end, it has concentrated its efforts on the behaviour change and promoting health seeking behaviour of the high risk group like commercial sex workers in the red light areas at Naihati and people engaged in fish spawn trade like, fish traders, truck drivers and helpers, adolescents and industrial labours.

In the year 2003 Naihati Prolife came in contact with International Labour Organization to carry out an effort for a Tripartite response to prevent HIV/AIDS from among the Industrial Labours. In the year 2006 the responsibility of field mobilization and awareness generation across Kamarhati Industrial Belt handed over to Naihati Prolife through intensive field visit along and peer training programme.

To reach its objectives Naihati Prolife over a period of time has undertaken various activities and embarked upon various programme, sometimes jointly with Kamarhati ESI. As part of the project Naihati Prolife was slated to undertake a KABP (Knowledge, Attitudes, Behaviour, and Practices) study to assess the knowledge, attitude, behaviour and practice level of target groups about the sexual health issues so as to visualize the programme implication and also to design the future strategies and action plan. So from July 2006 a KABP study was conducted.

STUDY SITES:

The major study site was Kamarhati Industrial Belt covered by Kamarhati ESI.

METHODOLOGY:

PLANING

The implementation of the methodology was well planned and closely monitored in order to eliminate bias in the data collection.

Initially a meeting was held with the total research team included project coordinator, field level workers and data entry operator to decide upon the course of action i.e. selection of team members, training the team members, how the study will be conducted (process), time period and objective of the study.

The study itself was quantitative in nature, using a structured questionnaire. Considerable work had to be done to standardize the interview method to avoid bias on the study. So the study was preceded by extensive exploratory qualitative research in order to facilitate the subsequent steps.

The preparatory work was followed by data collection by the field investigators, data compilation and analysis and report writing.

EXPLORATORY RESEARCH

The first stage of this KABP study was qualitative exploratory research. The objectives of the exploratory research were manifold:

- To observe the study sites
- To estimate the size of population
- To conduct focus group discussions with the target group and stakeholders so as to understand their nature
- To identify the bottlenecks in carrying out the study and develop solutions for the same.

The methodology adopted was unstructured interviews and direct/ indirect observation. The respondents were the industrial labours.

Exploratory research identified a number of issues related logistic planning, field training, as well as feasible solutions to arising problems.

DETERMINING THE SAMPLE SIZE:

As per discussion with ESI it was decided to take equal number of samples from each industries. Hence, 154 sample were selected from 10,000 population in a random sampling method.

Development of indicators:

Indicators were developed as part of exploratory research to inform questionnaire design. The indicators of this study particularly sexual health indicators are based on the guideline of ILO (International Labour Organization) and modified as per the needs of study areas.

A set of three knowledge indicators, two behavioral indicators, four treatment indicators and two perception related indicators were adopted by the study team for this study. The indicators are as follows:

1. *KNOWLEDGE INDICATORS:*

- A. Proportion of respondents who heard about STI and AIDS
- B. Proportion of respondents who cite acceptable ways of preventing STIs and AIDS
- C. proportion of respondents who know that condoms prevent STIs and AIDS

2. *BEHAVIORAL INDICATORS*

- A. Proportion of respondents who report hetero-sexual intercourse with a non –regular partner in the last year.
- B. Proportion of respondents who report consistent condom use with a non-regular partner in the last one year.

3. *TREATMENT / HEALTH SEEKING INDICATORS*

- A. Proportion of respondent who reported STI history in the last one year
- B. Proportion of respondent who sought treatment from qualified medical practitioners for their own STI symptom in the last one year
- C. Proportion of respondent who think partner treatment is important for comprehensive and scientific STI treatment.
- D. Type of practitioners from which treatment was sought

4. *PERCEPTION RELATED INDICATORS*

- A. Misconceptions about prevention/ transmission
- B. Misconceptions about the cure of STI

ETHICAL ISSUES

The KABP study collected data ranging from less sensitive information to highly sensitive information on sexual behaviours. Care was taken to conduct the research within accepted standards of confidentiality.

