# CHAPTER ONE
# INTRODUCTION

## 1.1 Introduction of the Study

Nepal is an independent and landlocked country situated in the southern slope of the middle Himalayas. Nepal is a multi-cultural, multi lingual and multi religious country. Being small country, Nepal has a diverse landscape, ranging from the humid Terai plain in the south to the mountainous Himalayas in the north. It stretches over a length of 885 kilometer (east-west) and a width of 145 to 241 kilometer (north-south) surrounded by the sparsely populated Tibetan autonomous region of China in the north and India in the east, west, and south. The country is divided into three ecological zones namely mountain, hill and Terai. These zones are broad bands of elongated horizontal region, each separated by a combination of altitude, climate district boundaries from south to north and east to west Nepal.

In 2007 Nepal's population is estimated to have reached 27.8 million with a density of 184 persons per square kilometer (UN, 2007). Nepal ranked 142 in human development index of 2007 (UNDP, 2007). Every two in five person in Nepal below absolute poverty line and every other person in the rural are poor (NPC, 2007). Gross national income PPP of Nepal is $1010 (World Bank, 2006). Population growth rate of Nepal is 2.25 per year. The percentage of population in urban areas is 17 (UN, 2007), life expectancy at birth is now 62 year. Infant mortality rate is 46 and maternal mortality ratio is 830 which is still very high (World Bank, WHO, 2006).

AIDS was appeared first in 1981 in New York experts believe that it has been prevailing in human society since before 1959 and they also viewed that the 'Green Monkey' (found in Africa) has been carrying its virus. The virus was defected in 1983 in a patient with AIDS by Dr. Luc Montagnien (France) and later in 1984 confirmed by Dr. Robert Gallo and Dr. Max Essek (USA).

HIV virus is present in all the body fluids of the infected human being. HIV is not one virus but a family of many similar viruses. For example $HIV_1$ is found in most countries of the world while $HIV_2$ is found mainly in West Africa.

Sub-Saharan Africa is the hardest hit region in the world. More Africans die from AIDS related illness than any other cause. South Africa has the largest number of people living with HIV infected people of between 25.8 million. Swaziland has the highest adult HIV prevalence rate, more than 38 percent of adult people, because of increment in injecting drug use and breakdown in the health care system.

In South-East Asia, AIDS was first reported in Thailand in 1984. The first AIDS infection in South Asian region was reported in India in 1986. Rapid spread of HIV, however, began during late 1980's in many countries of the region. Besides people with high risk behaviors, HIV infection rates have now begun to increase in the general population as well.

The first case of HIV in Nepal was reported in 1988. By the middle of 2008, more than 1754 cases of AIDS and over 11,234 cases of HIV infection were officially reported, out of 11234 people, male are 7646, and female are 3588. Major two groups clients of sex workers and housewife which is 5138 and 2455 respectively. However, given the limitation of Nepal's public health surveillance system, the actual number of infections is thought to be much higher. UNAIDS estimates 70,000 people were living with HIV at the end of 2007.

Nepal's HIV epidemic is largely concentrated in female sex workers (FSW), injecting drug users, (IDUs), man having a sex with man (MSM), transgender and migrants. Injection drug use appears to be extensive in Nepal and to overlap with commercial sex. Another important factor is the high number of sex workers who migrate or are trafficked to Mumbai, India to work, thereby increasing HIV prevalence in the sex worker's network in Nepal more rapidly.

Prostitutes, clients, truck driver, migrant workers are generally regarded as high-risk group because they have a high rate of partners change run abnormally high risk of being infected with sexually transmitted diseases STDs, including HIV/AIDS and are capable of transmitting them to the general population who live around them.

## 1.2 Statement of the Problem

Although, substantial progress in information, education and communication has been made during this decade in Nepal, most societies are still classed based on traditional myth and misconceptions about sexuality, reproductive health, contraceptives, sexually transmitted infections (STIs), human immune deficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and sexuality education.

In Nepal Empirical studies show that there has been rapid spread of transmission of HIV/AIDS from high risk sub population to the general public. Compared with other countries in Asia and the world Nepal was considered as a low prevalence country of HIV/AIDS. But recent studies in certain sub groups like commercial sex workers and injecting drug users suggests that HIV may be increasing more rapidly than expected in these groups.

Basically, the truck drivers are 20-50 age groups, this age group is peak age group of HIV infection. So the truck drivers are more vulnerable. They change their sex partner very often therefore they are vulnerable group. Truck drivers are going far from the family for long duration. So they are likely to fulfill their sexual interest from sex worker. Due to unprotected sexual intercourse truck drivers may carry HIV from their wife and here may be transmission of HIV from their wives to other non-infected person.

Studies show the majority of the clients of sex workers are transport and migrant workers. Data shows sexual transmission is the commonest route of HIV transmission in Nepal. So sex workers clients are at risk from HIV/AIDS due to unprotected sex. The government organization like the National Center

for AIDS and STDs Control (NCASC) many NGOs/INGOs like the UNAIDS, WHO, UNFPA and Save the Children are playing prominent rate in formulating and implementing programmers and providing IEC programmed. But their efforts may be insufficient due to the scarcity of knowledge and information about the perceptions on STDs and HIV/AIDS especially among truck driver who work in highway (Hetaunda to Kathmandu). Therefore this study attempts to examine knowledge, attitude, sexual behavior and practice of truck driver with regard to STDs and HIV/AIDS.

## 1.3 Objectives of the Study

The main objective of the study is to analyze level of knowledge attitude, sexual behavior and practice on STDs and HIV/AIDS of highway truck drivers.

- To analyze the socio-economic and demographic characteristic of the highway truck drivers.
- To examine the knowledge and attitude on STDs and HIV/AIDS of highway truck drivers.
- To examine the sexual behavior, practice and use of condom of highway truck drivers.
- To assess differential in knowledge on transmission and ever experience on STDs and HIV/AIDS of highway truck drivers.

## 1.4 Significance of the Study

The youth are pillars of the nation and productive manpower's they can contribute for multi sector development of the nation. The study aimed at examining the knowledge, attitude, sexual behavior and practice of Nepalese truck drivers. Truck drivers are the major risk group for HIV infection in Nepal. They are sexually active group who travel a great deal and far away from their families. So the chances of contact with sex workers are very high. Another aspect is that many sex workers live near the highway and their clients are mainly transport workers. Due to their high risk behavior they can

carry the HIV and STDs to their unsuspecting families. Therefore, there is urgent need to identify their KABP (knowledge, attitude, sexual behavior and practice) and develop appropriate strategies to change their behavior so that rapid transmission of HIV/AIDS and STDs can be reduced.

There is no sufficient study carried out focusing on knowledge, attitude sexual behavior and practice on STDs and HIV/AIDS of Nepalese truck drivers. This study will contribute to national health priorities by providing important information on KABP of risk group on STDs and HIV/AIDS. The result of the study will assist in the development and implementation of the strategies and intervention of the Programme to reduce HIV transmission in this high risk group and subsequent transmission to the general population.

## 1.5 Limitations of the Study

This study has following limitation:

1) The study was carried out only at a single site. Therefore, the study might not cover the entire truck drivers of Nepal.
2) The study was concentrated within a sample of truck drivers who were recruited as participant in the study, thus other transport workers (e.g. bus drivers etc.) were excluded in the study.

## 1.6 Organization of the Study

- The study is divided into seven chapters. The first chapter presents with the background, statement of the problem, objective of the study, significance of the study, limitation of the study, organization of the study and variable of the study.
- Chapter two includes literature review.
- Chapter three includes details on methodology, such as selection of the study area, data collection technique, sample size, sampling technique, data processing and analysis technique.
- Chapter four includes background characteristics of sample population.

- Chapter five presents analysis on knowledge attitude, sexual behavior and practice on STDs and HIV/AIDS.
- Chapter six includes differential analysis by socio-economic and demographic characteristics of the respondents. This chapter also includes the transmission of STDs and HIV/AIDS and ever experience of STDs by education income, age, place of residence, marital status.
- Chapter seven includes summary of findings, conclusion and recommendation and future research issue of the study.

## 1.7 Variable of the Study

Following socio-economic and demographic variables have been used to analyze the situation of STDs and HIV/AIDS among the highway truck drivers:

| | |
|---|---|
| Socio-economic variable | - Knowledge and attitude on STDs and HIV/AIDS |
| | - Transmission and prevention |
| | - Sexual behavior and practice |
| | - Ever experience of STDs. |
| | - Income |
| | - Education |
| | - Marital status |
| Demographic variable | - Place of residence |
| | - Age |

# CHAPTER TWO
# LITERATURE REVIEW

## 2.1 Theoretical Literature Review

The sexually transmitted diseases (STD) are a group of communicable diseases that are transmitted predominantly by sexual contact and caused by a wide range of bacterial, viral, protozoan and fungal agents and extoparasites.

The list of pathogens which are sexually transmissible has expanded from the five classical venereal diseases, syphilis, gonorrhea, cancroids, lymphogranuloma venereal and donovanasis.

**Bacterial STDs**

Gonorrhea

Genital Chlamydia Infection

Syphilis

Cancroids

**Viral STDs**

Genital Herpes

Genital Human Papilloma

HIV is the virus that leads to AIDS. HIV belongs to a subset of retroviruses (A retrovirus is any of a group of viruses that contain two single strand linear RNA molecules perviron, which means it carries its genetic blueprint in the form of ribonucleic acid (RNA) instead of deoxyribonucleic acid (DNA). Additionally, the enzyme reverse transcriptase is employed to copy its genome into the DNA of the host cell's chromosomes) called lent viruses employed to copy its genome which means that there is an interval upon entering the bloodstream through mucous membranes or blood to blood contact. HIV infects the CD4+T [CD4+T cells are the immune system's key infection fighters and the entity that allows HIV to enter, attach and infect the body's immune system. The CD4+T cells (also called T4cells) are disabled and

destroyed by the virus, often with no symptoms, causing a significant decrease in the blood levels of T4 cells. In the advance stages of HIV, the body may have fewer than 200 T4 cells, while healthy adults count is 1000 or more. In this way, the body's immune system is continuously weakened from the moment of infection and the inability of the immune system to fight infection opens the door to opportunistic infections] cells and begins to replicate rapidly. Scientists believe that when the virus enters the body, HIV begins to disable the body's immune system by using the body's aggressive immune responds to the virus to infect, replicate and kill immune system cells. Gradually deterioration of immune function and eventual destruction of lymphoid and immunologic organs is central to triggering the immune suppression that leads to AIDS (Adhikari and Adhikari 2003).

AIDS, the acquired immune deficiency syndrome (sometimes called slim disease) is a fatal illness caused by a retrovirus known as the human immune-deficiency virus (HIV) which breaks down the body's immune system, leaving the victim vulnerable to a host of life-threatening opportunistic infection, neurological disorders, or unusual malignancies. HIV can be transmitted from person to person through unprotected heterosexual intercourse, sharing of HIV contaminated needles and syringes, transfusion of infected blood or its component, infected mother to her unborn child and transplantation of HIV infected tissues or organs.

HIV is spread through blood, semen, vaginal secretion and breast milk. The most common method of transmission is unprotected sexual intercourse method of transmission is unprotected sexual intercourse with an HIV-positive partner. Other routes include transmission of HIV-infected blood or blood products tissue or organ transplants. And use of contaminated needles syringes or other skin-piercing equipment.

There are three stages in the development of AIDS from initial infection they are actuating infection a symptomatic stage and AIDS.

Initial stage-test is negative- 0-3/6 months (window)

Carrier stage- test is positive- 3/6 month- 0/10 years

HIV Positive- test is positive- last stage

**Risk of HIV infection by mode of exposure**

| Exposure mode | Transmission rate per exposure |
|---|---|
| Blood transfusion | more than 90% |
| Mother to child | 25%-40% less developing |
| | 15%-25% more developed |
| Unprotected sexual intercourse | 0.1% - 1% |
| Injecting drugs use, needle stick and | |
| Other health care selling exposure | less than 0.5% |
| Household contact from exposure to blood | rare |

(Source: P.R. Lamptey and H.D. Gayle 2001)

AIDS is generally identified from its symptoms however for the assurance the culture of blood is necessary. Normally two types of blood cultures are practiced in lab in order to identify AIDS, they are-

i) Elisa: Elisa means 'Enzyme Linked Immune Sorbent Assy'. This test is used to screed blood for antibody to AIDS. A positive result indicates probable exposure to the AIDS virus and possibly the virus is in the blood.

ii) Western bolt: this test of the blood defects the presence of HIV in serum.

