India is the third largest HIV/AIDS populated country of the world and the first of the Asia. Though the first clinical case of acquired immune deficiency syndrome (AIDS) was reported more than 3 decades ago, the syndrome has acquired the potential for being the most devastating disease that humankind has ever faced, with about 40.3 million people living with the virus and about 3.1 million of the AIDS deaths per year. The spread of HIV infection has engaged the attention of researchers all over the world. Apart from studies directed at studying the characteristics of the virus to facilitating the discovery of potent vaccines, research efforts have also been geared towards containing the spread of the infection. Efforts were also directed towards the assessment of the knowledge and attitude of individuals and groups of people towards those with HIV infection. This is particularly important in developing countries, especially in India, which carries the greatest burden of HIV infection and where large-scale ignorance about the causes and prevention of the disease prevails.

A number of studies from India have reported the high vulnerability of truckers to HIV transmission with many engaging in high-risk behaviours- an estimated 36 percent of sex worker clients are truckers. Time away from home on the road, marital status, alcohol use, and income level has all been associated with visiting sex workers. There is no entertainment. In the absence of any source of entertainment they seek pleasure in visiting commercial sex worker. It is also well documented that the roadside dhabha and hotel also supplied the commercial sex worker to them. When they came back to their family they involved themselves with unsafe sex with their wives. The data of HIV positive people in Haryana State tells that 44.4 percent of the HIV positive people were coming from transport & 37.7 were house wife also indicate house wives can hardly speaks to use condom and thus the HIV infection transfer from urban to rural areas. 

These factors, in combination with inconsistent condom use, mean truckers act as a bridge population transmitting HIV to their regular sexual partners and into
the general population. Keeping in view the above fact, the present study will concentrate on the “Knowledge, Attitude and Practices about HIV/AIDS among the Truck Drivers – A study of Haryana”. As till today no research has been conducted about Knowledge, Attitude & Practices about HIV/AIDS among the Truck drivers in Haryana and especially in Kaithal District, so the present study is an effort to understand the knowledge level of the truck drivers, their attitude towards sex and HIV/AIDS and behavioural practices about HIV/AIDS. The Objectives of the present study were:-

- To study the socio-economic and the family background of the truck drivers of the area of study.
- To study the sexual behaviour of the truck drivers.
- To find out knowledge and attitude of the respondents with reference to HIV/AIDS.
- To study the source of information and awareness about HIV/AIDS.
- To study the problems and constraints in accessing information and services related to HIV/AIDS.
- To study the awareness and IEC strategic for truck drivers by different organizations working at State and grass root level.
- To suggest measures to enhance the awareness level of the truck drivers regarding HIV/AIDS and scope for social work intervention.

**Hypothesis**

The present study formulated the following hypothesis:-

- It is presumed that majority of the truck drivers have poor socio-economic conditions and belongs to rural background.
- It is presumed that there are greater chances among the truck drivers having multiple sex partners due to long stay away from home.
- It is presumed that educated truck drivers have used preventive measure of safe sexual life as compare to illiterate truck drivers.
• It is presumed that awareness level about HIV/AIDS among rural background truck drivers is very low as compared to urban background.

• It is presumed that there are more chances of myths and misconceptions among rural background respondents.

• It is presumed that electronic media is the main source of information and awareness among the truck drivers as compared to print media.

• It is presumed that greater the availability of literature in local dialect having the greater chances of information and awareness about HIV/AIDS.

• It is presumed that truck drivers have very low information and awareness about the programmes run by different organizations of State and National level.

In this present study the researcher use exploratory-cum-diagnostic research design. The efforts have been made to explore the truck driver’s knowledge about the modes of HIV transmission, symptoms of HIV/AIDS, knowledge about different preventive measures and their myth and misconception about HIV/AIDS. To study the sexual behaviour of the respondents i.e. truck drivers. The efforts have been made to find out the attitude of the truck drivers about sex and HIV/AIDS. The researcher tried to suggest the possible measures to enhance the knowledge about HIV/AIDS of the truck drivers, to change their attitude by giving right information about HIV/AIDS. Suggest the different measures to overcome the problem of HIV/AIDS among the truck drivers.

The whole group from which the sample has been drawn is technically known as Universe. The universe in the present study is limited to 800 truck drivers registered in the five truck unions in Kaithal District i.e. Bhaichara Transport Co. Kaithal, The Bhaichara Truck Union Dhand, Shree Kapil Muni Truck Union Kalayat, Bhaichara Transport Co. Pundri and The Truck Operator Union Cheeka. As the road transport sector is completely privatized, extremely decentralized with informal/unorganized patterns, no official figures are available about the number of trucks in the country. Therefore, an estimate can be made on the basis of the number of trucks registered with the different unions of the area of study.
The researcher has used the convenience sampling to collect the data from the respondents. The reason for selecting convenience sampling is that there is no serial order of the truck drivers in the union, the union register has only the number of the truck which is available at a particular day. Secondly the most of the trucker are away from the union because of their journey, no one knew when the particular truck came back. So it was not easily possible to meet a particular truck driver. Thus, because of these reason the convenience random sampling is only a way to collect the sample from such a universe. That is why the researcher has used convenience random sampling method for present study. The researcher selected the two hundred respondents out of total eight hundred respondents.

