KNOWLEDGE, ATTITUDE AND PRACTICE OF BUS DRIVER ON HIV/AIDS: A STUDY OF KAMALAMAI MUNICIPALITY, SINDHULI

A Thesis Submitted to the Department of
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In partial Fulfillment of the Requirement For the Master's of Arts In
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Submitted By
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LETTER OF RECOMMENDATION

This is dissertation entitled Knowledge, Attitude and practice of Bus Driver on HIV/AIDS: A Study of KAMALAMAI MUNICIPALITY is prepared under my supervision for the partial fulfillment of the requirement for Master of Arts in Sociology. To the best of my knowledge the study is original.

I recommend it to the dissertation committee for its final approval and acceptance.

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LETTER OF APPROVOL

The evaluation committee has evaluated and accepted this dissertation entitled Knowledge, Attitude, and practice of Bus Driver on HIV/AIDS: A Study of Kamalamai Municipality submitted by Mr.Raju Kumar Pokharel for the partial fulfillment of the requirement for Master of Arts in Sociology.

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RAJU KUMAR POKHAREL
SINDHULI MULITIPLU CAMPUS
2013

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ACRONYMS

AIDS	Acquire Immune deficiency Syndrome
CWES	Child Women Empowerment Society
DDC	District Development Committee
FSW	Female Sex Worker
GO	Government Organization
HIV	Human Immune Deficiency Virus
IDU	Injecting Drug Users
NAPWA	Nation Association of people with AIDS
NCASC	Nation Centre for AIDS
NGO	Non Government Organization
PLWA	People Livings with Aids
PWAS	People with Aids
SN	Serial Number
STI	Serial Number
SW	Sex Worker
TU	Tribhuvan University
TV	Television
UN	United Nation
UNAIDS	The joint United Programme on HIV/AIDS
UNICEF	United Nation Children's Fund
USAID	United Stated Agency for International Development
WHO	World Health Organization

CAPTERE ONE

INTRODUCTION

1.1 Background of the Study

AIDS has been emerging as a burning issue all over the world. It is not only a health problem but also a social problem. In the modern world it is a major threat to the peace and development of society and human being. HIV/AIDS has been creating disharmony in social relationship. It has profound negative impact on every aspect of socio-economic structure of individual, family, community nation and even the world at large. Socially the impact upon the individual is found as stress, isolation, and frustration, and guild, discrimination aggressive, job loss dropout school etc. In community disintegration, disintegration, disharmony, decline in moral values, increase in crime, loss in income overburdened health system. Economically the impact upon individual and family of found as jobless, cost of treatment etc. Similarly, in community and nation loss of production human resources, less of revenue due to low productivity, health expenditure etc.

AIDS is a sexually transmitted disease (STD) spreading at a geometric proportion. In fact, it is not itself a disease, but syndrome a group of symptom that weakness the body defense mechanism, It is caused by an infection germ called the Human Immune deficiency Virus (HIV). The HIV progressively destroys the body's ability of fight against illness due to even single infection like common cold (Bekalo, 1994)

The HIV/AIDS epidemic continues to grow worldwide and poses a huge human and economic burden, HIV/AIDS can be treatment and care services needs. Political commitment, civil

society support and additional and sustained resource are key to reversing the epidemic.

Wide spread HIV infection has a major impact on society as a whole. AIDS distinct from other disease in several respects. First it is almost 100 percent preventable. If people take the proper preventive measure and avoid certain risky behavior. Second, given the lack of medical expenditure on AIDS are relatively small. Third the latency period between initial infection and the diagnosis of AIDS is long averaging around ten years. People who are unaware can easily transmit the disease. Fourth, the incidence of the disease is higher among the most productive population in economy. Thus, the social cost of AIDS from disability are premature death could be extensive, especially affected (yang, 1993)

The economy impact for AIDS involves the fear of becoming dependent on others life, fear of loss of job and medical coverage: fear of illness that will drain the individual, family and fiends financially and loss of support from others (Bekalo, 1999) comparatively HIV infected is less in South Asian than Africa.

The first case of HIV was detected in America in 1981. As the world is now in the middle of the third decade of HIV/AIDS epidemic, the evidence of its impact is undeniable. So that it is major problem of society all over the world. According to the Global summary of HIV and AIDS epidemic (December 2004) it is estimated that the total number of people living with HIV/AIDS are 39.4 million among them 37.3 million adults and 17.6 millions are women and 2.2 million are children under 15.Total number of newly infected with HIV in 2004 is 3.1 million. Ministry of health (January 2004) reported 3388 HIV infection and 708 AIDS cases. If current trend continue it id possible that an HIV epidemic may occur within the general population. According to the ministry of Health, in the absence of effective intervention, AIDS could become that leading of death

among Nepal's15-49 years old in coming days. Nepal's vulnerability to HIV/AIDS fueled by poverty, gender inequality, low level of education and illiteracy. Various factors are responsible for the knowledge and awareness about HIV/AIDS among students e.g. age, sex parent's education, level of education, exposure to mass media.

HIV is global health problem affecting all regions and countries around the world. There were about 37 million adult and 2.6 million children world wide living with HIV at the end of 2005 (UNAIDS and HOW ,2006). During 2005 some 4 million people become infected with HIV and 2.5 million deaths from HIV/AIDS were recorded. Out of the total 40 million deaths from HIV/AIDS infected people, nearly 8 million estimated were living in Asian, where infections are increasing faster than any where else in the world(UNAIDS and WHO2006). Asia's vulnerability to AIDS owns evidently to high risk sexual behavior and sharing of needles among IDU's high incidence of STI, gender inequalities which heighten vulnerability of women and girls at many levels, poverty and low level of education and taboos that surround sexual behavior , information dissemination and negotiation for safe sex are yet a challenge. Highly mobile population are move likely to engage in risk behaviors and act as breeding stocks transmitting HIV from one population to another, cross boarder, trafficking of girls and women and rapidly growing urbanization and high unemployment rates of youth might reinforce the transmission.

1.2 Statement of the problem

HIV/AIDS is not also merely a health problem and its consequences are not limited in destruction of an individual' health. It goes beyond the individual's and individual, family, community, nation and the world at large.

It is true that now day's information levels about HIV/AIDS have increased and various from of media have played signification role. Nevertheless, various effort are being made by originations like NOG, GO's but dissemination of information still lack to nib the epidemic in the bud. Different clinic facilities, laboratory facility are available, but expensive, limited and unreachable in the developing nation. Many research results and evidence have made it clear the early and correct diagnosis and effective treatment can the chance of HIV seared to a great extent. But and correct diagnosis is available in recourses poor country like Nepal.

A number of survey studies carried out in different pert of country among different population group give some indication of incidence and prevalence of STIs/HIV among different population groups. Those most at risk include injecting drug users (IDUs) and female sex workers (FSW) and clients. Many researchers have carries out a number of studies on HIV/AIDS in SW and IDUs and very little coverage on divers who are mostly the clients of SW. The education level of driver is very low; one of the causes of rapid transmission of HIV/AIDS since their home and family most SW. Moreover these divers remain away from their home and family most of the time. As well as are aware of the fact that sex is the biological need, these drivers dare to keep sexual relation with multiple partner. Although media is playing a vital role in sensitizing people to use condom during sexual intercourse, but this is not carried out in practice due to lack of knowledge on HIV/AIDS virus that is directly related to their family. Thus, women are mostly victims of HIV/AIDS transmission driver are also responsible in spreading HIV/AIDS virus that is directly related to their husbands. This it is important to study on local taxi driver's perception towards HIV/AIDS who are considered as at risk. The knowledge of HIV/AIDS is necessary for them since they are directly related to their family, friends and society. When they have deep knowledge of HIV/AIDS they could be able to decide when and how to have sexual relation through our socio-culture background is the main obstacle for open discussion about sexual

behavior, they can play a crucial role in promoting HIV/AIDS prevention by educating their counter parts, peer and others.

Research questions

This study has tried to solve following questions:

- What is the existing level of knowledge about HIV/AIDS among local Bus drivers?
- What is the perception of local Bus drivers on HIV/AID?
- To what extent is the local Bus driver aware of the safe sexual behavior?
- What is the perception of local Bus drivers on extramarital relation and multiple sex partners?
- What are the factors affecting the level of knowledge on HIV/AIDS?
- How do they perceive/take the HIV/AIDS infected person?

1.3 Object of the study

The general object of the study is to identify the knowledge, attitude are practice on HIV/AIDS among local Bus drivers on HIV/AIDS among local taxi drivers of Kamalamai Municipality Sindhuli. Moreover the specific objectives are as followings:

- To examine the social-economic status of Bus driver
- To find out the level of knowledge of Bus driver on HIV/AIDS
- To find out the practice of Bus driver and their attitude towards HIV/AIDS infected person.

1.4 Significance of the Study

- The present study will be able to explore Bus e the knowledge attitude and practice of the local Bus drivers on HIV/AIDS.

- The present study has equal importance to measure the effectiveness of the media and to access the degree of misconception persisting among local Bus drivers.
- This will help to focus, more on the points in which people are less aware, in further training.
- This study will be helpful to change bad sexual habit among the drivers.
- The recommendations of research will be helpful to develop IEC materials focusing to the drivers.

