

# CHAPTER ONE

## INTRODUCTION

### 1.1: General Background

This chapter is going to analysis about knowledge of HIV/AIDS on foreign labour migrants and their wives. It is difficult to say what is knowledge and it is too difficult to prove knowledge from mathematical way. But it has own characteristics for understanding and reorganization.

According to Oxford dictionary : knowledge is the state of knowing about a particular fact or situation in other word the information, understanding and skills that you gain through education or experience it may be practical / medical / scientific knowledge. (Oxford, 2000)

Similarly view of Bruner: The intellectual technique of arriving at plausible but tentative formulations without going through the analytic steps by which such formulations would be found to be law valid or invalid conclusions." In general knowledge is nature of evidence, nature of truth and false and the possibilities of realization of the real human mind. (Sharma and Sharma, 2011)

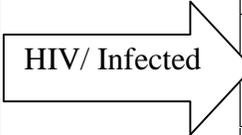
Morbidity is one of the main reasons of death. Morbidity word is derived from Latin word of "morbus" It means all types of diseases (Bhende and Kanitkar, 2004). According to WHO:-"health is a state of complete physical, mental and social well being and not merely the absence of disease and infinity." From this definition, it is clear that, a person who healthy by physical, mental and social status and can does daily activities, that is health. It is opposite form of morbidity present time HIV/AIDS is one of the major cause of morbidity.

Sexually transmitted diseases (STD) are one type of morbidity and HIV/AIDS is one of main example of STDs. It can be transmitted from one person to another person mainly through unprotected natural and unnatural sexual contract and sometime accidental transmitted cases are known as sexually transmitted disease. Some presentable STD are

HIV/AIDS, Syphilis, Hepatitis, Gonorrhoea, Chancrous, Genital Herpes, Genital Warts, Chlamydia etc. and there are more than 27 kinds of different virus, bacteria and other micro organisms: Retro Virus, Treponema palladium, Hepatitis B Virus, Neissoria Gonorrhoea, HSV-1, HSV-2, Human Papilloma Virus, Haemophilus Ducreyi, Chlamydia Trahomatis etc.

HIV/AIDS is an incurable disease. Immune system (CD4+Lymphocyte and monocytes/macrophages in white blood cell) is damaged by HIV. It was first reported in 1981 in the California of the United State of America (USA). But causative organization of HIV/AIDS was identified in 1983 by Dr. Luemontagnier from France and Dr. Robert Gallo from USA. In the beggung of the virus name was HTLV- III which means human I- cell Lymph Tropic Virus and LAV means Lymphadenopathy Associated Virus.) In context of Nepal HIV/AIDS infection was first recognized in 1998. (Maharjan, 2010)

**Mode of transmission**

Reason	Mode	Activities	Result
	1.Partner	1.unsafe sexual intercourse	
	2.Blood	2.blood transfusion	
	3.Mother	3.newly born baby	
	4.Instrument	4.use of skin piercing equipment	

**Stage of HIV/AIDS**

Stage	Time
HIV infection	—————> Zero time
Window period	—————> 1month- 3month
HIV positive period	—————> 1year - 13 year +
AIDS stage	—————> some month to some year then death.

Clinical characteristic are persistent cough for more than one month, pharyngeal condition, chronic progressive of disseminated herpes simple fact on etc. major sign of AIDS are decreasing in a weight by 10 percent in a month, coming fever over one month or over,

dysentery one month or over, more tiredness etc. The report of United Nation Population Division, prepared in collaboration with the UNAIDS and WHO was pointed out that the AIDS will wipe out gains of previous development efforts by reducing life expectancy (UNFPA, 2006).

HIV/AIDS in other countries, IDUS, MSM, and FSW are the groups most at risk with highest HIV prevalence. Majority of HIV cases have been estimated from labour migrants 41% and increasing number (26%) of HIV are accruing among their wives in 2009 (DoHS, 2009). At the end of 2010, an estimated 34 million people were living with HIV worldwide, up 17% from 2001. There were 2.7 million new HIV infections in 2010, down 21% from the peak of the global epidemic in 1997. HIV incidence has fallen in 33 countries, 22 of the sub-Saharan Africa, the region most affected by the AIDS epidemic. The proportion of women living with HIV has remained stable at 50% globally, although women are more affected in sub-Saharan Africa (59%) of all people living with HIV and the Caribbean (53%). The number of people dying from AIDS-related causes fell to 1.8 million in 2010, down from a peak of 2.2 million in the mid 2000s. A total of 2.5 million AIDS-related deaths have been averted since 1995. In south East - Asia the estimated 270,000 new HIV infections in 2010 was 40% less than at the epidemic's peak in 1996 (UNAIDS, 2011).

