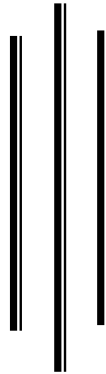


**KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) OF TAXI
DRIVERS ON HIV/AIDS:
A STUDY OF (NEW BUS PARK) POKHARA**



**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF
SOCIOLOGY/ANTHROPOLOGY PRITHIVI NARAYAN MULTIPAL
CAMPUS POKHARA IN PARTIAL FULFILMENT OF THE
REQUIREMENT OF THE MASTER OF ARTS IN SOCIOLOGY**



**SUBMITTED BY
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2066
POKHARA**

Letter of Recommendation by Language Editor

This is recommended that I have read through the draft of dissertation entitled “**knowledge, Attitude and Practice (KAP) of Taxi Drivers on HIV/AIDS: A study of New Bus Park Pokhara**” as language editor and made necessary correction and improvement there in. I have been impressed by her intelligible presentation of the facts through the medium of plain and correct English

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Letter of Recommendation

This dissertation entitled “**Knowledge, Attitude and Practice (KAP) of Taxi Driver on HIV/AIDS:A case study of (New Bus Park) Pokhara**” 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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March,2010

ACCEPTANCE CERTIFICATE

The evaluation Committee has evaluated and accepted this dissertation entitled **“Knowledge, Attitude and Practice (KAP) of Taxi Driver on HIV/AIDS: A case study of (New Bus Park) Pokhara”** ,submitted by Ms. Shakuntala Gyawali for the partial fulfillment of the requirement for Master of Arts in Sociology.

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March 2010

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Acronyms

AIDS	Acquire Immune deficiency Syndrome
C SW	Commercial Sex Worker
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
JIT	Joint Initiative Trafficking Women's and Girls
NAPWA	National Association of People with AIDS
NGO	Non Government Organization
NCASC	National Center for AIDS
PLWA	People Living With Aids
PWAS	People With Aids
SN	Serial Number
STD	Sexually Transmitted Disease
SW	Sex Worker
TV	Television

TU	Tribhuvan University
USAID	United State Agency for International Development
UNICEF	United Nations Children’s Fund
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UN	United Nations
WHO	World Health Organization

CHAPTER - ONE

INTRODUCTION

1.1 Background of the Study

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 infectious germ called the Humana 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 prevented. HIV/AIDS can be treated and managed as a chronic disease, urgent scale of prevention, treatment and care services needed. Political commitment, civil society support and additional and sustained resources are key to reversing the epidemic.

Wide spread HIV infection has a major impact on society as a whole. AIDS distinct from other diseases 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 they are infected 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 when labor productivity in an economy's major industry is heavily affected (Yang, 1993).

The economic 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 Asia 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 4.9 million. Total number of AIDS death in 2004 is 3.1 million. Ministry of Health (January 2004) reported 3388 HIV infection and 708 AIDS cases. If current trend continue it is possible that an HIV epidemic may occur within the general population. According to the ministry of Health, in the absence of effective interventions, AIDS could become that leading of death among Nepal's 15-49 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 a 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 WHO, 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 were recorded. Out of the total 40 million of HIV/AIDS infected people, nearly 8 million estimated were living in Asian, where infections are increasing faster than any where else in the would (UNAIDS and WHO 2006). 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 more likely to engage in risk behaviors and act as breeding stocks transmitting HIV from one population to another, cross border, 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's health. It goes beyond the individual's and has profound impact on every aspect of socio-economic structure of an individual, family, community, nation and even the world at large.

It is true that now day's information levels about HIV/AIDS have increased and various forms of media have played significant role. Nevertheless, various efforts are being made by organizations like NGO, GOs. Many research results and evidence have made it clear the early and correct diagnosis and effective treatment can not only prevent the serious complications, but also reduce the chance of HIV spread to a great extent.(UNAIDS 2007)

A number of survey studies carried out in different part 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 researcher have carried out a number of studies on HIV/AIDS in SW and IDUs and very little coverage on drivers who are mostly the clients of SW. The education level of drivers is very low; one of the causes of rapid transmission of HIV/AIDS is low level of awareness and literacy (Source NEW ERA). Drivers are also at high risk of HIV/AIDS since their sexual partner are mostly SW. Mover over these drivers

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 drives 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 transmission drives are also responsible in spreading HIV/AIDS virus that is directly related to their family. 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 good knowledge of HIV/AIDS they could be able to decide when and how to have sexual relation though our socio-cultural 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. It is very difficult to go through institution to collect information from Police, Army. The Taxi drivers who earn more money daily compare to others drivers. so it is important to study about them. This study has tried to solve following questions:

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

1.3 Objective of the study

The general objective of the study is to examine the knowledge, attitude and practice (KAP) on HIV/AIDS among local taxi drivers of New Bus Park Pokhara . Moreover the specific objectives are as follows:

1. To examine the socio-economic status of taxi driver
2. To find out the level of knowledge of taxi drivers on HIV/AIDS
3. To find out the practice of taxi driver and their attitude towards HIV/AIDS infected person.

