III Methodology

The methodology for the study entitled “Psychosocial Intervention and Quality of Life of HIV Positive Female Sex Workers” is furnished under the following headings:

A. Selection of area
B. Sample selection
C. Tools used
D. Conduct of the study
E. Analysis of data

A. Selection of Area

Trichy district was selected for the study as it was considered as one of three districts having the highest prevalence of HIV in Tamil Nadu. According to the HIV Surveillance Survey (HSS) conducted by Tamil Nadu State AIDS Control Society (TANSACS) in 2006, Trichy had the highest prevalence after Coimbatore with 12904 People living with HIV. This is the major rationale for selecting the field of study. Besides, Trichy is central to many tourist spots and historically significant places. It is also on route for many labourers of different industries and it is quite obvious that many people travel through Trichy often. This seems to add to the stream of flesh trade in this district. The presence of NGOs in the reach to the marginalized population in the field is higher in Trichy. All these factors obviously substantiate the rationale for choosing Trichy as the field of study.
The participants represent from all over the blocks of the entire district depicted in the above picture.

B. Sample Selection

An experimental design was used in this study to find the relationship between psychosocial intervention and quality of life of positive female sex workers in Trichy. The general procedure adapted in this study was that one independent variable was manipulated to determine its effect on a dependent variable. This design was used where:

1. There was time priority in a causal relationship (cause precedes effect),
2. There was consistency in a causal relationship (a cause will lead to the same effect), and
3. The magnitude of the correlation is great.

Although the HIV infected people registered in Government Hospitals were high, it was difficult to find female sex workers among them. This is because of the prevailing high stigma associated with HIV/AIDS compounding multiple times when they are into sex trade. Therefore, the NGOs in the field implementing interventions for female sex workers were approached to find HIV infected female sex workers. According to Mapping estimates of HIV/AIDS and STI infection in Tamil Nadu conducted by APAC-VHS in 2007, there were 80 positive FSWs registered in those four NGOs. The four NGOs were ANBALAYAM, LEAD, PDI and SEVAI. The rationale for selecting...
these NGOs was that all those have been into the HIV/AIDS intervention arena for more than a decade and have a strong presence in the field. These NGOs have been funded by APAC to provide targeted intervention to PLHIVs in Trichy district. They have been providing various HIV/AIDS interventions especially to most at risks population, especially to FSWs.

The researcher visited all the eighty 80 houses of the HIV infected female sex workers enrolled in the NGOs to establish a rapport with them before interviewing and enrolling them in the study. About six positive FSWs have moved out of Trichy. The other 74 positive FSWs were requested to provide their consent but only 58 got enrolled for the study. The participants were from all the blocks of Trichy district.

All of them were asked to gather at their respective NGOs for procuring willingness for focus group discussions. On the basis of a response-adaptive (willing/unwilling to participate) method, 52 FSWs were selected for this study. A written consent of every participant was taken for ethical consideration and they were free to withdraw from the study at any point of time. The respondents who were not interested in taking part had different reasons to provide. Some were simply not interested in undergoing an intervention process, as they did not want to leave sex work. And, few more could not give the huge intensive time demanded by the intervention process which was intended to be continuous for more than 6 months. Very few participants did not get involved as they felt they were ‘old’ to take part in any such intervention.

The respondents who had decided that they would not take part in the study were counseled individually and were presented the benefits of taking part in the program. Yet there was no change in the decisions and they were not willing to take part in the study which extends for a long period of time. Hence, the study was carried out with only 52 participants.

All the respondents have received an intensive cognitive behavior intervention, capacity building, alternative income generation training and placement along with the pre-existing care and treatment supports. It is distressful to write that two participants have expired during the course of this
research due to medical ailments. The other 50 participants were assessed after 90 days using the same protocols used for the baseline.