1.5 Organization of the Study

Different heading and sub-heading are included in this study to make the final shape of the thesis work. The main organization of the study is as following:

In chapter one there are five sub-heading they are, background of the study, statement of the problem, objective of the study, significant of the study and organization of the study. Chapter two included social and cultural construction of AIDS, Construction of AIDS, Cultural model of HIV/AIDS, social and cultural dimension of HIV/AIDS and related issue, conceptual framework and operational definition of the study. In third chapter, Research design, Rational behind the selection of the study area. Universe and sampling, Nature and source of data, Data collection Technique, reliability and validity of the data, Data processing and analysis and limitation of the study are sub-headings. Chapter four presents setting and socio-economic status of respondents, Chapter five includes knowledge on HIV/AIDS, practice and attitude. In chapter six present summary, conclusion, recommendation and issue for further research.

CAPTER TWO
REVIEW OF LITERATURE

2.1 Social Cultural Construction of AIDS

AIDS has a biomedical reality. Yet, it also reality as a social construction. AS fee and fox (1992) have claimed above AIDS is a particularly good example of the social construction of disease". Further building on this hypothesis, they have conducted that AIDS, the syndrome associated with HIV virus, is more of a social construction the biomedical reality. Farmer (1992) conducted that the world pandemic of AIDS and social response to it has been patterned by social arrangement. Herd (1993) claimed that cultural shapes our response to the disease.

Medical anthropology has recognized that cultural models of health and illness are strongly influence and shaped by cultural factors. AIDS is no exception. It has been said that the western medical model, that a patient comes to doctor's office with an illness, but departs with a disease (Treichler: 1992). Thus illness is the cultural defined feelings and perceptions of physical and mental aliments and disability in the mind of people in specific communities, while disease is recognized as the formally taught definition of physical and mental pathology from the point of view of the medical profession (Plato and pleto: 1996).

John Gagnon has made a useful distinction between epistemological doubiers when it comes to evaluation of science, hard and soft, The first, contends argue that researcher do not discover facts, rather they participate in their production and reproduction. There are various cultural models of AIDS is Haiti. Farmer's researcher illustrates a widely shared representation of the new disorder that has developed over time to the Haitian. AIDS (known as STD in Haiti) is conceptually understood as 1. A new disease 2.

Strongly associated with skin infection drying up, tuberculosis and diarrhea 3. Caused via sex or unnaturally sent to another kind of witchcraft 4. Caused by microbe, 5. Transmitted by contact with dirty blood and 6. Is viewed as a product of larger problem of North American imperialism, lack of class solidarity among the poor and corruption agony the ruling elite (Farmer: 1994:805:806)

Although, not explicitly identified as a cultural model of AIDS, various widely shared conceptions about AIDS have existed in American since the inception of the disease. Using several ancient histories about AIDS a cultural model was a gay disease (American foundation for AIDS research 1993:376 flynn and Lounda 1995 11, Giblin 1995:197) this concept soon widened to included other marginalized bad people such as intravenous drug users (Flynn and London 1195:14, Herd 1999:197) this coupled with the second element of the early model that AIDS is infectious, resulted in stigmatization towards the disease and any one associated with it. The final and perhaps the most powerful element of the newly emerging cultural model, was that AIDS was fatal (Flynn and Lound 1995:55) this resignation often leads to irrational fear. People feared touching HIV positive person (Flynn and Lound 1995:135) was even followed gettings AIDS by sitting on public toilet seats (American foundation for AIDS research 1999:836,Gibin 1995:134) these were all element of the newly cultural mode or what meaning people associated with AIDS during the early years of the epidemic in the America (Beine:2003) cultural model needs to be based on her unique cultural, history including political structure, economy, geography and religion. Having mode the point that different cultures construct different cultural models of AIDS (David: 2003) one of the major features of cultural model it that they are dynamic.

2.2 Cultural Models of HIV/AIDS

Hate, fear and blame are three major element of an emerging cultural model of HIV/AIDS in Nepal. Widely shared understanding of HIV/AIDS is a fatal, infections and sexually transmitted disease. It can be seen in figure, however, there are also slightly different cognitive models held by different sub groups. Example (rural verses city PWAS) in the belief that 1) AIDS can be transmitted through eating 2) AIDS may be first begin as smaller disease like malaria. These feature were unique to rural cultural model of AIDS likewise; urban female PWAS discourses revolved round issue of unfaithfulness of men, faithfulness women and ideas about fate, while urban male PWAS discourse revolved round drug use (not sex) and that influence of bad people up other lives. These features were unusual to urban PWAS (David: 2003)

Each of the widely shared understanding (the element of the composite model) regarding the meaning of HIV/AIDS carry with them a host of related cultural belief and social expectation that are closely attached to the meaning that have been attribute to the disease. For instance, since AIDS is fatal and infectious which equates to big, then separation of infected persons is expected. Since AIDS has been associated separation of infected person is expected. Since AIDS has been associated with prostitution have been applied as well. The attributed of certain features with HIV/AIDS is the result of the application of certain associated schemata (David: 2003). The various schemata embedded within Nepal's cultural models HIV/AIDS are discussed in below:

Hate and Blame

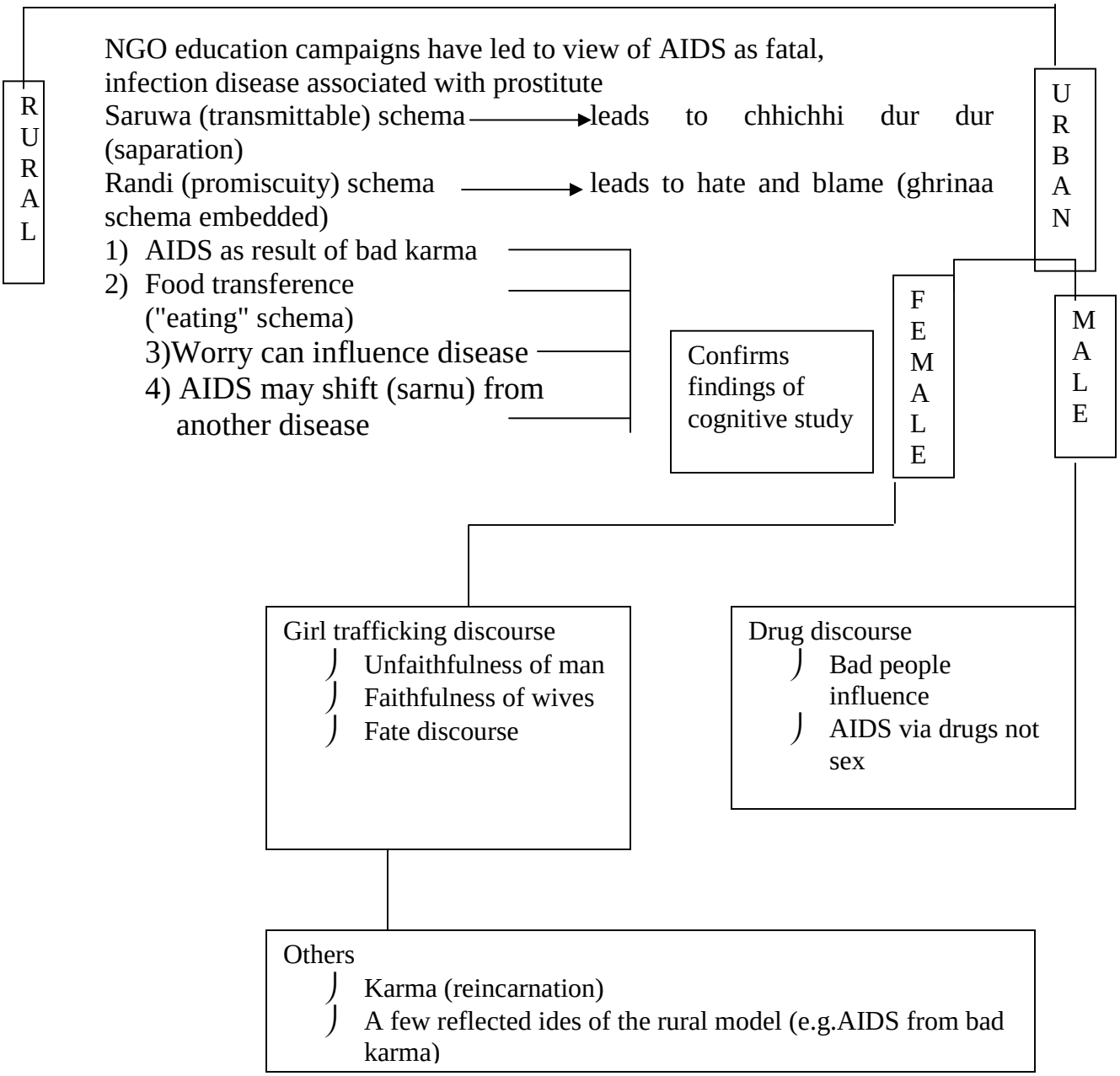

Figure 1: Cultural model of HIV/AIDS in Nepal

Cultural model of HIV/AIDS in Nepal (including embedded schemata) (David, 2003)

2.3 Social and Cultural Dimension of HIV/AIDS

AIDS has profound effect on individuals and society. Several researches have measured the social impact on HIV/AIDS on individual, family and community levels in terms of socio-demographic index, morbidity and morality. The way the impact is measured and reported helps shape the public response to the HIV/AIDS problems. For example, reports on the stigma and discrimination suffered by people living with HIV/AIDS and their families have drawn attention to human right issue even in societies which once valued community rights over individual rights (Narayan 2004).

