

## CHAPTER– I

### INTRODUCTION

#### 1.1 Background of Study

HIV and AIDS is a worldwide problem. All the countries of the world are facing the problem of the HIV and AIDS. HIV and AIDS has been emerging as a burning issue all over the world and many attempts have been made to control the infection and transmission of the life treating problems. The human immune deficiency virus/acquired. Immune deficiency syndrome, popularly known as HIV and AIDS is caused by retro virus, which gradually breaks down the human body's natural defense mechanisms and unable to fight against others infection leading eventually to death. HIV and AIDS is one of the most fatal and hesitated disease, spreading at a geometric proportion in the world. In fact, it is not a disease. But a syndrome, a group of symptoms that weakness the body defensive mechanism.

AIDS is incurable it means that is causes definitely the death. It is a condition resulting from infection by human immune deficiency virus (HIV). The HIV progressively destroys the cell of the body ability to fight against the illness, AIDS is syndrome caused by a virus in the body immune system. It is the situation of loosing the immunity power and finally gets death. There are three stages in the development of AIDS i.e. window period, carrier stage and full-blown AIDS. HIV cannot be detected in window period even when HIV is seen in carrier stage, this stage is also called a HIV positive stage.

The HIV and AIDS outbreaks first occurred during the last 1975 and started spreading the early 1980 but exactly recognized as disease in 1981 in USA. The virus found out by French scientist Dr. lueMountgnier and later confirmed by American scientist Dr. Robert Galo n 1984. HIV was already present in the west as early at the 1950s. A type of retro virus which id found only in human/ when inters into the body then destroyed the defensive mechanism leading a Person suffer from various disease. Today's various articles have been known for less than 20 years. The global threaten of HIV and AIDS is becoming more pandemic day by day. However, the number of people living with HIV continues to grow ,as does the number of death due to AIDS.

In the world, five people die annually from AIDS every minute of every day. In Asia and near east region 7.1 million people are HIV positive, four hundred and fifty seven thousand people in region die annually from HIV and AIDS related illnesses, accounting for about one sixth of death world wide (USAIDS,2005). A total of them 33.4 million (31.1-35.8 million estimated) people are living with HIV in 2008 (UNAIDS and WHO:AIDS epidemic, update 2009). A person once infected for life. During the earlier stages of HIV infection, the symptoms are vague and often similar to those of common ailments.

Nepal is not far from this problem. The first case of HIV and AIDS in Nepal was reported in July, 1988. Then, the figure is increasing gradually every year. The HIV epidemic in Nepal has evolved from a low prevalence to concentrated epidemic. As of 2009, National estimated indicates the approximately 63,528 adults. And children's are infected with the HIV virus in Nepal with an estimated prevalence of about 0.39% in the adult population. As at Ashar 2067, a total of 16,183 causes of them 6,754 advanced HIV infection cases had been reported on the national center for AIDS and STD control (NCASC) , ( Annual Report DOHs 2009 and 2010 p 187). The total estimated number of HIV infection is 55626, total of them children's (0-14 years) are 4,716 adults (15-49 years) are 47,645 and adults (50+ years) are 3,265 (NCASC,2011).

## **1.2 Statement of the Problem**

Nepal is primarily an agriculture country will about 2,66,20,809( 26.6 million) human population out of which 83% population resides in rural area and 65.6% population are highly depended in agriculture (Preliminary Report, National Population Census 2068 B.C./2011 A.D.). About 25.4% of the people are estimated to live below absolute poverty line (3 years Plan 2067/2070 B.C.). Most of the people live in areas and have been facing various problem in their lives like food insufficiency low income, poor productivity, poor access and control over basic services like education, health, drinking water and other infrastructure services.

Nepal is counted as third world country which is being developing now, more than thirty two percent of Nepal are fall under the absolute poverty line. Most of the young generation is moving out from their native place in the search employment due to lack

of industrial development and employment opportunities in Nepal. Most of the people are moved out from the country because of unstable government. In this context many young people are moved in migrant and out migrant (nation /international). In this context many young people used to go India and some of them go to the Urban and Tourism areas of Nepal. So, there are possibilities of their contact with the sex workers getting STI, HIV and AIDS might be transmitted to the migrants.

Consequently, hotel workers/migrant people are forced to return when they are contracted with deadly disease like STI, HIV and AIDS due to lack of charity homes, medical facilities, fear of social stigmatization, they are compelled to hide their HIV status. There are some indicators which show that the transmission among hotel workers is increasing especially among migrants people.

The pandemic of HIV and AIDS could be cured through various ways. One of them is mobilizing the hotel workers group in some context for making HIV and AIDS prevention programs. This is also important to minimize the social stigma and discrimination as they are the true witness of HIV infected and affected as these groups are found less oriented with preventive modes of HIV and bear more risk of contracting from the HIV ([www.undp.org.np/HIV\\_aids](http://www.undp.org.np/HIV_aids))

From the aforementioned situation and Diversities, group of hotel workers of migrants cannot be ignores at all from the issue of their vulnerability. To have the changes of HIV contractions although there are some interventions to address their vulnerabilities by various organization. Till date there is no concrete study on there awareness on HIV and AIDS in respective area by which references and recommendations can be taken to look their latest status. The present study on group of hotel workers would be identify and definitely provide specific data on knowledge and other concentrated aspects of HIV and AIDS risk factors. Therefore, the problem is stated as “Risk factor of HIV and AIDS among Hotel workers at Dhankuta municipality.”

### **1.3 Objectives of the Study**

The main objective of the study was to identify the risk factors on HIV and AIDS among hotel workers at Dhankuta municipality. However following were the specific objectives:

- 1.3.1 To find out the knowledge and sexual behavior about HIV and AIDS among hotel workers.
- 1.3.2 To examine the Socio-economic, cultural and educational status of the migrant.
- 1.3.3 To find out the risk factor of HIV and AIDS among the hotel workers.

### **1.4 Significance of the Study**

This study shows the present risk factors, knowledge and attitude level of HIV and AIDS. It give some insight for further research and targeted actions among those groups with the relevant recommendation as the secondary data. The study findings might be useful to people who are involved in the field of HIV and AIDS. Focusing to migrants and hotel workers populations. That is why, it is foremost essential to study about the risk factors and transmission among each other hotel workers on HIV and AIDS. The major significances of the study are given below:

- 1.4.1 The result of the study would be used as a reference for the policy makers and planners to formulate the relevant programme on HIV and AIDS among the migrant people, hotel workers and their family members.
- 1.4.2 This study would be findings serve as the preliminary survey for the curriculum designers, trainers experts of NGO's and for the general people who wants to know about risk factors of HIV and AIDS.
- 1.4.3 The study findings would be helpful for the research scholar to undertake further research on HIV and AIDS.

### **1.5 Delimitation of the Study**

Every research might have many delimitations as the researcher had limited finance, time and human resource as well as other constraints. The major delimitation of this study were as follows.

1.5.1 The study was basically focused in the specific hotel area of Dhankuta

1.5.2 The study was mainly targeted to the migrants and hotel workers.

1.5.3 Personal meeting and direct contact respondents were included.

## 1.6 Operational Definitions of Key Terms

**AIDS-** Acquired Immune Deficiency Syndrome, a combination of disease caused by virus, which affect the immune system becomes unable to fight with HIV infection.

**Antiretroviral (ARV)-**A Drug that interferes with the ability of a retrovirus such as HIV to make more copies of itself.

**Antiretroviral Therapy-** Treatment with drugs that inhibit the ability of retroviruses, such as HIV to multiply in the body. The antiretroviral therapy recommended for HIV infection is referred to as highly active antiretroviral therapy (HAART), which use a combination of drugs to attack HIV at different points in it life cycle.

**Attitude-** The manner of acting, facing or thinking that shows one's disposition, opinion etc. It is tending to read positively or negatively, regarding subject, policy or person.

**Epidemic-** A disease that has spread through a segment of the human population in given geographic area.

**HIV-** Human Immune Deficiency Virus. Thde virus, which is the main cause of AIDS.

**Immunity-** The Strength of resistance to the infection of 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 of multiplication of a disease is the producing agent in the living body. An infection may not lead to disease gate.

**Injecting Drug Use-** The abuse of drugs by injecting them into a vein. Sharing of syringes transmits blood born viruses (such as STI and HIV) which can spare rapidly through population of injection drug users (IDUs). The sharing of needles and

supplies (e.g. syringes, water, mixing spoon) is through to be three time more likely to transmit HIV than sexual intercourse.