In present study the researcher developed a schedule to collect the information from the respondents. The researcher included the questions with possible answers to collect the information about respondent’s personal information’s, family information, working knowledge, their knowledge about HIV/AIDS, their attitude towards sex and AIDS and sexual behaviour. Thus the schedule is considered to be the most suitable tool to collect the data for the study. Schedule also gives the opportunity to observe the reaction of the subjects and check the contradictions in their response to the questions posed to them.

On the basis of the analysis of the collected data the findings are as follows:

5.1 Findings of the study

- The study found that 74 percent of the respondents were coming in the age bracket of 19-39 years out of which 29.9 percent were coming in 33-39 age groups, 24 percent were coming in 26-32 age group and 20.5 percent were coming from 19-25 age group. 16.5 percent of respondents were coming in age group of 40-46 years whereas there were only 9.5 percent of respondents who were above the age of 47 years. The result of the study confirms that majority of the respondents were in sexually more active age groups.

- It is found that 49.5 percent of the respondents were coming from the upper caste, followed by 37.5 percent of the respondents of from backward caste. It is very surprising to note that only 13 percent of the respondents were coming from scheduled caste.
- It is found that 77.5 percent of the respondents were coming from the Hindu religion, followed by 15 percent of the respondents were coming from the Sikh religion and only 7.5 percent of the respondents belonged to Muslim religion. There was not even a single respondent who belonged to Christian and other religious groups. The result resembled with the census data.

- It is also found that more than two-third majority i.e. 69 percent of the respondents were married and 31 percent of the respondents were unmarried. Out of married 55.5 percent of the respondents were living with their spouse, 7 percent of the respondents were widower and 6.5 percent of the respondents were divorcee.

- The study also reveals the educational status of the respondents and found that 59 percent of the respondents studied up to primary level, followed by 31 percent of the respondents studied up to matriculate standard, 7.0 percent up to 12th standard, 2 percent having any others educational qualification and only 1 percent were studied up to graduation level. It shows that majority of the respondents have low educational status.

- The results of the study revealed that majority i.e. 53.5 percent of the respondents earned 3000-9000 in a month, out of these 27.5 percent of the respondents earned 6001-9000 rupees per months, and 26 percent of the respondents earned 3001-6000, followed by 22.5 percent of the respondents earned from 9001 to 12000 rupees per month. 12.5 percent of the respondents earned up to 3000 rupees per month. Only 11.5 percent of the respondents earned more than twelve thousand in a month. The study further observed and experienced that these were the respondents who have their own truck.

- It is found that two-third majority i.e. 63.5 percent of the respondents were coming from the nuclear families, followed by 36.5 percent of the respondents were coming from the Joint families.

- The researcher also studied the family background to understand the socio-economic background in better way and various push and pull factor to opt driving as an occupation. The results of the study found that 34.5 percent of the respondents were coming from the labourer families, followed by 28 percent
from agricultural/farmers families, 21.5 percent from private service background, 7.5 percent belongs to the families having own business families, only 2.5 percent of the respondents were coming from government service families background and 6.0 percent of the respondents from other works like seasonal grain agent or dalal, foot or vegetable seller etc. family background. Thus the results of the study confirm general belief and facts that truck drivers have poor family background.

- The study also reveals that 74 percent of the respondents were coming from the rural areas and remaining 26 percent of the respondents were coming from the urban areas. Thus it observed that due to poor family background and less working opportunities in the rural areas push them to opt such kind of occupation.

- The study also found that 70 percent of the respondents belonged to the below poverty line (BPL) families, which is one of the important indicator of poor economic background and only 30 percent of the respondents were belonged to above poverty line.

- A significant majority i.e. 71.5 percent of the respondents started their career as a conductor/khalasi and remaining 28.5 percent of the respondents started their career as drivers. It seems that some training is required to become truck driver.

- An overwhelming majority i.e. 83 percent, 77.5 percent and 72 percent of the respondents stated the reasons poverty, poor educational status and lack of agricultural land holdings respectively the main reasons to opt driving occupation. 22.5 percent of the respondents stated that due to unemployment they have no other alternative for their livelihood than to choose this occupation. There were only 11.5 percent of the respondents who stated that it was their family occupation so that they also chose the same occupation. There were only 14.5 percent of the respondents who said there were another reasons like not other work to do, interest in travelling etc. to opt for this occupation.

- An overwhelming majority i.e. 88.5 percent of the respondents was salaried drivers and remaining 11.5 percent of the respondents were driving their own trucks as they were owners-cum-drivers. It showed that an overwhelming
The majority of the respondents were contractual basis which push them to more work to earn more money.

- It is also found that 25 percent of the sampled respondents had been working as drivers for 6-10 years, followed by 24.5 percent were in this occupation for 11-15 years, 16.5 percent were for up to 16-20 years, 11.5 percent of the respondents were in this occupation for more than 20 years and remaining 22.5 percent had an experience up to 5 years. It seems that truck drivers start their career in early age and they also stop their working as earlier to other occupation.

- A significant majority of the respondents were away from their family up to 2 to 3 weeks in a month and stayed only one week in a month with their family members. It confirms the general belief that truck drivers spent most of their time on highways.

- It is also found that 49 percent of the respondents drove their truck up to thirteen to eighteen hours per day, followed by 31.5 percent of the respondents drove up to 7-12 hours, 15.5 percent of the respondents drove more than 18 hours per day and only 4 percent of respondents who drove their vehicle up to 6 hours in a day. Thus the truck drivers have long working hours and their work pattern are hectic and tedious.