**HIV/AIDS in the Transport Sector**

Transport is a social vector in the transmission of the diseases similarly to the high risk behavior such as injecting drug and commercial sex which fuel the epidemic. Transport sector workers are twice as likely to acquire the HIV infection as workers in low-risk occupation. Transport worker also some bridge population linking with the general population. Because of this bi-directional relationship that transport has with the HIV epidemic, HIV/AIDS programme for the transport sector are crucial to prevent a wider spread of the disease in South Asia.

Six million truck drivers in India and one million in Pakistan, trucking industry represents a notable proportion of the labor force (2.5%) in these

countries and the impact of HIV/AIDS on the trucking industry has important social and economic implication on the rest of the country. (UNAIDS, 2007)

**The transport sectors as a vector in the transmission of HIV/AIDS.**
**High risk practice tends to be common along the roadways**.

- Host sports such as train station-ports and airports serve as meeting point for other high risk group like injecting drug users, sex workers and as cursing grounds. For men who have sex with men.
- The opening up of new transport routes also increases the risk of spreading the infection from one place to another as migrant.
- Workers mostly men on the constructing sites are separated from families for prolonged periods. It increases the risk of transmitting the disease to the population living along with the new routes or to their wives or other sexual partners.
- Truckers present the same high risk behavior. In Terai (Nepal), 70 percent of clients of sex workers are truckers. From various survey in the South Asian region, the percentage of truckers visiting regularly sex workers ranges from 25-80 percent. (UNAIDS,2007)

### 2.1.1 Sexual Behavior

Casual sex is sex outside a stable relationship and may be either premarital or extramarital and either with prostitutes or others. Together with the extent of condom use, the levels of sexually transmitted diseases, and the incidence of male circumcision, sexual behavior is probably responsible for much of the differences in heterosexual epidemics among countries, as well as for the equally large differences among regions and demographic groups within countries (Bongaarts 1995).

In Nepal, the high risk of $STD_S$ and HIV/AIDS is found to the sexual workers and persons involved in other economic activities as well. The epidemic of HIV/AIDS mostly affected to the different fields of people who usually do unsafe sexual contact along the street, jungle and truck stops. The report is

prepared including the sexual workers along the road of Terai and truck drivers and their helpers. The prevalence of STDS and HIV/AIDS is found 73 percent to the truck drivers and their helpers is the area where the survey is carried out (Gorkhapatra, 2000)

### 2.1.2 Behavioral Determinants of HIV

In Tanzania, most pertinent studies were the 1985 adolescent fertility survey in which the sexual experiences of some 32,000 adolescent males and females were investigated. Although the study was focused on the conventional 12 to 24 age group, the actual range covered was much wider, being from 6 to over 25 year. The tabulation of information on age first sexual intercourse allows an appreciation of how early such intercourse was being experienced (Mubunda 1988). Both the youngest female and youngest male reporting such experience were in the 6-9 age group. About one in every five of males under 15 had sexual experience and the corresponding female proportion was over one in every 10 (Adokun et al. 1995).

Leclare-Madlala (1997) examined black South African youth's reaction to the threat of AIDS and its potential effect on sexual behavior and attitudes toward sexual relationships. Fear of dying alone was offered by subjects as the rationale for purposeful attempts to spread HIV by engaging in unprotected sex with multiple partners. (Varga and Makubala, 1996) found AIDS to be a minor factors influencing sexual decision making. Some research has begun investing socio-cultural factors influencing sexual decision-making and negotiation among adolescents in Tanzania and Zambia (Nzovu and Lwanga 1997).

### 2.1.3 Extramarital Sexual Behaviour

Higher the knowledge of AIDS to risk factor has a negative impact on extramarital relations. Only five factors significantly affect recent extramarital affairs among men, namely religion, education, type of marriage degree of

spousal closeness, and knowledge of multiple sexual partners as a risk factor for HIV/AIDS (Isingo Abanihe et al. 1994).

The collaborative project of Ondo State University and Australian National University hold in a field research programme beginning in 1989 and thrown light on the context of the STDs epidemic and the threatened AIDS (Orbuloye et al. 1995). There was a fairly high level of premarital and extramarital sexual relations, with most men exhibiting higher levels than the majority of women and with such relationships being some what more frequent in urban than rural areas. Most man sought sex for enjoyment but a substantial proportion of women who had extramarital sexual relations did so with a semi-permanent sexual relations did so with a semi-permanent partner in order to augment the support for themselves and their children (Coldwell 1995).

### 2.1.4 Premarital Sex

In India among the urban lower classes show a wide variation in premarital sexual experiences. The percentage reporting such experience among 264 blue color workers, 258 migrant workers and 139 loom worker in four towns of Maharastra were 25.4, 32.2, and 12.2 respectively (Savara and Sridhar 1994).

In India there is very little information on the female sexual partners of unmarried male students, neighbours relatives, prostitutes, friends and finances have been mentioned as partner in a few studies. There is an indication that the premarital sexual partners of a male student are often married women who may be a relative or neighbor. For example, one half of all the first sexual partners of 72 college student in Hyderabad were married women older than they and the large majority of the partners were relatives. This is somewhat expected because of the higher value placed on the premarital chastity of Indian women than that of men and because most Indian girls are still married at an early age. Some findings indicate that a sizeable proportion of unmarried students visit prostitutes (Gilada, 1994).

### 2.1.5 Sex and Sexually Transmitted Diseases

Premarital and extramarital sex is not common in Nepal and high prevalence of STDs in general population further facilitates HIV transmission in the country. Several studies have found that 10.0 percent or more of the general adult population in some parts of Nepal have a history of STD infection (Beker, Devkota and Gurubacharya, 1993).

Long distance truck drivers in Africa, India and Thailand have been found to participate in vigorous sexual cultures at road side settlement and border crossing whose transient residents include poor, often young women from rural hinterlands. Though sex for payment in cash or kind, many of these drivers and women have multiple partners and such drivers have spread HIV widely through the rural by ways of the African AIDS belt, Thailand and India early in their epidemics while long distance truck drivers have long been implicated in the spread of HIV in Africa, Thailand and India (Jackson et al. 1997).

### 2.1.6 Contraception of STDs/AIDS

In America, company based initiative from 1992 was designed to raise HIV/AIDS awareness amongst workers throughout the sector conducted a needs assessment study in 1992 and found that drivers had poor AIDS awareness and many misconceptions about condom. Only 29 percent had used on in their last commercial sex encounter, 60 percent had girl friends and 64 percent visited prostitutes when out on the road (Wilson et al. 1994).

The risk of transmission of HIV and other sexually transmitted diseases is higher in sexual relationship with multiple partners and without the use of condoms. Premarital sex often involved multiple partners and extramarital sex, by definition implies multi-partner relationships. The following categories of people are likely participants, voluntary or non-voluntary in multi-partner sexual relationships: female prostitutes and their customers, male homosexuals, gays and male prostitutes. Avoidance of multi-partner sexual relationships use of condoms of sexual abstinence is usually advocated for prevention of spread of HIV and other sexually transmitted disease (Nag. 1995: 293).

### 2.1.7 Migration and HIV/AIDS

In Ghana, prostitutes often return home of their place of birth with the intention of marrying and settling down. This return migration itself a serious and significant factor in the heightened spread of HIV infection. This pattern of cyclical migration and infection of rural areas is by now well documented in a number of regions as caused by both internal and international migrant workers on the Akan and Krobo of Southern Ghana (Dada et al. 1993) on high class logos Karl girls with an international clientele.

Uganda's on HIV and migration study showed a strong correlation between HIV infection and migration status (Nunn et al. 1995). The lowest rate of HIV was found in those people whose place of residence was more permanent. People who had moved within the last five years for example, were three times moves likely to infect with HIV than those who residence had been stable for more than ten years. The lowest infection rates were among those who had been living for the longest time in the same place. The study also documents that people who migrate have more sexual partners than non-migrants (Luvie, Mark, 1997).

In South Africa, economic, social, cultural and mobility factors affect the pattern of the disease. Migrant labourers like truck and bus drivers, itinerant traders and prostitutes, need to be treated as a high risk group both at their place of work and their areas of origin. At the place of work the migrant workers live as single men and often have sexual relations with local women, mostly in pubs, canteens and such places, and also with men. At home, the earnings from migration play an important role in sexual and marital relations. Young men migrate to earn money and accumulated domestic good for use in their families. Returning migrants engage in conspicuous spending and since their incomes are generally higher than those of the average peasants at home, they become a major attraction to the rural women. As a result, the returned migrants tend to have more than one sexual partner. These intrinsic relationships between on the one hand, migration and multi-partnered sex and the other, migration and material comfort, facilitate the spread of HIV infection (Chirwa, Wiseman, 1997).

### 2.1.8 Sexual Networking

In Ghana, the long distance truck drivers who bring goods to the study area also have sexual relationships with some of the itinerant traders. Most of the items brought to Ghana (Accra) are perishable and getting transport at the right time and regularly is an important aspect of the business of the traders. A relationship with truck drivers ensures this. A number of the female members of the street involved youth practice commercial sex. They can be found at the street corners and around hotels where they solicit clients. As prostitutes they are also easily accessible to some of the truck drivers. The foregoing discussion illustrates the complex sexual network that goes on in what appears to environment to the general population and vice versa can be observed (John et al. 1995).

## 2.2 Empirical Literature Review

### 2.2.1 Global Situation on HIV/AIDS

The high assumption of the growth of HIV/AIDS affected the world scenario is justified according the latest data i.e. nearly 7000 people are infected each day. According to this rapid growth up to now, the estimated number of HIV affected people is 33.2 million. Likewise the data of 2007 only estimated of HIV affected people is 2.5 million. Beside this most remarkable death is of the African countries where in sub Saharan the HIV affected adult percentage is 68 (UNAIDS 2007).

**Table 2.1: Global Summary of the AIDS Epidemic, 2006**

| Area | Living with HIV | Newly Infected |
|---|---|---|
| Sub-Saharan | 24.7 million | 2.8 million |
| South & South East Asia | 7.8 million | 860,000 |
| East Asia | 750000 people | 100,000 |
| Latin America | 1.7 million | 140,000 |
| Total | 39.5 million | 4.3 million |

Source: UNAIDS 2007, WHO 2007

**Table 2.2: Distribution of Top 5 Countries and Nepal with AIDS Infected People**

| S.N. | Country | Rank | Population with HIV/AIDS | Year |
|---|---|---|---|---|
| 1. | South Africa | 001 | 57,00,000 | 2008 |
| 2. | Nigeria | 002 | 26,00,000 | 2008 |
| 3. | India | 003 | 24,00,000 | 2008 |
| 4. | Kenya | 004 | 19,00,000 | 2008 |
| 5. | Zimbabwe | 005 | 18,00,000 | -- |
| 6. | Nepal | -- | 70,000 | 2007 |

Source: UNAIDS 2008, NCASC, 2007

### 2.2.2 The HIV/AIDS Situation of Nepal

As of April 12, 2008, a total of 1754 AIDS and 11234 cumulative cases of HIV infection where reported to the Ministry of Health, National Centre for AIDS and STD control. The data shows high rate of infection among male compared to female. Among males, very high infection has been reported among clients of female sex worker (5138), housewife (2455) and injecting drug users (2166).