1.4 Organization of the study

This dissertation consists of six chapters. The first chapter deals about the introduction of the study. It consists of background, statement of the problem, objectives of the study and organization of the study. The second chapter presents review of literature which consist of socio-cultural construction of disease, cultural modes of AIDS Social and Cultural Dimension of HIV/AIDS,

AIDS in world context and HIV/AIDS in Nepal, previous studies on HIV/AIDS and related issue and conceptual framework. Chapter third includes the method adapted in the study. It consists of research design, rational behind the selection of study area, universe and sampling, nature and source of data, data collection technique, reliability and validity of data, data presentation and analysis and limitation of the study. Fourth chapter presents background characteristics of the respondents. Likewise Chapter fifth deals about the level of knowledge on HIV/AIDS, practice of taxi drivers and attitude of taxi driver toward HIV infected people. Sixth chapter include the summary, findings, conclusion and recommendation of the study. At last, bibliography, interview schedule are presented.

1.5 Limitation of the study

Every study has its own limitation. This study has been conducted 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. The study was held in New Bus Park Pokhara. That's why we can't generalize the findings.

CHAPTER - 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 than a biomedical reality. Farmer(1992) conducted that the world pendmic of AIDS and social response to it have 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 culturally defined feelings and perceptions of physical and mental ailments 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 dou biers 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. Farmers 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 a 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 conception about AIDS have existed in America since the inception of the disease. Using several ancient histories about AIDS a cultural model was a gay disease (American foundation for AIDS research 1999:376 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 Lound 1995:14, Herd 1999:3) this coupled with the second element of the early model that AIDS is infectious, resulted in stigmatization toward 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 persons (Flynn and Lound: 1995:135) was even followed getting 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 America (Beine:2003) cultural model needs to be based on her unique cultural, history including political structure, economy, geography and religion. Having made the point that different cultures construct different cultural models of AIDS (David:2003) one of the major features of cultural model is that they are dynamic.