Many social and economic determinants such as poverty and social marginalization render groups individual and their families vulnerable to HIV infection. Stigma, discrimination and collective denial associated with HIV infection make the life individual and that of family members painful. A study on forms, determination and outcomes of HIV/AIDS related discrimination, stigmatization and outcomes of HIV/AIDS were sometime denied the right to health services or discriminated agonizing in health setting (Narain 2004).Even in their daily life people living HIV/AIDS are faced with severed relationship, desertion and separation from family member and relatives even, physical isolation of PLHA, regardless of their HIV status, face social exclusion such as not being able to play with other children being forced to dropout of school due to unreasonable fears among parents of children. This situation cause psychological trauma in these children.

In the community the social impact of HIV/AIDS range from expression of chock and disbelief of social disintegration due to unreasonable fear, discrimination and stigmatization, change in community life, cultural norms and practices and demographic change due to excessive deaths among the adult population, furthermore increasing evidences that effort to counter such social consequences resulting from the HIV/ADS epidemic often lead to

the formation of community based organization and fostering of civil society (Narain, 2004).

2.4 AIDS in World context

HIV is a global health problem affecting all regions and countries around the world. There were about 40 million adult and 2.7 children world wide living with HIV at the end of 2001 (UNAIDS and WHO, 2002). During 2001 some 5 million people became infected with HIV and 3 million deaths from HIV/AIDS were recorded. Out of the total 42.7 million deaths from HIV/AIDS were recorded. Out of the total 42.7 million HIV/AIDS infected people 6.1 million estimated were living in Asia, were infections are increasing faster than anywhere else in the world (UNAIDS and WHO, 2002) According to the global summary of HIV and AIDS epidemic (December 2004) it is estimated that total number of people adults 71.6 million are women and 2.2 million are children under 15 years old. Total number of AIDS death in 2004 is 4.9 million. Total number of AIDS death in 2004 is 3.1 million. Over 5 million people in south Asia are living with HIV/AIDS, according to UNAIDS. Over 90 percent of those infected are living in India. However high risk behavior an infection rates growing across the region. Unless vigorous and timely action is taken South Asia countries run the risk of experiencing the devastating social and economic impacts of the kind of full blown AIDS epidemics seen elsewhere in the world. There is still a window opportunity to act to prevent this situation in South Asia.

New figure presented at the Nation HIV prevention conference in Atlanta have shown that there were between 1039,000 and 1,185,000 people living with HIV in the US by the end of 2003.

This is a sharp increase on the 850,000 Americans believed to have been living with the condition by the end of 2000 (UNAIDS).

Researchers at the centre of disease control have said this estimate not only reflects how much longer people with HIV are now surviving with treatment, but also the difficulties they are having in controlling the spread of the virus. Around 40,0000 people have been counteracting HIV every your for more than a decade in the US, despite a 2001 pledge to halve the rate, and this figure now appears to be gong up. Dr Carols del Rio of Emory University in Atlanta presented new data at the conference which suggested that the infection rate could be as 60,000 new cases per year given the sudden step increase in prevalence 2002 estimates were released in December. It is believed that the majority of those living with the illness do not know they are infected (UNAIDS 2007).

The socio-economic impact of HIV/AIDS is felt at all levels in the society-individual, household, community, nation and to verify degree in all sectors-small holder, agriculture, commercial agriculture, mining manufacturing tourism, transport, health education programs, condom social marketing the seminar intervention and recognized to be necessary but not sufficient for slowing spread of HIV. Almost everywhere, it is being realized that the providing information influence to the number of sexual determinants and drug-infective behavior, some of these cause are economics, if it is possible to understand them, it should also be possible to change the determinants of safe and unsafe behavior. Economic determinants are only part of the range of determinants of behavior and behavior change, which include social, cultural, physical and logistical factors (HOW, 1995).

Migrant labors like drivers, traders and prostitutes need to be treated as a high-risk group both their place of work and their place of origin. At the place of work the migrant workers live as single men and often have sexual relation with local women. Again, the

charming of returnee migrants plays important role in sexual and power relation at home, within and outside the household. Returning migrants engage in conspicuous spending, because their incomes are generally highly than those of the average peasants at home, they become major attractions to the rural women. As s result, the returned migrants have probability of having more than one sexual partner. These intrinsic relationship between migration and multi-partnership along with material comfort, facilitate the spread of HIV infection (Chirwa, Wiserman Chijere, 1997).

Several factor such as age, education, marital status and place of residence determine sexual behavior of human being. Single and separated persons are more likely to be engaged in commercial sex that married (Carael, 1994:153). The risk of HIV infection is especially high if the age difference among sexual partner is large and if individuals have multiple or risky partners practicing unprotected sex. Numerous studies in developing countries have shown that young people have lack of knowledge about contraception and prevention of the disease (Giraud, Patrick.1993).

2.5 HIV/AIDS in Nepal

The first case of HIV was reported in 1988, and according to UNAIDS, in les than 15 years, nearly 60,000 adults and children have become infected. Nepal is now classified as a country with concentrated HIV epidemic. According to Ministry of health data, January 2004, Nepal's Ministry of Health reports 3,388 HIV infections (UNAIDS).

By the end of 2005, more than 950 cases of AIDS and over 5,800 case of HIV infection were officially reported with three times as many men reported to be infected as women. 75,000 people were living with HIV at the end of 2005 (UNAIDS).

A National policy for HIV/AIDS and STD prevention exists in the country along with short-term and Mid-term actions plans. One of the prominent activities in the said plans was to show the spread of HIV infection in the country. The national policy on HIV/AIDS should be reported to the NCASC. The reports available to NCASC from various sources are completed and published each month to update the HIV/AIDS situation in the country (Subedi, 1999).

Table 1

Cumulative HIV and AIDS Situation on Nepal

As of Srawan 2070 (15 July, 2013)

condition	Male	Female	Total	New cases in this month
HIV positives (including AIDS)	9,791	5,140	14,931	144
AIDS (Out of total HIV)	1,894	791	2,685	58

Table 2

Cumulative HIV infection by sub-group and sex

Sub-groups	Male	Female	Total	New cases in this Month
Sex workers (SW)	7	836	843	7
Injecting Drug Use	2,486	50	2,536*	15
Men having sex with Men (MSM)	115		115	4
Blood or organ recipients	29	13	42	0
Clients of SWs/STD	6,530	104	6,634	67
Housewives		3,739	3,739	40
Male partners	10		10**	0
Children	560	369	929	10
Sub-group NOT identified	54	29	83	1
Total	9,791	5,140	14,931	144

**Mode of Transmission- IDUs or Sexual*

***Male Partners of FSW/Female IdU/Female Migrant*

Table 3
Cumulative HIV infection by age group and sex

Age group (Years)	Male	Female	Total	New caused in this month
0-4	255	131	356	7
5-9	225	180	435	2
10-14	91	62	153	1
15-19	252	246	516	3
20-24	1,223	856	2,079	12
25-29	2,172	1,197	3,369	22
30-39	4,011	1,771	5,782	65
40-49	1,241	533	1,774	22
50-above	321	146	467	10
Total	9,791	5,140	14,931	144

Source: NCASC, 2013[as of 15 July, 2013*]*

2.6 Previous studies on HIV/AIDS and Related Issues

A large number of researchers have carried out a number of studies on family health, reproductive health, sexual health, perception of family planning methods, knowledge of STDs, HIV/AIDS etc.

A survey conducted by NEW ERA in 1994, examined the relationship between commercial sex workers and the potential spread of HIV/AIDS at five urban areas in the Terai of Nepal. The objectives of the study were to assess target awareness of AIDSCAP communication massage to assess target groups 'self risk behavior groups' recent condom use. Commercial sex worker and their clients were taking as target groups. Overall, almost all the CSW and clients had heard the AIDSCAP slogan-Condom Lagaon, AIDS Bhagaon (Let's wear condom to drive away AIDS)'. Most of the respondents heard the slogan through radio and heard the slogan through radio and billboard. A fairly good number of CSWs and clients and heard the other massage featuring "Dhaale Dai" and Guruji and Antaray".

Among the media channels, radio was the most popular source of information followed by billoard. Cinema and video van shows were the next popular source for AIDSCAP massage. The least reported source of AIDSXAP massage has brought some awareness among the CSWs and clients.

Kuwar (2002) mentions that out of total 200 drivers, cent percent have heard of STDs and 76% have knowledge on the modes of revealed that sex trade was on an increasing trend and that a greater number of younger FSWs were entering the business (NEW ERA,2003 & 2005).

Awareness is itself a social process and awareness on HIV/AIDS like other health issues depend on people's socio-economic condition. Various studies have shown that level of awareness differ among different strata of people along with caste/ethnicity, gender, education, occupation, age, religion, etc. Similarly, in this study attempt has been made to assess the knowledge level among Bus drivers about HIV/AIDS (JIT,Kaski).

Since AIDS is increasing at an alarming rate and from the review of literature it is fund that many research has been carried out on various group and even on long route transport workers, but no segregated data has yet been found as who are the main group who are responsible in transmitting or spreading HIV/AIDS.