**Table 2.3: Cumulative HIV/AIDS Situation of Nepal as of12 April, 2008**

| Description | Male | Female | Total | New case, 2006 |
|---|---|---|---|---|
| HIV positive cases (Including AIDS) | 7646 | 3588 | 11234 | 232 |
| AIDS (out of total HIV) | 1258 | 495 | 1754 | 45 |
| HIV/AIDS cases by population sub group and sex | | | | |
| Sex worker | 1 | 731 | 732 | 2 |
| Clients of Sex workers | 5034 | 104 | 5138 | 93 |
| Housewives | - | 2455 | 2455 | 89 |
| Blood or organ recipients | 20 | 8 | 28 | 1 |
| Injecting drug use | 2128 | 38 | 2166 | 21 |
| Children | 370 | 236 | 606 | 26 |
| Man having Sex with Man (MSM) | 43 | - | 43 | - |
| Other | 50 | 16 | 66 | - |
| Total | 7646 | 3588 | 11234 | 232 |

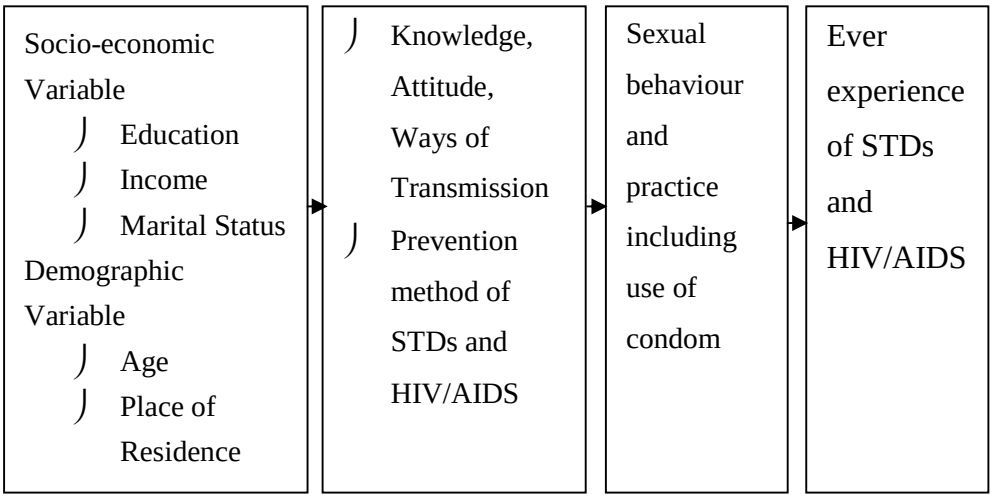
Source: NCASC, 2007

## 2.3 Conceptual Framework

The studies reviewed clearly indicated that human sexual behavior is influenced by social, economic, cultural and demographic factors-it was clearly seen that socio-economic and cultural variable are important factors in determining the person's attitudes and behavior regarding sex and sexuality. The effective knowledge on STDs and HIV/AIDS plays vital role in the transmission of the diseases and hence their prevalence.

Engagement in risky sexual behavior with non regular sex partner enhances the chances of acquiring STDs and HIV/AIDS. This risk of STDs/HIV transmission can be reduced by practicing safer sex, by using condom in each and every sexual contact. But condom use behaviour is affected by many factors like knowledge and attitude of both the sexual partners, regarding the condom.

**Conceptual Framework of the Study**




## 2.4 Research Questions

1. What is the socio-economic and demographic characteristic of the truck driver of highway?
2. What is the knowledge and attitude of truck driver on STDs and HIV/AIDS of highway?
3. What is the sexual practice of the truck driver of highway?
4. What is the differential in knowledge on transmission and ever experience on STDs and HIV/AIDS of highway truck driver?

# CHAPTER THREE
# METHODOLOGY

## 3.1 Selection of Study Area

Hetauda links the capital to Terai district and it is one of the highly busy routes, through which large number of trucks pass daily. Hetauda is a transit point of Terai to Kathmandu. In Hetauda, there is one of the biggest truck stop of the Nepal, which is located in bank of Rapti River. The length of the route (Hetauda-Narayanghat-Naubise-Kathmandu) is 223 km and there are many rest points (Hotel and Lodge). This study mainly focuses on truck stop of Hetauda, because the large numbers of truck driver are available there.

The research is a case study of highway truck drivers in Nepal. For this study, the data collection task was carried out from among the highway truck drivers who are currently employed in this occupation.

## 3.2 Data Collection Technique

A structured interview schedule was used in order to collect needed data. Besides this, observation open questionnaire were utilized for the study. The collected information is expected to show the socio-economic status and knowledge, attitude sexual behavior and practice of truck drivers in the highway of Hetauda to Kathmandu.

## 3.3 Sample Size

In the record of the office of Narayani Truck Association shows that in an average 432 trucks enter in one week. Out of 432 trucks, 25 percent truck drivers were selected for the study by using the probable sample technique. Thus, the sample size of the study was 108.

## 3.4 Sampling Technique

Among 432 trucks, 25 percent or 108 truck drivers were selected for sample. Every fourth driver was chosen for the interview that entered in a truck stop. Using of probable sampling technique (systematic), the job was finished and total 108 respondents' information was taken.

## 3.5 Data Processing Technique

The filled questionnaires were edited thoroughly. All questionnaires were edited to see if there were mistakes in skipping pattern as well as other errors. After completing the manual editing the master table in SPSS was created and all data was entered.

## 3.6 Techniques of Data Analysis

Following techniques were used to ensure the meaningful and effective interpretation of the data analysis:

- Tabulation and classification of data
- Frequency table generation
- Use of percentages, mean etc.
- Presentation of analyzed information in tables and graph charts

# CHAPTER FOUR
# BACKGROUND CHARACTERISTICS OF SAMPLE POPULATION

Social-economic and demographic characteristics of the study population such as their caste/ethnicity, education, religion, occupation, living arrangement; household income, annual average expenditure, age, structure, marital status, place of residence have been considered as the main characteristics of the study population. This chapter presents following information.

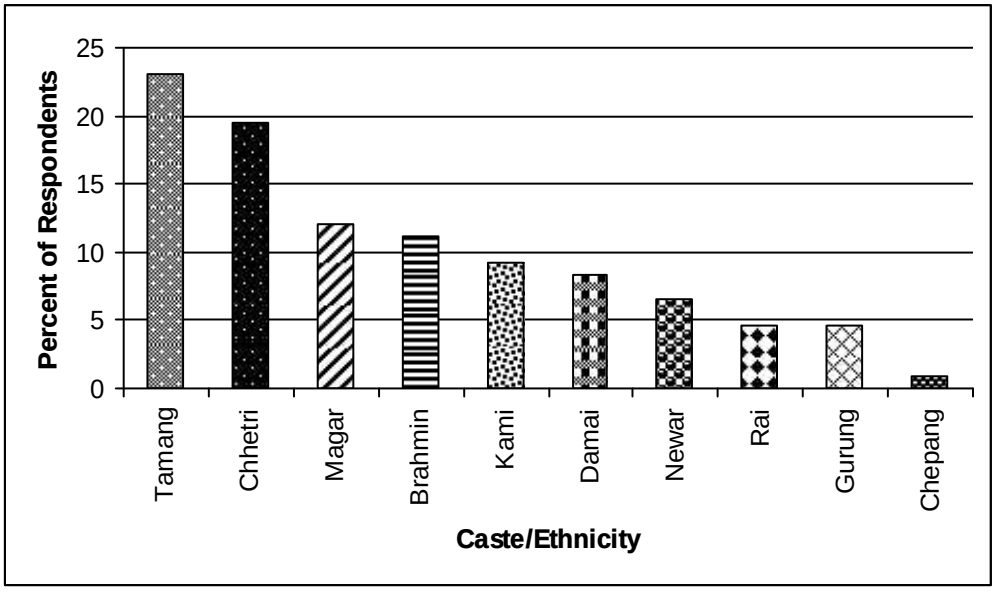
## 4.1 Social Characteristics of the Respondents

In this section, the social characteristics are presented in terms of caste/ethnicity, religion, education, duration of involvement in current occupation and present living arrangement.

### 4.1.1 Caste/Ethnicity

Caste/ethnicity is usually defined in terms of a common cultural ideology. It is a cultural concept that refers to a group of people belonging to a cultural identify. The highway line truck drivers included in this study are basically coming from Tamang, Chhetri, Magar and Brahmin.

**Figure 4.1: Distribution of Respondents by Caste/Ethnicity**



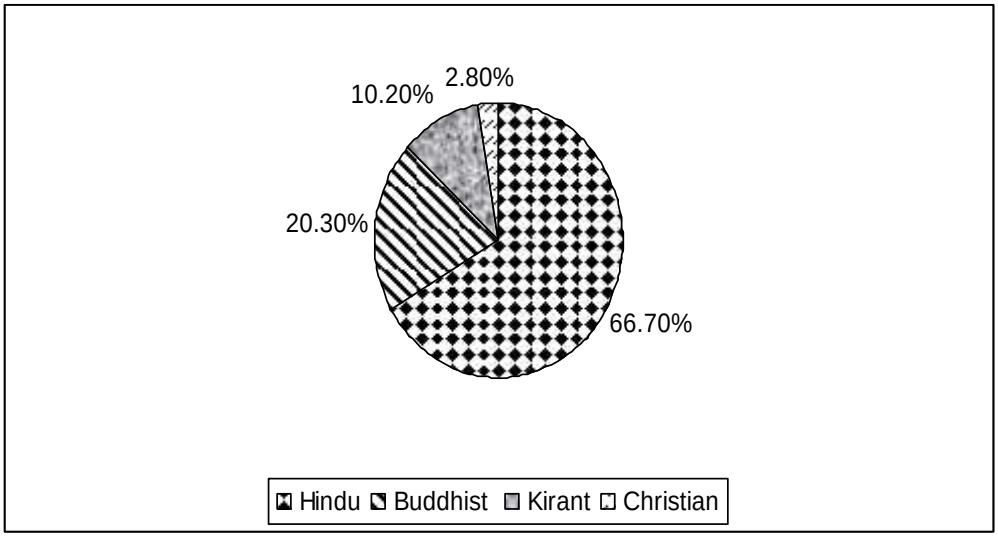

Source: Field Survey, 2008

From the figure 4.1, it is clear that Tamangs contribute largely to the total number as 23.1 percent of the study population composed of Tamang. It is followed by Chhetri 19.4 percent, Magars are 12.0 percent and Brahmins are 11.1 percent respectively.

### 4.1.2 Religion

Religion is another social characteristic, the group of people belonging to a religion identity.

**Figure 4.2: Distribution of Respondents by Religion**



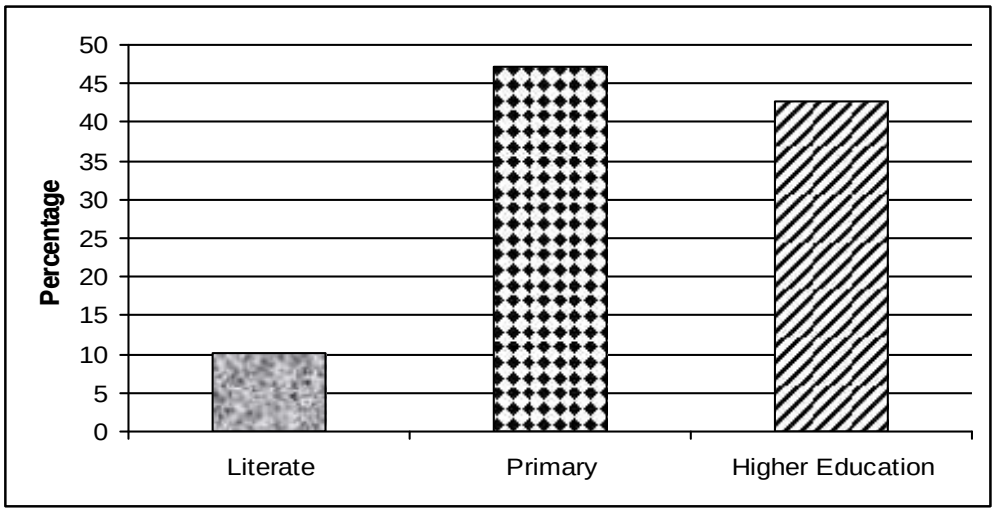

Source: Field Survey, 2008

The Hindus are the highest member of respondents, it is the 66.7 percent, it is followed by Buddhist 20.3 percent, Kirat is third largest religion which is 10.2 percent and Christian is 2.8 percent respectively.

### 4.1.3 Education

The education is one of the most important factors which affect all aspects of human life. It is believed that educational people are more aware of their family and health.