**Knowledge-** It refers to the understanding and concept as well as a relation of fact concerning HIV and AIDS, as measured by the instrument formulated by the investigation.

**Migrant Hotel workers-** This terms has been used as the synonymous for the target group of this study which refers the hotel job holders of males and females those who are in abroad for the income and earnings for their families.

**Migrant-** The person who moves from one place to another place

**Pandemic-** Spreading or disease that extends over a large area possible the whole world.

## **CHAPTER – II**

### **REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK**

#### **2.1 Theoretical Literature**

This chapter presents the review of related literature as well as accepted definition of HIV and AIDS in the national and international context. This chapter is divided into two parts. A first part deals about the theoretical review and approaches relevant with conducted study and second part concentrates on the review of previous study which may be helpful for this study. Some of the facts, opinions, principles and study of reports directly related to HIV and AIDS and about hotel workers and migrant workers. It will also be reviewed in this chapter. Basically three theories will be followed for the better review.

The majority of the initiatives aiming at hotel workers of migrant workers have continuous relation with new persons. Organizations have been criticized for adopting a directive rather than facilitative role in their approach. This has made it very difficult for hotel workers. There is also an expressive view that some NGO's are benefiting from working with the issue of HIV and AIDS. Further, lack of effort of NGO's to involve migrant people (Hotel workers) for fulfilling their immediate needs obstruct in the sharing the information about it. The approach has been largely welfare based and has not addressed issues of long term sustainability.

HIV is the name of the virus and AIDS is the condition or state of the body attacked by human immune-deficiency virus. It means that the human bodies become unable to protect itself against any other disease. HIV is the name of the small germ or virus, which causes AIDS. We can have the HIV virus in our body for many years before we become ill with AIDS. We abbreviate it, which is explained as, A-Acquired, i.e. resist diseases, D- deficiency, i.e. insufficiency or lacking, S- syndrome, i.e. a number of complaints

Due to lack of economic opportunities, untold numbers of In and Out migrant to the urban and rural area is in the rising tool each day. Most of them migrants from rural

areas, the people working abroad like in Indi and Gulf countries are facing differences and had chance to visit sex workers most often to get relief from and sometimes for recreations. The fact has proved that the safe-sex practices among them are in questions and subjects to deeper study.

AIDS is discovered, for the first time, in June 1981 by task force set up at the center for disease control, Atlanta, in USA. AIDS is originated in Zaire, in Africa but is discovered in America. The USA center for disease control in Atlanta published the first report on five young men who are homosexuals and suffering from a rare lung infection due to a protozoan. In April 1984, Dr. Robert Gallo, from the national cancer institute in Bethesda announced AZI as the first AIDS drug. In October 1987, the USA scientists began preliminary tests of the first experimental AIDS vaccine on HIV infection volunteers. In April 1999, the famous tennis player, Arthur Ashe confirmed rumors that he had AIDS. (Action Aid Nepal, 2009)

Two and half times more male than female (51 percent) to likely than woman (21 percent) to say spontaneously that AIDS can be avoided by using condoms. Thirteen percent of men stated that the disease can be avoided by limiting the number of sexual partners, while 18 percent of women and 21 percent of men believe that contracting HIV and AIDS can be prevented by avoiding sex with a person who has many partners. (MOH, 2000, P. 196)

The number of people living with HIV has been rising in every region, compared to two years ago, with the steepest increases occurring in East Asia, and in Eastern Europe and central Asia. The number of people living with HIV in East Asia rose by almost 50 percent between 2002 and 2004, an increase that is attributable largely to china's swiftly growing epidemic. In Eastern Europe and Central Asia, There were 40 percent more people living with HIV in 2004 than in 2002. Accounting for much of that trend is Ukraine's resurgent epidemic and the ever-growing number of people living with HIV in the Russian Federation.

Studies have found a connection between higher AIDS incidence and lower income. For instance, a study of African American women in North Carolina found that those with HIV infection were more likely than non-infected women to be unemployed; receive public assistance; have had 20 or more lifetime sexual partners; have a



lifetime history of genital herpes infection; have used crack or cocaine; or have traded sex for drugs, money or shelter (CDC, 2005).

Researchers and analysts also pointed out that to be effective, prevention efforts must address the contextual factors of people's real lives such as poverty, discrimination, illicit drug use in the community the ratio of men to women in a given population, and racial segregation and their influences on sexual behavior (Adimora, 2005)

The worldwide incidence of STI is high and increasing. The situation has worsened considerable with the emergency of HIV epidemic. Although the incidence of some STIs has established in part of the world, there have been increasing cases in many regions (ICPD, 1994).

HIV/ AIDS has been increasing since the first case was detected in 1988 in Nepal. Only three male and one female were detected of HIV infection for the year when it was diagnosed at first in the year 1988. Since the incidence rate is increasing each year.

The major mode of transmission of HIV in the country is heterosexual. It has been estimated that there are 58,000 people living with HIV/AIDS in Nepal at the end of 2001. There were an estimated 2400 AIDS death in 2011 in Nepal. These estimated figures are higher than the reported figures for a variety of reasons, mainly the lack of an adequate surveillance system (MOH, 2010). However, the recent estimate as per the prevalence rate could reach more than seventy thousand infection cases.

Unsafe injecting drug use is the wellspring of Nepal's epidemic, too. Use of non-sterile injecting equipment is widespread and accounts for the high HIV prevalence 22 percent to 68 percent across the country in 2002 among male injectors, many of them younger than 25. Younger injectors appear more likely to report risky practices in parts of Nepal; in the east, for example injectors under 25 were three times as likely to report using non-sterile equipment at last injection compared with older injectors. Nepal's epidemic also highlights the potential links between HIV infection and mobility. Injecting drug users from cities with low prevalence, but who had injected drugs elsewhere, have been found to be two to four times more likely to have acquired HIV than those who had remained in their home cities. Half of the sex were workers

surveyed in central Nepal and who said they worked in Mumbai (India) were HIV-infected, compared with 1.2 percent of those who had never been to India (UNAIDS, 2010).

Most new HIV infection in Asia occurs when men buy sex and large numbers of men do so. Household-based surveys in a number of Asian countries suggest that between 5 percent and 10 percent of men buy sex, which makes commercial sex a large and lucrative industry in Asia. Many sex workers especially very young women from rural areas are either coerced into the industry or join it under duress, because they lack other employment opportunities. Nepal has reported earning around 2200 rupees or US dollar 30 a week, six times the average wage income (UNAIDS 2010).

Similar reports have been received by the stick-taker in different countries on this issue. It has been found that there is an absence of effective involvement of hotel workers and migrant workers at every level for the initiative against HIV and AIDS. Throughout the region, hotel workers and migrant workers are unique in possessing a special insight in and commitment to the success of the programmes. Moreover, since there are a number of organizations, especially NGO's, which have hotel workers working from them, there is a pool of hotel workers and migrant workers who possess the know-how of planning, implementation, monitoring and evaluation and others with the potential to learn the same. The stakeholders agree that it is worth making the effort this group as nobody is in a better position to assess their needs, as well as the socio economic and other causes of vulnerability to HIV infection. Secondly, it has been demonstrated by smaller efforts such as counseling centers and referrals services thereby increasing the chances of the programme success. Another way of involving the hotel workers building their capacity is for all organization working in this field.

Existing migratory data and HIV, STI and behavioral research in Nepal indicates that between 600000 and 1-2 million men migrate annually to India for work opportunities and that certain destinations are strongly linked with higher rates of HIV infection. Predominant among these cities is Mumbai, Nepali migrants are among those who frequent the highly visible and available sex work established in the city. Existing evidence suggest that these migrant are becoming HIV infected and returning home to rural area in Nepal. One survey in Achham for returning migrant from Mumbai are HIV + compared to 0.7 percent of non-migrants. A 2002 community assessment

conducted in two districts of the migrating to India result of 30 in depth interviews with migrants showed that most are visiting sex workers wife in India and only two men. Reported using condoms (Estimation of HIV case in Nepal CREHPA/FHI, 2010).

There is a high rate of migration and mobility exists in Nepal which estimates of internal and external migration for seasonal and long term labor range from 1.5 to 2 million people. It is necessary for the economic survival of many households in both rural and urban areas. Removal from traditional social structures, such as family has shown to promote unsafe sexual practice partners and engaging in commercial sex. A 2002 study suggests that HIV prevalence is nearly 8 percent in migrants returning from Mumbai. (The World Bank, 2010).