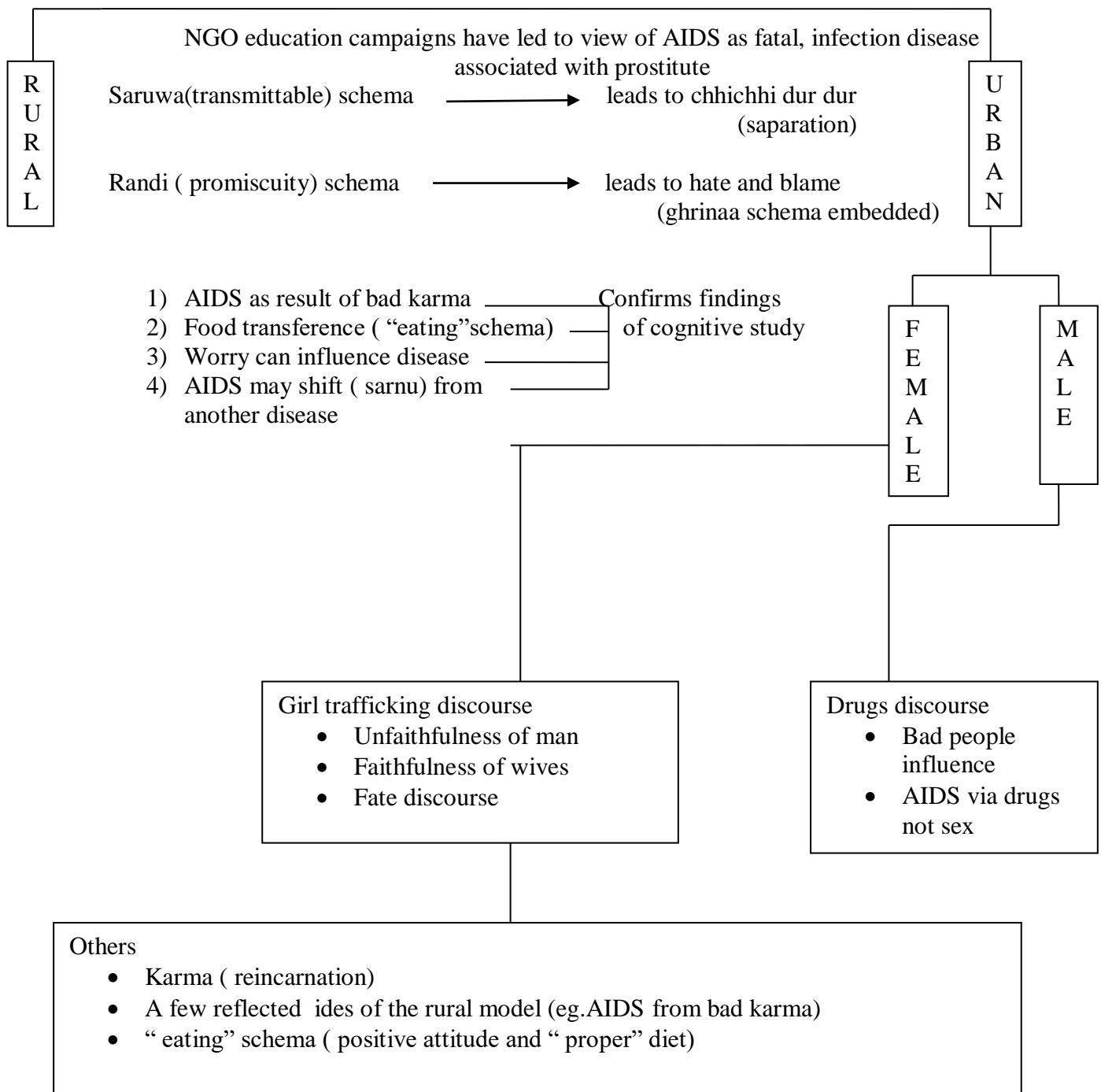
2.2 Cultural models of HIV/AIDS

Hate, fear and blame are three major elements of an emerging cultural model of HIV/AIDS in Nepal. Widely shared understanding of HIV/AIDS is a fatal, infectious 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 versus city PWAS and urban female PWAS versus urban male PWAS). These sub group models still encompass the major features of these wider modes, but differ from one another significant ways as well. For instance, the findings among rural PWAS confirms the finding of the rural cognitive study (among non PWAS) in the belief that 1) AIDS can be transmitted through eating 2) AIDS may be first begin as smaller disease like malaria. These features were unique to a 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 understandings (the element of the composite model) regarding the meaning of HIV/AIDS carry with them a host of related cultural belief and social expectations that are closely attached to the meaning that have been attributed 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 with prostitution have been applied as well. The attribution 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



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

Figure:1 Cultural model of HIV/AIDS in Nepal

2.3 Social and Cultural Dimension of HIV/AIDS

AIDS has profound effect on individuals and society. Several researches have measured the social impact of 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 rights issue even in societies which once valued community rights over individual rights (Naraya 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, determinants and outcomes of HIV/AIDS related discrimination, stigmatization and denial in India showed that people living with HIV/AIDS were sometimes denied the right to health services or discriminated agonizing in health settings (Narain, 2004). Even in their daily life people living HIV/AIDS are faced with severed relationship, desertion and separation from family members and relatives even, physical isolation at home eg. Separate sleeping arrangements (UNAIDS 2001). Children 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 other children. This situation cause psychological trauma in these children.

In the community the social impact of HIV/AIDS range from expressions 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 evidence that efforts to counter such social consequences resulting from the HIV/AIDS epidemic often lead to the formation of community based organizations 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 become 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, where 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 17.6 millions are women and 2.2 million are children under 15 years old. Total number of people newly infected with HIV is 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 are 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 figures presented at the National HIV prevention conference in Atlanta have shown that there were between 1,039,000 and 1,185,000 people living with HIV or AIDS in the US by the end of 2003. This is a sharp increase on the 850,000. 950,000 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 40,000 people have been counteracting HIV every year for more than a decade in

the US, despite a 2001 pledge to halve the rate, and this figure now appears to be going up. Dr. Carlos del Rio of Emory University in Atlanta presented new data at the conference which suggested that the infection rate could be as high as 60,000 new cases per year given the sudden step increase in prevalence since 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, family, community, nation, and to varying 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 high than those of the average peasants at home, they become major attractions to the rural women. As a 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, Wiseman 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 than married (Carael, 1994:153). The risk of HIV infection is especially high if the age difference among sexual partners 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, 2003 in Nepal 626 people have AIDS and 2,665 are HIV infected. In 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 cases 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).

Cumulative HIV and AIDS Situation on Nepal

As of Kartik 2066 (15 November, 2009)

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

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

Cumulative HIV infection by age group and sex

Age group (Years)	Male	Female	Total	New causes in this month
0-4	225	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, 2009 [as of 15 November 2009]

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 message to assess target groups 'self risk behavior groups' recent condom use. Commercial sex worker and their clients were taken 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 message featuring "Dhaale Dai" and Guruji and Antaray". Among the media channels, radio was the most popular source of information

followed by billboard. Cinema and video van shows were the next popular source for AIDSCAP message. The least reported source of AIDS XAP message 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 conditions. 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 taxi drivers about HIV/AIDS (JIT, Kaski).

Since AIDS is increasing at an alarming rate and from the review of literature it is found 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.