- It can be concluded 64.5 of the respondent slept less than 4 to 5 hours. This shows the long working pattern and stress to complete the task so that they can achieve more money.

- It is also found that 36 percent of the respondent slept in their truck, followed by 29.5 percent at dhabas, 21 percent at office of the transport unions, 7.5 percent at road side dharamsala and remaining 6.0 percent of the respondents reported that there was no specified place to sleep. It shows that they have no proper facilities to sleep along the travelling routes.

- The study also probed the different problem faced by the truck drivers on highways and found that overwhelming majority i.e. 80 percent of respondents reported harassment by the police and other tax staff like sale tax, overload challan, at the name of different documents etc., followed by 43.5 percent of the
respondents reported frequent traffic jam is a big problem. 34.5 percent of respondents reported bad condition of road a problem to reach their destination. 15 percent of the respondent reported health problem due to not proper food & sickness. 10.5 percent reported the problem of robbery on some particular highways passes through jungles. 9.5 percent of the respondent reported truck breaks down as a problem.

➢ It is also found that almost all the sampled respondents had heard the name of HIV/AIDS.

➢ It is found that 40.0 percent of the sampled respondents had heard about HIV/AIDS from their friends/peer groups, followed by electronic media (33.5 percent), print media (13 percent), Govt. organization (7 percent), any other sources (4.5 percent) and NGO (2 percent). It confirms that peer group and electronic media is very effective source in creating awareness among the truck drivers.

➢ It is also found that an overwhelming majority i.e. 90.5 percent of the respondent was much aware that it spreads through unsafe sex, followed by 82 percent who were aware that it spreads through infected needles. 74.5 percent were aware that it spreads through blood transfusion and 66.5 percent of the respondents were aware that it spreads through infected mother to child.

➢ Almost all the urban respondents knew about the unsafe sex as a mode of HIV/AIDS transmission whereas it was 87.2 percent among the respondents belonging to rural community. 84.6 percent of urban respondent and 81.1 percent of rural respondents knew that the sharing infected needles & syringes can lead to HIV infection. 80.8 percent of the urban respondents and only 72.3 percent of rural respondents knew that it can be transmitted from one infected person to other by blood transfusion. Thus the result of the study confirms that urban respondents have better knowledge about the different mode of HIV transmission in comparison to rural respondents.

➢ The results of the study showed the positive correlation between educational status and knowledge about mode of transmission of HIV/AIDS. As the educational status of the respondents increases as well as the knowledge about different mode of HIV/AIDS transmission increases.
The study also found that different myths and misconceptions are quite prevailing among the respondents.

It is found that 61 percent of the respondents were having opinion that mosquito bite can transmit HIV infection, followed by 59.5 percent sharing meals, 55 percent kissing/hugging, 53 percent sharing towels/cloths, sharing food and living with HIV patient, 47 percent sharing same toilet, 45 percent, 44.5 percent travelling/working, 42.5 percent by air and water and touching 42 percent.

It is found that the sampled rural respondents have more myths and misconceptions in comparison to urban respondents.

It can be concluded that most of the respondents particularly those educated up to 8th standard considered HIV as an infectious disease, which caused more myths and misconceptions among them. Even though the respondents educated up to graduation level also have misconception about by mosquito bite and by kissing/hugging the person living with HIV can be transmitted from one infected to another.

It is also found that 58.5 percent of the respondents were aware about the ‘prolonged fever’ as a symptom of HIV/AIDS, followed by 57.5 percent who were aware about ‘weight loss’, 46.0 percent were aware that ‘TB, fatigue, night sweats’ as a symptoms of HIV, 38.0 percent ‘chronic diarrhea’ and ‘dermatitis’ whereas only 10 percent of the respondents responded that there were any other symptoms like rash, no effect of any medicine etc. of HIV infection.

It is also found that the respondents belonging to urban communities and having better educational status are having better knowledge than the respondents of rural communities.

The study also found that 70 percent of the respondent were aware that ‘always use of condoms’ when they have sex with commercial sex workers can prevent them from HIV infection, followed by 64 percent of the respondents who opined that ‘always be faithful towards their spouse’, 51.5 percent of the respondents opined that ‘always use of sterile needles’, 50.5 percent of the respondents opined that ‘to avoid commercials sex’, 48.5 percent ‘opinioned
that always take HIV tested blood’ and 46 percent of the respondents have opinioned that early or ‘prompt treatment of sexually transmitted diseases’ can prevent from HIV infection.

- The study also revealed that education has direct linkage with the knowledge about the preventive measures. It was observed and experienced by the researcher that as the educational status increases as well as the knowledge level of the respondents about the preventive methods increases.

- It is also found that 50 percent of the respondents have heard the name of Integrated Counselling & Testing Centre, Kaithal, followed by 45.5 percent heard about Haryana AIDS control society, 37.5 percent of the sampled respondents heard the name of National AIDS Control Organization. The knowledge about ART Centre Rohtak is very low among the sampled respondents only 31.5 percent of the respondents have heard about the ART Centre Rohtak.