The study on local taxi driver is important because many researchers has carried out a number or research on school adolescent, long route truckers, taxi drivers, female sex worker, injection drug users, etc. but no one has paid attention towards local taxi driver awareness on HIV/AIDS. Similarly, in this study an attempt has been made to assess the knowledge level of local government and non government agencies to adopt necessary strategies to root out the existing wrong concepts, short coming and to disseminate necessary message through mass media. It is hoped that this research will open the door for the social sciences students for the further research and study over such issues.

2.7 Conceptual Framework

Conceptual framework is the major key of the study. After the review of literature, it is known that socio-economic and educational characteristic of respondents play important role in influencing the level of knowledge of STD and HIV/AIDS. Therefore, the study covers respondent's characteristics like caste/ethnicity; income level and education determine the knowledge and perception on HIV/AIDS.

On the basis of the above assumption the conceptual framework developed to analyze the degree of knowledge on HIV/AIDS among local taxi drivers.

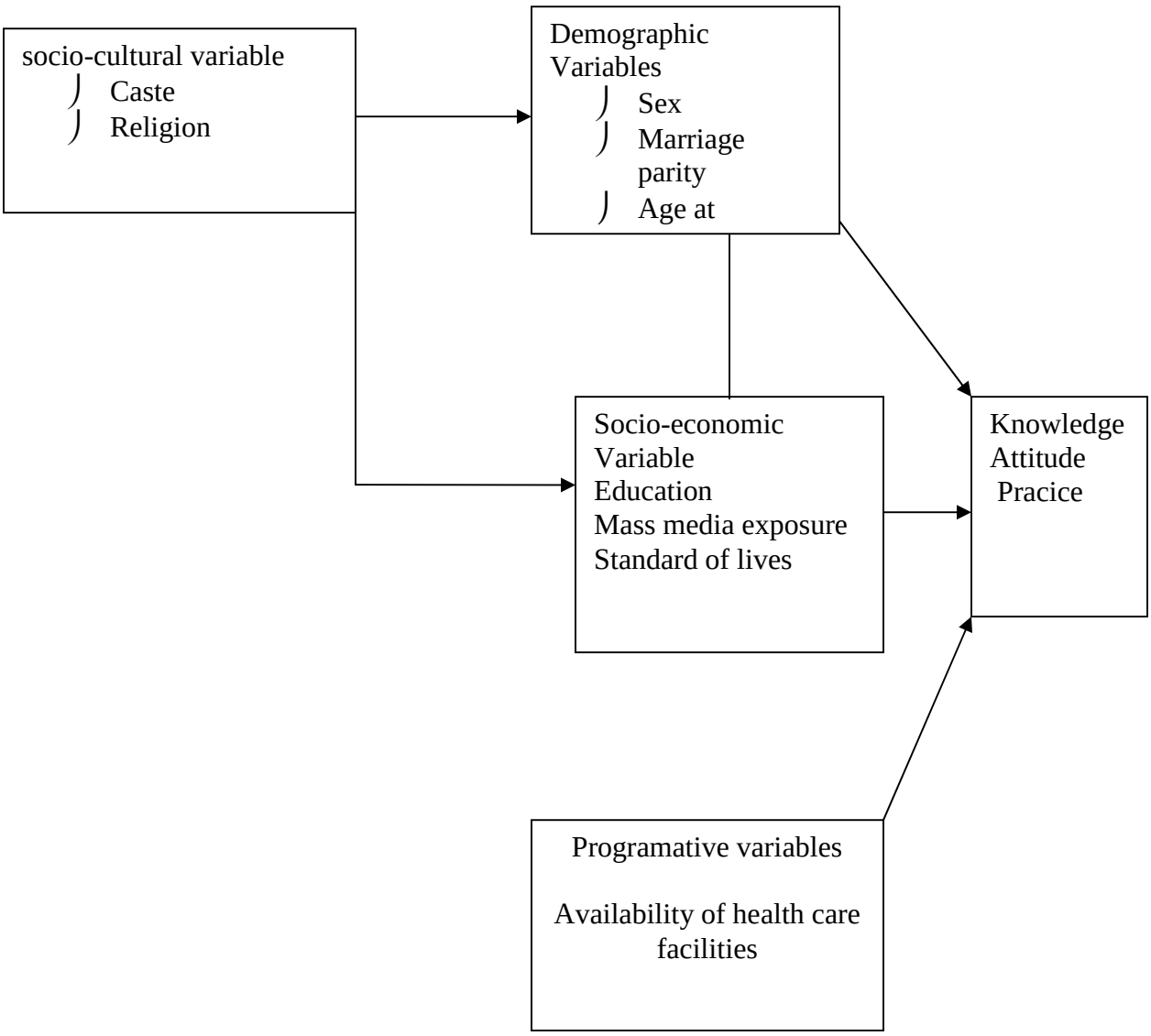

Figure 2: Conceptual framework

2.8 Operational Definition of the study

AIDS:

Acquired immune deficiency syndrome, a combination of disease caused by virus, which affects the immune system, become unable fight with HIV infection.

Age:

The amount of time that somebody or some thing has been in the world. In this study age indicate the respondents of Taxi Drivers.

Attitude:

An attitude is “Way of felling thinking thinking or behaving” (Oxford Dictionary) an attitude is disposition readiness to respond to certain situation, persona or objectives I a consistent manner, which has been learned and has become one’s typical model of response (Free Man, 1976). A tendency to react positively or negatively is required to a person, policy or other subject an attitude has affective cognitive and action components (certain, 1993). In this study attitude refers to the favorable or unfavorable reaction to statements in the attitude.

CSWs:

Commercial sex workers, sex trades or person who offers sex in return for money.

HIV Positive:

Abbreviation of Human Immune-Deficiency Virus that is the causative agent of AIDS.A person who has been infected with HIV is called drug addict.

Immunity:

The strength of resistance to the infection of the living body against the particular disease. It influences all those factors that may rise or decrease the resistance of the body.

Infection:

The entry and development or multiplication of a diseases producing agent in the living body. An infection may not lead to disease state.

Knowledge:

According to Oxford dictionary meaning of knowledge is " a clear and certain mental perception understating, the fact of being aware of some thing experience of acquaintance or familiarity with information of learning that which is known facts learned or acquired" . In this study, knowledge refers to understanding of cause, mode of transmission, prevention of HIV/AIDS

Practice:

Performance, do what has been planned, way of doing that is common or habitual, done regularly, frequency or systematic repetition, repeated exercise (Oxford Dictionary).In this study practice refers to the acceptance relations to the taxi drivers in the practice e.g. Sexual practice, condom use.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Research Design

Research, simply called an overall research plan, provide guidelines to a researcher to get answer of the research questions and help to control extraneous and error variance of a particular research problem. Thus, it becomes quite important to provide a careful attention while preparing a research design for a particular study. The study is a descriptive as well as an exploratory study using interview schedule to obtain information on knowledge, attitude and practice of local taxi drivers of Kamalamai Municipality, Sindhuli. For this study no hypothesis has been formulated.

3.2 Rational being the Selection of Study Area

This research is conducted in Kamalamai Municipality, Sindhuli, and the capital city of Nepal. This valley is also known as melting pot. In Kamalamai Municipality, Sindhuli, we can see various sort of people, culture etc. According to research conducted by various institutions, organizations, it is said that, in Kamalamai Mumicipality,Sindhuli. There are around fifty sex workers are the army, police, drivers, respectively. Bus drivers who earn more money compared to other drivers are taken as the study group/area.

3.3 Universe and Sampling

According to BP yatayat Samiti,Sindhuli, there are 100 registered Bus in Sindhuli District. 50 bus of them is taken as sample. The sampling method is accidental and snowball method.

3.4 Nature and Source of Data

The nature of data is quantitative and both primary and secondary data has been used for the study.

3.4.1 Primary Source

Primary data is collected from field work where local taxi drivers were main source of primary data.

3.4.2 Secondary Source

Secondary data were collected from different related institutes/organizations, various books, journals national and international conference reports, seminars papers, articles, dissertations. Project report etc related to this study.

3.5 Data collection technique

3.5.1 Interview schedule

To collect primary data only interview schedule was used. A well prepared and designed questionnaire was used to collect all the necessary information to fulfill the objective of the study.

3.6 Reliability and Validity of the Data

To collect the necessary information, the researcher visited different places of Kamalamai,Sindhuli. That's why there was not probability of biasness and wrong information. The validity was maintained by the concern teachers form the beginning of the study.

3.7 Data Processing and Analysis

Collect data was sorted out, tabulated and analyzed using simple statistical procedures. The non-quantification data is managed manually.

3.8 Limitation of the study

Every study has its own limitation. This study has been done for the partial fulfillment of the master degree in sociology. Being a student, the researcher faced the limitation of budgets mainly. Furthermore, hesitation of the respondents was another limitation.

CHAPTER IV

PROFILE OF THE STUDY AREAS

4.1 Socio-economic Status of Respondent

The fundamental data of any research are known basis demographic situation which indicates the socio-economic background of the total respondent that includes distribution of population according to age, sex, caste, occupation, educational status etc. Some of the demographic situation was measured in this study. They are as following.

4.2Age of the Respondents

Age is an important factor to involve in sexual activities. So it is important to know the age of respondent. Age composition of respondent is given below.