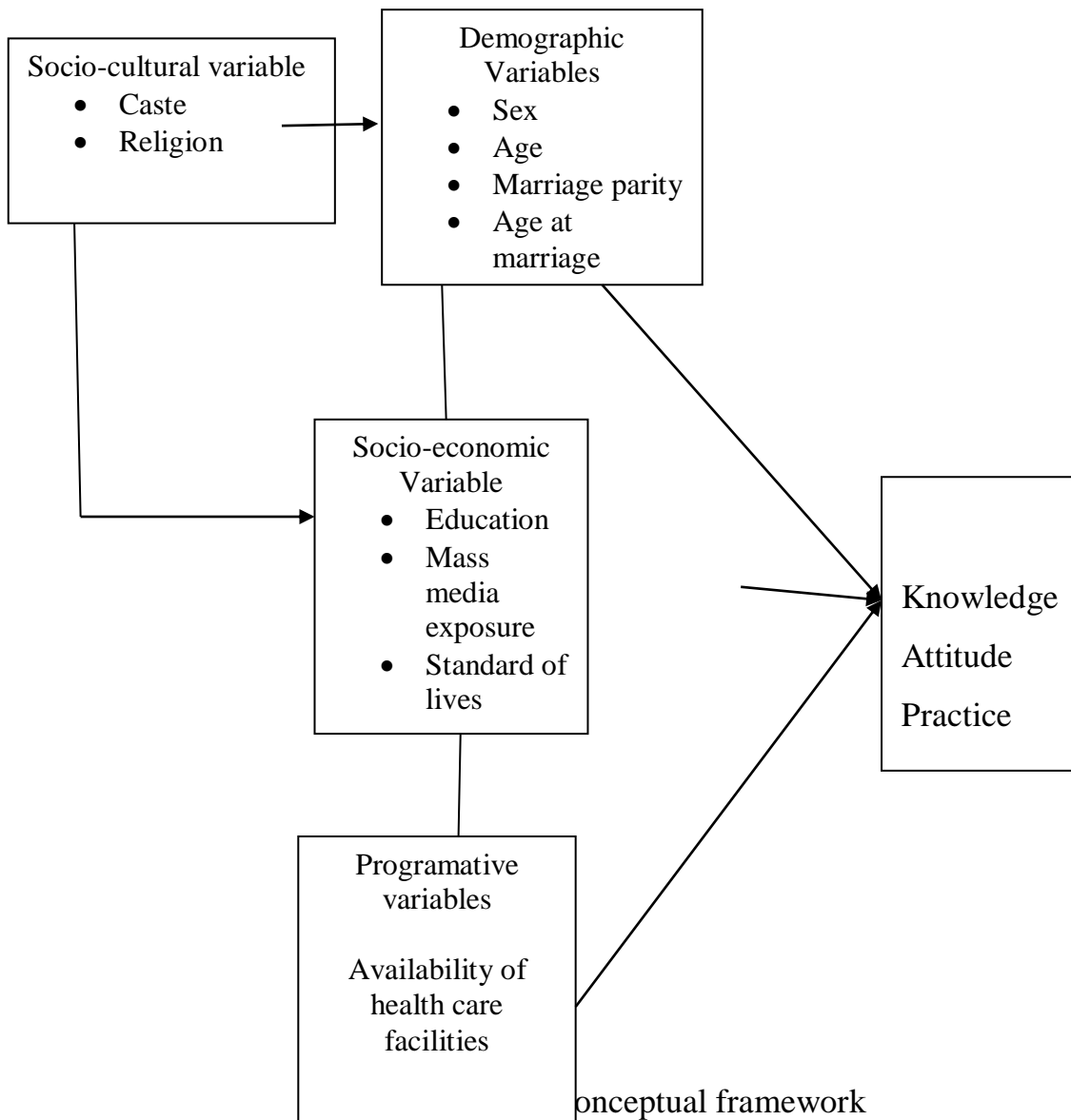
The study on local taxi driver is important because many researchers has carried out a number of research on school adolescent, long route truckers, taxi drivers, female sex worker, injecting drug users, etc. but no one has paid attention towards local taxi driver awareness on HIV/AIDS. Similarly, in this study an attempt has been made to assess the knowledge level of local taxi drivers on HIV/AIDS. The overall findings of the study may help government and non government agencies to adopt necessary strategies to root out the existing wrong concepts, shortcomings 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, age; 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.

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, becomes 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 feeling thinking or behaving” (Oxford Dictionary) an attitude is dispositional readiness to respond to certain situation, persons or objectives I a consistent manner, which has been learned and has become one’s typical mode 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 traders or person who offer 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.

Income :

All the money that anybody receives for their work. In this study income indicate the respondent's earning money per month.

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 or 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 understing 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, frequent or systematic repetition, repeated exercise (Oxford

Dictionary). In this study practice refers to the acceptance reactions to the students in the practice eg.sexual practice, condom use.