The following measures were taken:

- Full information and informed consent: The target groups were provided full information on the purpose of the study and provided the opinion of walking out of the interview at any stage if they chose. Interviews were taken only after the informed consent of the respondents.
- Confidentiality: The respondents were interviewed under the condition of assured confidentiality. All necessary information was provided to the study team members only and total confidentiality was maintained.
- Non judgmental attitudes of the field investigators: Through out the course of the study it was strived that all those involved would keep their personal opinions and subjective biases to minimum to ensure fair recording of data.

Study Findings:

The KABP study on industrial labours of Kamarhati Industrial Belt springs up some expected as well as surprising results. Results are results are compiled and analyzed in the following paragraphs.

Total Number of industrial labours covered by the survey is 154. Average age of the study population is 38 years ranging from 19 years to 60 years.

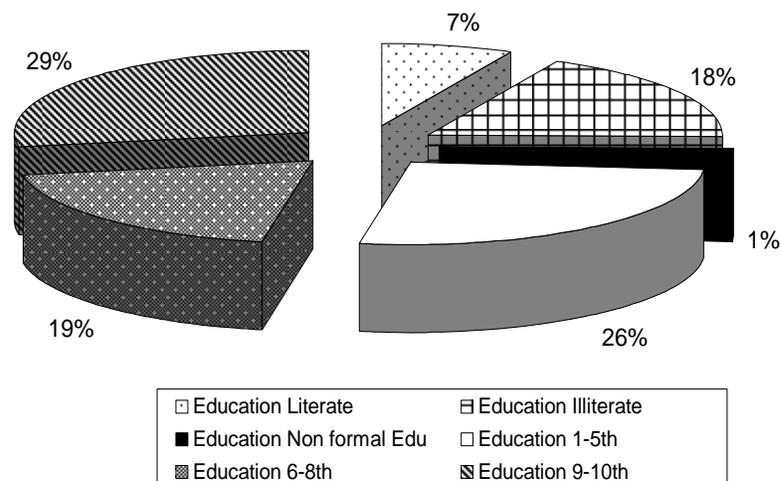
Demographic Information of the Study Respondent:

82% of the labours are married, while the rest (=18%) are unmarried. This is commensurate with average age of them.

Half (50%) respondent Industrial labours working in the belt hail from outside the city. A significant number of them are from distant districts or outside the state. This is a point of concern in respect of risk proneness.

18% of the study population is still illiterate. 7% just manage to sign. 27% received schooling in primary level, 19 % reached 6-8th standard, 28% reached 9-10th standard. Remaining 1% received some non formal education. The following chart showing Educational Status of the respondent.

Chart showing Educational status of the respondent



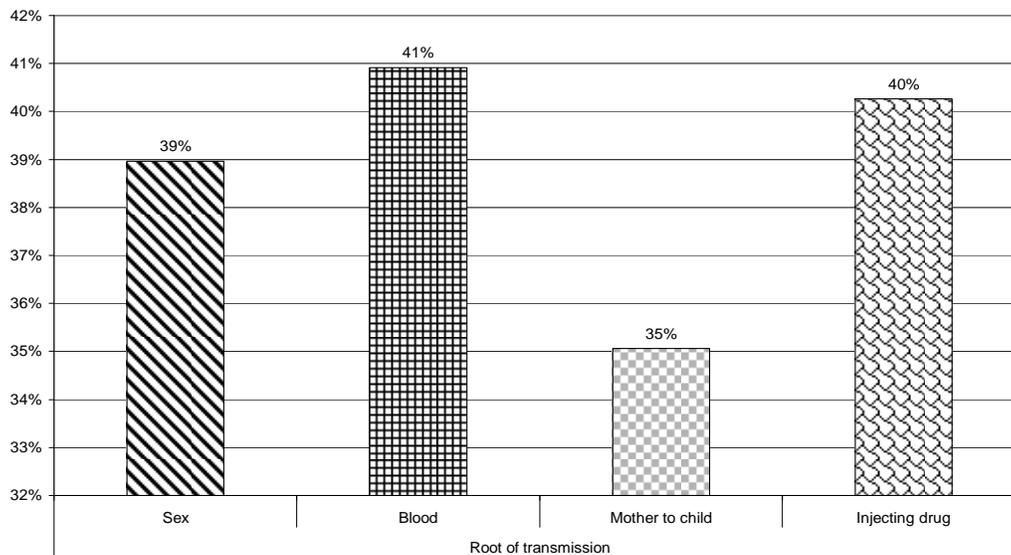
40% of the labours under survey are permanent employees of industries. 58% are daily wage earners, 1% are self employed.