Table 4
Distribution of respondents by age

Age	Respondents	
	No	Percent
Up to 20	1	2.00
21-30	27	54.00
31-40	14	28.00
41+	8	16.00
Total	50	100.00

Source: Field survey 2013

The above data indicated that 54 percent are 21-30. Likewise 28 percent are age of 31-40 and 16 percent are above 41. The least number that are included in the driving profession are of the age group 21-30. It is conclude that people of all age group are involved in driving profession from teenagers, adult to old ones.

4.3 Cast/Ethnicity of respondents

The cast/ethnic composition of the response is presented in the table 5.

Table 5
Distribution of respondents by cast/ethnicity

Caste/ethnicity	Respondents	
	No	Percent
Brahmin	4	8.00
Chhetri	8	16.00
Gurung	9	18.00
Magar	15	30.00
Tamang	4	8.00
Others (Newar,Lama, Rai etc)	10	20.00
Total	50	100.00

Source: Field survey, 2013

The talble no 5 reveals that about 30 percent respondents are from Magar, 18 percent from Gurung, 16 percent from Chhetri and 20 percent from others, 8 percent from Brahmin and 8 percent Tamang. This shows that majority of the population who are in driving profession are from Magar and following by Gurung, Chhetri and other group respectively.

4.2.3 **Religion of the respondents**

Their religion and its feeling may also support sex behavior. Some norms and values of some religion totally avoid use of contraceptives. The available data is presented in the table 6.

Table 6
Distribution of respondents by religion

Religion	Respondents	
	No	Percent
Hindu	34	68.00
Buddhist	14	28.00
Christian	2	4.00
Total	50	100.00

Source: Field survey, 2013

As Nepal was a Hindu kingdom. It is observed that the highest 68 percent in total respondents are Hindu. It can be concluded that religion is not the determinate factor for the profession.

4.2.4 Marital status of the Respondents

The unmarried persons are involved in sex activities with the outsiders, Whereas the married ones can satisfy sex at home. If the married ones are involved in sex with outsiders; there is more chance of transmission of HIV/AIDS in the family. It is important to know the marital status of the people. The finding of the available information is shown in table 7.

Table 7
Distribution of respondents by marital status

Status	Respondents	
	No	Percent
Married	44	88.00
Unmarried	2	4.00
Divorced/separated	4	8.00
Total	50	100.00

Source: Field survey, 2013

It is concluded that most people (respondents) are married are they can fulfill the sex activities at home, Whereas the divorced/separated has high chance of involving in sex activities with outsiders.

4.2.5 Educational status of the respondents

Education is the key to awareness and consciousness. Educated person has more perception capacity and can drive their life accordingly. The available information about the education status is shown in table 8.

Table 8
Distribution of respondents by educational status

Educational Status	Respondents	
	No	Percent
Literate	22	44.00
Primary	10	20.00
Secondary	16	32.00
SLC and above	2	4.00
Total	50	100.00

Source: Field survey, 2013

Most of the respondents were just literate. This is due to economic condition of the family attract towards money, lack of interest or deprived from education due to poor economic condition, self interest in education etc.

4.2.**6 Monthly income of the respondents**

Income status of the respondents is considered as another possible variable which may contribution significant role to measure the degree of knowledge on HIV/AIDS

Table 9
Distribution of respondents by their monthly income

Average income	Respondents	
	No	Percent
Below Rs.500	4	8.00
Rs5000-10,000	45	90.00
Above Rs 10,000	1	2.00
Total	50	100.00

Source: Field survey, 2013

The above table shows that the highest number (90 percent) earns income Rs 5000-10000, likewise 8 per earns below Rs 5,000 and only 2 percent above Rs 10,000.

4.2.6 Distribution of respondents by sex

Sex is one of the important factors of human being. In this study only male people were taken as the respondents. In Nepal there is social stigma to involve driving profession for female. However, in recent time, female involvement in every field is increasing. All of the respondents were male taxi drivers.

CHAPTER FIVE
ANALYSIS AND PRESENTATION

5.1 Knowledge

The purpose of this unit is to explore the knowledge of taxi drivers on HIV/AIDS.

5.1.1 Knowledge of respondents on HIV/AIDS

Respondents were asked (questioned) as have you ever heard about HIV/AIDS. The level of knowledge on it is given following table.

Table 10
Knowledge of respondents on HIV/AIDS

Average income	Respondents	
	No	Percent
Yes	48	96.00
No	2	4.00
Total	50	100.00

Source: Field survey, 2013

The above table reveals that most of the respondents have heard about HIV/AIDS, however in doesn't indicated that they have sufficient, knowledge on HIV/AIDS.

5.1.2 Definition of HIV/AIDS by respondents

In order to obtain the inner feeling of the respondents on HIV/AIDS open-ended questions what is HIV/AIDS was asked. Respondents gave the logic how they perceive is shown in table no. 11

Table 11
Definition by respondents

What sort of disease is HIV/AIDS	Respondents	
	No	Percent
STD	7	14.00
Fatal disease	18	36.00
Trans via blood	1	2.00
Not curable disease	1	10.00
Dangerous disease	5	10.00
Infection disease	7	14.00
Don't know	11	22.0
Total	50	100.00

Source: Field survey, 2013

The table no. 11 revels that almost 36 percent of the respondents considered HIV/AIDS as a fatal disease followed by 22 percent do not have any idea, 14 percent as sexually transmitted diseases. It can be concluded that maximum driver know what is HIV/AIDS but still 22 percent do not know or unable to express.

5.1.3 Knowledge level of respondents on HIV/AIDS

Even though the respondents have heard of this epidemic it is necessary to know their knowledge level, whether it is adequate of not. The table 9 presents the argument of the respondents about their knowledge level on HIV/AIDS.

Table 12
Distribution of the respondents by their knowledge level on HIV/AIDS

Level of knowledge	Respondents	
	No	Percent
Sufficient	25	50.00
Not sufficient	12	24.00
Don't know	13	26.00
Total	50	100.00

Source: Field survey, 2013

The data shows that 50 percent respondents believed that they have sufficient knowledge on HIV/AIDS and 24 percent stated they don't have sufficient knowledge, and 26 percent are confused whether they have sufficient knowledge or not.

5.1.4 Source of information on HIV/AIDS

There are many sources to introduce health information to the man. Among them radio, television, magazine, friends etc are considered more effective means to provide information on HIV/AIDS.

Table 13
Distribution of respondent by their source of information on HIV/AIDS

SN	Source of information	Respondent	
		No	Percentage
1	Radio	16	32.00
2	Television	11	22.00
3	Magazine/Pamphlets	2	4.00
4	Friends	4	8.00
5	Family	1	2.00
6	Health worker/NGO staff	14	28.00
7	School	1	2.00
8	Sex partner	1	2.00
Total		50	100.00

Source: Field survey, 2013

The above table shows that 32 percent drivers make known their awareness through radio, however television will be the best effective media due to audio visual presentation but the number is relatively low. Likewise drivers are getting information of HIV/AIDS from health worker, NGOs/INGOs staff which is 28 percent. Similarly, drivers are getting information of HIV/AIDS from friends, magazine, family, school and sex partner is 8,4,2,2 percent respectively. In context of developing country like Nepal where the communication development is lacking, radio is one of the source of transmission of information to the people.

5.1.5 Respondents knowledge on mode of transmission

To analysis the transmission knowledge of HIV/AIDS 11 different opinions were given. Distribution of the respondents by their knowledge about the modes of HIV/AIDS transmission is presented below.

Table 14
Distribution of the respondents on their knowledge on transmission of HIV/AIDS

SN	Mode of transmission	Respondents		
1	Kissing	3	28	19
2	Hugging	3	26	11
3	Sharing blades	31	8	11
4	Blood transfusion	43	1	6
5	Breast feeding	15	12	23
6	Mosquitoes bite	20	15	15
7	Infectious needles	35	1	14
8	Sex with multiple partner	44	0	6
9	Sex with prostitute	46	0	4
10	Infected mother to her baby	39	1	1

Source: Field survey, 2013

The above table shows that the main rote of HIV/AIDS transmission identified by the 92 percent respondents is sex with prostitute followed by 88 percent respondent sex with multiple partners. Another 86 percent consider blood transfusion is the route of HIV/AIDS transmission. 78 percent believed through infected mother to her baby. 70 percent mentions that through infected needless HIV/AIDS can be transmitted and 62 percent reported that through sharing blades as a route of HIV/AIDS transmission. Nevertheless, a remarkable number of the respondents also reported the incorrect modes of HIV/AIDS transmission as mosquito bite (40 percent), kissing and hugging (66 percent). These are of course not the route of HIV/AIDS transmission but the misconception existing in the respondents. The reason for high response to the mode of transmission like unsafe sexual contact, blood transfusion, infected needles and mother to child might be due to the awareness campaign through mass media like radial, TV, magazine, street drama, NGO/INGO.

5.1.6 Knowledge of respondents on prevention of HIV/AIDS

“Prevention if better than cure”. This is applicable to both curable and non curable disease. It is most important in disease like HIV/AIDS that once occurred can’t be cured at all. If the person has knowledge on methods of prevention, he can prevent himself from the disease. To identify the knowledge on methods of prevention against HIV/AIDS some question had been made and the response of it is presented in table 15.