C. Tools Used

**Table 3.1: Questionnaires used in the study for pre and post intervention**

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<th>Questionnaire</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Personal Interview Schedule</td>
<td>Age, gender, educational qualification, sex work status (pre &amp; current), marital status and family constellation.</td>
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<td>2</td>
<td>Socio-economic Status Scale</td>
<td>This scale developed by Indian Council for Medical Research is an indigenous instrument to study the socio-economic status of Indian population at large.</td>
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<td>3</td>
<td>WHOQoL – HIV BREF</td>
<td>Quality of life of the subjects was assessed using WHOQoL–HIV BREF which has six domains: Physical, Psychological, Level of Independence, Social Relationships, Environment, and Spirituality.</td>
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<tr>
<td>4</td>
<td>General Health Questionnaire</td>
<td>GHQ -28 item version is a globally used tool to screen for common mental disturbances/problems (CMD).</td>
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<tr>
<td>5</td>
<td>Nutritional Assessment</td>
<td>A dietary intake questionnaire was administered to ascertain the nutritional level and eating patterns, Anthropometric measurements to calculate BMI and haemoglobin count</td>
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<tr>
<td>6</td>
<td>KABP</td>
<td>This tool was used to assess the HIV-related knowledge, attitudes, beliefs and practices of the participants. This standard questionnaire was customized based on the National AIDS</td>
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Control Organisation and APAC’s Behaviour Surveillance Survey tools for FSWs and PLHIVs to suit the participants.

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<tr>
<td>7</td>
<td>Mini Mental State Examination</td>
<td>A brief 30-point questionnaire test that is used to screen cognitive functions like orientation, attention, concentration, calculation, recall, language, memory, naming, following commands and visuo-spatial.</td>
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<tr>
<td>8</td>
<td>Eysenks Personality Questionnaire R-S</td>
<td>A tool consisting 48 questions to find three major personality profiles of participants: neuroticism, psychoticism, and extraversion.</td>
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Besides, the ART status and the CD4 counts were obtained from the medical records maintained.

**D. Conduct of the Study**

The conduct of the study” is explained in detail under the following headings:

1. **Problem Identification**:

   The research problem was identified for the study as enhancing the quality of life of positive FSWs is imperative in order to halt and reverse the HIV/AIDS pandemic. As there is a dearth of study on the quality of life of HIV positive FSWs across globe, especially in India, this study seems to be of need of the hour in order to mainstream the care and support for this most at risk population.

2. **Review of Prior Literature**:
The researcher has explored the research literature to gain an understanding of the current state of knowledge pertaining to the relationship between the psychosocial intervention and quality of life of FSWs living with HIV. Based on the extensive review of relevant literature the research problem was identified; the study design was formulated; data collection tools and methods were identified; and statistical analysis was chosen. The review of prior research has also helped in creating research questions (hypotheses), what population to explore, and laying the theoretical groundwork for the study.

3. **Research Implications:**

Implications of this research study imply of the practical ways in which it would assist the field of HIV/AIDS care and support arena. These formed the underlying goals, the rationales for, or the importance of this study. Implications of this research are well linked to the research problem or topic, research purpose, and research questions or hypotheses.

4. **Door to door Mapping:**

A mapping of FSWs living with HIV/AIDS was carried out, apart from the mapping done by four APAC sponsored NGOs in Trichy. This was done to eliminate errors in research design and sampling. An initial meeting with the directors of the four NGOs was conducted and with their consent the research population was mapped by meeting all individually at their dwelling place. According to the available record in all the mentioned NGOs, the door to door mapping was conducted and there were 80 registered positive FSWs in Trichy district as in December, 2007 data.

5. **Pre-intervention Assessment:**

Fifty two respondents were assessed at the baseline using all the above mentioned tools pertaining to the socio-demographic details, economic status, general health, quality of life, nutritional status, knowledge-attitude-
belief-practice and the cognitive abilities of the respondents. The assessment was carried out with two participants interviewed everyday. Individual files were created for all respondents and the data was kept confidential.

6. **Design of Psychosocial Intervention Program:**

Based on the baseline outcomes and the indicators of Quality of life, sessions were developed by a team which constituted a social scientist, a behavioural scientist, HIV infected female sex worker, the investigator and a researcher. It was deemed found that the psychosocial intervention should succeed with a livelihood opportunity for the participants who were interested to take up alternative occupations. In sessions overlap of the indicators of quality of life can be seen.