Sex :

When two people put their bodies together, some time to make a baby.

CHAPTER - THREE

RESEARCH METHODOLOGY

3.1 Research design

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 (New Bus Park) Pokhara . New Bus Park is in the north-west of Pokhara Valley. This place is located to west of Nalako Mukha, East of Sarankot Jungle, North of Ganeshtole and South of Bhindabasini. There are more taxi registered than other taxi stands. There are long route taxi also. Likewise they run Baglung, Kusma, Beni and Naya Pul. There are cabin restaurants, Lodge, Motel etc. around the bus park.

3.2 Rational behind the selection of study area:

The study was conducted in Pokhara Sub-Metropolitan City of kaski District of Western Development Region of Nepal. The District is organized by 43 VDCs, one Sub-Metropolis and a Municipality. Pokhara is a tourism sector with beautiful Himalayas, caves and lakes which attracts tourist from many places both inland and foreigners. Multicultural setting of various caste and ethnic group is another distinguished feature of the district. Pokhara.. is taken as a tourist point where people from all sectors and places enter for different purposes like business, visit and search for job (Source: DDC, Kaski 2009). As due to tourist area it is influenced by sex tourism, due to uncountable numbers of hotels and cabin restaurant. Several studies have been carried out by many researchers on sexual workers and IDUs. Thus male migrant's workers who stay away from wife and family found to be regular clients of SW. (Source : JIT, Kaski, 2004)

According to research conducted by various institutions, organizations, it is said that, in Pokhara valley, there are around six thousand commercial sex workers.

According to the research findings, main customers of commercial sex workers are the army, police, drivers, respectively. (Source:JIT,Kaski,2004)

3.3 Universe and Sampling

According to District transport Office, in New Bus Park there are total 250 Taxi registered. 20 percent of them (50 taxi drivers) were taken as sample. The sampling methods are

Accidental sample:

Accidental sampling is that kind of method where sample is taken without any plan that comes at first.

Snowballing sampling:

We choose a sample. Using him or her, we get other sample.

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 but priorities have given to the primary data.

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, 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.

3.5.2 Key Informant Interview

For getting special insights on certain aspects and for collecting more important qualitative data, key informant interview was conducted. The informants were police officer, member of civil society, Taxi owner, and proprietor of restaurant. This was totally unstructured.

3.6 Reliability and validity of the data

The researcher has studied herself and used the accurate data obtained from the field work, interview schedule and other related secondary sources. For the reliability of primary data, the research has been done with the researcher's active spot participation in New Bus Park.

3.7 Data processing and analysis

Collected data was sorted out, tabulated and analyzed using simple statistical procedures. The non-quantifiable data has been managed manually.

CHAPTER - IV

BACKGROUND CHARACTERISTIC OF THE RESPONDENTS

4.1 Socio-Economic Status of the respondent

The fundamental data of any research know basis demographic situation which indicates the socio-economic status of respondents. This part represents of general Socio-Economic background of the total respondent that includes distribution of population according to age, sex, caste, occupation, educational status etc. some of the Socio-Economic situation were measured in this study. They are as following.

4.1.1 Age 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 - 1
Distribution of respondents by age

Age	Respondents	
	No	Percent
20-30	28	56.00
31+	22	44.00
Total	50	100.00

Source: Field survey 2009

The above data indicated that 28 respondents are of age 20-30. Rests of the total are 31above.

4.1.2 Caste/Ethnicity of respondents

The caste/ethnic composition of the response is presented in the table no.2.

Table -2
Distribution of respondents by caste/ethnicity

Cast/ethnicity	Respondents	
	No	Percent
Upper caste	12	24.00
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, 2009

The table no 2 reveals that 15 respondents are Magar, 12 respondents are Upper caste. Likewise 9 respondents are Gurung and 4 respondents are Tamang. This shows that majority of the population who are in driving profession are from Magolian race.

4.1.3 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 inn the family. It is important to know the marital status of the people. The finding of the available information is shown in table 3.

Table - 3
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 2009

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.

4.1.4 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 below.

Table - 4

Distribution of Respondents by educational status

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

Source: Field survey, 2009

Most of the respondents were just literate. 16 respondents were primary, only 10 respondents were secondary and only 2 were above SLC. 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.

4.1.5 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- 5

Distribution of respondents by their monthly income

Average income	Respondents	
	No	Percent
Below Rs. 5000	4	8.00
Rs 5000-10,000	45	90.00
Above Rs 10,000	1	2.00
Total	50	100.00

Source: Filed survey, 2009

The above table shows that the highest number 45 respondents earns income Rs 5000-10000, likewise 4 respondents earns below Rs 5,000 and only 1 respondents above Rs 10,000.

4.1.7 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. Almost all 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 6.