Table 15
Distribution of respondents by knowledge on any true prevention of HIV/AIDS

SN	Source of information	Respondent	
		No	Percentage
1	Abstain from sex	8	16.00
2	Don't have sex with multiple partner	8	16.00
3	Don't have sex with prostitute	4	8.00
4	Use of condom	28	56.00
5	Use of birth control menthod	0	-
6	Avoid sharing cloths	0	-
7	Avoid sharing blades	1	2.00
8	Use sterilized surgical instruments	1	2.00
Total		50	100.00

Source: Field survey, 2013

From the above table, it is seen that 56 percent respondents agree the best way to safe them from getting HIV/AIDS is use of condom and 16 percent reported that the best way to be protected from HIV/AIDS is abstaining from sex and 16 percent reported the avoidance sex with multiple partners. 8 percent stated avoid sex with prostitute.

It is concluded that must of the respondent have knowledge on the route of HIV/AIDS transmission.

5.1.7 Respondents perception of treatment of HIV/AIDS

A question was asked about the cure of HIV/AIDS to the drivers. The finding if following table no 16.

Table 16
Distribution of the respondents by their opinion to the question can HIV/AIDS be cured?

can HIV/AIDS be cured	Respondents	
	No	Percent
Yes	13	26.00
No	23	46.00
Don't know	14	28.00
Total	50	100.00

Source: Field survey, 2013

In response out of total 50 respondent 46 percent argued that there is no medical treatment of this disease. But 28 percent reported that they have no idea whether it is cured or not and 26 percent reported that HIV/AIDS might be cured.

5.1.8 Perception on consequences of HIV/AIDS

HIV is a causative agent of AIDS. AID is the condition of the body where the immunity power of body is destroyed. HIV infects more then 60 thousand people of Nepal and hundreds of people are suffering from AIDS and many of them are dying every year. So question was asked to know taxi driver's opinion to the certainty of death of a person having HIV/AIDS.

Table 17
Distribution of the respondents by their opinion about the death of person having HIV/AIDS

Consequence HIV/AIDS	Respondents	
	No	Percent
Some of them die	17	34.00
Nor die at all	0	0
All of them die	17	34.00
Don't know	16	32.00
Total	50	100.00

Source: Field survey, 2013

The above table shows the result that the highest 64 percent reported that heal they looking person might have HIV/AIDS virus whereas 34 percent reported they don't know and they don't know and remain 2 percent no. it is encoring to see that majority of the taxi drivers believed that healthy looking person may have HIV\AIDS virus.

5.1.9 Perception on HIV/AIDS virus in a healthy looking person

Similarly another question was asked to know their knowledge on HIV/AIDS on a healthy looking person.

Table 18

Distribution of respondent by their perception on HIV/AIDS virus in a healthy looking person HIV/AIDS be cured?

Can a healthy looking person have HIV/AIDS	Respondents	
	No	Percent
Yes	32	64.00
No	1	2.00
Don't know	17	34.00
Total	50	100.00

Source: Field survey, 2013

The above table shows the result that the highest 64 percent reported that healthy looking person might have HIV\AIDS virus whereas 34 percent reported that they do not know it is encouraging to see that majority of the taxi drivers believed that healthy looking person might have HIV/AIDS virus.

5.1.10 nowledge of contraceptive device that protect HIV/AIDS transmission

People are using different methods to control pregnancy. There are different types of family planning. They are temporary and permanent methods. A question was asked to check their knowledge whether. Contraceptive devices protect HIV/AIDS or not. The finding is as follow:

Table 19
Knowledge of contraception device that protect HIV\AIDS

Contraceptive	Respondents	
	No	Percent
Condom	41	82.00
Pills	5	10.00
Depo-provera		
Vasectomy		
Mini-lap		
IUD (Copper-t)		
Norplant	1	2
Don't know	3	6
Total	50	100.00

Source: Field survey, 2013

From this table, we can say that most of the respondents believe that condoms protect from HIV/AIDS.

5.1.11 Major social factors to spread HIV/AIDS

In Nepalese society, there are various social and cultural stigmas. People can't talk about sex and fulfill their biological needs. That's why they use unsafe sexual activities that cause the spread of HIV/AIDS.

Table 20
Distribution of respondent by major social factors to spread HIV/AIDS.

Social factors to spread HIV/AIDS	Respondents	
	No	Percent
Poverty	18	36.00
Illiteracy	12	24.00
Social suppression on sex	13	26.00
Widow/Prostitute/Divorce People	7	14.00
Total	50	100.00

Source: Field survey, 2013

This table shows the social cause behind the spread of HIV/AIDS. 36 percent said that poverty is the cause of spreading HIV/AIDS where as 26 percent said that social suppression on HIV/AIDS, 12 percent said that illiteracy and 14 percent indicated the window/prostitute/divorce people.

5.1.12 Cause of HIV/AIDS

There are various types of social cultural beliefs and practices which are identified as contributing factor to the spread of HIV/AIDS. This study try to find out the knowledge of respondent what might be the cause of HIV/AIDS.

Table 21
Distribution of respondent by cause of HIV/AIDS

Causes of HIV/AIDS	Respondents	
	No	Percent
Sex with sex worked	40	80.00
Diet		
Body weakness		
Result of germs	4	8.00
Don't know	6	12.00
Total	50	100.00

Source: Field survey, 2013

This table shows that 80 percent said that the cause of HIV/AIDS is sex with sex worker, 12 percent said that they don't know the cause of HIV/AIDS where as 8 percent said that HIV/AIDS is the result of germ.

5.2 Practice

The purpose of this unit is to explore the practice and perception of taxi drivers on HIV/AIDS.

5.2.1 First sexual intercourse age of respondents

A question was asked to the respondent, their age during first sexual intercourse, which is directly related to the HIV/AIDS epidemic.

Table 22
Distribution of Respondents by First sexual intercourse age of respondents

Age of respondent at first sexual intercourse	Respondents	
	No	Percent
Up to 15 years	5	10.00
16-20	32	64.00
21+	12	24.00
Not yet (19 years old)	1	2.00
Total	50	100.00

Source: Field survey, 2013

This study shows that 64 percent respondents have their sexual intercourse at the age of 16-20, 24 percent at the age of 21+, 10 percent up to 15 years and one of them have not yet.

Thus the teenagers are the high group of HIV/AIDS.

5.2.2 Pre-material sexual behavior of the respondents

Sexual activity and behavior is major cause of transmission of HIV/AIDS. To know their pre martial sexual behavior, a question was asked whether they had sex experience before marriage or not. The response of respondent is show in table no. 23.

Table 23
Distribution of respondent by pre-marital sexual relation

Premarital sexual relation	Respondents	
	No	percent
Yes (Inc.1 unmarried)	17	34.00
No (Inc.1 unmarried)	33	66.00
Total	50	100.00

Source: field survey 2013

This table shows that 34 percent respondents had their pre-marital sex. It shows that Nepalese traditional norms and values are abating day by day.

5.2.3 Perception towards extra-marital sexual relation

To know their view about extra-marital relation, a question was asked "Is it good to have sex outside?" The finding is shown in the following table.

Table 24
Distribution of respondents on their perception towards extra marital sexual relation

perception	Frequency	
	No	percent
Good	8	16.00
Not good	29	58.00
Don't know	13	26.00
Total	50	100.00

Source: field survey 2013

The above table shows the perception of respondents towards extra marital sexual relation. The data shows that the highest 58 percent

respondents think it is not good because disease might catch, it is loss of money and time and it is cheating wife.

Likewise, 26 percent respondents don't know whether it is good or not. And 16 percent respondents feel that it is good. It can be concluded that among those those who are involved in sex practice outside thinks it is good.

5.2.4 Their perception why extra-marital relation is good (among 8 respondents)

Eight respondents said that extra-marital sexual relation is good. A question was asked why they think it is good. The findings are below.

Table 25
Distribution of respondents on their perception why extra-marital relation is good (among 8 respondents)

extra- marital relation is good	**respondents**	
	No	percent
Quarrel with wife	2	25.0
For difference experience	2	25.00
Openness	4	50.00
Total	8	100.00

Source: field survey 2009

Above table shows that, openness is the main cause of having extra-marital sexual relation where as quarrel with wife and for difference experience are others reason.

5.2.5 Their perception why extra-marital relation is not good (among 29 respondents)

Twenty nine respondents said that extra-marital sexual relation is no good. A question was asked why they think it is good. The findings are below.

Table 26
Distribution of respondents on their perception why extra-marital relation is good (among 29 respondents)

extra- marital relation is good	**respondents**	
	No	percent
It is cheating with wife	9	31.5
disease	10	34.5
Money west	5	16.5
Social prestige decrease	5	16.5
Total	29	100.00

Source: field survey 2013

The above table shows that most of respondents said that disease is main cause, it is not good. Likewise 9 respondents said that it is cheating with wife, 5 respondents said that money loss and 5 respondents said that social prestige decrease that's why it is not good.

5.2.6 Know about Condom

The use of condom during sexual intercourse reduces the risk of transmitting HIV/AIDS. The proper use of condom can play an important role in HIV/AIDS prevention.
The findings show that all of them know about condom.

5.2.7 Purpose of condom

To examine why they use condom a multiple option question was asked. The findings are as follows.