HIV/AIDS have become a major public problem everywhere especially developing countries and their people facing these problems. According to UNFPA "... South Asia context, many factors increase young people's vulnerability to HIV. These factors include: lack of education and life skills, poor access to health services and commodities; early sexual activity; early marriage; sexual coercion and violence; trafficking, and growing up without parents or other forms of protection from exploitation and abuse..." (UNFPA, 2006). Female are more vulnerable than male because of socio-cultural, economic and biological like early marriage, rape etc. many female adolescents are entering into the sex trade because of poverty and social discrimination being ultimately victims of HIV/AIDS (Hamal, P.K., 2011). Some important aspects in Nepali context about HIV/AIDS are following:

1. HIV/AIDS is not residential disease of Nepal. It is acquired from other countries from sexual activities or accidental case of foreign labour migrant Nepali worker or Activator.
2. Many people have not knowledge about HIV/AIDS and helping centres.
3. HIV/AIDS puts directly an increasing load on the health, economy, development; honour of person, facilities etc. and indirectly it can also put a great strain on the demographic and development structure of nation specially developing countries.
4. Orphan children who are left behind as AIDS. They are facing most cruel impact of AIDS. They live under more vulnerable to exploitation and sexual abuse especially poor family background.
5. Western Europe and some other developed countries many HIV infected persons have an access to combination anti retroviral therapy since in 1995. The combination therapy is not available for all people in developing countries because it is expensive, hard to administer and require regular medical monitoring.

In sanitation of Nepal, around six people get transmitted per day with the disease in Nepal though the transmission rate has decreased in the last few years. At present time estimated infected people no. are 55626 and provable number 18000 people got infected from the disease. Six thousand HIV infected people have been taking antiretroviral treatment service (ART) from 36 centres across the country (Nepal Republic Media, 2011).

## **1.2: Statement of the Problem**

HIV/AIDS appear as major public health problem in Nepal where treatment facilities are less accessible and less affordable but infection of HIV/AIDS number are growing day by day. HIV/AIDS is not residential disease. It was acquired from other countries but it had taken major place on health problem of Nepal. Earlier time of infection most of people had infected from India prostitution by sexual intercourse. It was directly related trafficking of girls and labour migration which was consequence of poor economic background and lack of education.

Study area Kol VDC is located in the north east geographical area of Rukum district. There are mainly two ethnic compositions (Janjati and Dalit). Selected study area and Neighbor VDC people also involve in foreign labor employment. Its history is very old. They were involved in the First World War (1814-1816) from name of “Gurkhas Army”. At study time they have been going India, Japan, North Korea, America, Gulf and other countries for labor work. More than 70 percent above households has been involved in foreign labor employments. Other part HIV/AIDS infection case of Rukum district has 42.5 percent Dalit and 20 percent Janjati respectively also they were once time involved in foreign labor migration. (District Hospital Rukum, 2012)

In the selected area nearly half of 35 years over female are illiterate, higher labor migration trends, some People of neighbor VDC Kakri and other VDCs are infected from HIV/AIDS and conciseness programs and blood test (HIV test) service are not available.

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

The general objective of this study is to identify the knowledge of HIV/AIDS on foreign labour migrants and their wives.

The specific objectives of the study are on follows.

1. To measure the knowledge of HIV/AIDS according to their age, sex, caste and education
2. To find out of gap between husband and wife's knowledge on HIV/AIDS.

### **1.4: Rational of the Study**

Significances of the study are following:

1. This study aims to know the knowledge of HIV/AIDS on foreign labour migrants and their wives on the study area.
2. This study aims to help those people who are working in the field of HIV/AIDS prevention and control.
3. This study aims to help for those who are interested to conduct further study in this field.
4. This study is helpful to future related research and programmes.

## **1.5: Limitations of the Study**

1. The study is limited only knowledge of HIV/AIDS on foreign labour migrants and their wives in Kol VDC.
2. The generalization of result is only applicable to those hill areas which maintain homogenous character with respect to the study area.
3. This study is a part of academic activities, thus time and cost factors also restrict the collection of more information.

## **1.6: Chapter Plan**

This study is organized in to six chapters.