Experts like doctors, psychologists from various nationally reputed institutions were approached and they were involved in conducting the respective sessions for the participants. ISHA foundation took over the yoga and the spiritual engineering of the participants. Successful women, both HIV infected and non HIV infected, female sex worker as well as people from the general population were invited for sessions on motivation, positive living and Self Help Group development.

In addition to the involvement of experts in the field and hiring premises for the training, continuing to providing livelihood opportunities for the participants involved a huge cost. Therefore, APAC-VHS was approached to help in partly financing for the study and to continue the process for the livelihood phase. The investigator faced huge struggle to find a venue where the owners accept the HIV infected female sex workers to get trained in their place. After approaching lots of institutions, the investigator found a training hall run by the catholic institution.
The entire intervention was spread over for a period of six months with 72 classes with 60 classes as laborious sessions on psychosocial intervention and health camps which were conducted in collaboration with Government Hospital, Trichy. Twelve classes spaced between those sixty classes on artificial jewellery making, craft making were taught to them intending relaxation and also simultaneously learning the trade. Locally available people who had set up small scale industries were approached to extend their skill in teaching the participants on artificial jewellery making and craft making along with small scale industry occupations like ink, soap powder, bath soap making etc…. A set of 30 classes were designed on livelihood and placement interventions after the six months period. All the participants have participated in the intervention for three days in a week, from 9.30 a.m. until 5.00 p.m. for the entire six-month period.

3. Post-intervention Assessment

Though there were 52 respondents at the base-line, the post intervention assessment was done with 50 respondents. Two respondents expired during the course of intervention. All the tools used at the baseline were used at the end-line to collect data. The post-intervention assessment was carried out after 90 days of the intervention program. The respondents gathered in their respective NGOs for the post assessment. The data was kept confidential and it is not available for any commercial purpose.

As an outcome of the sessions the investigator prepared a comprehensive book on Health and nutrition for HIV infected individuals and it was printed and released by the funding organisation.

4. Challenges faced:

The study targets the most difficult group to reach in the society. HIV/AIDS is still a stigmatized and discriminated infection although many organizations including the UN organizations fight against the attitude of the people towards the infection and the infected. People do not want to come out to open revealing their HIV status even to hospitals which offers confidential treatment
for free. When this scenario is so, then the situation for a Female Sex Worker (FSW) becomes more complicated. They go underground and deny of the sex work they are involved making the interventions hard to reach. Therefore, it was quite a daring task for the investigator to have approached the HIV infected female sex workers in their work places, houses etc and also pursue them when they lacked the initial interest to take part in the intervention.

Initially there was a huge resistance with the NGOs; therefore a strategy was worked out to approach them through their funder organization. Acceptance of the researcher was hard and after meticulous explanation of the research goal and ensuring confidentiality the concept was accepted. Reaching the FSWs with the help of the NGOs associated locally was with difficulty, marketing the program to the beneficiaries was a herculean task. It took a persistent and committed repeated approach for the investigator to reach out to the participants’ mind. However, the researcher was able to convince 75% of the identified population for the study. To consistently hold them for the given period was difficult in the initial 30 days. There were absenteeism and the investigator pursued them with the benefits of programme and made them get involved. The NGOs also lend their helping hand in partly educating the participants on the benefits for them at the long run. However, the participants’ interest in the study got better of them in the following days and they extended their absolute cooperation and were involved in the program completely until the entire study period. At the end of the programme, every participant recorded their appreciations and commendation for the programme as they all were benefitted mentally, physically and financially which ultimately resulted in a better Quality of Life.

E. Analysis of Data

The analysis of data was carried out with Statistical Programme for Social Sciences (SPSS) version 14.1. The frequency tables were formulated for the socio-demographic details, socio-economic status and educational
qualification. Mean scores were derived for age and income of the respondents. Chi-square tests were used to find the associations between variables. Correlation matrix was adapted for finding the relationship between the dependent and independent variables. The logistic regression analysis was carried out to find the contributors of quality of life of respondents of this study.