Table 27
Distribution of respondent by the purpose of condom

purpose of condom	respondents	
	No	percent
To avoid pregnancy	23	46.00
To avoid HIV/AIDS	17	34.00
To avoid STD	10	20.00
Total	50	100.00

Source: field survey 2013

The above table shows that taxi drivers use condom to protect from HIV/AIDS, avoid pregnancy and STD.

5.2.8 Condom use by respondents

Condom is one of the best ways in the prevention of HIV/AIDS. Among 50 respondents, 17 respondents were involved in pre marital sexual relation and other 33 respondents don't have multiple sex partner. Thus, those 17 respondents were questioned did/do you use condom while you had sex with outsiders? The findings are shown in the following table.

Table 28
Distribution of respondents according to condom use (Among 17 respondents)

Use of condom	respondents	
	No	percent
Yes	13	76.47
No	3	17.65
Sometime	1	5.88
Total	17	100.00

Source: field survey 2013

The above table clearly shows that many of them use condom. But few of them don't use condom who are at very high risk the transmission of sexual disease including HIV/AIDS.

5.2.9 Blood text by respondents for HIV/AIDS

Blood test is one of the lab investigations to declare whether the patient is having HIV/AIDS or not. Question was asked to the total respondents whether they had their blood tested for HIV/AIDS or not. All of them replied that they hadn't tested blood for this purpose.

5.2.10 Use of contraceptive device by respondents

To know whether they use contraceptive or not a question was asked. The response of the respondents is shown in table 29.

Table 29

Use of contraception device by respondents

Use of contraceptive device	**respondents**	
	No	percent
Yes	40	80
No	10	20
Total	50	100.00

Source: field survey 2013

This shows that most of the drivers use contraceptive devices and few of them don't use contraceptive devices because they feel shy to buy the contractive devices and it is not available easily.

5.3 **Attitude**

5.3.**1 HIV/AIDS as a social problem**

HIV/ AIDS if globally spread infection; million of people of the world are suffering from it. So this is a world wide public health problem. Nepal is also affected by this public health problem. Thinking of Bus drivers of Kamalamai Sindhuli HIV/AIDS as a social problem is as following.

Table 30
HIV/AIDS as social problem

social problem	**respondents**	
	No	percent
Yes	8	16
No	12	24
Don't know	3	60
Total	50	100.00

Source: field survey 2013

The above table shows that they don't know whether it is social problem or not. Few of them say that it is a social problem.

5.3.2 **Behavior and treatment with HIV/AIDS infected people**

Stigma and discrimination are rooted as a common feature in Nepalese socio-cultural phenomenon. Especially HIV/AIDS victims are suffering through stigma and discrimination is these days. In traditional Nepali cultures and societies and discussion in sex and sexuality is table. Even husband and wife don't talk about sex. In such condition, what kind of behavior they do with HIV/AIDS victims were my concern. The finding is a following.

Table 31
Behavior and treatment with HIV/AIDS infected person

Behavior and treatment	**respondents**	
	No	percent
Should be excluded	2	4.00
Should be cared and supported	44	88.00
Should be respected	4	8.00
Total	50	100.00

Source: field survey 2013

This table indicates that HIV/AIDS injected person should be cared and supported as a human being.

5.3.3 **Attitude toward HIV/AIDS infected friend**

In Nepal, there is very low level of awareness about HIV/AIDS. That's why HIV/AIDS infected person could not get care and support. Even medical person don't care and don't behave friendly. A question was asked what they would do if one of their friend got HIV/AIDS infection. The findings are given below.

Table 32
Distribution of respondent by their attitude toward HIV/AIDS infected friend

Attitude toward HIV/AIDS infected friend	**Respondent**	
	No	percent
Hate	4	8.00
Separate from society	3	6.00
Love and support	28	56.00
Continue social contact as usual	10	20.00
Talk to him but very carefully	2	4.00
Stop meeting at all	3	6.00
Total	50	100.00

Source: field survey 2013

The above table shows that majority (56 percent) said that they would love and support HIV/AIDS infected friend, 20 percent said that they would continue their relationship as usual, 8 percent said that they would hate them, 6 percent said that infected friend should be separated from society, 6 percent said that they would stop meeting theme.

5.3.4 **Attitude towards HIV/AIDS infected wife**

A question was asked what they would do if their wife got HIV/AIDS, the findings are as following:

Table 33
Distribution of respondent by their attitude toward HIV/AIDS infected wife

Attitude toward HIV/AIDS infected wife	**Respondent**	
	No	percent
Divorce with her	35	70.00
Can't say anything now	5	10.00
Beat her	7	14.00
Love and care her	3	6.00
Total	50	100.00

Source: field survey 2013

This table shows that 70 percent of them said that they would get divorce to wife, 14 percent would beat his wife, 10 percent said that they don't know what they would do and only 6 percent said that they would love and care his wife.

5.3.5 Expected behavior if HIV/AIDS infected

To examine what sort of behavior they would expect from their family and wife if it came to know that they are suffering from HIV/AIDS, a question was asked.

The findings are shown in the following table.

Table 34
Distribution of respondent by their expectation if they got HIV/AIDS

Expected behavior	Respondent	
	No	percent
they should love and care me	28	56.00
Don't know	12	24.00
I should be punished	10	20
Total	50	100.00

Source: field survey 2013

This table shows that 56 percent expect that they should get love and care, 24 percent don't know anything 20 percent said that they should be punished because it was their fault.

5.3.6 Behavior with HIV/AIDS infected child

As we know that the way of transmission of HIV/AIDS, child does not have any fault in transmission of HIV/AIDS. It is important to know that what kind of behavior they do with infected child.

The findings show that all of them said that all infected child should be loved, cared and supported.

5.4 Relationship between socio-cultural factors and knowledge on HIV/AIDS

This sub chapter deals with relationship between socio-cultural factor and HIV/AIDS knowledge. Age, Caste/Ethnicity, Education, Income and religion are considered to be affecting factor to determine the level of knowledge of HIV/AIDS. Knowledge level of respondent on HIV/AIDS is seen between socio-cultural factor and mode of transmission.

Table 35
Distribution of respondent by their knowledge by caste/ethnicity

SN	Caste/ethnicity	Number of respondent	Mode of Transmission				
			Blood transfusion	Sex with multiple partner	Infectious needles	Sharing blades	Sex with prostitute
1	Brahmin	4	4	4	4	3	4
2	Chetri	8	8	8	6	5	8
3	Magar	15	13	14	10	8	13
4	Gurung	9	7	7	6	5	7
5	Tamang	4	2	2	4	4	4
6	Others	10	7	9	5	6	10
	Total	50	43	44	35	31	46

Source: field survey 2013

Generally, it is believed that the higher caste people have more knowledge in every field than lower cast group. This study also shows that higher cast (Brahmin, Chetri) have more knowledge about mode of transmission of HIV/AIDS

Table 36
Distribution of respondent by their knowledge by age

Sn	Age	Number of respondent	Mode of Transmission				
			Blood transfusion	Sex with multiple partner	Infectious needles	Sharing blades	Sex with prostitute
1	Up to 20	1	1	1	1	1	1
2	21-30	27	24	24	18	2	25
3	31-40	14	11	13	11	9	13
4	above 40	8	7	6	5	1	7
	Total	50	43	44	35	31	40

Source: field survey 2013

Age of the respondents is one of the dominant factors to indicate the awareness level on HIV/AIDS. The age group of 21-30 is considered as target respondents, who are engaging in reproductive and consider the reproduction man power of the family and society. Among young have more knowledge on HIV/AIDS?

Table 37

Distribution of respondent by their knowledge by education

sn	Age	Number of respondent	Mode of Transmission				
			Blood transfusion	Sex with multiple partner	Infectious needles	Sharing blades	Sex with prostitute
1	Literate	22	17	18	12	10	20
2	Primary	10	9	9	7	6	9
3	Secondary	16	16	15	14	14	15
4	SLC & above	2	2	2	1	1	2
	Total	50	43	44	35	31	46

Source: field survey 2013

Education plays vital role to create awareness of a person. From this table we can say that more education, more knowledge on HIV/AIDS.

Table 38

Distribution of respondent by their knowledge by Religion

sn	Age	Number of respondent	Mode of Transmission				
			Blood transfusion	Sex with multiple partner	Infectious needles	Sharing blades	Sex with prostitute
1	Hindu	32	30	31	23	23	32
2	Buddhist	16	11	11	1	7	12
3	Christian	4	2	2	2	1	-
	Total	50	43	44	35	31	46

Source: field survey 2013

From the above table we can include that Hindu have more knowledge on HIV/AIDS than other religion.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter deals with the summary, conclusion and recommendation. Summary is mainly focused on the objective, methods and findings of over all study. Collusion is drawn from the findings of the study. Recommendation consists suggestion based on the finding of the study.

6.1 **Summary**

In Nepal the first case of HIV/AIDS was officially identified in 1988. Before that and for several years after its appearance and recognition in the world as an incurable health problem, HIV/AIDS was not known to Nepal. HIV/AIDS tremendously increasing day by day in all countries.