Majorities of the hotel workers and migrants workers are from the economically disadvantage sections of the society. Their immediate needs have been identified as food, shelter, medicines, home or the next step of need of their children (in case of having children). These needs often take precedence over the cause of advocacy or involvement (Diyalo Pariwar, 2007).

AIDS is rapidly increasing in the world. World AIDS report 2011 pointed out that about 33 million people worldwide are infection with HIV and 2.0 million populations have died from AIDS. And more than 93 percent of people infected with HIV and AIDS is in the developing countries. Cross country evidence indicates that low incomes are strongly associated with HIV infection rates.

Countries with gender inequality also have infection rates. The epidemic of HIV and AIDs is predominantly spreading through unsafe heterosexual contact. The HIV and AIDS epidemic has been strongly influenced by gender. Inequality and the frequent practice of men visiting sex workers like migrants workers to India and other countries. Science sexually expressions for female is typically more limited than for males. The small population of migrated workers from developing countries has high rates of others STI which enhance HIV transmission (Global, AIDS Report, UNAIDS, 2008).

There were a total of 17429 patients of sexually transmitted disease in 2002. The highest case was found in Terai (9418) followed by Hill (6935) and Mountain (1076) (MoH,2002).

From the Aforementioned situation, it can be stated that ( Hotel workers) there have been significant gap on available knowledge on awareness on HIV/AIDS and STI among migrant people. The investigator collected in the study on the basis of reviewed literature mentioned above, it is found supportive for writing of different methods which are used in the study.

This study will be able to draw out the clear picture on what level of hotel workers and migrant workers are aware on HIV and AIDS and Risk factor for these disease.

## **2.2 Empirical Literature**

Dahal (2010) conducted on a research Risk factors of STI, HIV and AIDS Transmission among Hotel Workers at Nagarkot to find out risk factor of HIV and AIDS among Hotel workers. This study was descriptive types of research. The researcher was used for simple random sampling method for this study. Interview schedule was used as a tools for this study. This study shows that out of 110 respondents 81.82 percent respondents are using condom to prevent the HIV and AIDS and 18.18 percent are not using the condom.

Devkota (2062) conducted on research sex behavior and awareness on HIV and AIDS among Tamang community in Jalkanya VDC of Sindhuli to find out the knowledge and attitude towards HIV and AIDS among the Tamang community, to identify the sex behavior of Tamang community. Data and other information were collected particularly by primary sources applying interview schedule in the field survey. According to the census 2001 there were 160 Tamang people living in this VDC. In ages 15-60 years.

Shrestha (2067) conducted a research on a awareness of Badi community towards condom, HIV and AIDS in Ghorahi municipality of Dang District to find out knowledge towards condom, to identify knowledge towards HIV and AIDS among Badi community. This study based on descriptive method. The population was

sampled by simple random sampling method. The interview schedule has been designed for the quantitative data collection. The most of the respondents are knowledge of condom benefit, but some respondents also don't know about condoms benefit. Among all respondents 95.54 percent respondents expressed sources of known condom is radio/T.V., 1.01 percent respondents known as newspaper, 52.87 percent respondents known health services, 28.66 percent respondents NGOs/ INGOs and 80.90 percent respondents known from schools.

Neroula (2062) conducted on a research knowledge and perception of community people on STI and HIV and AIDS in Bhedetar Dhankuta. To assess the knowledge and perception of community people about HIV and AIDS and STI, To identify the various sources of information about HIV and AIDs And STI. The researcher used descriptive study for this study. This study based on primary sources. The simple random sampling was applied to represent whole study. Data and other information were collected particularly by primary sources applying interview schedule in the field survey. Among 180 respondents 44.44 percent were male and 55.56 percent respondents were female. The number of female respondents is greater than the number of male respondents. Respondents were related to different their caste. Among 180 respondent 30 were Brahmins, 56 were Chetre, 70 were Janajati and 24 respondents were Dalit. The majority number of the respondents was Janajati, as Rai, Limbu, Sherpa, Tamang and Gurung

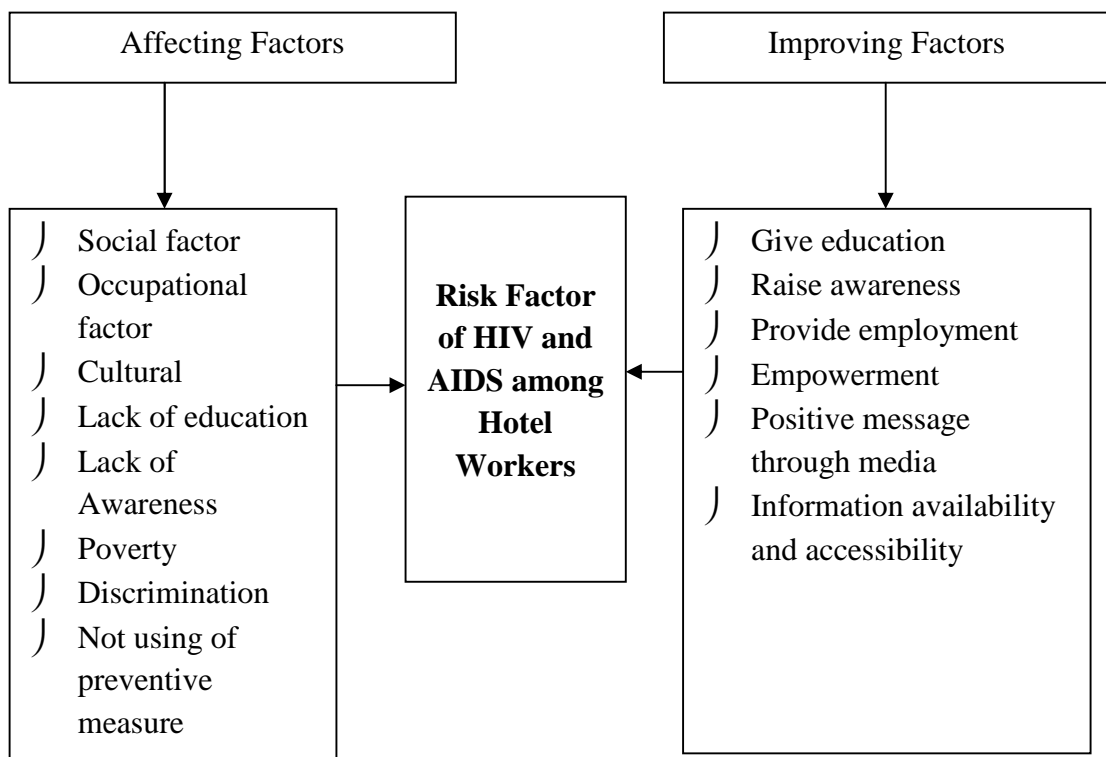
### **2.3 Implication of Review of Study**

The implication of review related literature of the guideline of the prepare the proposal. During the process of topic selection to finalization of the study, researcher had reviewed various related literature for this study. From the researcher found the gap of this study with previous research work and also got an idea about the proper uses of methodology for the research. The review which is gives us knowledge about the related subject. The implication of review of the related literature helps me to write the background of the study, Statement of the problem, Objective of the study and Significance of the study The related subject not only gives meth information. It also gives me what inside the guide related literature and that guide me what kinds of methodology should be used to uplift the problem.

## 2.4 Conceptual Framework

The following flow chart or conceptual frame work is applied to make the study more fruitful as per the nature and situation of the targeted groups in the study area. Basically risk factor of the HIV and AIDS among the hotel workers and migrants are accessed through exploiting their knowledge on mode of transmission / non transmission and on preventive measure. Their practices on STI treatment including the understanding of safer sex to prevent from HIV and STI equality, reviewing the available literatures and other secondary data source related to this study topic.

As research students, the researcher is not judging particular behavioral aspects. But it is focused on their awareness and risk factors of transmission among hotel workers at Dhankuta Municipality. It can be manifested by the community level, socio-cultural factors (occupation, education, cultural caste, ethnicities stigma and discrimination) and can be influenced by their knowledge on HIV and AIDS. It is equally promoted by their practices of condoms use and STI treatment through the existing source of information available and accessible in their respective communities that might have delivered or informed various media and organization channels, peer educator, social workers and volunteers etc. and through provision of publications. The risk factor of transmission is very high among the hotel workers and migrants in the research site.



Due to media, the uneducated person of Dhankuta Municipality gets attracted about the posters and publication of sex. High risk factors of STI, HIV and AIDS among hotel workers at Dhankuta municipality are increasing. They are not habitual of using condom properly and present treat STI because they have come from uneducated family. They have lack of knowledge and a mode of transmission occurs where they were not using preventive measures.