- The study also found that 72.5 percent of the sampled respondents have better knowledge about free test of HIV/AIDS is done at ICTC centers, followed by 50.5 percent about free advice & counselling, 49 percent about free treatment of sexually transmitted diseases, 40 percent about free treatment at ART centers, 40.5 percent about any other facilities such as treatment of opportunistic infections and only and 20 percent of the respondents aware that free advice & information is provided by call centers through telephone or mobiles.

- An overwhelming majority i.e. 79 percent of the respondents agreed and responded that sex is important for life, followed by 70 percent and 68.5 percent of the respondents thought that hetero sex and homo sex is not harmful respectively. 52 percent of the respondents thought that pre-marital sex is not harmful; they also stated that it is training for marriage. Nearly half i.e. 49 percent of the sampled respondents agreed with the statement that anal sex is a safe sex whereas 46 percent of the respondents also thought that extra-marital is not harmful. Thus the results of the study confirm that significant majority of them did not perceive any threat from pre-marital or extra-marital sex and this irresponsible behaviour put them on high risk of HIV infection.
It is also observed that 75 percent of the respondents agreed and responded that ‘HIV infected should be isolated from society’. Thus the respondents showed negative attitude towards the people with HIV and they considered them as a potential threat to the society.

The study also revealed that 79.5 percent of the respondents had opinion that use of condoms can prevent from conception, so only the married man should use it, followed by 70 percent of the respondents thought that condom can prevent from HIV infection and 50 percent of the respondents also thought that use of condoms also can prevent from sexually transmitted disease. But a significant majority i.e. 59.5 percent also believed that it reduces the sexual pleasure. This negative attitude towards the use of condom resulted the low use of condom during commercial sex.

The study also found that 54.5 percent of the respondents believed that ‘person with AIDS may keep it secret’ and 52.5 percent of the respondents also believed that they may live in their neighbourhood. Thus majority of the respondents showed negative attitude towards the person with HIV infection.

The results of the study also revealed that overwhelming majorities i.e. 89 percent of the respondents have sexual exposure with someone and remaining 11 percent of the respondents have no sexual exposure. The result shows that they were coming in sexually most active age group.

The study also indicated that 62.5 percent of the respondents have sexual exposure before the attainment of required age for marriage. Out of which 28 percent of the respondents were minor or were under 18 years of age. It is a very serious concern that in this immature age group they were not having proper knowledge about HIV transmission and available preventive measures which may increase the chances of HIV infection.

An overwhelming majority i.e. 79.2 percent of those who have reported sexual exposure also experienced commercial sex.

The study also revealed that 48.2 percent of the respondents preferred to visit commercial sex worker in groups. It is also observed that the respondents
justifying their behaviour by saying that it is economical and less risky.

- The study also studied the reasons of visiting commercial sex workers and found that 60.1 percent of the respondents reported that they were usually away from their families it was not possible to establish contact with their wives, followed by 46.1 percent of the respondents said that due to easy availability of the commercial sex workers they can not control their sexual drive. 30.5 percent of respondents said that it gives them pleasure. 24.8 percent of the respondents said that the trucking colleagues make fun of them.

- The result of the study also revealed that significant majority of respondents reported having sexual exposure with multiple sexual partners since last six months. Thus the results of the study confirm the general belief and fact that truck drivers have multiple sexual partners.

- The study also found that 44.4 percent of the sampled respondents have no specific time for sex with the commercial sex workers, they involved themselves as per availability of commercial sex workers, followed by 31.5 percent of sampled respondents had sexual exposure once in a week. 12.9 percent had sexual exposure with commercial sex workers 2-3 times a week, 8.4 percent had sexual exposure with commercial sex workers once in 15 days and only 2.8 percent of the respondents reported that they had sexual exposure with commercial sex workers once a month. Thus the result again confirms that they were coming in sexually most active age group.

- The study also revealed the different places used for commercial sexual exposure. It is found that 35.5 percent reported commercial sex is at around dhabas, followed by 29.8 percent of the respondents reported to use their trucks for sexual exposure with commercial sex workers. The respondents stated that they pick up the commercial sex worker from the highways, do sexual intercourse and again drop them on highways. About 18 percent of the respondents reported to visit them on roadside red light area and remaining 17 percent has no specific places they had sex at what ever place it was available such as dhabas, truck or red light areas etc.

- The study also found that 71.6 percent of the respondents belonging to rural
background reported commercial sex exposure and 67.3 percent of the respondents belonging to urban background reported commercial sex exposure. Thus the result of the study found that there is no difference on the basis of place of living and commercial sexual exposure.

- It is also found that as educational status of the respondents is increasing as well as their involvement with commercial sexual workers is decreasing. This shows the negative correlation between educational status and involvement with commercial sexual workers.

- The results of the study showed that increasing numbers of respondents involved in commercial sexual exposure with the increasing number of days spent outside the home. It shows that there is positive correlation between the days spent outside the home and commercial sexual exposure.

- It was very surprising to note even 70 percent of respondents were aware that always use of condom can prevent from HIV infection but only 28.4 percent always used condom during commercial sex. This irresponsible attitude leads the truck drivers towards the HIV infection. The results of the present study confirm the available data that truck drivers constitute the major (44.4 percent) part of HIV positive in the state of Haryana.

- The study also studied the place from where the respondents got condoms and found that 70 percent of those respondents who reported to use condoms (sometime & always) got the condoms from the chemist store followed by 66.7 percent from pan bidi shops, 64.4 percent from roadside dhabas, 55.5 percent from any other places, 33.3 percent got from health workers and 27.8 percent from private Dr. clinics & NGO.