69% of the respondent lives with their spouses, 14% live with relatives other than spouse and 17% live alone.

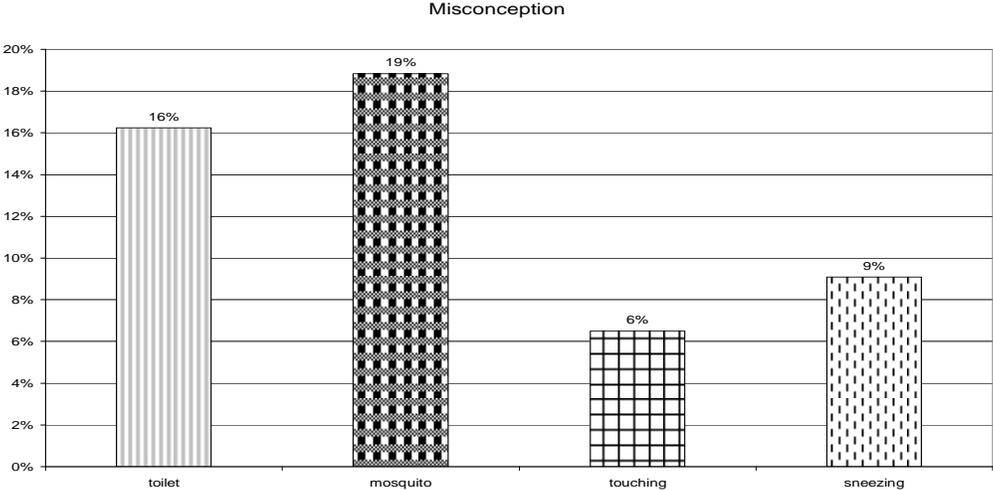
Only 51.30% of the study population have heard about HIV/AIDS. The rest are in total darkness in this matter. When categorically asked 76% of them say that they heard about it from Television.49% from radio, 19% from co-workers, 18% from friends, only 1% from family members, 4% from health workers 5% from some NGO and 20% of them have source of information was News Paper or some other printed material. This underlies the role of mass media in promotion of health related information. But information from peers (Coworkers and friends) is supposed to have more impact and in adopting positive, healthy practices. Therefore, education through peers is a must to achieve succeed in inducing positive behaviourl change.

Further questioning revealed that the prevalent information regarding HIV is incomplete as well as inaccurate. Regarding roots of transmission of HIV, 39% of labours think it is through sex, 41 % say it transmits through blood, 35% say it goes from mother to child while 40% incriminate drug injection.