## **CHAPTER – III**

### **METHODS AND PROCEDURES OF THE STUDY**

#### **3.1 Research Design**

This study design was to assess the risk factors of HIV and AIDS among hotel workers and migrants at Dhankuta. This study was descriptive in its nature with quantitative type's research design. Descriptive method was used to analysis and interprets data from this study area.

#### **3.2 Sources of Data**

The primary and secondary data were used in order to obtain the necessary required information for this research study. The primary data were collected basically through filed observation and interview method. According to the objectives of this study and also attempted by exploring risk of factor of transmission of HIV and AIDS among respondents in consideration. The secondary data were mainly used for the analysis and interpretation of the data collection from primary sources of data but in some extent the secondary data were also used for the reporting purpose. For the purpose of update information the various web-site were also observed.

#### **3.3 Selection of Study Area and Population**

The research was mainly focused on Dhankuta municipality and especially where there are holds and the residence of the migrant people. The respondents were mainly hotel workers and the migrants. So, the research was found on those people. Although there was no any secondary data on how many male and female populations the study area. So, 330 people from outside the districts were residing in the study area for work.

#### **3.4 Sampling Procedure and Sample Size**

There were more than 200 hotels at study area and 330 migrant workers. So Census method was applied to represent the whole population.



### **3.5 Data Collection Tools**

Interview schedule was used as a tool for this study. It was the main tool for the collection of necessary information of this study. Interview schedule includes both open and close ended questions.

### **3.6 Standardization of Tools**

After the preparing and completion of interview schedule, it administered for pre-test in few numbers of respondents who were having same character in the next place and submitted to health, physical and population Department and researcher personal guide. The tools were finalized on the basis of feedback of the test and supervisor of this study and the Department.

### **3.7 Data Collection Procedure**

When the interview schedule prepared, the researcher was visit the secretary of municipality officer with a letter from department of Health, Physical and Population Education and explained the purpose of the study. After getting permission from the municipality office, the researcher has made door to door visit in the selected community. The objective of the study to respondents then requested them to provide information with any hesitation.

Study uses primary source of data. Literature review was based on secondary source whereas data collected through primary source. Basically, the study was conducted on the basis of quantitative technique approach, however qualitative technique also be applied as a supplement of quantitative method.

### **3.8 Method of Data Analysis and Interpretation**

All required information and data collect as per the objective of the study. After collecting data they segregated, grouped, compiled and tabulated manually and entered in the computer using the MS word and excel. The desired and required tables had been prepared for the purpose of analysis and interpretation. All interested individual or group or make clear about the finding as per necessity. Finally, conclusions and recommendations were made for the further discussions.

## CHAPTER – IV

### ANALYSIS AND INTERPRETATION OF RESULTS

The chapter deals with the survey findings, conducted at Dhankuta Municipality. The study was mainly focused on the risk factors of HIV and AIDS among hotel workers at Dhankuta Municipality.

#### 4.1 Demographic and Socio- economic Characteristics

Benefited by The respondents were selected from various representative groups of hotel workers who were partially the job opportunity.

##### 4.1.1 Ethic Composition

Sample populations were divided into following groups:

- a) Bramins
- b) Chettri
- c) Tamang
- d) Magar
- e) Rai
- f) Limbu
- g) Lower caste (Dalit)

The ethnic composition of sample population is presented in below.

**Table 1: Ethnic Composition of Responded Group**

<b>Caste</b>	<b>Number</b>	<b>Percentage</b>
Bramins	10	3
Chettri	20	6
Tamang	32	10
Magar	38	11
Rai	45	14
Limbu	77	23
Lower caste (Dalit)	108	33
<b>Total</b>	<b>330</b>	<b>100</b>

Among selected respondents, majority respondents were Dalit having 33% representation following chettri, Tamang, magar, rai and limbu having 6,10,11,14,23 and 33 percent respectively. In comparison to higher castes and lower castes, lower caste (dalit) were high i.e. 33% following the janajati (kirati) rai and limbu i.e. 37 percent. So major workers (respondents) are Dalit and Janajati. Those who have lack of education and lack of money from poor family.

#### 4.1.2 Age and Sex Group of Respondents

There was no limitation we found of hotel workers so, we divided the respondents in their age and sex group. It was further divided according to their age and sex. The age and sex group of respondents is presented in table. This study was conducted among the high risk factors among hotel workers which means the married and un married population and it was also because the age and sex group demographic indicators as well as it was also important to look the age and sex group from the perspective of sexually active group.

**Table 2: Age and Sex Group of Respondents**

Age group	Male		Female		Total		Remarks
	No.	Percent	No.	Percent	No.	Percent	
Below 25	79	54	86	46	165	50	
26-30	35	24	45	24	80	24	
31-35	18	12	32	17	50	15	
36-40	8	6	12	6	20	7	
41- above	5	3	10	5	15	4	
Total	145	100	185	100	330	100	

According to data major respondents are age of below 25 that is 50 percent of respondent. And the among male and female below of 25 are at high risk. And least were above 41 i.e. 4 percent. That's why there were high risk of HIV and AIDS. According to data of Annual Report of 2070 / 71 Making up 8 percent of the total estimated population of 40,732 , there are about 3,8282 children aged up to 14 years are living with HIV in Nepal in 2013 , while the adults aged 15 years and above account for 92 percent with an epidemic that has existed for more than two decades ,

there are 3,385 infection ,estimated among population aged 50 years and above 8.3 percent.

#### 4.1.3 Religion Status

Nepal is secular country. People believe in multi religion. The respondents have been divided according to their religion. The religion status of respondents are as follows.

**Table 3: Religion Status**

Religion	Number	Percentage
Hindu	136	41
Buddhist	68	21
Kirat	123	37
Other	4	1
Total	330	100

According to this data major respondents people were Hindu i.e. 41 percent of the total respondents. Similarly 21 percent is Buddhist and 37 percent were Kirat also there were 1 percent other religion (critiean ).

#### 4.1.4 Educational Status

As the knowledge is power for the any kind of awareness and information. The respondents have been divided according to their education levels. The education status of respondents are as follows.

**Table 4: Educational Status among Respondents**

Level	Respondents	Percentage
Up to intermediated	5	1
UP to SLC	25	7
Lower secondary	100	30
Literate	125	38
Illiterate	75	23
Total	330	100

According to the data, majority of the respondents are literate i.e. 38 percent of the total respondents. Similarly, 30 percent has completed Lower secondary level. People who completed Up to intermediated and Up to SLC are 1 and 7 percent. And people who are Illiterate are 23 percent. According to this data literate people are more high risk of AIDS because they have only few knowledge about HIV and AIDS and 23 percent of respondents were illiterate means they have no any knowledge about HIV and AIDS and those people are more risky.

#### **4.1.5 Household Income Source**

Economy is one of the major components in all communities and to all people to survive their livelihood. As well as income source of household depends that people life style and their status in society. The Household income sources of respondents are as follows.

**Table 5: Household Income Sources of Respondents**

<b>Sources</b>	<b>Number</b>	<b>Percent</b>
Job	3	2
Agriculture	312	94
Others	15	4
<b>Total</b>	<b>330</b>	<b>100</b>

According to data, majority of the source income of household of respondents was Agriculture. Similarly 4 and 2 percent of respondents household income resources were other ( Carpenter, Tailor) . So the Respondents who belongs from framer family they have no any other income resource accept working at Hotels.

#### **4.2 Knowledge about HIV and AIDS among Hotel Workers**

This chapter presents the statically analysis of knowledge, source of knowledge mode of transmissions, preventive measure and major risk factors on STI, HIV and AIDS among Hotel workers as per the objectives of the study.

#### 4.2.1 Knowledge on HIV and AIDS

The perception of human being is entirely depend upon proper knowledge unless and until proper knowledge, it is impossible to know the significant of anything. Only the knowledge could lead the person to the actual direction.

The survey reveals that among the hotel workers 100 percentages are found having heard about HIV and AIDS. The data clearly indicates that all of the researches and studies show that the knowledge is not affecting towards the reduction rate of vulnerabilities of having chance of HIV contraction, they have emphasized upon practical aspect.

#### 4.2.2 Source of knowledge on HIV and AIDS

Access to information concerning HIV and AIDS Varies widely. This is determined by a number of factors like exposure to different channel, contacts with health workers and health services institutions meeting and discussion with peers.