**Figure 4.3: Distribution of Respondents by Education**



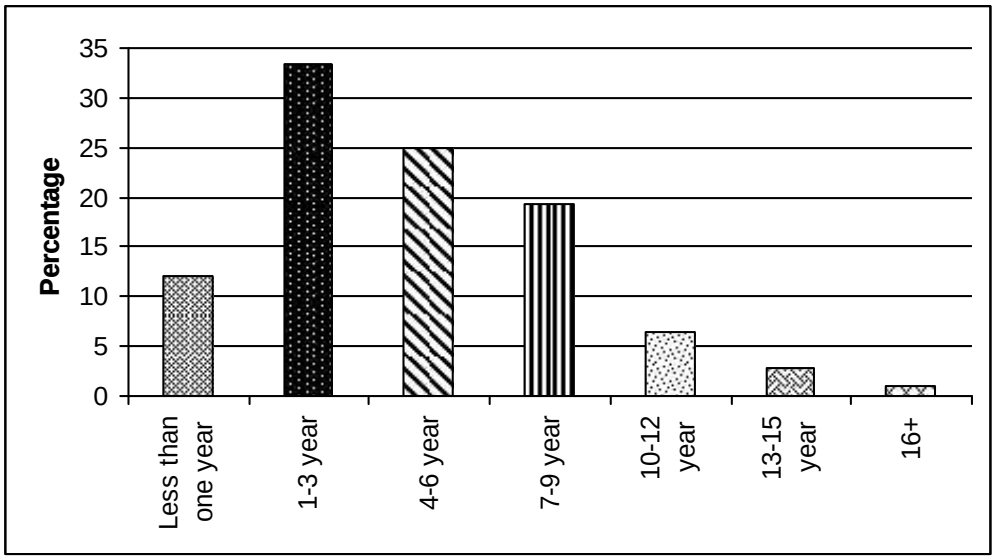

Source: Field Survey, 2008

Most of the respondents are educated at primary and at higher levels (indicate above secondary level) which is 47.2 percent and 42.6 percent respectively, from figure 4.3.

### 4.1.4 Duration of Involvement in Current Occupation

This is the economic characteristic of the people is categorized in to the duration of work of respondents are seven works duration group.

**Figure 4.4: Distribution of Respondents by Duration on Occupation**




Source: Field Survey, 2008

From Fig. 4.4, it is clear that the highest numbers of respondent are 1-3 year work duration group which is 33.3 percent. It is followed by 4-6 year work duration group which is 19.4 percent. Similarly, 7-9 year work duration group is the third highest group which is 19.4 percent.

### 4.1.5 Present Living Arrangement

Another social characteristic is present living arrangement which is divided mainly two groups alone and with family.

**Table 4.1: Distribution of Respondents by Living Arrangement**

| Living Arrangement | Number | Percent |
|---|---|---|
| Alone | 26 | 24.1 |
| With family | 82 | 75.9 |
| Total | 108 | 100 |
| With family | | |
| Joint family | 35 | 42.6 |
| Nuclear family | 47 | 57.4 |
| Total | 82 | 100 |

Source: Field Survey, 2008

Table 4.1 shows that most of the respondents are living with their family which is 75.9 percent and only 24.1 percent is living alone. From living with their family 57.4 percent are living in nuclear family and 42.6 percent are living in joint family.

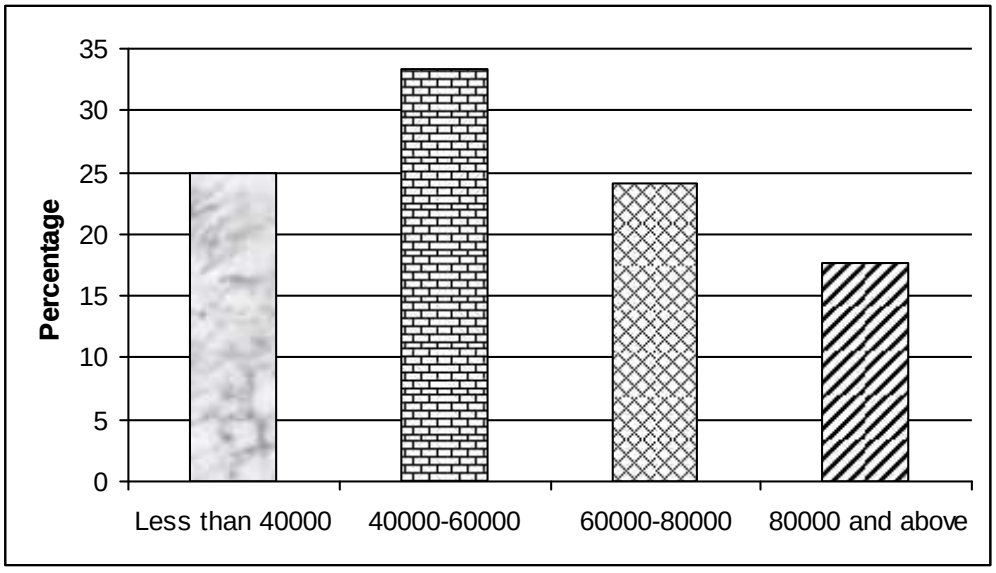
## 4.2 Economic Characteristic of Respondents

In this section, the economic characteristics are divided by annual coverage household income, other source of income, annual average expenditure.

### 4.2.1 Annual Average Household Income

Another economic characteristic is the range of household income is categorized into four income groups.

**Figure 4.5: Distribution of Respondents by Income**



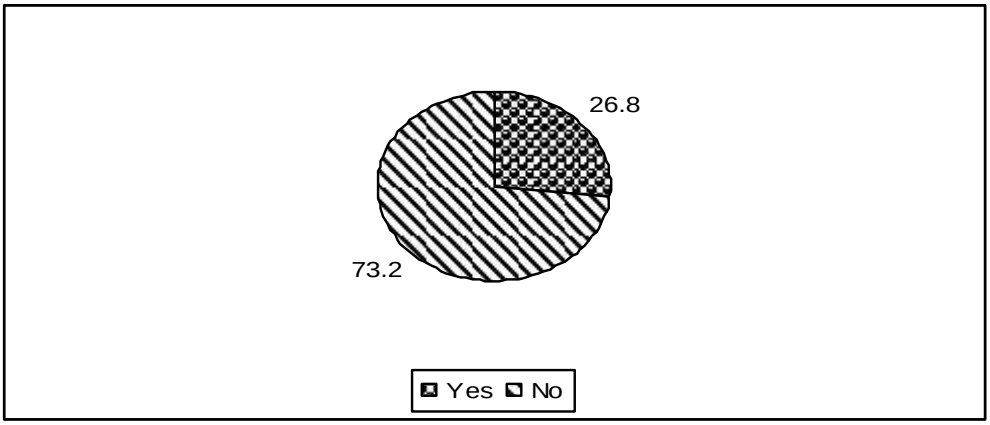

Source: Field Survey, 2008

Figure 4.5 shows that the large number of respondents' are in two income groups 40000-60000 and 60000-80000 which is 33.3 percent and 25 percent respectively.

### 4.2.2 Other Source of Household Income

Another economic characteristic is other source of household income of respondents.

**Figure 4.6: Distribution of Respondents by Other Source of Household Income**



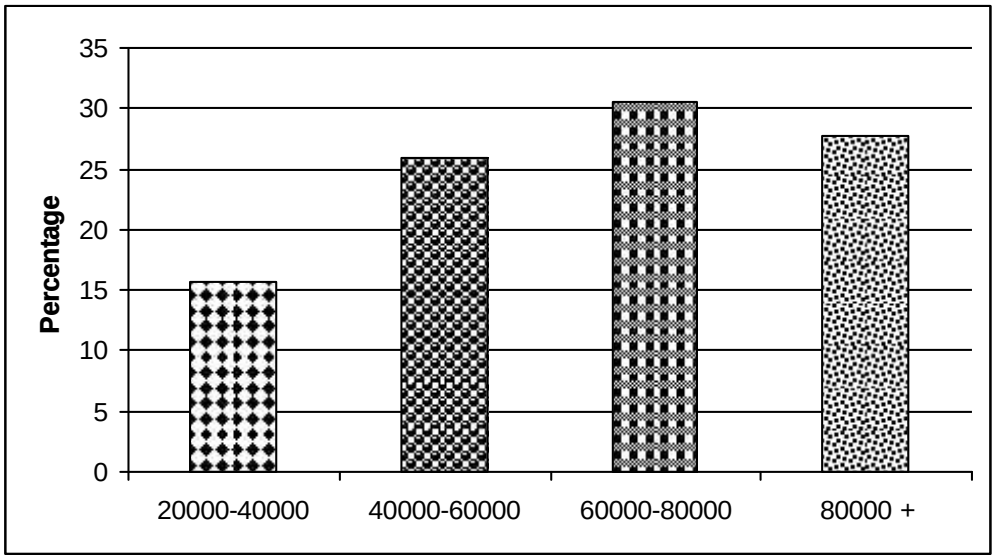

Source: Field Survey, 2008.

As shown in figure 4.6, most of the respondents have no other source of household income which is 73.2 percent. Similarly the respondents who have other source of household income are 26.8 percent.

### 4.2.3 Annual Average Household Expenditure

Annual average household is another economic characteristic of the respondents. The ranges of household expenditure are categorized into four household expenditure groups.

**Figure 4.7: Distribution of Respondents by Annual Average Household Expenditure**




Source: Field Survey, 2008

Figure 4.7 shows that most of the respondents are in 60000-80000 household expenditure group are 30.5 percent. Similarly in 80000 and above household expenditure group is 27.8 percent respondent, in 40000-60000 household expenditure group there is 25.9 percent.

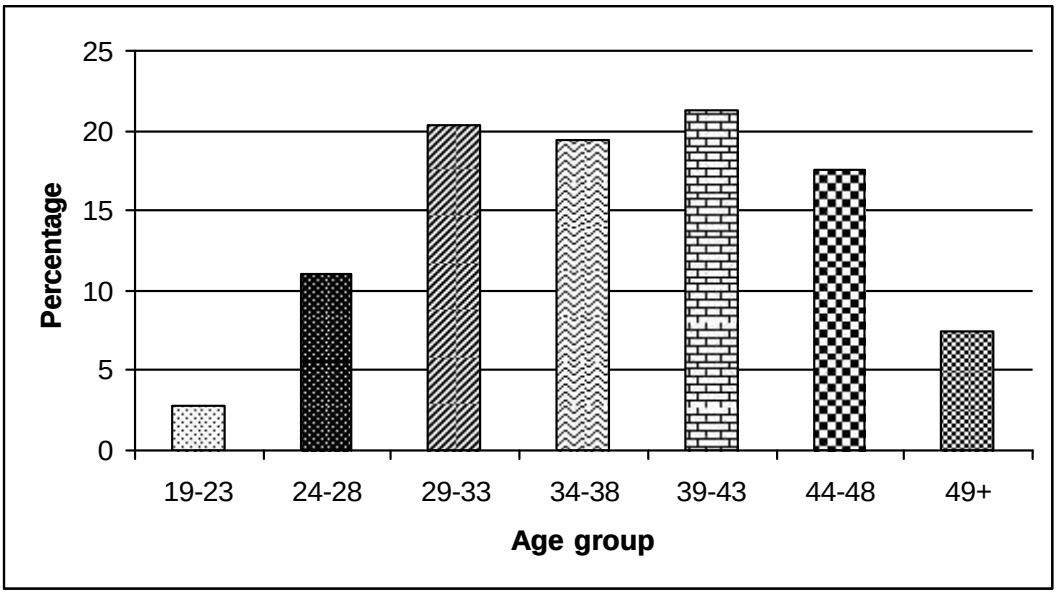
## 4.3 Demographic Characteristics of Respondents

In this section, the demographic characteristics are categorized by age structure, marital status and place of residence.

### 4.3.1 Age Structure

The age is an important factor which determines the human behaviour. This study is categorized into seven age groups.

**Figure 4.8: Distribution of Respondents by Age Structure**




Source: Field Survey, 2008

Most of the respondents are in age group 39-43 year which is 21.3 percent, similarly in age group 29-33 year is 20.4 percent in age group 34-38 year is 19.4 percent, and in age group 44-48 year is 17.6 percent.

### 4.3.2 Marital Status

Age at marriage is another important factor to analyze the human sexual behavior. Age at marriage is categorized into three age groups which is 20-24 year, 25-29 year and 30-34 year.