- The study also found that the respondents belonging to urban community used the condoms more as the preventive measures in comparison with rural respondents.

- It is also found that as the educational status is increasing the percentage of always using condoms is also on increase. This proves that education has a direct effect on the use of condoms.
➢ The results of the study show a very interesting fact that with increasing the age and experience (as a truck driver), their tendency of commercial sexual exposure decrease which shows the negative correlation between working experience and commercial sexual exposure.

➢ The results of the study also reported that 10.1 percent of respondents openly admitted that they had sex with men or with their trucking colleagues and particularly their co-driver/helper/khalasis.

➢ The study also reported that an overwhelming majority i.e. 90 percent of the sampled respondents reported the used of one or other substance. They also have the reason to justifying their behaviour that the use of substance helps us to keep active, alert, removing tiredness or boredom.

➢ The study also reported that an overwhelming majority i.e. 90 percent of the respondents used tobacco in one or another way (bidi or in form of jarda), followed by 70 percent of respondents used alcohol, 30 percent of respondents used opium and 20 percent of the respondents used any other substance such as ganja, tablets, injections etc.

➢ It was observed that majority of the respondents used these substance daily which indicates their physical or mental dependency on the substance.

➢ It is also found that 55.5 percent of the respondents reported to take substance every time before visiting commercial sex workers every time.

➢ The study also found that 40 percent of the respondents reported that they suffered from illness since last one year.

➢ It is found that 62.5 percent of respondents reported stomach related disorders like constipation and loose motion, which were directly related to their occupation, such as food habits, drinking alcohol, in sanitary condition at workplace on highways and lack of proper sleep etc.

➢ It is also found that 62.5 percent of the respondents preferred Registered Medical Practitioners i.e. RMP doctor approached for the treatment of illness. Half i.e. 50.0 percent of the respondents preferred chemist/pharmacists for the treatment of their diseases. Thus it confirms that a very few of the respondents approached for treatment to well qualified doctors.
It is found that half of the respondents reported that they have no time to attend awareness programmes. Their owner did not permit them to waste their time. They further stated that if they attend the programmes, the owner of the truck rebuked them and deduct the salary. The analysis of the data reveals that 34.5 percent of the respondents reported that their colleague makes their fun if they take part in HIV/AIDS awareness programmes. 11.5 percent of the sampled respondents stated that they feel shyness or personal hesitation due to social stigma related with HIV disease. 7.5 percent of the sampled respondents reported that the entire training person speaks in English they can not understand what they were telling, so that they ignore this kind of awareness programmes. It is also found that 5.0 percent of the respondents reported that they need not to attend these awareness programmes as they always save themselves from dirty man and HIV is a disease of dirty man. Thus it can be concluded that they have no time and their colleague makes their fun are very closely related with their occupation.

5.2 Conclusion:

On the basis of the results of the study the following are the main conclusions;

- It can be concluded that 74 percent of the respondents were in the age bracket of 19 to 39 years i.e. young age. This young age is the age of sexual active age group, on the one side social norms/values and parental control is very less and on the other side occupational environment gives more chances to visiting commercial sex workers put them at the risk of acquiring the sexually transmitted diseases and HIV/AIDS.

- It can also be concluded that majority of the respondents had studied up to 5th standard. Thus the result confirms that majority of the respondents have low educational status. Low educational status can cause many myths and misconceptions.

- It is observed that two-third majority of the respondents earned per month as much the minimum wages in the state. They can hardly meet their basic needs and live from hand to mouth and survive on the minimum resources like destitute. The result of the study indicates the poor economic background.
• It may be concluded that majority of the respondents were coming from nuclear family and belonged to rural community. To understand their socio-economic background more clearly the researcher also studied their family occupation.

• It is also seen that majority of the respondents were coming from labourer and small agricultural families having below poverty line ration cards. Thus it can be concluded that they have poor socio-economic background which pushes them to opt this occupation. It is also observed that the joint family system fastly converted into nuclear family even though in rural area of Haryana.

• It is also observed that some formal training or working as a conductor/khalasi is required to become a truck driver. It is also observed senior truck driver may use younger one, especially conductor/khalasi for sex. Power dynamics with in the community are such that the conductors/khalasi is largely helpless and ignorant about the risks of sex between men can lead to infection with STIs including possibility of HIV infection.

• It is also observed that majority of the respondents remain away from their families for more than three weeks in a month and showed long working pattern without any break and entertainment. This is the main reason which may increase the chances of their involvement in commercial sexual exposure.

• It is also observed and experienced that however almost all the respondents heard about the HIV/AIDS but they did not know the meaning of HIV and AIDS. They have only heard the name of HIV/AIDS. It was also observed that majority of them knew the person living with HIV/AIDS.

• It is also seen that friends/peer group and electronic media is very effective medium to spread the knowledge about HIV/AIDS.

• It is also observed that their knowledge about the different modes of HIV transmission is on decreasing order starting from unsafe sex, followed by infected needles, blood transfusion and mother to child.