**Table 6: Source of Knowledge on HIV and AIDS among Respondents**

Information source	Number	Percent
Radio	95	29
T.V.	65	20
From friends	170	51
Total	330	100

According to data out of 330 respondents 170 (51 percent) respondents were found with knowledge about HIV and AIDS through their friends. And 29, 20 percent through radio and T.V. The data shows tht the respondents have gained some knowledge from friends and that information were not a fact or real information too. And there is a saying also less knowledge is dangerous then no knowledge.

#### 4.2.3 Knowledge about Modes of Transmission on HIV and AIDS

As on data reported cases by NCASC disclose that unsafe sexual intercourse is the major route through which HIV has spread Nepalese population reported only the

high risk behavior and sexual intercourse within infected person. The research discloses that all the respondents are found that all the respondents are found that they have proper knowledge about modes of transmission on HIV and AIDS.

**Table 7: Knowledge about Modes of Transmission on HIV and AIDS**

<b>Mode of Transmission</b>	<b>Number</b>	<b>Percent</b>
Sexual intercourse with infected person	265	80
From blood transmission	30	9
Using same needle among drug users	35	11
Total	330	100

The table about delineates shows that the higher number of 80 percent respondents answered that sexual intercourse with HIV infected person is the main mode of HIV transmission while 11 percent respondents of them were found answered that using same needle among drug users. 9 percent respondents were answered that HIV transferred from blood transmission. The respondents were sufficiently aware on preventive part of HIV and AIDS although their behavior might be different. It is because of lack of knowledge towards the HIV and AIDS.

#### **4.2.4 Knowledge about Modes of Non Transmission on HIV and AIDS**

Psycho- social factors such as social stigmatization, social discriminations misperception, level of awareness of the community and community leaders play a great role to develop the attitude of society towards hotel workers. In general scenario, observed and published periodically through various means of communication are facing a kind of spiral situations. These factors are misinterpreting the real facts without being consciousness. Such traditions have produced about, fear and anxiety in the mind of the majority of the people.

**Table 8: Knowledge about Modes of Non-Transmission on HIV and AIDS****(Multiple Responses 330)**

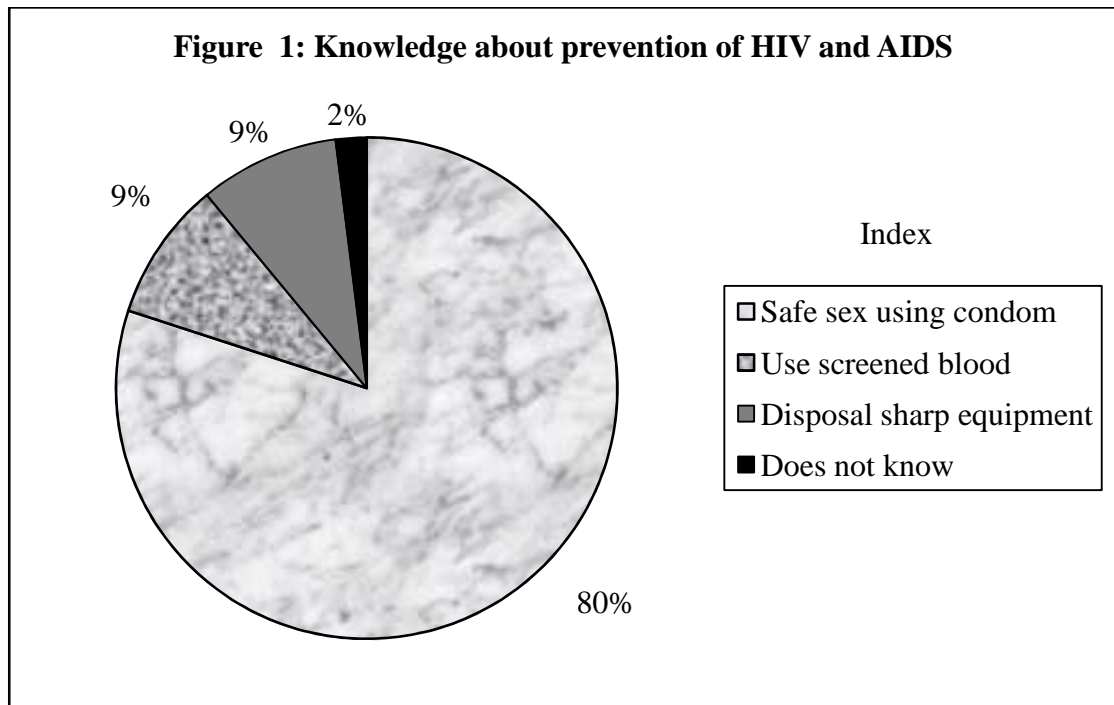
<b>Mode of Non-Transmission</b>	<b>Number</b>	<b>Percentage</b>
Eating together	305	92
Living together	250	76
Sleeping together	295	89
Mosquito bites	306	93
Using same toilet	309	94
Kissing	150	45
Shaking hand	330	100
All of the above	65	20
Does not know	25	7

The study brought out that 7 percent of respondents have does not know about modes of non-transmission of HIV and AIDS. Although majority of respondents reported positive answers on mode of non-transmission of HIV and AIDS some of them seems to have confusion about whether it transmits or not by kissing i.e. (45%). But all Respondents have fully knowledge that HIV do not transmitted by shaking hand. But the respondents who have no any knowledge about non transmission of HIV can be dangerous for other respondents.

#### **4.2.5 Knowledge about Prevention of HIV and AIDS**

As HIV is incurable disease, preventive measures should be taken to control it. It is said that prevention is always better than cure and since there is no cure, the only away to keep oneself safe is to take preventive measures. Every individual should be made aware of this fatal disease. All should be properly educated and warned of its consequences. The study reveals the majority of respondents are found with some knowledge of prevention of HIV and AIDS.





The study reveals that out of 330 respondents, 80% of respondents told using condom avoids multiple sex partner and sex with infected person could prevent the HIV and AIDS. While 9% of responded mentioned that use screened blood and Disposal sharp equipment also avoid HIV And AIDS. Than 2% of responded answered that they don't know about this.

The levels of knowledge of hotel workers towards the means of different method of prevention is significant satisfactory. Different intervention programmed launched by various governmental and nongovernmental organization are seemed to be successful to inject the knowledge about prevention method.

#### **4.2.6 Knowledge about Symptoms of HIV and AIDS**

their own responses because of their level of knowledge. The study reveals the knowledge of major symptoms of There is no specific symptoms of HIV/AIDS, that is why there is some variation in knowledge of symptoms of HIV/AIDS. But most of the respondents are not conformed on responded in their own language.

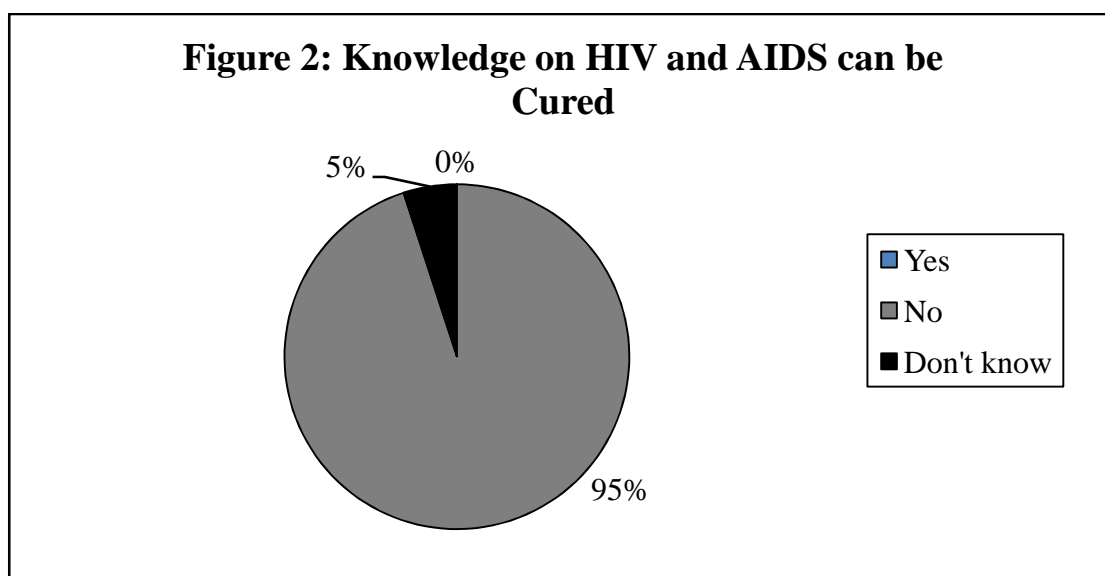
**Table 9: Knowledge about Symptoms of HIV/AIDS**

Knowledge on Symptoms	Numbers	Percent
Itching, swelling, small bound around sex organ	210	64
Vaginal discharge	84	25
Regular fever and cough	21	6
Don't know	15	4
Total	330	100

When questioning to the respondents about symptoms of HIV/AIDS, higher portion of respondents i.e. 210 (64%) reported itching around genital area, while 84 (25%) respondents mentioned that vaginal discharge, also 21 (6%) reported that regular fever and cough is also symptoms of HIV. And 15(4%) respondents reported that they don't have no any idea regarding the symptoms of HIV/AIDS. The majority of respondents were not clear which can be interpreted as they need more specific knowledge on HIV/AIDS.