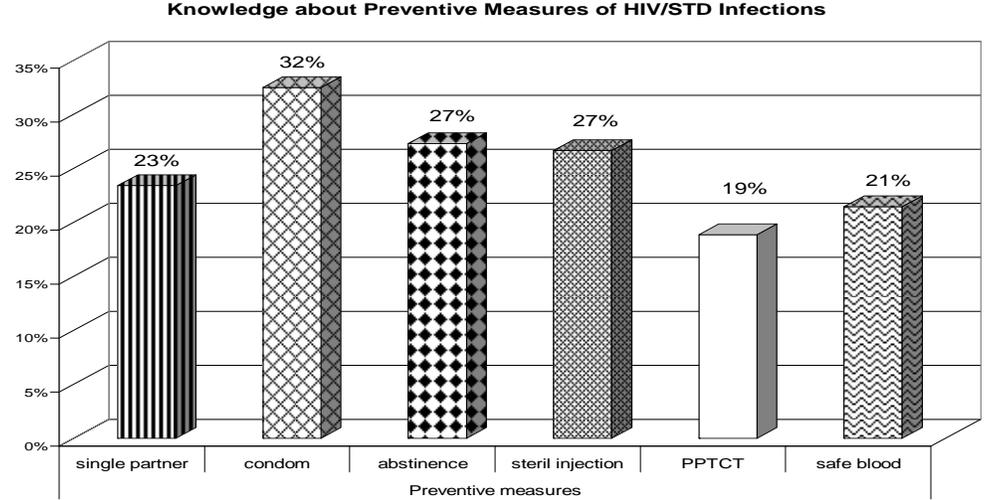
Roots of Transmission of HIV



Misconception, however abound regarding transmission of HIV 16% believe that it is transmitted through toilet, 19% think that mosquito bite is responsible 6% hold that HIV transmits through touch of HIV positive person while 9% say that it may transmit even through sneezing .36% feel that unprotected sex with healthy person is free from risk of HIV infection.



We further asked about methods of prevention of HIV. 23 % answered that sex with single person prevents HIV. 32% said that condom prevents HIV. 27% said abstinence can prevent HIV, 19% mentioned necessity of preventing parent to child transmission. Sterile injection was mentioned by 27% and administration of safe blood was mentioned by 21% of labours.



Asked about usage of condom 31.17 replied that it prevents STD. 38.96% said that it prevent unwanted pregnancy.

Regarding awareness of sexually transmitted infections (S.T.I) the result the result thrown up by our study is profoundly disturbing. 22% of labours healed at all of STI. 14% admit to be suffering from STI. 8% know something about symptoms of male STI. More importantly only 14% are aware that having STI increases chance of HIV infection. A lot has to be done to improve the awareness of the labours regarding STI especially the importance of early treatment.

A paltry 0.65% of labours are aware about availability of HIV/AIDS related services. Even at that, they know about the STI treatment component only. At present there exists no service related to health education, condom promotion , voluntary counseling and testing of blood, care and support of HIV positive people.

Attitude:

Regarding attitude towards HIV infection the scenario is far from bleak. Only 30% of labours are willing to work with HIV positive co-workers. 27% are willing to work with HIV positive co-workers. 27% are willing to use same toilet with HIV positive co-workers. 31% are willing to share tools with HIV positive co-workers. 30% are willing to hold hands with HIV positive co-workers, while 25% are ready to share rooms with them. Again only 30% of study population feels that HIV positive children should be allowed to study in school. Only 25% think that HIV positive people should be allowed at all to work in workplaces.

Practices:

Analyzing the data regarding existing practices of the target community and current situation of the area, we found that 74% of the labours had sex in last six months . 14% had sex with commercial sex workers during the same period. Only 3% used condom in last two sexual encounters. A paltry 2% admitted that they avoid multiple sex partners in fear of HIV infection. Only 0.65% of respondents says that they received some HIV related information during last six months. Nobody got free and subsidized condom from any source and nor did they get any counseling in last six months. Nobody even sought for treatment of STI in duration that period due to extreme lack of awareness.

Conclusion and Recommendation:

On overall analysis it is apparent that though mass media has succeeded to some extent in propagating awareness regarding HIV/AIDS, information is often incomplete. Misconceptions are abundant too. Again it failed to propagate awareness about menaces of STIs and necessity of early treatment. A focused approach like targeted intervention is necessary to address this issue. At present the services like condom promotion, counseling care & support are non-existent in surveyed area. Besides, clinical set up for effective STD treatment at their close reach is the need of hour for these Industrial backbones to overcome the barrier of stigmatization. Immediate steps are to be taken to install these services in order to prevent HIV/AIDS in the target community.