• It is also seen that educational status of the respondents has direct impact on their level of knowledge about HIV/AIDS. Knowledge keeps on increasing with the increasing level of education.
It is concluded that different myths and misconceptions about HIV transmission and prevention quite prevail among the respondents particularly that it can be transmitted through mosquito bite, sharing meals and living with the people living with HIV. It is also observed that majority of the respondents thought that HIV is a infectious/communicable disease.

It is also seen that their knowledge about the different signs and symptoms is not up to date or up to satisfactory level.

It is also observed that they heard the name of the different organization working in treatment field but they did not understand the meaning of these organizations.

It is also seen that an overwhelming majority of the respondents agreed and responded that sex is important for life but it very surprising to note that they perceived no threat from pre-marital, extra-marital, anal sex, multiple sex and homo sexual exposure. This irresponsible attitude leads them towards unsafe sex and ultimately towards various sexually transmitted diseases and HIV infection. That is why they are at high risk of HIV infection.

It is also observed that sampled truck drivers did not consider themselves at the risk of HIV infection. They opinioned that they are blamed by the society about the spread of HIV infection but the real cause of spreading HIV infection are commercial sex workers. If these commercial sex workers are relocated away from the highways or other places the problem may automatically resolved. The result of the study confirms that the respondents have denial defence mechanism which resulted careless attitude towards HIV infection.

It is also concluded that majority of the respondents have negative attitude towards the person living with HIV/AIDS. They believed that person living with HIV/AIDS may keep the secret of their infection and they may live in their neighborhood. It is because of the stigma attached to this deadly disease.

The results of the study also observed that a significant majority of the respondents considered condoms as an anti conception preventive step used by married person.
It can be concluded that a significant majority of the respondents were in sexually most active age group and about two-third majority of the respondents reported of having sexual experience before the attainment the required age of 21 years for marriage. This pre-marital relationship is quite harmful for not only the respondents but also may prove fatal for the entire society if not checked in near future.

The study also observed that there is no significant difference between marriage and commercial sexual exposure. Pre-marital and extra-marital sex is quite prevailing among the truck drivers due to the easy availability of sex workers and being in sexual active age group and further intensified by less family control.

The results of the study also indicate the reasons of commercial sex and found that the long duration of away from home and easily availability of the commercial sex workers was deeply correlated factors of their working environment.

The results of the study also found that an overwhelming majority of the respondents have multiple sexual partners. This behaviour leads them towards the grip of HIV infection. The available information on the occupational background on the HIV positive person also revealed that 44.4 percent of the total HIV positive cases belonged to transport work.

The study also observed that a significant majority of the respondents reported commercial sex exposures as per the availability of the sex workers. Thus it became clear that trucking environment and commercial sex workers are very closely related with each other.

It can be concluded that about two-third majority of the respondents used truck and roadside dhabas as a major place of commercial sex.

It is also found that there is no difference on the basis of place of living and commercial sexual exposure.

It is also seen as educational status of the respondents is increasing as well as their involvement with commercial sexual workers is decreasing. It shows the
negative correlation between educational status and commercial sexual exposure.

- It is also observed that number of days spent out side the home has a direct link with the visits to commercial sex workers. It shows that the numbers of respondents engaged in commercial sex increases with the increasing number of days spent out-side the home.

- It also can be concluded that with the increasing age and experiences the exposure with commercial sex workers keeps on decreases.

- It is also observed and found that after having good information, there is still a significant gap between information and use of condoms during commercial sex. This gap should be fulfilled by creating consistent awareness programme on the highways, trucking stop and at the union level.

- It is also observed and clear from the results that urban respondents more used the condoms as the preventive measures in comparison to rural respondents.

- The study also found that as the educational status increase, the percentage of always using condoms is also on increase. This proves that education has a direct effect on the using of condoms.

- The study also observed that some of respondents openly admitted that they had sex with men or with their trucking colleagues and particularly their co-driver/helper/khalasis. It was also observed that respondents justifying their behaviour by saying that ‘kya kare sahib pani to ni kalna padta hai’ ‘ye sab to chalta rahta hai’.

- An overwhelming majority of the sampled respondents reported the use of one or other substances. They also have the reason to justify their behaviour that use of substance helps as to keep active, alert, removing tiredness or boredom. It was also interesting to note that chewing pan, cigarettes and narcotic drugs was helping them to increase the driving performances as well as driving stamina.

- It is also observed that majority of the respondents reported consuming alcohol before having commercial sex every time. The results of the study revealed that there is strong linkage between alcohol and commercial sex. This is quite
alarming as drinking decreases judgment of risk and the persons fails to use condom consistently. Thus the truckers were vulnerable to STDs and HIV infection.

- It is also observed and experienced that there is no specific awareness programmes on the truck drivers in Haryana despite the fact that transport workers are largest number in HIV positive people in the state.

5.3 **Suggestions**

On the basis of the results of the study the researcher observed that the existing programmes on the truck drivers are not sufficient to create the awareness among the truck drivers as there are no specific programmes on this targeted group in Haryana except Panipat and Gurgeon district. So some more steps should be taken to enhance the awareness level of the truck drivers in the area of the study.

- The minimum wages should be fixed for truck drivers as per the legal enactment of the minimum wages in the state. It will be helpful to meet their basic need.

- Adequate working hours should be fixed and properly implemented.

- It should be ensured that adequate places for halt, refreshment, entertainment and safety of self and trucks are made available by transport companies at specific intervals along the highways.