**Table 4.2: Distribution of Respondents by Marital Status**

| Marital Status | Number | Percent |
|---|---|---|
| Single | 13 | 12.0 |
| Married | 95 | 88.0 |
| Total | 108 | 100 |
| Age at marriage | | |
| 20-24 | 46 | 48.4 |
| 25-29 | 38 | 40.0 |
| 30-34 | 11 | 11.6 |
| Total | 95 | 100 |

Source: Field Survey, 2008

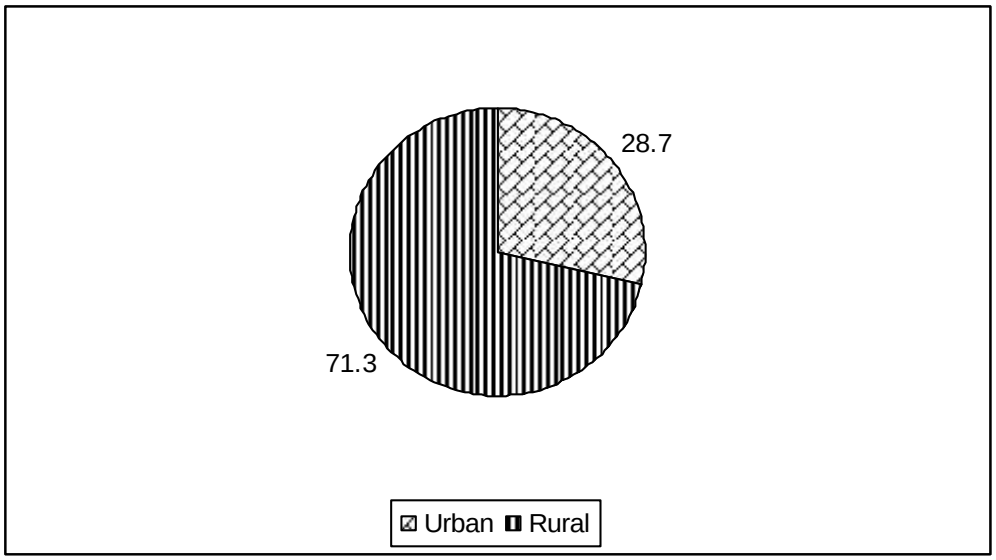
Table 4.2 it is clear that majority of the respondents are married which is 88.0 percent and only 12.0 percent are single.

The highest numbers of respondents are in age group 20-24 year which is 48.4 percent. Similarly 40.0 percent are in age group 25-29 year and 11.6 percent are in age group 30-34 year.

### 4.3.3 Place of Residence

This is the social characteristics and is divided in to two groups: Urban and Rural.

**Figure 4.9: Distribution of Respondents by Place of Residence**




Source: Field Survey, 2008

Figure 4.9 shows the place of residence which may have effects on knowledge and prevalence of STDs and HIV/AIDS. Most of the respondents are living in rural which are 71.3 percent and only 28.7 percent are living in urban area.

# CHAPTER FIVE
# KNOWLEDGE, ATTITUDE, SEXUAL BEHAVIOUR AND PRACTICE ON STDs AND HIV/AIDS

This chapter presents information on respondent's knowledge, attitude and practice on STDs and HIV/AIDS.

Socio-economic and demographic variable affects on the knowledge and prevalence of sexually transmitted diseases among highway line truck drivers. The differentials in knowledge and ever contact of sexually transmitted diseases are examined according to the socio-economic and demographic status of the respondents.

## 5.1 Knowledge on STDs

In this section, the knowledge on STDs, with regard to whether the respondents have heard of STDs or not, source of heard, knowledge on major types of STDs, knowledge and way of STDs transmission, the experience of STDs, STDs for treatment and method of prevention.

### Heard of STDs

To collect the information on the knowledge about STDs, the respondents were asked following question: Have you ever heard about STDs?

**Table 5.1: Percent Distribution of the Respondents by Knowledge on STDs**

| Heard of STDs | Number (108) | Percent |
|---|---|---|
| Yes | 108 | 100 |
| No | - | - |
| Total | 108 | 108 |

Source: Field Survey, 2008

Table 5.1 shows that all respondents have heard about the STDs.

**Source of Information**

Those respondents who have heard of STDs were further asked to state the media through which, they heard about the STDs. Table 5.2 shows the distribution of the respondents who have heard about STDs by types of source of information.

**Table 5.2: Percent Distribution of Respondents Who Have Heard on STDs by Source of Information**

| Source of STD Heard | Number | Percent |
|---|---|---|
| Radio/TV | 38 | 35.2 |
| Newspaper | 24 | 22.2 |
| Friend/Relatives | 34 | 31.5 |
| Other Source | 12 | 11.1 |
| Total | 108 | 100 |

Source: Field Study, 2008

Table 5.2 shows that most of the respondents have heard of STDs from Radio/TV programme friends/relative and newspaper which is 35.2 percent, 31.48 percent respectively.

**Type of STDs Heard**

To collect the information on type of STDs, the question asked was which type of the STDs have you heard? This question was asked to all respondents

**Table 5.3: Percent Distribution of Respondents who have Heard about Different Type of STDs**

| Type of STD Heard | Number | Percent |
|---|---|---|
| Syphilis | 46 | 42.6 |
| Gonorrhea | 39 | 36.1 |
| Chlamydia | 12 | 11.1 |
| Trichomonasis | 9 | 8.3 |
| Genital Herper | 2 | 1.8 |
| Other | - | - |
| Total | 108 | 108 |

Source: Field Study, 2008

Table 5.3 shows that most of the respondents have heard of syphilis and gonorrhea which is 42.6 percent and 36.1 percent respectively.

**Knowledge on STDs Transmission**

In order to obtain information on the knowledge about transmission of STDs among the respondents who have heard at least one type of STDs they were further asked, do you know how can be STDs transmitted?

**Table 5.4: Percent Distribution of Respondents by Knowledge of Transmission of STDs**

| Knowledge on STDs Transmission | Number | Percentage |
|---|---|---|
| Yes | 87 | 80.6 |
| No | 21 | 19.4 |
| Total | 108 | 108 |

Source: Field Survey, 2008

As shown in table 5.4, most of the respondents have knowledge on STDs transmission which is 80.6 percent. Only 19.4 percent have no any idea about the STDs transmission.

**Knowledge on Ways of STDs Transmission**

In order to obtain the knowledge on ways of transmission of STDs the respondents who reported that STDs are transmitted from one person to another were asked the question: if yes, what are the ways of STDs transmission?

**Table 5.5: Percent Distribution of Respondents by Knowledge on Way of STDs Transmission**

| Way of STDs Transmission | Number | Percent |
|---|---|---|
| Sexual contact with infected person | 63 | 72.4 |
| Living together with infected person | 9 | 10.3 |
| Infected mother to fetus | 4 | 4.6 |
| Dirtiness of the sexual organ | 11 | 12.7 |
| Total | 87 | 100 |

Source: Field Survey, 2008

Among the total 87 respondents 72.4 percent said STDs is transmitted through sexual contact with infected person. Similarly 12.7 percent respondents have reported that STDs is transmitted through dirtiness of the sexual organs. 10.3 percent said that STDs is transmitted through living together with infected person.

## 5.2 Incidence of STDs Infection

**Ever Infected with STDs**

To collect the information on STDs, infection, the respondents were asked, have you experienced any of STDs?

**Table 5.6: Percent Distribution of Respondents who Experienced STDs**

| Experience of STDs | Number | Percent |
|---|---|---|
| Yes | 27 | 25.0 |
| No | 81 | 75.0 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Among the 108 respondents, 75.0 percent have no experience of STDs and only 25.0 percent have experienced STDs.

**Is STD Curable?**

The respondents were also asked whether the STDs are curable or not? The results to this question are presented in table 5.7.

**Table 5.7: Percent Distribution of Respondents on STDs is Curable**

| Is STD Curable | Number | Percent |
|---|---|---|
| Yes | 87 | 80.6 |
| No | 21 | 19.4 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Table 5.7 shows that out of 108 respondents, 80.6 percent said that the STDs are curable and only 19.4 percent said that the STDs are not curable.

**Place for Treatment**

The respondents who ever had experienced STDs were further asked, if yes where did you go for treatment?

**Table 5.8: Percent Distribution of Respondents on STDs to Place for Treatment**

| Place for treatment | Number | Percent |
|---|---|---|
| Hospital | 30 | 34.5 |
| Private clinic | 50 | 57.5 |
| Dhami Jhankri | - | - |
| Other | 7 | 8.0 |
| Total | 87 | 100 |

Source: Field Survey, 2008

Among the 87 respondents 57.5 percent are said that they went to private clinic. Similarly 34.5 percent are said that they went to hospital.

**Method of Prevention from STDs**

In order to examine knowledge on the method of prevention from STDs, the respondents were asked the following question: What are the methods of prevention from STDs?

**Table 5.9: Distribution of Respondents by Knowledge Prevention Method from STDs**

| Method of Prevention | Number | Percent |
|---|---|---|
| Abstain from sexual contact | 23 | 21.3 |
| Sex with only one partner | 36 | 33.3 |
| Use of condom during sexual intercourse | 40 | 37.0 |
| Always cleans owns sexual organs | 9 | 8.4 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Out of total 108 respondents, most of the respondents said that condom during sexual intercourse is one way of STD prevention which is 37 percent. Similarly 33.3 percent said that prevention method is sex with only one partner.

## 5.3 Knowledge on HIV/AIDS

In this section, examines the respondent's knowledge on HIV/AIDS with regard to whether the respondents have heard of HIV/AIDS or not, source of the knowledge and ways HIV prevention and whether HIV/AIDS can be cured and how should they behave to the infected person.

### Heard of HIV/AIDS

To collect the information on knowledge about HIV/AIDS, asked the following question: have you ever heard about HIV/AIDS?

**Table 5.10: Percent Distribution of the Respondent by Knowledge of HIV/AIDS**

| Heard about HIV/AIDS | Number | Percent |
|---|---|---|
| Yes | 108 | 100 |
| No | - | - |
| Total | 108 | 100 |

Source: Field Survey, 2008

Table 5.10 shows that all the respondents have knowledge about the HIV/AIDS.

### Source of Information on HIV/AIDS

In order to obtain the information about the source of knowledge on HIV/AIDS, they were asked the question: if yes, from which source did you hear?

**Table 5.11: Percent Distribution of the Respondent on Source of Information on HIV/AIDS**

| Source of Heard | Number | Percent |
|---|---|---|
| Radio/T.V. | 36 | 33.3 |
| Newspaper | 27 | 25.0 |
| Friends/Relative | 35 | 32.4 |
| Other | 10 | 9.3 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Among the 108 respondents, most said that Radio/T.V. is the source of information on HIV/AIDS which is 33.3 percent. Similarly 32.4 percent said that friends/relatives are the source of information on HIV/AIDS. It is followed by 25.0 percent said that newspaper is the source of information on HIV/AIDS.

**Knowledge on HIV/AIDS Transmission**

To collect the information on knowledge about HIV/AIDS, the respondents were asked the following question. Do you know how can be HIV/AIDS transmitted?

**Table 5.12: Percent Distribution of Respondents by Knowledge on HIV Transmission**

| Knowledge on HIV Transmission | Number | Percent |
|---|---|---|
| Yes | 92 | 85.2 |
| No | 16 | 14.8 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Table 5.12, 85.2 percent respondents have knowledge on HIV transmission and only 14.8 percent respondents don't have knowledge on HIV/Transmission.

**Knowledge on Ways of HIV/AIDS Transmission**

In order to obtain the information on knowledge about ways of transmission of HIV, asked the following question: do you know the prevention method of HIV/AIDS if yes, what are the ways of HIV/AIDS transmission?

**Table 5.13: Percent Distribution of Respondents by Knowledge on Ways of HIV/AIDS Transmission**

| Ways of HIV/AIDS Transmission | Number | Percent |
|---|---|---|
| Sexual contact with infected person | 39 | 42.4 |
| Infected blood/organs transmission | 16 | 17.3 |
| Sharing unsterilized needles | 17 | 18.5 |
| Infected mother to fetus | 11 | 12.0 |
| Other | 9 | 9.8 |
| Total | 92 | 100 |

Source: Field Survey, 2008

Among the 92 respondents 42.4 percent said that HIV/AIDS is transmitted through the sexual contact with infected person. Similarly 18.5 percent respondents said that HIV/AIDS is transmitted through the sharing unsterilized needles.

**Knowledge on Prevention Method of HIV/AIDS**

To collect the information on knowledge about the prevention method of HIV/AIDS, the respondents were asked the following question: Do you know the prevention method of HIV/AIDS? If yes, what are the prevention methods of HIV/AIDS?