Table - 6

Distribution of respondents by their definition

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	22.00
Total	50	100.00

Source: field survey 2009

The table reveals that almost respondents considered HIV/AIDS as a fatal diseases followed by 11 respondents do not have any idea, 7 respondents said it is sexually transmitted diseases. It can be concluded that maximum driver know what is HIV/AIDS but still 11 respondents do not know or unable to express.

5.1.3 Source of information on HIV/AIDS

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

Table - 7

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

S.N	Source of information	Respondent	
		No	Percent
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 2009

The above table shows that 16 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 14. Similarly, drivers are getting information of HIV/AIDS from friends, magazine, family, schools and sex partner is 4,2,1,1 respondents 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.

5.1.4 Respondents knowledge on mode of transmission

To analysis the transmission knowledge of HIV/AIDS 11 different opinion was givens. Distribution of the respondents by their knowledge about the modes of HIV/AIDS transmission is presented below.

Table - 8

Distribution of the respondents on their knowledge on mode transmission of HIV/AIDS

S.N	Mode of transmission	Respondents		
		Yes	No	Don't know
1	Kissing	3	28	19
2	Hugging	3	36	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	10

Source: Field survey 2009

The above table shows that the main route of HIV/AIDS transmission identified by the 46 respondents is sex with prostitute followed by 44 respondents sex with multiple partners. Another 43 respondents consider blood transfusion is the route of HIV/AIDS transmission. 39 respondents said that infected mother to her baby. 35 respondents mention that through infected needles HIV/AIDS can be transmitted, and 31 respondents 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 (20), kissing and hugging (3, 3 respondents). 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 radio, TV, magazine, street drama, NGO/INGO like Naulo Ghumti, PALUWA, Siddhartha Club CWSN.

5.1.5 Knowledge of respondents on preventing of HIV/AIDS

"Prevention is 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 9.

Table -9

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

S.N	Methods of preventing HIV/AIDS	Respondents		
		Yes	No	Don't know
1	Abstain from sex	35	7	8
2	Don't have sex with multiple partner	42	1	7
3	Don't have sex with prostitute	44	0	6
4	Use of condom	47	0	3
5	Use of birth control method	5	38	7
6	Avoid sharing cloths	2	32	16
7	Avoid sharing blades	26	4	20
8	Use sterilized surgical instruments	41	2	7

Source: Filed survey 2009

Almost all 47 respondents consider use of condom is true prevention of HIV.44 respondents said that don't have sex with prostitute,42 respondents don't have sex with multiple partner,likewise 35 respondents said that abstain from sex

5.1.6 Respondents Knowledge about treatment of HIV/AIDS

A question was asked about the cure of HIV/AIDS to the drivers. The findings is following figure

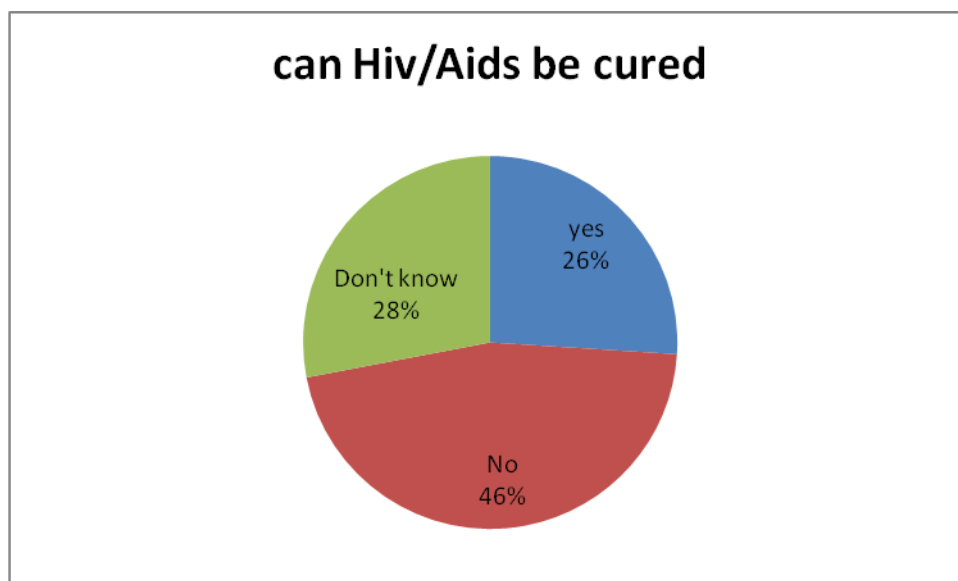


Figure 3: Distribution of respondents by their opinion to the questions can HIV/AIDS be cured

Source: Field survey 2009

In response out of total 50 respondent 23 respondents argued that there is no medical treatment of this disease. But 14 respondents reported that they have no idea whether it is cured or not and 13 respondents reported that HIV/AIDS might be cured.