- Transport nagars are commercial trans-shipment locations, usually on the outskirts of cities. These areas are demarcated for transport operations by the local municipality. A sub health centre or clinic should be established in each and every transport nagar.

- These clinics must provide general health treatment along with treatment of STIs. Exclusive STI treatment centers are stigmatizing for truckers and may lead to reduced attendance. Moreover, halt points located outside cities normally do not have alternate medical service providers, and truckers usually do not leave the confines of the halt point to access services in nearby cities.
- HIV testing facilities should be provided at transport level at least once a month.

- Syndromic Case Management (SCM) approach should be implemented at each and every Integrated Counselling and Testing Centers. As truckers are always in a hurry to move on, it may not be possible to wait to treat them until after they have had laboratory tests. Thus SCM is the most appropriate method of treating the truckers.

- HIV prevention programmes among the truck drivers need to be focus more on those who are unmarried.

- The awareness programmes should be designed with the help of owner of transport unions, truck drivers, khalasis and their family members.

- The owners of transport union should be given the designation of voluntary counselor so that they feel honored and work as bridge between truck drivers and organisations (governmental as well as non governmental) working in the field,

- A friendly environment between transport union and district AIDS control unit will be helpful in creating awareness and approach for the available treatment is recommended.

- Efforts should be made to enhance the information regarding all modes of HIV transmission and other sexually transmitted diseases. Truck drivers should be educated about the role of STD in the spread of HIV infection.

- The knowledge about symptoms of HIV/AIDS should be spread among the truck drivers so that they can easily differentiate between HIV/AIDS and other disease.

- The knowledge about available preventive measures should be given due place in the awareness programmes.

- Different myths and misconceptions prevailing among the society in general and particularly among the truck drivers about the spread of HIV infection need to be eliminated.
The AIDS awareness programmes should be initiated as a mission to eradicate this disease.

Ensuring of easy availability of condoms by condom vending machine at the approachable place to truck drivers.

Condoms distribution at truck stops, work places and roadside dhabas is also recommended.

HIV positive people should be included in BPL family, so that they may take the benefit of BPL to satisfy their livelihood.

To prevent the HIV infection among the women particularly the housewives the primary health worker like ASHA workers and MPHW should be associated with the District AIDS Control Society.

The housewives of transport worker’s should be counseled for HIV transmission and its prevention.

The family counseling of the person living with HIV/AIDS should be done, so that the family members take care of them.

Peer-led inter personal communication is critical to enhance the credibility of messaging in the field. Dialogue-based communication promotes critical thinking and self reflection by the participants. These are necessary steps towards behaviour change.

Mid-media activities have widened exposure in targeted interventions for truckers. Mid-media activities across locations help reinforce key messages and build sustained engagement with the mobile trucking population.

Street plays focused on dispelling common myths and misconceptions enhancing awareness about HIV/AIDS.

To utilise the leisure time of truckers effectively, a weekly film show can be organised at the transporter/broker’s premises or in a public area at the location.

In the present time mass media can play a significant role in creating awareness about HIV/AIDS and safe sexual behaviour. We had seen the power and approach of media in case of Prince and Durga Shakti Nagpal.
Mass media provides a means of expanding programmes messages and creating demand beyond the boundaries of the intervention. It has the added advantage of reaching the population outside a formal intervention environment, at a time when truckers may be more receptive to behaviour change messaging.

Truckers listen to radio and cassettes frequently on their long journeys on the highway. This is the most effective method of meaningfully engaging them when outside the halt point. Appropriate and popular content for the cassettes can be developed with the help of the creative agency and distributed to the truckers. Cassettes may contain a mix of popular content and important health related messages. Innovative serial-based radio programmes may also be designed.

In the nutshell initiated and appropriate supports from the government organization, non government organization, social workers, mass media, responsible citizens, employers of the truck unions and public at large should joined their hand to create mass movements for the prevention and awareness of HIV/AIDS and enforcement of human right.

5.4 Social work intervention in HIV/AIDS

Social work has developed into a full-fledged profession. Study of social work provides knowledge, understanding and skill for change and development. Social workers intervene to help individuals, families, groups and whole communities and at the same time, they contribute to policy development, programme management or research into various social problems and the services designed to ameliorate them. To put in brief, social work is a process of helping people to help themselves.

Social workers are employed in all the social and welfare services sectors. Their service are sought in rural/urban/tribal community development programmes, women’s development, child development, mental health, ICDS programmes, correctional services, school social work, labour welfare, drug de-addiction centers, Additional Block Pogramme Officer in Mahatma Gandhi national rural employment guaranty act, District domestic violence prohibition officer etc. Social workers role in health care system in India has become all the more important with the unabated spread of killer disease HIV/AIDS.
The role of social worker in a medical team is as important as, that of physician. While the medical practitioner’s role is limited to treatment of a patient, the social worker deals with the social, physical and psychological aspects of the patient who is under treatment. In fact, it is primary task of the social worker to supervise the arrangement for the treatment of the patient. To the patient and his/her family, the social worker is a friend, philosopher and guide.