#### 4.2.7 Knowledge on HIV/AIDS can be Cured

Most of the people knows that AIDS can't cured. Similarly most of the respondents are found that they were sure that HIV and AIDS cannot be cured.



The above figure shows the knowledge on HIV and AIDS that if it can be cured or not. Hence, 95 percent of the respondents said that it cannot be cured and 5 percent said don't know. In conclusion it can be said that many of the people in the research area have knowledge on HIV and AIDS and its prevention and cure.

### 4.3 Basic Knowledge about Condom

#### 4.3.5 Knowledge, Source of Information on Condom

Condom is an effective contraceptive. It has got not side effect. Several studies have demonstrated that the use of condom during sexual intercourse reduces the risk of transmitting or acquiring infection with HIV as well as the STI and that proper and consistent condom use can play an important role in HIV and AIDS prevention.

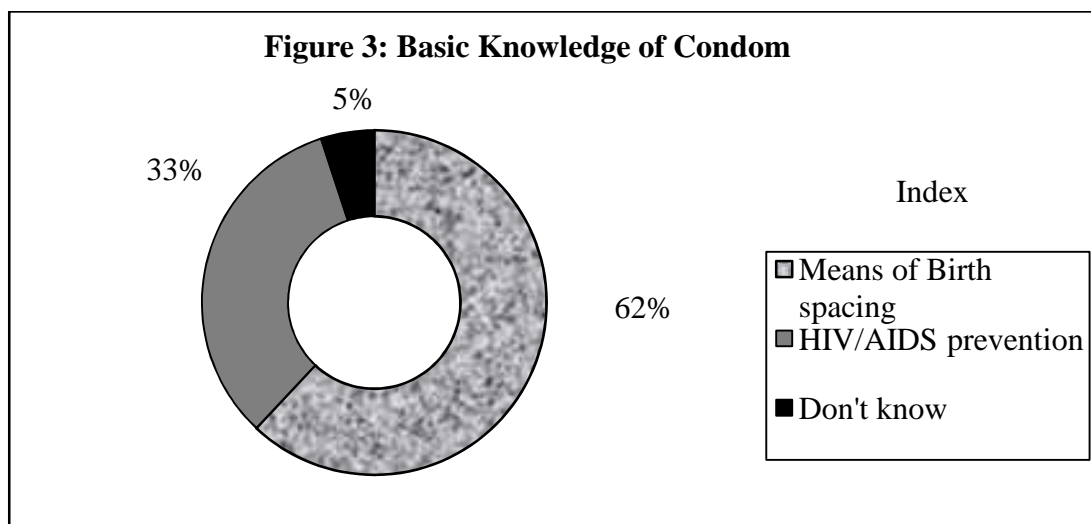
**Table 10: Source of Information on Condom**

<b>Knowledge about condom</b>	<b>Number</b>	<b>Percent</b>
T.V.	185	56
Radio	96	29
Peer and Friends	40	12
Health workers	9	3
Total	330	100

All the respondents were found that they have basic knowledge on the use of condom. 56% respondents said that they heard about the condom from Television, while 29% respondents said that they heard from Radio. Similarly 12% of them heard from their friend and only 3% of them from Health workers. The respondents who have gained knowledge from friends and other tv and radio may not have a proper knowledge about condom. It may be the dangerous for other..

#### 4.3.6 Basic Knowledge of Condom

Condom are thin , stretchy pouches that you wear on penis during sex , condoms provide great protection from both pregnancy and STDs. They are easy to use and easy to get. Although majority of the respondents have heard about condom and its use they have found poor knowledge about the multiple or comprehensive of condom.



Highest portion of respondents i.e. 62% reported that they know that what condom and why it is used. Basically, they said that condom is for maintaining and controlling the child birth and they further mentioned that it is also for the protection from HIV and STI. Only 5% don't know about the preventive measures of the condom. That 5 percent of respondents are un known about condom because of lack of knowledge about condom and its benefits.

#### 4.3.7 Use of Condom

Regarding the use of condom considering these facts in mind while questionnaire. Have you ever used the condom? The following respondents have reported as follows:

**Table 11: Condom Use**

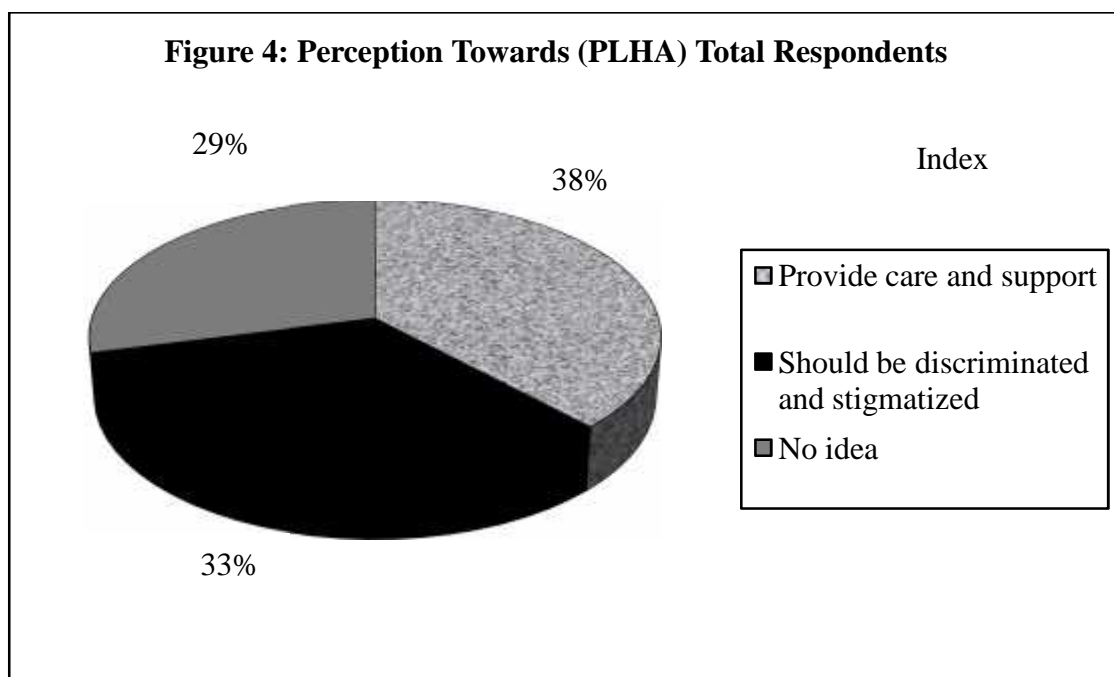
Condom use	Number	Percent
Yes	125	38
No	185	56
Some times	20	6
Total	330	100

According to data Majority of the respondents i.e. 56 percent reported that they have not used condom. 38 percent of respondent replied that they used condom and 20 percent of respondents used condom some times. All respondents who reported that they used mentioned that they were using the condom mainly for the birth spacing. The respondents who mention that they are not using condom wile having sex or

using some time may be danger and it is because of hesitation to use condom and lack of knowledge too.

#### 4.4 Perception towards People Living with HIV and AIDS

Acceptance by the hotel workers members and their respective communities is still a big interactive issue regarding the people living with HIV and AIDS. Discrimination, Stigmatization and other negative attitude and behavior have been seen and counted at various levels in our society at all setting rural and urban. Sometimes different level attitudes have been seen according to the levels and status of the PLHA by his or her back ground and social attachment and mode of transmission. The sayings and behaving are not found always matched for these specific issues.