**Table 5.14: Percent Distribution of Respondents by Knowledge on Prevention Method and Knowledge about Methods**

| Knowledge on Prevention Method | Number | Percent |
|---|---|---|
| Yes | 89 | 82.4 |
| No | 19 | 17.6 |
| Total | 108 | 100 |
| Knowledge about Methods | Number | Percent |
| Avoid sex with multiple partner | 31 | 34.8 |
| Use of condom during sexual intercourse | 32 | 34.0 |
| Avoiding sharing needle | 11 | 12.4 |
| Avoiding transfusion in infected blood | 9 | 10.1 |
| Other | 6 | 6.7 |
| Total | 89 | 100 |

Source: Field Survey, 2008

Table 5.14 shows that 82.4 percent have knowledge on prevention method of HIV/AIDS and only 17.6 percent have no any idea about the prevention method of HIV/AIDS. Similarly out of 89 respondents 34.0 percent said that use of condom during sexual intercourse is a prevention method. It is followed by 34.8 percent said that avoid sex with multiple partner is a prevention method of HIV/AIDS.

**Knowledge on Treatment of HIV/AIDS**

In order to obtain the information on the respondents were also asked whether HIV/AIDS can be cured or not?

**Table 5.15: Percent Distribution of Respondents on HIV/AIDS can Cured**

| Can HIV/AIDS be Cured | Number | Percent |
|---|---|---|
| Yes | 9 | 8.3 |
| No | 82 | 76.0 |
| Don't know | 17 | 15.7 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Table 5.15 shows that most of the respondents 76.0 percent said that HIV/AIDS cannot be cured. Similarly 15.7 percent said that they don't know about the HIV/AIDS be cured or not. And 8.3 percent said that HIV/AIDS be cured.

**Attitude toward Infected Person**

To collect the information about infected person, the respondents were asked the following question: How should behave to the infected person?

**Table 5.16: Percent Distribution of Respondents about Infected Person**

| Behave about Infected Person | Number | Percent |
|---|---|---|
| Love/respect them | 63 | 58.3 |
| Hate them | 17 | 15.7 |
| Don't know | 28 | 25.9 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Among the 108 respondents 58.3 percent said that they should love/respect HIV/AIDS infected person. Similarly 25.9 percent said that they don't know what do about HIV/AIDS infected person. And 15.7 percent said that to HIV/AIDS infected person should hate them.

## 5.4 Sexual Behaviour and Practice

In this section, examines the sexual practice of the respondent like, ever had sex with prostitute, do use condom while taking intercourse with prostitute, do use condom every time, purpose of condom use, involvement in sexual intercourse before marriage about, first sex partner, currently involvement in sex, who is current sex partner, frequencies of sex, what type of sex partner generally contact and who should be responsible for decreasing the epidemic.

### Ever had sex with prostitute and use of condom

In order to obtain the information on ever had sex with prostitute and use of condom the respondents were asked the following question: Have you ever had sex with prostitutes? If yes, do you use condom every time while having sexual intercourse with prostitutes? For what purpose did you use condom?

**Table 5.17: Percent Distribution of Respondents by Ever Had Sex with Prostitute and Use of Condom.**

| Ever Had Sex with Prostitute | Number | Percent |
|---|---|---|
| Yes | 41 | 38.0 |
| No | 67 | 62.0 |
| Total | 108 | 100 |
| Do you use condom while having sex with prostitute | Number | Percent |
| Yes | 33 | 80.4 |
| No | 8 | 19.6 |
| Total | 41 | 100 |
| Do you use condom every time while having sex with prostitute | Number | Percent |
| Every time | 33 | 100 |
| Some time | - | - |
| Total | 33 | 100 |
| For What purpose do use condom | Number | Percent |
| For birth spacing/prevent unwanted pregnancy | 9 | 27.3 |
| To prevent against STDs and HIV/AIDS Infection | 10 | 30.3 |
| Both | 14 | 42.4 |
| Total | 33 | 100 |

Source: Field Survey, 2008

Among the 108 respondents 62.0 percent never had sex with prostitute and 38 percent had sex with prostitute. Similarly out of 41 respondents 80.4 percent use of the condom while having sex with prostitute and 19.6 percent do not use the condom while having sex with prostitute. All 33 respondents who use the condom while having sex with prostitute, they used the condom every time while having sex with prostitute. Similarly out of 33 respondents 42.4 percent use the condom for birth spacing/ prevent unwanted pregnancy and to prevent against STDs and HIV/AIDS infection out of 33 respondents 30.3 percent use the condom to prevent STDs and HIV/AIDS infection and out of 33 respondents 27.3 percent use the condom for birth spacing/prevent unwanted pregnancy.

**Involvement in Sex before Marriage**

In order to obtain the information on involvement in sex before marriage the respondents were asked the following question: Were you involved in sexual intercourse before marriage?

**Table 5.18: Percent Distribution of Respondents about Involvement in Sex before Marriage**

| Involvement in Sex before Marriage | Number | Percent |
|---|---|---|
| Yes | 28 | 29.5 |
| No | 67 | 70.5 |
| Total | 95 | 100 |

Source: Field Survey, 2008

Table 5.18 shows that 70.5 percent were not involved in sex before marriage and 29.5 percent are involved in sex before marriage.

**First Sex Partner**

To collect the information on first sex partner asked the following question: Who was your first sex partner?

**Table 5.19: Percent Distribution of Respondents about First Sex Partner**

| First Sex Partner | Number | Percent |
|---|---|---|
| Wife | 29 | 26.8 |
| Girl friend | 12 | 11.1 |
| Just friend | 19 | 17.6 |
| Prostitute | 41 | 38.0 |
| Other | 7 | 6.5 |
| Total | 108 | 100 |

Source: Field Survey, 2008

Table 5.19 shows that out 108, 70 respondents say that prostitute and wife was the first sex partners which is 38 percent and 26.8 percent respectively.

**Currently Involvement in Sex and Type of Sex Partners**

To collect the information on currently involvement in sex and who is the sex partner asked the following question: Are you currently involvement in sex with someone? If yes, who is the current sex partner?

**Table 5.20: Percent Distribution of Respondents about the currently involved in Sex and who is the Sex Partner**

| Currently Involvement in Sex | Number | Percent |
|---|---|---|
| Yes | 39 | 36.1 |
| No | 69 | 63.9 |
| Total | 108 | 100 |
| Who is the sex partner | Number | Percent |
| Wife | 16 | 41.0 |
| Prostitute | 7 | 18.0 |
| Girl friend | 11 | 28.2 |
| Other | 5 | 12.8 |
| Total | 39 | 100 |

Source: Field Survey, 2008

Table 5.20 it is clear that 63.9 percent respondents are not currently involved in sex but 36.1 percent respondents are currently involved in sex. Similarly out of 39 respondents who are currently involved in sex partners 41.0 percent are wife, it is followed by 28.2 percent are girlfriends.

**Frequency of Sex Last Month**

In order to obtain the information on frequencies of sex last month asked the following question: How many times did sex last month?

**Table 5.21: percent Distribution of Respondents about Frequencies of Sex Last Month**

| Frequencies of sex last month | Number | Percent |
|---|---|---|
| 1 time | 24 | 22.3 |
| 2 times | 20 | 18.4 |
| 3 times | 31 | 28.8 |
| 4 times | 20 | 18.4 |
| 5 times | - | - |
| 6 times | - | - |
| No sex | 13 | 12.1 |
| Total | 108 | 100 |

Source: Field Survey, 2008.

Table 5.21 the frequencies of sex last month, 28.5 percent involved in sex 3 times. It is followed by 22.3 percent involved only 1 time on last month.

**Involvement in Sex with Partners**

In order to obtain the information about involvement in sex with partners the respondents were asked the following question: how frequently are you involved in sex with your partners.

**Table 5.22: Percent Distribution of Respondents about Involvement in Sex with Partners**

| Involvement in Sex with Partners | Number | Percent |
|---|---|---|
| Very frequently | 21 | 19.4 |
| Frequently | 19 | 17.6 |
| Only sometimes | 39 | 36.2 |
| Rarely | 29 | 26.8 |
| Total | 108 | 100 |

Source: Field Survey, 2008.

Table 5.22 shows that the highest number of respondents who are involved in sex with partners 36.2 percent respondents involved in sex only sometime and 26.8 percent respondents involved in sex rarely.

**Type of Sex Partner Generally Contacted**

To collect the information on type of sex partner generally contact, asked the following question: along the route most of the truck stop which type of sex partner you generally contact?

**Table 5.23: Percent Distribution of Respondents by Type of Sex Partner Generally Contacted**

| Type of Sex Partner | Number | Percent |
|---|---|---|
| Girl friend | 12 | 11.1 |
| Prostitutes | 41 | 38.0 |
| Strangers | 39 | 36.1 |
| Wife | 16 | 14.8 |
| Total | 108 | 100 |

Source: Field Survey, 2008.

Out of 108 respondents 38.0 percent said that most of the truck stops they generally contact the prostitute and 36.1 percent reveals that they generally contact stranger.

**Effort on Decreasing the Epidemic**

In order to obtain the information about the responsible for decreasing the epidemic, asked the following question: who should be responsible for decreasing the epidemic.

**Table 5.24: Percent Distribution of Respondents by Opinion on Responsible for Reducing the Epidemic**

| Responsible for Decreasing | Number | Percent |
|---|---|---|
| Individual | 44 | 40.4 |
| Community | 15 | 14.2 |
| NGOs/GOs/INGOs | 49 | 45.4 |
| Total | 108 | 100 |

Source: Field Survey, 2008.

Table 5.24 shows that 45.4 percent respondents said that NGOs/INGOs are responsible for decreasing the HIV/AIDS. Similarly 40.4 percent respondents said that individual responsible for decreasing the epidemic.

# CHAPTER SIX

## DIFFERENTIAL ANALYSIS OF RELATIONSHIPS OF SOCIO, ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS ON TRANSMISSION OF STDs AND HIV/AIDS AND EVER EXPERIENCE OF STDs

This chapter examines the knowledge on transmission and ever experience of respondents on different aspect of STDs and HIV/AIDS by their social, economic and demographic characteristics.

The differentials in knowledge and ever contact of sexually transmitted diseases are examined according to the socio-economic and demographic status of the respondents.

### 6.1 Differentials in Knowledge on STDs Transmission by Age Group

In this section, examines respondents' knowledge on STDs transmission by the age group. The age divided into seven groups.

**Table 6.1: Differentials in Knowledge on STDs, Transmission by Age Group**

| Age group | Knowledge on STDs Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| 19-23 | 1 (33.3) | 2 (66.7) | 3 (100) |
| 24-28 | 10 (83.3) | 2 (16.7) | 12 (100) |
| 29-33 | 22 (100) | - | 22 (100) |
| 34-38 | 21 (100) | - | 21(100) |
| 39-43 | 23 (100) | - | 23 (100) |
| 44-48 | 8 (42.1) | 11 (57.9) | 19 (100) |
| 49 above | 2 (25.00) | 6 (75.00) | 8 (100) |
| Total | 87 (80.56) | 21 (19.4) | 108 (100) |

Source: Field Survey, 2008.

In age group 29-33, 34-38 and 39-43 respondents have cent percent knowledge on STDs transmission. Similarly low age group 19-23 and high age group 44-48 and 49 above respondents have less knowledge on STDs transmission which is 66.7, 57.9 and 75.0 percent respectively.

## 6.2 Differential Knowledge Mode of Transmission of STDs by Age Group

**Table 6.2: Differential Knowledge on Mode of STDs Transmission by Age Group**

| Age group | Sexual contact with infected person | Living together with infected person | Infected mother to fetus | Dirtiness of sexual organ | Total |
|---|---|---|---|---|---|
| 19-23 | 3 (100) | - | - | - | 3 |
| 24-28 | 10 (90.9) | 1 (9.1) | - | - | 11 |
| 29-33 | 12 (70.5) | 2 (11.7) | 1 (5.8) | 2 (11.7) | 17 |
| 34-38 | 15 (83.3) | 2 (11.1) | 1 (5.5) | - | 18 |
| 39-43 | 12 (70.5) | 2 (11.7) | 2 (11.7) | 1 (5.8) | 17 |
| 44-48 | 7 (53.8) | - | - | 6 (46.1) | 13 |
| 49 and above | 4 (50.0) | 2 (25.0) | - | 2 (25) | 8 |
| Total | 63 (72.4) | 9 (10.3) | 4 (4.6) | 11 (12.6) | 87 |

Source: Field Survey, 2008.

Table 6.2 shows that all the respondents regard main mode of STDs transmission as sexual contact with infected person. In age group 19-23, cent percent respondents have knowledge on sexual contact with infected person. In age group 44-48, 46.1 percent says that the dirtiness of sexual organ is the mode of transmission of STDs. Similarly 10.3 percent in total respondent says that living together with infected person is the mode of transmission of STDs and 4.6 percent in total respondent says that infected mother to fetus is the mode of transmission of STDs.