The social worker helps in coordinating the work of the entire medical team. He/she prepares the patient to accept the treatment prescribed by the physician. In certain instance, particularly cases like STD/HIV/AIDS and cancer, the social worker explains to the client the need for undergoing laboratory tests. The very decision to go for an HIV/AIDS test requires counselling by a social worker. In several cases, the social worker may have to receive the result of the test and convey the same to the client. The client, his/her family and relatives need to be psychologically prepared for receiving the test results. It is in fact a stupendous task for a social worker in India to HIV/AIDS cases because of the taboos attached to some of the means of transmission like sex and drugs. although AIDS can transmit through other means like blood transfusion or use of contaminated needle used for injecting an HIV/AIDS patient, the kind of awareness programmes going on in the country have failed to provide sufficient and complete information to the public. The result is that most people still believed that HIV/AIDS is spread only through sex. That is why the HIV positive person is stigmatized not only by the society but the family members also. In this situation there is hardly any other option about the care and rehabilitation in the society. Thus the role of social worker is manifold in the care and support of the people living with HIV/AIDS and to create the awareness about the HIV/AIDS in the society. It is also seen and observed that sometime the pare-medical as well as the medical staff refuse to treat them in governmental hospital. The duty staff in civil hospital Sirsa not only refused to admit the pregnant lady who is reported HIV positive by a private laboratory but they also locked the lady in the room for many hours. (Source:- Punjab Kesri dated 26 June 2015 pp 3). Therefore the role of social worker is very important not only in creating awareness but in care and treatment also. The HIV infected individual need and emotional support. A social worker with his/her professional background is able to organize
HIV/AIDS support groups, through the method of social work, the social worker enables the HIV client, share anxieties, find emotional support, and engage in meaningful creative, educational and recreational activities.

**Use of social work method in HIV/AIDS**

The social work methods are classified into six methods which are as follows:

1. Social case work
2. Social group work
3. Community organisation
4. Social action
5. Social welfare administration
6. Social work research

**1 Social case work**

Social case work is a method of social work in which an individual is helped by social worker to identify his/her problem and to find out the appropriate solution of his problem. A professional trained social worker is able to go deep into the pains of an HIV infected person and enable the client to face up to the problem by using the method of social work counselling. That is why the social worker appointed as a counsellor in each and every integrated counselling and testing centers. In the present scenario almost all the community health centers and general hospital provide the conselling facilities to the general public as well as for those who are suffering from HIV/AIDS. In Haryana all the pregnant women are also counseled for HIV/AIDS and it is also found that mother to child route of HIV transmission is second largest route in Haryana. Thus the role of social worker as AIDS counsellor is well recognised by National AIDS Control Organisation as well as State AIDS Control Society.

**2 Social group work**

Group work is an activity, which help people to participate in the activities of a group for their intellectual, emotional and physical growth, and for the
attainment of desirable goals of the group. In the context, the HIV infected people are much in need of group help. The HIV support groups in Europe, USA and African countries are doing a wonderful work in sharing the anxieties of one another. These HIV support groups provide a platform where the HIV/AIDS clients are able to freely express themselves and share their problems and help one another. In India, there are very few HIV support groups and almost all of them established in metro cities. It is easier to help an HIV infected people to change his/her attitude and it will also helpful to change the negative attitude of the people towards the person living with HIV/AIDS. In the present scenario the family counselling of the HIV infected people is also done so that the attitude of the family member should be made positive for the HIV positive person. It will be helpful in need and care of HIV positive people and also remove the stigma attached with the diseases.

3 Community organizations

The role of community organisation method in the prevention of HIV/AIDS is very vital. The most of the problem faced by the HIV positive people is that the community member shows the negative approach towards them. The community member also stigmatized the people who are HIV positive. Thus in the community setting the social workers creates awareness among them by giving lecture, organizing awareness camps and with the help of mid-media activities. The programmee like ‘jindgi jidabad’ is run by the each and every district AIDS control unit under the supervision of social workers. The social worker also removes the different myths and misconception prevailing among the different communities related to HIV transmission and prevention. The social worker also uses the available community resources i.e. formal or informal to remove the myths and misconception about HIV/AIDS and to use the available preventive measures from HIV infection.

4 Social action

Social action refers to organized and legally permitted activities designed to mobilised public opinion, legislation and public administration in favour of objectives believed to be socially desirable. The present HIV/AIDS scenario in the country may probably require a lot of social action activities like to remove different
myths and misconception about HIV/AIDS, to promote the human right of the positive people and to take action against those public service authority like hospital which refuse to treat them and stigmatized them. A social action plan must be created to promote the proper health facilities to the citizen.

5 Social welfare administrations

The social worker not only work as counsellor at the integrated counselling and testing centers but also plays an important role in formulation and administration of policy by occupying the position of Project director, Assistant project director in policy formulation. Targeted interventions programmes and mainstreaming the HIV positive people. In each and every state AIDS control society appointed social worker for different administrative jobs.

6 Social work research

The first case of HIV/AIDS found in 1981 in USA among the gay men, since then all the countries of the world reported to the have HIV positive person. It is perhaps the first medical problem which draws the attention of researcher of social sciences. On the one medical science tries to find out the proper treatment of HIV and social science tries to find out the different socio-economic and behavioural factors which create a supportive environment for the spread of HIV infection among the different section of the different society. Today, no society can clam that it is immune to HIV infection. Thus the role of social work is higher than the other to research the different responsible factor and to suggest different preventive measures to minimize the HIV infection among the different section of the society and particularly those groups which are at the high risk for HIV infection such as migrant labour, commercial sex workers, men having sex with men and the truck drivers.