Out of total respondents of 330 the higher respondents were 38 percent mentioned that care and support should be given to PLHA but they didn't elaborate their example. 33 percent of all respondents told that they should be ignoring at all coz of lack of education. While 29 percent of total respondents replied that they have no any idea about that. Furthermore, the good news is that nobody be mentioned that the PLHA should be discriminated and stigmatized at community level in general.

#### 4.4.5 HIV and AIDS a Problem in Nepal

HIV and AIDS is considered as a major health problem for world and even for Nepal due to its services and long term socio-economic consequences. The question ask to the respondents to know the view of “Do you agree as HIV and AIDS is becoming a problem in Nepal?”. The response of that question is as follows:

**Table 12: HIV/AIDS as a Problem in Nepal**

<b>Statement</b>	<b>Number</b>	<b>Percent</b>
Strongly agree	60	18
Agree	165	50
Undecided	85	26
Disagree	20	6
Total	330	100

According to this data 50 percent of respondents were agree that HIV/AIDS is becoming a big problem in Nepal. Similarly 26 percent of respondents they were undecided. And also 18 percent of respondents were strongly agreed. Only 6 percent of respondents were disagreed on this statement. The respondents who replied that they are undecided and disagree with the statement were because of lack of awareness, education and knowledge of HIV and AIDS.

#### 4.4.6 HIV/AIDS Patient’s Right to Live as We Do

As we know all kind of patient should need same kind of laws. They have right to live their life. Similarly HIV positive patient have also right to live their life in society. The question asked to the respondents to know their perception towards the HIV positive patients we asked the question “Do you agree as HIV positive patient have right to live as we do?” Their answered are as follows:

**Table 13: HIV Patient's Right to Live**

<b>Statement</b>	<b>Number</b>	<b>Percent</b>
Agree	260	79
Disagree	20	6
Don't know	50	15
Total	330	100

According to this data 79 percent of respondents were agreed to this statement. And only 6 percent of respondents were disagreed with this. And 15 percent of respondents were unknown to this statement. This is all because of positive awareness and knowledge towards HIV and AIDS.

#### **4.4.7 Love, Affection and Help for HIV Infected People**

There is a saying that love is life. Love and affection towards the patient give them energy so there is also need of love for HIV positive patient. The question asked to the respondents to know about love and affection towards HIV positive patient and answers are as follows:

**Table 14: Love, Affection and Help for HIV Infected People**

<b>Statement</b>	<b>Number</b>	<b>Percent</b>
Strongly agree	60	18
Agree	165	50
Undecided	89	27
Strongly disagree	16	5
Total	330	100

According to this data people among 330, 165(50%) respondents were agreed to this statement. Similarly 27% of respondents were undecided to this statement and also 18% of respondents were strongly agreed to this. And only the 5% were disagreed to this statement. This is all because of awareness and education towards HIV. And also social and cultural Factors.

## 4.5 Other Considerable Findings from the Study

From the field stud conducted using the interview schedule the findings in the following areas which are the further analysis and interpretation as part of the report that have been analyzed from the responses came out from the responds relevant section of the interview schedule.

### 4.5.5 Sharing with Peer about HIV/AIDS

Friends are like as a part of our life those we can share everything. Similarly to know the feelings of respondent asked them that they share or not to their peer about HIV they answered as follows:

**Table 15: Sharing with Friends about HIV**

Statement	Number	Percent
Yes	185	56
No	145	44
Total	330	100

According to this data 56 percent of respondents shared their feelings to their friends and 44 percent of respondents don't share their feelings to their friends because of shyness and hesitation. It is also because of social and cultural factor of respondents

### 4.5.6 HIV Testing

To know the situation of respondents that they were tested or not their blood before, we asked them that "have you been ever tested for HIV?" They replied as follows:

**Table 16: HIV Testing**

Statement	Number	Percent
No	295	89
Want to go	35	11
Total	330	100



According to this data out of 330 respondents nobody goes to HIV test before 35(11) percent want to go for test but not before. It is all because of shyness, hesitation and afford to test the HIV.

#### **4.5.7 Organization (NGO's / INGO's) Activity Working HIV**

From the field the study of part of the exploration questions and basis of the secondary data, in total 5 numbers of NGO's and governmental organization are found working on the issue of HIV and AIDS in the respective Dhankuta tourism areas. Only two NGOs are found working directly with the target groups district level. There might be other NGOs and INGOs who are working but not listed here in this report as all working organization and institution might not be represent district health office or district AIDS coordination committee by various reason.

### **4.6 Other Related Findings from the Study**

#### **4.6.1 Knowledge of HIV and AIDS**

In the opinion of Hotel workers most of them told that community should know about HIV and AIDS. It is very necessary for all the people to have to have Knowledge about HIV and AIDS in community and also they told that if the people of community are aware in this issue problem will be easy to solve.

#### **4.6.2 Conducted any HIV Related Program**

In this question most of the Hotel workers told that they have no idea they don't know that never participated that kind of program and if there ever happened this kind of program in community they don't have any information about that.

#### **4.6.3 Activities Needed to Control HIV and AIDS**

In this study most of the Hotel workers answered that there should be the awareness program in the community and also have to informed Hotel workers also and they can also know about that. And gain the knowledge about HIV and AIDs.

## 4.7 Summary of Findings

This research study about “Risk factors of HIV and AIDS “among hotel workers. This research showed risk factors, risk behaviors, routes of transmission and way to prevent HIV and AIDS with consideration to the objectives which are to identify to prevent HIV and AIDS. Finding out its basic information on condom and its use and to assess the gap between awareness and knowledge implicated on preventive measure of HIV and AIDS among hotel workers. Analysis was conducted on the basis of objectives.

Basically the primary data has been utilized to fulfill the objectives of this study. The data is collected from the field survey, completed in the month of March, 2015. Regarding this research study total 330 respondents are chosen as the key respondents. In this case the majority of the respondents are already benefited or contacted and involved in various awareness raising activities organized by NGOs. The respondents have been selected from services points, strategic places maintaining the chances of well representation from the point of view of their representation by caste, ethnicity, age group and living situation among others. The pre structured questionnaires are constructed so as to meet the objectives of the study. After getting the information the data is processed with the help of computer programming Microsoft Windows and Microsoft Excel on the basis of these procedures the following section highlights the most important data finding conclusion and recommendation of the study. After analysis and interpreting data following findings are drawn in this study.

### 4.7.1 Demographic and Socio-economic Characteristics

- a) Majority of respondents are from Bramins ( 3 percent ) Chhetri ( 6 percent ) Tamang (10 percent ) Magar ( 11 percent ) Rai ( 14 percent ) Limbu ( 23 percent ) lower cast ( 33 percent ). The respondents indicated that overall communities with seven different casts higher and lower caste have equally vulnerable for the HIV virus. As HIV does not discriminate by race, castes, ethics, economics status and nationalities.

- b) The age of Hotel workers are age of below 25 and above 45 and most of the youths of age group (16-25) about (50 percent of them) are vulnerable by the HIV, AIDS and STI as they are not fully aware on there friends.
- c) Most of the hotel workers are found below “ Working Education Level” and have not sufficient income source and struggling for more more income level by which migration would have taken places to bridge the financial gaps.
- d) All respondents are primarily engaged in small hotels and cottages as waiters and wisher man.

#### **4.7.2 Knowledge on HIV and AIDS among Hotel Workers**

- a) The question of source of knowledge to respondents on HIV and AIDS the study finds out that out of 330 respondents 170 respondents gain knowledge from friends, 95 from radio and 65 from T.V.
- b) The question about modes of transmission on HIV and AIDS finds out that 265 respondents have knowledge that HIV transform from sexual intercourse with infection person, 35 respondents have knowledge that drugs users can be infected and 30 have knowledge that infected blood can also be mode of transmission.
- c) About symptoms of HIV and AIDS, 210 respondents among 330 reported that itching, swelling and small bound around sex organ are the symptoms of HIV and STI. 84 reported virginal discharge, 21 regular fever and cough and 15 reported they have no idea about symptoms.
- d) Respondents of this study are found having confusion about the difference between HIV and AIDS.
- e) The survey reveals that out of 330 respondents 315 have knowledge of condom and only 15 respondents have no knowledge about condom
- f) The survey reveals that 185 respondents have heard about condoms from T.V. 96 heard from radio, 40 heard from friends and 9 from health workers.
- g) The survey reveals that out of 330 respondents 185 respondents are using condoms and 125 are not using condoms and 20 are using sometimes.