5.1.8 Knowledge on consequences on 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 than 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 - 10

Distribution of respondents by their opinion consequence of HIV/AIDS

Consequence of HIV/AIDS	Respondents	
	No	Percent
Some of them die	17	34.00
Not 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 2009

The above table shows that 17 respondent reported their argument that some of the people having HIV/AIDS may die and 17 respondent argued that all of the people having HIV/AIDS would surely die within a certain period of time and 16 respondent do not any idea. Thus the above table shows that taxi driver's knowledge on HIV/AIDS is still lacking.

5.1.8 Knowledge 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 11

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

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 2009

The above table shows the result that the highest 32 respondent reported that healthy looking person might have HIV/AIDS virus whereas 17 respondent 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.

5.1.9 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-12

Distribution of respondent by cause of HIV/AIDS

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

Source: Field survey 2009

This table shows that 40 respondent said that the cause of HIV/AIDS is sex with sex worker, 6 respondent said that they don't know the cause of HIV/AIDS where as 4 respondent said that HIV/AIDS is the result of germ.

5.2 Practice

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

5.2.1 Age at first sexual intercourse

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

Table-13

Distribution of respondents by age at first sexual intercourse

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

Source: Field survey 2009

This study shows that 32 respondents have their sexual intercourse at the age of 16-20, 12 respondents at the age of 21+, 5 respondents upto 15 years and one of them have not yet.

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

5.2.3. Pre- marital sexual behavior of the respondents

Sexual activity and behavior is major cause of transmission of HIV/AIDS. To know their pre marital sexual behavior, a question was asked whether they had sex experience before marriage or not. The response of respondents is show in table no. 14.

Table – 14

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: Filed survey 2009

This table shows that 17 respondents had their pre-marital sex. It shows that Nepalese traditional norms and values are abating day by day.

5.2.4 Their knowledge 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-15

Distributions of respondents by their knowledge why extra-marital relation is good (among 8 respondents)

Extra marital relation is good	Respondents	
	No	Percent

Quarrel with wife	2	25.00
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 knowledge why extra-marital relation is not good (among 29 respondents)

Twenty nine respondents said that extra-marital sexual relation is not good. A question was asked why they think it is not good. The findings are below.

Table-16

Distributions of respondents by their knowledge why extra-marital relation is not good (among 29 respondents)

Extra marital relation is not 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 survey2009

The above table shows that most of respondents said that disease is main cause why 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 Knowledge of 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 Reason for using condom

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

Table-17

Distribution of respondent by reason using condom

Reason of using condom	Respondents	
	No	Percent

To avoid pregnancy	23	46.00
To avoid HIV/AIDS	17	34.00
To avoid STDs	10	20.00
Total	50	100.00

Source: Field survey 2009

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

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 - 18

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: filed survey 2009

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 for the transmission of sexual disease including HIV/AIDS.

5.2.9 Reason for not using condom during last intercourse with the partner other than wife

Among 17 respondents, only 4 respondents do not use condom. Among the 4 respondents question was asked for the reason why they didn't use condom during such activities? The response of the respondents is shown in following table.

Table-19

Distribution of Respondents why didn't use condom?

(Among 4 Respondents)

Reason for not using condom	Respondents	
	No	Percent
Not like	2	50.00
Unsatisfaction	1	25.00
Shyness to buy	1	25.00
Total	4	100.00

Source: Field survey

Above the table shows that 25 respondents do not use condom because they do not like, 1 respondent due to unsatisfaction and 1 respondent due to shyness to buy condom. It is concluded that majority of the respondents do not like to use condom.

5.2.10 Blood test by respondents for HIV/AIDS purpose

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

5.3 Attitude

5.3.1 HIV/AIDS as a social problem

HIV/AIDS is globally spread infection, million of people of the world are suffering form it. So this is a world wide public health problem. Nepal is also affected by this public health problem. Thinking of taxi drivers of Pokhara valley HIV/AIDS as a social problem is as following.