## 6.3 Differentials in Knowledge on STDs Transmission by Education

This section examines respondents' knowledge on STDs transmission by educational status. The educational statuses are divided into four groups, illiterate, literate, primary and higher education.

**Table 6.3: Differentials in Knowledge on STDs Transmission by Education**

| Age group | Knowledge on STDs Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Literate | 3 (27.3) | 8 (72.7) | 11 (100) |
| Primary | 38 (74.5) | 13 (25.5) | 51 (100) |
| Higher Education | 46 (100) | - | 46 (100) |
| Total | 87 (80.6) | 21 (19.4) | 108 (100) |

Source: Field Survey, 2008

\The result of the study indicates that cent percent of higher education have knowledge on STDs transmission and 72.7 percent of literate, have no knowledge about STDs transmission.

## 6.4 Differential Knowledge on Mode of Transmission of STDs by Education

**Table 6.4: Differential Knowledge on Mode of Transmission of STDs by Education**

| Level of Education | Sexual contact with infected person | Living together with infected person | Infected mother to fetus | Dirtiness of the sexual organ | Total |
|---|---|---|---|---|---|
| Literate | 2 (22.2) | 5 (55.6) | - | 2 (2.2) | 9 |
| Primary | 24 (72.7) | - | 2 (6.0) | 6 (18.2) | 32 |
| Higher Education | 37 (82.1) | 4 (8.9) | 2 (4.4) | 3 (6.7) | 46 |
| Total | 63 (72.4) | 9 (10.3) | 4 (4.6) | 11 (12.6) | 87 |

Source: Field Survey, 2008

Table shows that out of 9 literate the highest 55.6 percent respondents said that living together with infected person is the mode of transmission of STD. Similarly, out of 33 primarily level respondents 72.7 percent says that the mode of transmission STDs sexual contact with infected person.

## 6.5 Differentials in Knowledge on STDs Transmission by Income

In this section, examines the respondents' knowledge on STD transmission by income. The income distribution divided into four groups, less than 40000, 40000-60000, 60000 -80000 and 80000 and above.

**Table 6.5: Differentials in Knowledge on STDs Transmission by Income**

| Income group | Knowledge on STDS Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| less than 40,000 | 14 (51.8) | 13 (48.1) | 27 (100) |
| 40,000-60,000 | 28 (77.8) | 8 (22.2) | 36 (100) |
| 60,000-80,000 | 26 (100) | - | 26 (100) |
| 80,000 and above | 19 (100) | - | 19 (100) |
| Total | 87 (80.6) | 21 (19.4) | 108 (100) |

Source: Field Survey, 2008

Table 6.5 indicates that all the respondents in the income group 60000-80000 and 80000 and above have no knowledge on STDs transmission.

## 6.6 Differentials in Knowledge on STDs Transmission by Place of Residence

This section examines the respondents' knowledge on STDs transmission by place of residence. The inhabitant divided into two groups urban and rural.

**Table 6.6: Differential in Knowledge on STDs by Place of Residence**

| Place of residence | Knowledge on STDS Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Rural | 64 (83.1) | 13 (16.9) | 77 (100) |
| Urban | 23 (74.2) | 8 (25.8) | 31 (100) |
| Total | 87 (80.6) | 21 (19.4) | 108 (100) |

Source: Field Survey, 2008

Table 6.6 shows that, 83.1 percent of rural and 74.1 percent of urban respondents have knowledge on STDs transmission and 16.88 percent of rural and 25.81 percent of urban respondents have no knowledge on STDs transmission.

## 6.7 Differential in Knowledge on STDs Transmission by Marital Status

This section examines the respondents' knowledge on STDs transmission by marital status. The marital status divided into two groups, marked and single.

**Table 6.7: Differential in Knowledge on STDs Transmission by Marital Status**

| Marital Status | Knowledge on STDS Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Married | 76 (80.0) | 19 (20.0) | 95 (100) |
| Single | 11 (84.6) | 2 (15.4) | 13 (100) |
| Total | 87 (80.6) | 21 (19.4) | 108 (100) |

Source: Field Survey, 2008

Table 6.7 shows that 80.0 percent of married and 84.6 percent of single respondents have knowledge on STD transmission and 20.0 percent of married and 15.3 percent of single have no knowledge on STDs transmission.

**Differential in Knowledge on HIV/AIDS Transmission**

## 6.8 Differential in Knowledge on HIV/AIDS Transmission by Age Group

In this section, examines the respondents' knowledge on HIV/AIDS transmission by age group. The age in divided into seven groups, 19-23, 24-28, 29-32, 34-38, 39-43, 44-48, 49 and above.

**Table 6.8: Differential in Knowledge on HIV/AIDS Transmission by Age Group**

| Age Group | Knowledge on HIV/AIDS | | |
|---|---|---|---|
| | Yes | No | Total |
| 19-23 | 2 (66.7) | 1 (33.3) | 3 (100) |
| 24-28 | 11 (91.7) | 1 (8.3) | 12 (100) |
| 29-33 | 21 (95.4) | 1 (4.5) | 22 (100) |
| 34-38 | 20 (95.2) | 1 (4.7) | 21 (100) |
| 39-43 | 21 (91.3) | 2 (8.7) | 23 (100) |
| 44-48 | 12 (62.5) | 3 (37.5) | 8 (100) |
| 49 and above | 5 (62.5) | 3 (37.5) | 8 (100) |
| Total | 92 (85.2) | 16 (14.8) | 108 (100) |

Source: Field Survey, 2008

Overall, only about 15 percent respondents have no knowledge about HIV/AIDS transmission. Data further shows that more than 90 percent of the respondents in sexually active age groups 24-28 to 39-43 have knowledge about HIV transmission than those who are in lower or higher age groups.

## 6.9 Differential in Knowledge on Mode of Transmission of HIV/AIDS by Age Group

**Table 6.9: Differential in Knowledge on Mode of Transmission of HIV / AIDS by Age Group**

| Age Group | Sexual contact with infected person | Infected blood/ organs transfusion | Sharing unsterilized needle | Mother Fetus | Other | Total |
|---|---|---|---|---|---|---|
| 19-23 | 1 (33.3) | - | 1 (33.3) | - | 1 (33.3) | 3 |
| 24-28 | 2 (20.8) | 4 (40.0) | 1 (10.0) | 3 (30.0) | - | 10 |
| 29-33 | 10 (66.7) | 2 (13.3) | - | 2 (13.1) | 1 (6.6) | 15 |
| 34-38 | 13 (68.4) | 5 (26.3) | - | - | 1 (5.3) | 19 |
| 39-43 | 11 (33.0) | 2 (10.0) | - | 3 (15.0) | 4 (20.0) | 20 |
| 44-48 | 2 (11.7) | 3 (17.6) | 10 (58.8) | 2 (11.8) | - | 17 |
| 49 and above | - | - | 5 (62.5) | 1 (12.5) | 2 (25.0) | 8 |
| Total | 39 (42.4) | 161 (17.4) | 17 (18.5) | 11 (12) | 9 (9.8) | 92 |

Source: Field Survey, 2008

Table 6.9, it is clear that the age groups 19-23, on sexual contact with infected person, sharing unsterilized needle and other are same 33.3 percent have knowledge of HIV/AIDS transmission. In age group 24-28 out of 10 respondents say that mode of transmission of HIV is infected blood organs transfusion which is 40 percent. Similarly in age group 29-33 says that 66.7 percent sexual contacts with infected person have knowledge on mode of transmission on HIV/AIDS. Respondents in age group 34-38 say that 68.4 percent have knowledge on mode of transmission of sexual contact with infected person. Similarly in age group 39-43, 55 percent says that the mode of HIV transmission is sexual contact with infected person. Age group 44-48, 58.82 percent says that sharing the unsterilized the mode of transmission of HIV/AIDS. Similarly 49 and above age group, 62.5 percent say that mode of transmission is sharing the unsterilized needle.

## 6.10 Differentials in Knowledge on HIV/AIDS Transmission by Income

In this section, examines the respondents' knowledge on HIV/AIDS by income. The income distribution divided into four groups, less than 40 thousand, 40 thousand-60 thousand, 60-thousand-80 thousand and 80 thousand and above.

**Table 6.10: Differentials in Knowledge on HIV/AIDS Transmission by Income**

| Income Group | Knowledge on HIV/AIDS Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Less than 40,000 | 21 (77.8) | 6 (22.2) | 27 (100) |
| 40,000-60,000 | 28 (77.8) | 8 (22.2) | 36 (100) |
| 60,000-80,000 | 24 (92.3) | 2 (7.7) | 26 (100) |
| 80,000 and above | 19 (100) | - | 19 (100) |
| Total | 92 (85.2) | 16 (14.8) | 108 (100) |

Source: Field Survey, 2008

Table 6.10 shows that all respondents in the income group of 80 thousand and above have knowledge on HIV/AIDS transmission. Similarly 22.2 percent of first and second and 7.7 percent of third income group respondents have no any idea about HIV/AIDS transmission.

## 6.11 Differential in Knowledge on HIV/AIDS Transmission by Place of Residence

This section examines the knowledge on HIV/AIDS transmission by place of 6residence. The inhabitants are categorized into two groups, rural and urban.

**Table 6.11: Differential in Knowledge on HIV/AIDS Transmission by Place of Residence**

| Place of Residence | Knowledge on HIV/AIDS Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Rural | 66 (85.7) | 11 (14.3) | 77 (100) |
| Urban | 26 (83.9) | 5 (16.1) | 31 (100) |
| Total | 92 (85.2) | 16 (14.8) | 108 (100) |

Source: Field Survey, 2008

Table 6.11 shows that 85.7 percent of rural has knowledge on HIV/AIDS transmission. Similarly 16.1 percent of urban respondents have no idea about HIV/AIDS transmission.

## 6.12 Differential in Knowledge on HIV/AIDS Transmission by Education

This section examines the knowledge on HIV/AIDS transmission by education. The educational status is categorized into four groups, illiterate, literate, primary and higher education.

**Table 6.12: Differential in Knowledge on HIV/AIDS Transmission by Education**

| Educational Status | Knowledge on HIV/AIDS Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Illiterate | - | - | - |
| Literate | 7 (63.6) | 4 (36.4) | 11 (100) |
| Primary | 39 (76.5) | 12 (23.5) | 51 (100) |
| Higher Education | 46 (100) | - | 46 (100) |
| Total | 92 (85.2) | 16 (14.8) | 108 (100) |

Source: Field Survey, 2008

Table 6.12 shows that all of higher educated respondents have knowledge on HIV/AIDS transmission. Similarly 36.4 percent of literate have no any idea about the HIV/AIDS transmission.

## 6.13 Differential in Knowledge on Mode of Transmission of HIV/AIDS by Education

**Table 6.13: Differential in Knowledge on Mode of Transmission of HIV/AIDS by Education**

| Age Group | Sexual contact with infected person | Infected blood/ organs transfusion | Sharing unsterilized needle | Mother Fetus | Other | Total |
|---|---|---|---|---|---|---|
| Illiterate | 3 (27.3) | - | 5 (45.4) | 2 (18.2) | 1 (9.1) | 11 (100) |
| Primary | 20 (54.1) | 3 (8.1) | 11 (29.7) | 3 (8.1) | - | 37 (100) |
| Higher education | 16 (36.4) | 11 (25.0) | 3 (6.8) | 6 (13.6) | 8 (18.2) | 44 (100) |
| Total | 39 (42.4) | 16 (17.4) | 17 (18.5) | 11 (12.0) | 9 (9.8) | 92 (100) |

Source: Field Survey, 2008

Table 6.12 shows that out of 11 respondents said that 45.4 percent on sharing unsterilized needle is the mode of transmission of HIV/AIDS. Similarly, out of 37 primary level respondents said that 54.0 percent on sexual contact with infected person is mode of the transmission of HIV/AIDS. Out of 44 higher educated respondents said that 33.4 percent on sexual contact with infected person is knowledge of HIV/AIDS.

## 6.14 Differential Knowledge on HIV/AIDS Transmission by Marital Status

This section examines the respondents' knowledge on HIV/AIDS transmission by marital status. The marital status is divided into two groups married and single.