#### **4.7.3 Basic Knowledge on Condom and Its Use**

- a) All the respondents are found with knowledge of condom. 62 percent respondents reported to the means of birth spacing. 33 percent respondent's means of HIV and AIDS and 5 percent respondents have no idea about condom.

#### **4.7.4 Perception Towards People Living with HIV and AIDS**

- a) The perception towards the HIV people the respondents reported that 38 percent respondent told that they provide care and support to HIV living people, 33 percent told that they ignore at all and 29 percent have no idea with living with HIV and AIDS.
- b) The study reveals that the 50 respondents agreed that HIV and AIDS is becoming a problem in Nepal, 26 percent have un decided, 18 percent strongly agreed and only 6 percent have disagreed that HIV and AIDS is becoming a problem in Nepal.
- c) The study also reveals that 50 percent of respondents are agree with Love, Affection and Help is essential for HIV infected people, 27 percent are undecided, 18 percent are strongly agreed and 5 percent are strongly disagreed.

#### **4.7.5 HIV Testing**

- a) Out of total respondents more than 80 percent respondents are found not for HIV and 11 percent are want to go for HIV testing.

## CHAPER – V

### CONCLUSION AND RECOMMENDATIONS

#### 5.1 Conclusion

This research has tried to focus the risk factor knowledge and awareness on HIV and AIDS, therefore it is one of the significant study in the field of HIV and AIDS and could contribute essential perquisites for the prevention of HIV and AIDS and to assist in strangest planning to HIV and AIDS focusing and mobilizing programs on hotel workers.

The information extracted by this study explicit that there is no problem of knowledge about HIV and AIDS to the hotel workers but the main problem remained is the practices. They had significant levels of knowledge but that are constrained by the different barriers by which in practical sense the gaps are seen.

Mainly three types of method to prevent HIV and AIDS are known to the respondents. The principle conclusions have been given based on the findings of the study. Among the respondents the higher proportion of respondents is found trustworthy to their friends in term of risk – behaving from their side while on aboard and they feels fear to initiate the discussion and issue of HIV testing during their visits. Sharing each other extensive knowledge HIV and AIDS, the significant influence of radio, television and poster as well as the peer is the foremost source of information providing HIV and AIDS preventive knowledge among respondents.

Finally , it can be concluded that hotel workers have the knowledge about HIV and AIDS but they don't have any idea about the risk factors of them. For the better prevention of HIV and AIDS in the research area, we should deal with risk factor about it and the preventive measures. If it is delayed, it may affect or infect to the people.

#### 5.2 Recommendation

As we all are aware that without recommendation, the study or research work cannot be assumed as complete. Thus, after reviewing and analysis based on the findings and

addition inputs from the researcher's side. The following recommendations have been drawn for the future purpose to improve the situation and further researcher.

### **5.2.1 Recommendation for Practice Relation**

To improve the present situation of the study area the organization can make a programmed on aggressive awareness, education and advocacy programs to inform and educate number of society specifically targeting to hotel workers about HIV and AIDS package.

The following programmes can be enlisted by the Government and NGO's in the study area:

- b) Information that HIV is not transmitted by causal nor is it only transmitted through unacceptable or in normal behavior and it is also to occupation hazards.
- c) Hotel Workers should be involved in the design and delivery of these programs in the districts level and should be provided at various levels in society and specifically targeted to the hotel workers. As some of the respondents gave shown their internal fear towards their sex partner behavior might be in risk, while in abroad.

### **5.1.1 Recommendation for National Policy**

- a) Government of Nepal should make certain norms to evaluate of effectiveness of HIV and AIDS programs.
- b) Government should be conduct HIV and AIDS program.

### **5.2.2 Recommendation for Further Research**

Further research is recommended at impact levels of following areas.

- a) Comparative study between awareness on HIV and AIDS ND Practice of behavior change among hotel workers.
- b) Practice on STI treatment and HIV testing among hotel workers of migrant workers in larger cities.

- c) Impact analysis of programmes on HIV and AIDS should be organized by or through various NGO's and INGO's.
- d) Study about knowledge, attitude and practice on HIV and AIDS and sexual behavior among married couple should also be investigate.
- e) This study has been conducted multi caste, religion ethnic and age group. It could be more effective in policy making in Nepalese's society.

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**APPENDIX**  
**INTERVIEW SCHEDULE**

Questionnaire on study on Risk factors of HIV and AIDS among Hotel workers at Dhankuta Municipality

**Personal Details**

Name of Respondents: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Caste: \_\_\_\_\_ Religion: \_\_\_\_\_  
Sex: a) male b) female Education Status: \_\_\_\_\_  
Adress : \_\_\_\_\_  
Marital Status: a) Married b) Unmarried c) Divorced d) Widow

**I. Basic information of Hotel workers ( Migrants ) Status**

A. Where is your currently work?  
a) Internal migration..... (Place and District)  
Since when ..... (Duration)  
b) External migration ..... (Place and District) Since when  
.....(Duration)

B. What is your primary household income sources:

- a) Job
- b) Agriculture
- c) Business
- e) Traking
- f) Others (explain)

Monthly/ Daily income ..... Nrs. Per

- a) Day
- b) Month

C. Is this income enough to meet your household's annual expenses?

- a) Yes
- b) No

D. If 'No' what are the supplement resource?  
.....

E. Does your family have own Land?

- a) Yes
- b) No
- c) Don't know

If yes,

Specify the Quantity ..... Ropani

**II. Knowledge about HIV and AIDS**

A. Have you ever heard about HIV and AIDS ?

- a) yes
- b) No

B. if 'Yes' From which sources?

- a) Radio      b) Television      c) Health workers      d) Social worker
- e) From friends      f) Others

C. Do you know how HIV and AIDS can be transmitted?

- a) Sexual intercourse with infection person
- b) From blood Transfusion
- c) Using some needles among Drug users
- d) All from above
- e) Others .....

D. Do you know the normal behavior by which HIV and AIDS can't be spread or transmitted?

- a) Eating Together      b) Living together      c) Sleeping together
- d) Mosquito bites      e) using same toilet      f) Kissing
- g) Shaking hand      h) All of the above      i) Does not Know

E. Do you know how HIV and AIDS can be Prevented ?

- a) .....      b) .....      c) Does not know

F. Do you know the different between HIV and AIDS ?

- a) Yes      b) No
- If yes (Explore) .....

G. Do you know what are the symptoms of HIV and AIDS are ?

- a) .....
- b).....
- c) .....
- d) Doesn't Know

H. In your Knowledge can HIV and AIDS be cured ?

- a) 'Yes' it can      b) 'No' it cannot      c) Does not Know

I. Do you know what the major risk factors of HIV and AIDS are ?

- a) Unsafe Sex      b) Homosexual      c) Hetro Sex      d) Others

### III. **Basic information about Condom**

A. From where you have heard about condom?

- a) Television      b) Radio      c) Per and Friends      d) Health workers/ volunteers

B. In your opinion, what is use of condom ?

- a) Means of birth-spacing      b) Means of HIV and other STI prevention
- c) Don't know

C. From where you are getting about condom?

- a) Buying                      b) Providing organization                      c) health workers/ peer educators

D. Have you use of condom sex contact time?

- a) Yes                      b) No                      c) Sometime use

**IV. Perception towards people living with HIV and AIDS**

A. If you tell me, what is your perception towards people living with HIV and AIDS?

- a) Provide care and support  
b) Should be discriminated and stigmatized  
c) Ignore at all  
d) No idea

B. Do you agree as HIV and AIDS is becoming a problem in Nepal?

- a) Strongly agree    b) Agree    c) Undecided    d) Disagree    e) Strongly disagree

C. Do you agree as HIV Positive patient have right to live as we do ?

- a) Agree                      b) Disagree                      c) Don't know

D. HIV and AIDS related stigma and discrimination level is very high in our country ?

- a) Strongly agree    b) Agree    c) Undecided  
d) Strongly disagree    e) Disagree

E. Love, affection and help is essential for HIV infected people, are you agree with this statement?

- a) Strongly agree    b) Agree    c) Undecided  
d) Strongly disagree    e) Disagree

**V. Explorative questions**

A. Have you ever shared with your friends about HIV/ AIDS and STI?

- a) Yes                      b) No

B. Have you been tested for HIV ?

- a) Yes    b) No    c) want to go

C. If yes what is your status ?

- a) Positive                      b) Negative



What types of activities are needed to control HIV and AIDS to the community people?

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I appreciate your time and answers/ responses.