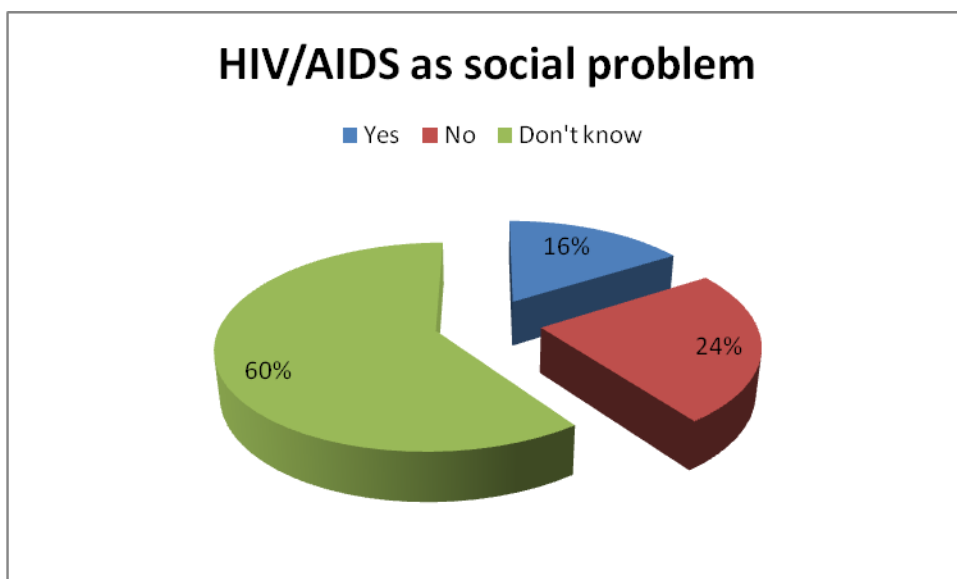


Figure 4: HIV/AIDS as social problem

Source: Filed survey 2009

The above figure shows that they do not 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 any 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 – 20

Distribution of respondents by their 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 2009

This table indicates that HIV/AIDS infected 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-21

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

Attitude towards HIV/AIDS infected friend	Respondent	
	NO	Percent
Hate	4	8.00
Seperate from society	3	6.00
Love and Support	28	56.00
Countinue 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 2009

The above table shows that majority (26respondent)said that they would love and support HIV/AIDS infected friend, 10 respondent said that they would continue their relationship as usual, 4respondent said that they would hate them, 3respondent said that infected friend should be separated from society, 3 respondent 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-22

Distribution of respondent by their attitude towards HIV/AIDS infected wife

Attitude towards 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 2009

This table shows that 35 respondents of them said that they would get divorce to wife, 7 respondent would beat his wife, 5 respondents said that they don't know what they would do and only 3 respondents 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-23

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	20.00
Total	50	100.00

Source: Field survey 2009

This table shows that 28 respondents expect that they should get love and care, 12 respondents don't know anything, 10 respondents 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 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.

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. Conclusion is drawn from the findings of the study. Recommendation consists of 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 of New Bus Park 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 and practice on HIV/AIDS among local taxi drivers of New Bus Park Pokhara . 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 of taxi driver and their attitude towards HIV/AIDS infected person.

6.1.1 Findings

- 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 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 knowledge on HIV/AIDS. They have mixed conception about what type of disease HIV/AIDS is.
- They have got information about HIV/AIDS through Radio, Television, Magazine/Pamphlets, Friend etc.
- The mode of transmission of HIV/AIDS are unsafe sexual contact, blood transfusion, infected needles and mother to child. Most of the driver 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 taxi 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
- Most of the drivers are knows about the condom and it's uses. According to them, condom protect transmission of HIV/AIDS, Pregnancy, STDs.
- Majority of drivers started their sexual at the age of 16 to 20. Most of them have/had not pre-martial 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 them don't know whether it is social problem or 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 if she got HIV/AIDS. Most of them get divorce with his wife and beat her. However, they expect love and 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/AIDS.

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 on HIV/AIDS.

Media have played importation role to create awareness however GNO/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, nurses 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 reversed if effective HIV/AIDS prevention programs are intensified in scale and scope. In concentrated epidemics like that of Nepal it is absolutely important to design and expand targeted intervention programs aiming at the youth population in order to curb the epidemic. Socio-cultural factors, geographical condition, poverty, higher unemployment rate, manpower export, trafficking sex behavior, poor health infrastructure, confusing media information etc, are reasons for increasing of HIV/AIDS in developing countries 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 driver.
- 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 messages. This, of course, applies similarly to T.V., newspapers and magazines.
- Targeted programming among taxi drivers could also be useful.
- Regular health examination and onsite or lab testing for local taxi drivers should be timely held.

- Training and counseling should be conducted time to time for 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.

6.4 Issues for further research

- This study attempts effort to measure the knowledge, attitude and practice of local taxi drives 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
- 41+

Sex

- Male
- Female

Education

- Literate
- Primary
- Secondary
- SLC and above

Marital status

- Married
- Unmarried
- Divorce

Religion

- Hindu
- Buddhist
- Christian

Cast/Ethnicity

- Brahmin
- Chhetri
- Gurung
- Magar
- Tamang
- Others

How much do you earn Per-month?

- Below Rs.50000
- Rs.5000-10000
- 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 know

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

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

What is the social cause to spread HIV/AIDS?

- Poverty
- Illiteracy
- Social suppression on sex
- Widow/prostitute/divorced

What is the cause of HIV/AIDS?

- Sex with sex workers
- Diet
- Body weakness
- Result of germs

Don't know

Practice

Who 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-marital sexual relation?

Yes

No

Is it good to have extra marital 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 your blood on HIV/AIDS purpose?

Yes

No

Do you use contraceptive device?

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
- Love and care 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