**Table 6.14: Differential in Knowledge on HIV/AIDS Transmission by Marital Status**

| Marital Status | Knowledge on HIV/AIDS by Transmission | | |
|---|---|---|---|
| | Yes | No | Total |
| Married | 80 (84.2) | 15 (15.8) | 95 (100) |
| Single | 12 (92.3) | 1 (7.7) | 13 (100) |
| Total | 92 (85.2) | 16 (14.8) | 108 (100) |

Source: Field Survey, 2008

Table 6.14 shows that 84.2 percent of married and 92.3 percent of single respondents have knowledge on HIV/AIDS transmission. Similarly 15.8 percent of married and 7.7 percent of single have no any idea about HIV/AIDS transmission.

**Differential in Ever Experience on STDS**

**6.15 Differential in Ever Experience of STDs by Age Group**

This section examines the respondents' experience of STDs by age group. The ages are categorized into seven groups.

**Table 6.15: Differential in Ever Experience of STDs by Age Group**

| Age group | Experience of STDs | | |
|---|---|---|---|
| | Yes | No | Total |
| 19-23 | - | 3 (100) | 3 (100) |
| 24-28 | 4 (33.3) | 8 (66.7) | 12 (100) |
| 29-33) | 3 (13.6) | 19 (86.4) | 22 (100) |
| 34-38 | 1 (4.7) | 20 (95.2) | 21 (100) |
| 39-43 | 4 (17.4) | 19 (82.6) | 23 (100) |
| 44-48 | 2 (10.5) | 17 (89.5) | 19 (100) |
| 49 and above | | 8 (100) | 8 (100) |
| Total | 14 (13.0) | 94 (87.0) | 108 (100) |

Source: Field Survey, 2008

Table 6.15 shows that age group 24-28 are experience of STDs which is 33.3 percent. Similarly the age group 19-23 and 49 above have cent percent have no experience.

### 6.16 Differential in Ever Experience on STDs by Place of Residence

This section examines the respondents Experience on STDs by place of residence. The inhabitant divided into two groups, rural and urban.

**Table 6.16: Differential in Ever Experience on STDs by Place of Residence**

| Place of Residence | Ever Experience on STDs | | |
|---|---|---|---|
| | Yes | No | Total |
| Rural | 8 (10.4) | 9 (89.6) | 77 (100) |
| Urban | 6 (19.3) | 25 (80.6) | 31 (100) |
| Total | 14 (12.96) | 25 (87.0) | 31 (100) |

Source: Field Survey, 2008

Table 6.16 shows that 10.4 percent of rural and 19.3 percent of urban had ever experienced on STDs. Similarly 89.6 percent of rural and 80.7 percent of urban are not experienced STDs.

### 6.17 Differential in Ever Experience on STDs by Marital Status

This section examines the respondents ever experience on STDs by marital status.

**Total 6.17: Differential in Ever Experience on STDs by Marital Status**

| Marital Status | Ever Experience on STDs | | |
|---|---|---|---|
| | Yes | No | Total |
| Married | 10 (10.5) | 85 (89.5) | 95 (100) |
| Single | 4 (30.8) | 9 (69.2) | 13 (100) |
| Total | 14 (13.0) | 94 (87.0) | 108 (100) |

Source: Field Survey, 2008

Table 6.17 shows that 10.5 percent of married and 30.8 percent of single had ever experienced STDs and 89.5 percent of married and 69.2 percent had not experienced STDs.

# CHAPTER SEVEN

# SUMMARY, CONCLUSION AND RECOMMENDATION

## 7.1 Summary of Finding

This is the study on knowledge, attitude sexual behavior and practice on STDs and HIV/AIDS among highway truck driver (Hetauda to Kathmandu). The objectives of the study are to analyze the socio-economic and demographic characteristics of the highway truck driver, to examine the knowledge and attitude on STDs and HIV/AIDS on highway line truck driver, to examine the sexual behavior practice and use of condom by highway line truck driver and to assess differential knowledge on transmission and ever experience on STDs and HIV/AIDS of highway truck drivers.

Total of 108 there were 120 respondents selected but 12 respondents refused for interview. Respondents for the study were selected by using a probable technique (systematic sampling). The field survey was conducted during the month of July 2008, Hetauda. The collected data was edited and essential coding was done. The data was entered into micro computer using excel spreadsheet. The SPSS/PC was used to obtain the necessary frequency tables and cross tables in order to describe the basic characteristics.

**The major findings of the study are as follows**:

The majority of the respondents are Tamang 23.1 percent, followed by Chhetri 19.4 percent. In religion groups Hindu are 66.7 percent, Buddhist are 26.4 percent. Out of 108 respondents, literate are 10.2 percent, primary and higher educated are 89.8. The majority of respondents 21.3 percent are in the age group 39.4 years. Most of the respondents are married which is 88.0 percent and 12.0 percent are single. The majority of respondents 33.3 percent are 1-3 year duration of involvement in occupation. The majority of respondents 75.9 percent are living with their family and 24.1 percent are living alone. Similarly out of 82 respondents 57.3 percent are living nuclear family and 42.7 percent are joint family. The majority of respondents 30.5 percent are in the expenditure group 60 thousand-80 thousand. Out of 108 respondent 71.3 percent are in the rural and 28.7 percent are in the urban.

Cent percent have heard of STDs through Ratio/T.V. 35.2 percent, through newspaper 22.2 percent through friends/relative 31.5 percent and other source are 11.1 percent. Out of total 108 respondent 42.6 percent heard syphilis, 36.1 percent heard Gonorrhea, 11.1 percent heard Chlamydia, 8.3 percent heard Trichomoniasis, and 1.8 percent heard genital herper. Among the total 108 respondent 80.6 percent have knowledge on STDs transmission and 19.4 percent have no any idea about STDs transmission. Out of 108 respondents 72.4 percent said that sexual Experience with infected person mode of STDs transmission, 12.6 percent said that dirtiness of the sexual organ, 10.3 percent said that living together with infected person and 4.6 percent said that infected mother to fetus is the mode of STDs transmission. Out of 108 respondents, 25.0 percent respondents get experience of STDs. Among the 108 respondents, 80.5 percent said that STDs is curable. The total 87 respondent (who said that STDs is curable), 57.5 percent go to private clinic for treatment. Out of 108 respondent, 37.4 percent said that use of condom during sexual intercourse is the main prevention method of STDs, 33.3 percent said that sex with only one partner, 21.3 percent said obtain from sexual Experience and 8.3 percent said always clean owns sexual organs is the prevention method of STDs. The ages group 34-38 and 39-43 have cent percent knowledge on STDs transmission. Among the total cent percent have knowledge on STDs transmission of higher educated respondents and 74.5 percent of primary and only 27.3 percent of literate respondents have knowledge. Out of 108 respondents, 83.1 percent of rural and 74.2 percent of urban have knowledge on STDs transmission. Among the 108 respondents, 80.0 percent of married and 84.6 percent of single respondents have knowledge on STDs transmission. Out of 108 respondents, all have knowledge on HIV/AIDS transmission. Out of 108 respondents, 33.3 percent have heard through the Radio/TV about HIV/AIDS, 32.4 percent through friends/relative, 25.0 percent through newspaper and 9.3 percent though other source. Among 108 respondents, 85.2 percent have knowledge on HIV/AIDS transmission. Out of total 92 respondent 42.4 percent said mode of HIV/AIDS transmission is sexual contact with infected person, 18.5 percent said sharing unsterilized needles, 17.4 percent said infected blood/organs transfusion, 12.0 percent said mother to fetus and 9.8 percent said other method. Out of total 82.4 percent have

knowledge the prevention method. Out of 89 respondent 35.4 percent said that use of condom during sexual intercourse is the main prevention method of HIV/AIDS. Out of 108 respondents 76.9 percent said that HIV/AIDS cannot be cured. Among the 108 respondents 58.3 percent said that love/respect to the infected person. Out of 108 respondent 63.6 percent of literate, 76.5 percent of primary and cent percent of higher educated have knowledge on HIV/AIDS transmission.

Among the 108 respondents, 85.1 percent of rural and 83.8 percent of urban respondents have knowledge on HIV/AIDS transmission. Among the 108 respondents, 84.2 percent of married and 92.3 percent of single have knowledge on HIV/AIDS transmission. Among the 108 respondents 38.0 percent had sex with prostitute. Out of 41 respondent 80.5 percent use the condom every time while taking sexual intercourse with the prostitute. Out of 108 respondents 29.6 percent involved in sex before marriage. Among the 108 respondent 36.1 percent are only sometimes involved in sex with their partners. Out of 108 respondents, 38.0 percent said that NGOs/GOs/INGOs should be responsible for decreasing the epidemic, 40.7 percent said individual responsible and 13.89 percent said community responsible.

## 7.2 Conclusion

As of April 12, 2008 total of 1754 AIDS and 11234 cumulative cases of HIV infection were reported to the ministry of Health (NCASC 2008). It is estimated that average 28,488 people were living with HIV/AIDS in highway line district (NCASC, 2004).

Compared with other countries in Asia and the world, available epidemiological data suggest that Nepal has a low prevalence of HIV in the general population. However, the current low prevalence seen in the general population makes an increasing prevalence in several population groups. And now epidemiological data suggest that HIV may be increasing more rapidly that expected in certain sub groups. Now it is apparent that Nepal has entered the stage of "concentrated epidemic" with this regard the high risk groups like truck driver should be equipped with the knowledge attitude and skill to protect not only themselves but also their sexual partners from STDs and

HIV/AIDS. Finding of this study could be expected to help for planning and management of STDS and HIV/AIDS prevention activities.

The study shows most of the truck drivers are in younger age so that they are more vulnerable. Because of longer days outside from family they go to CSWS for fulfillment the sexual desires. Though the respondents know the preventing ways of HIV transmission, the practice of applying prevention ways of HIV in their life are low.

This study shows that education is the most important aspect which change knowledge, attitude and practice of not only truck drivers also the common people. The study also found educated respondents are more aware about mode of transmission of STDs and HIV/AIDS. Thus the study clearly indicates the important role of education in necessary awareness about STDs and HIV/AIDS.

### 7.3 Recommendation

In this study it was revealed that literate respondents are more knowledgeable on various aspects of STDs and HIV/AIDS. Hence, education would play vital role for increasing the knowledge on HIV/AIDS only not among the respondents but also all the group of people in the nations. Thus, it is recommended that Information, Education and Communication (IEC) programme should be strength for increasing the knowledge on HIV/AIDS and other STDs. The often recommendations are:

- The most effective weapon we have against HIV is knowledge, understanding how the virus progresses and operates, learning how to monitor our health and staying informed of our treatment options.
- Practicing safe sex and avoiding high-risk behaviour are the keys to protecting from HIV. This begins with understanding that there is a risk of transmission any time infected blood, semen, vaginal secretions or breast milk are exchanged. Limit the number of people have sex, never sharing needles with anyone, and avoiding the use of alcohol or drugs before having sex.
- Safe sex involves using latest condom for sexual activity, when used properly, later is an effective barrier against the spread of HIV. In addition

the use of lubricants should be limited to water-based only, as oil-based lubricants can break down later condom within second use.

- As Radio/TV is strangely associated with high knowledge of STDs and HIV/AIDS more effort should be made to produce and broadcast HIV/AIDS and STDs related message in simple language. The awareness raising and behavior changing messages to STDs and HIV/AIDS related should be broadcasted more frequently at suitable time through the Radio/T.V.
- Since condoms does not only provide effective protections against unwanted pregnancies, but also provide effective protection against HIV/AIDS and other kinds of STDs their use must be increases. Moreover, the study found that the knowledge of the use of condoms to prevent oneself against HIV and other STDs is lower in illiterate respondents than literate respondents. So the use of condoms among these illiterates should increased by increasing their knowledge through the awareness raising programmer.
- Those who design sexual and AIDS related educational campaigns and awareness need to consider carefully the cultural and religious background of the target group. To concentrate only on 'safe sex' massages and condom promotion seems not adequate among the respondents.

### 7.4 Future Research Issues

This research is based on small sample size of one occupational group that is truck drivers in Hetauda, truck stop, Hetauda. The future studies may be carried out on other occupational groups using relatively larger sample.

- This study has examined only few selected variable. In the future studies, it is recommended that other variables which are included in this research should be included.
- Future studies may include more comprehensive statistical analysis of the association between different variables at the multivariate level.
- Future studies should cover truck drivers operating in all major highway routes in Nepal.

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