This study has analyzed the level of knowledge, attitude and practice of Taxi drivers on HIV/AIDS. It is sociological study, so the study has no concern with pathology of HIV/AIDS. The general objective of the study is to identify the knowledge, attitude are practice on HIV/AIDS among local taxi driver. Moreover the specific objectives are to examine the socio-economic status of taxi driver, to find out the level of knowledge of taxi drivers on HIV/AIDS and to find out the practice to taxi driver and their attitude towards HIV/AIDS infected person. Out of 7623 taxi drivers 50 were selected for the study. Interview schedule was brought in practice for this purpose. The collected information was competed using simple statistical tolls like percentage.

The highest numbers that are included in driving profession are of the age group 21-30. However, people of all age group are involved in driving profession.

- All of the drivers are male by sex and most of the drivers are Mongolian by race, Hindu by religion and married.

- Most of the drivers are just literate and earn money five to ten thousand per month.
- Almost all of them have heard about HIV/AIDS and 50 percent think that they have sufficient knowledge on HIV/AIDS is.
- They have got information about HIV/AIDS through Radio, Television, Magazines/Pamphlets, friend etc.
- The modes of transmission of HIV/AIDS are unsafe sexual contact, blood transfusion, infected needless and mother to child. Most of the drivers are aware how HIV/AIDS transmit.
- They have knowledge about the cause of HIV/AIDS. Most of them said sex with sex worker is the main cause of HIV/AIDS. It is also said that it is incurable disease.
- They said that HIV/AIDS can be prevented by using condom, being abstain from sex, not having sex with prostitute and multiple sex partner and they know consequences of HIV/AIDS that is death.
- Most of the Bus drivers said that healthy looking person might be suffering from HIV/AIDS.
- Major social factors to spread HIV/AIDS are poverty, Illiteracy, social suppression on sex, widow/prostitute/divorce.
- Majority of drivers started their sexual at the age of 16 to 2. Most of them have/had not pre-marital sexual relation where as few of them have/had pre-marital sexual relation.
- Most of them think that extra marital relation is not good but few said it is good. Most of the drivers, who have/had pre-marital sexual relation they use/used condom.
- Majority of them said that they use contraceptive devices.
- Most of the don't know whether it is social problem of not.
- Almost all said that the people who are suffering from HIV/AIDS should get support and respect from society and also said they would love and support their friends even when their friends got HIV/AIDS but very few of them would love his wife she got HIV/AIDS. Most of them get

divorce with his wife and beat her. However, they expect love them get care if they suffered from HIV/AIDS.

- They all love the HIV/AIDS infected child because it is not because of him/her.
- Higher caste, higher literate, adult have more knowledge on HIV/AID.

6.2 **Conclusion**

In conclusion, we can say that almost all taxi drivers have heard about HIV/AIDS and the very few of them have adequate knowledge. They dropped their education early. So they didn't get information formally. And in our Nepali society they can't discuss about this epidemic openly so there is obstacles to increase the level of knowledge of HIV/AIDS.

Media have played important role to create awareness however NGO/INGO, government etc have equally important role. Taxi drivers known that HIV/AIDS is an incurable disease, they don't use condom while having pre-marital and extra marital relationship because of uncomfortable.

Most of the drivers said that society should provide care and support to the HIV/AIDS infected people. This argument is very important in Nepali society where even medical professional like doctor, nurse hate the HIV/AIDS infected person.

6.3 Recommendation

It is globally established fact that the raising trend of the HIV/AIDS epidemic can only be revered if effective HIV/AIDS prevention program are intensified in scale and scope.

In concentrated epidemics like that of Nepal it is absolutely important to design expand targeted intervention programs aiming at the youth population or order to curb the epidemic. Socio-culture factors. Geographical condition, poverty, higher unemployment rate, manpower export, trafficking sex behavior,

poor health infrastructure, confusing media information etc, are reasons of increasing of HIV/AIDS in developing country like Nepal. The following recommendation is made for the further study.

- Education plays the vital role to determine every change in society. This study recommends that education on HIV/AIDS must be given to every local taxi drivers.
- Mass awareness program on HIV/AIDS should be reached to the local taxi drivers.
- As radio is strongly associated with high HIV/AIDS knowledge even more efforts should be made to produce and broadcast good HIV/AIDS related massage. This, of course, applies similarly to T.V., newspapers and magazines.
- Targeted programming among taxi driver could also be useful.
- Regular health examination and onsite or lab testing for local taxi drivers.
- School based sex education programs that provide information about ways of reducing HIV risk should be launched in each and every school which can help is the student more conscious about HIV/AIDS.
- Government should prohibit the sexual publication, which promote the habit.
- Prevention through behavior change is the only way to control the spread of the HIV/AIDS infection. Success in prevention requires consistence and persistent invention over time. It also needs a clear understanding of the existing realities of the target population and involvement of members of these populations on prevention effort.

6.5 Issues for Further Research

This study attempts effort to measure the awareness level of local taxi drivers on HIV/AIDS. But it is not trying to identify the HIV/ AIDS infected person among the study population which may be assessed by another study.

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An Interview Schedule
Socio-economic Status of Respondents
Name **Date:**

Age:
- ⁾ Up to 20
- ⁾ 21-30
- ⁾ 31-40
- ⁾ 40+

Sex
- ⁾ Male
- ⁾ Female

Education
- ⁾ Literate
- ⁾ Primary
- ⁾ Secndary
- ⁾ SLC and above

Marital status
- ⁾ Married
- ⁾ Ummarried
- ⁾ Divorce

Religion
- ⁾ Hindu
- ⁾ Buddhist
- ⁾ Christian

Caste/ethnicity
- ⁾ Brahmin
- ⁾ Chhetri
- ⁾ Gurung
- ⁾ Magar
- ⁾ Tamang
- ⁾ Others

How much do you earn per-month?

- ⁾ Below Rs.50000
- ⁾ Rs.50000-10000
- ⁾ Above Rs.10000

Knowledge

Have you ever heard about HIV/AIDS?

- ⁾ Yes
- ⁾ NO

What is HIV/AIDS?

……

In your opinion, how much knowledge do you have on HIV/AIDS?

- ⁾ Sufficient
- ⁾ Not sufficient
- ⁾ Don't know

From which source do you get information about HIV/AIDS?

- ⁾ Radio
- ⁾ School
- ⁾ Television
- ⁾ Magazine
- ⁾ Health workers
- ⁾ Friends
- ⁾ Sex partner

How does HIV/AIDS transmit?

- ⁾ Kissing
- ⁾ Hugging
- ⁾ Sharing blade
- ⁾ Blood transfusion
- ⁾ Breast feeding
- ⁾ Mosquito bite
- ⁾ Sex with multiple people
- ⁾ Infectious needles
- ⁾ Sex with prostitute
- ⁾ Infected mother to her baby

What should we do to be prevented from HIV/AIDS?

- ⁾ Sex with only wife (abstain from sex)
- ⁾ Don't have sex with multiple partners

- ⁾ Use of condom
- ⁾ Avoid sharing blades
- ⁾ Don’t have sex with prostitute
- ⁾ Use of birth control methods
- ⁾ Use sterilized surgical instruments

Can HIV/AIDS be cured?

- ⁾ Yes
- ⁾ No
- ⁾ Don’t know

Can a healthy looking person have HIV/AIDS?

- ⁾ Yes
- ⁾ No
- ⁾ Don’t

In your Opinion, which of the following contraceptive device protect HIV/AIDS?

- ⁾ Condom
- ⁾ Pills
- ⁾ Depo-Provera
- ⁾ Minilap
- ⁾ IUD (copper T)
- ⁾ Norplant
- ⁾ Don’t know

What is the social cause to spread HIV/AIDS?

- ⁾ Poverty
- ⁾ Illiteracy
- ⁾ Social suppression on sex
- ⁾ Window/prostitute/divorced

What is the cause of HIV/AIDS?

- ⁾ Sex with sex workers
- ⁾ Diet
- ⁾ Body weakness
- ⁾ Result of germs
- ⁾ Don’t know

Practice
How many days do you stay away from family/wife?

……

At what age, do you have first sexual relation?
- ⁾ Up to 15 years
- ⁾ 16 to 20 years
- ⁾ 21+
- ⁾ Not yet

Do/did you have pre-martial sexual relation?
- ⁾ Yes
- ⁾ No

Is it good to have extra material sexual relation?
- ⁾ Good
- ⁾ Not good
- ⁾ Don't know

If good, why?

……
If not good, why?

……
Do you know condom?
- ⁾ Yes
- ⁾ No

What is the purpose of condom?
- ⁾ To avoid pregnancy
- ⁾ To avoid HIV/AIDS
- ⁾ To avoid STD

Do/did you use condom while you have/had sex with outsider?
- ⁾ Yes
- ⁾ No
- ⁾ Sometime

Have you ever tested you blood on HIV/AIDS purpose?

- Yes
- No

Attitude

Is HIV/AIDS a social problem?

- Yes
- No
- Don't know

In your opinion, what kind of behavior should we do with HIV/AIDS victims?

- Should be excluded
- Should be care and support
- Should be respect

What would you do if your friend got HIV/AIDS?

- Hate
- Separate from society
- Love and support
- Continue social contact as usual
- Talk to him but very carefully
- Stop meeting at all

What would you do if your wife got HIV/AIDS?

- Divorce with her
- Can't say anything now
- Beat her

What type of behavior would you expect if you suffered from HIV/AIDS?

- They should love and care to me
- Don't know
- I should be punished

What do you do with HIV/AIDS infected child?

- Hate theme
- Love/care and support
- Don't know