1. Chapter one deals with the introduction, statement of problem, rational of the study, objective, limitation, and chapter plan of the study.
2. In second chapter deals with the theoretical literature, empirical literature and conceptual framework of the study.
3. Third chapter deals with the methodology of the study which includes selection of study area, source of data, research design population and census, questionnaire design, section of the respondent and data processing.
4. The chapter four deals Introduction to study population which includes demographic characteristics (age and sex distribution of sample population), social characteristics (ethnicity, education, type of family) and economic characteristics of the respondent.
5. Chapter five deals with the Knowledge of HIV/AIDS on foreign labour migrants and their wives.
6. The final chapter six has deals summary of findings, conclusions, recommendation, for future area of research and recommendation for policy implications.

# **CHAPTER TWO**

## **LITERATURE REVIEW**

### **2.1: Theoretical Literature**

#### **2.1.1: HIV/ AIDS:**

Which government or social leader think and do about peoples (population) social protection, education, legal reform, gender equality, poverty reduction, gender based violence, employment and health facilities or services, there can be easily can be avoid/reduction and finally disappear HIV/AIDS from social. The HIV/AIDS is pandemic disease it has no geographic or religious boundaries and the potential for spread of the disease equal chances for all people.

People must be know, HIV/AIDS infected are our sister and brother, they are our family member and every children has a right to be born free of HIV and every person has right to know it. HIV/AIDS and help for them. So, there need honest responsibility to provide good guidance, counseling, support to enhance the capacity and role in shaping social values and public opinion, in speaking out against all forms of stigma and discrimination.

At present time where are growing rapid population there are growing poverty, conflict violence, chronic diseases as well as HIV/AIDS. So, manage or improve many part of government body and for developed state needs well suitable population policy and programs.

AIDS must to be viewed not just a health problem but as an economic crisis as well, in which there is a strong relationship between the spread of AIDS socio-economic conditions of people. Although AIDS is often thought of as a western disease. In many countries in Africa, where the disease is already well established but now decreasing HIV infection the social and economic effects of widespread. AIDS infections are alarmingly evident. AIDS has been called the "Poverty Virus" because it so clearly focuses on the poor and disadvantaged and contributes to the economic inequality that already exists in many countries (Barker, 1996).

Unsafe sexual intercourse whether men with women, or women with men, it is the most common way of transmitting HIV. Between 85-90 percent of new infections are transmitted through sexual intercourse. Understanding the sexual behaviour of different sectors of the population is the key to designing an effective response to the epidemic. While the commercial sex industry is often thought of as the highest risk area for contracting the HIV through the sex, a critical place for the intervention is the link or bridge for HIV/AIDS transmission, between the sex workers and general population (Heidi and Narain, 2001)

A study on HIV/AIDS and migration in Uganda in 1995 found strong correlation between HIV infection and migration status where more migrant people were infected from HIV/AIDS those people who were living their origin place long time. Other way those people who had moved within the last five years they were three times more infected from HIV/AIDS than those people who had been stable for more than ten years in their place (Giri, 2001).

Nepal's inherent socio economic wills make the country quite vulnerable to the epidemic though reportedly the prevalence rate is still low. Commercial sex work and trafficking is growing. Commercial sex work in rampant and trafficking of women for sex work in the brothels in Indian cities is a perennial problem. Migration, increasing injecting drug use and acute marginalization of people make Nepal an easy target for HIV/AIDS in Nepal, especially HIV infection has been found to be concentrated in the urbanized areas and districts with high risk of harboring injecting drug users and commercial sex workers as their occupation and rural areas migrants people have been easy transportation ways of HIV/AIDS. Moreover, injecting drug users (IDUs) commercial sex workers and youth migrants are identified as the highest infected cohorts (NCASC, 2002)

### **2.1.2: Foreign Labour Migration:**

Which thing can't receive in own home that thing looking out of home, sometime it may be force and interest. Similarly many Nepalese people are unemployed so they have been going out of courtiers for employment.

Foreign labor migration is lack of good governance in developing countries. In the case of Nepal foreign labor migration started date is not clear because its process is dynamic from history. Some point able aspects of foreign labor migration of Nepal are following:

- Historical and cultural relation and open border between India and Nepal, India is a major destination country for Nepalese for seasonal and temporary migration for work. Migration to India does not need any legal document so India is easy, closed, and dangerous destination place of labor migration.
- First large group of formal foreign labor migration was started in First World War (1814-1816) by name of "Gurkhas Army". Civilian migration also emerged to other various parts of India, especially to North-east such as Darjeeling, Sikkim, Assam, and Meghalaya responding to the need of labour in newly established tea estates.(Gurung, 2011)
- After India independent, in1947 then Nepali people were joined Indian Army. Foreign labor migration had been increasing use of own personal network or private and government-registered manpower or recruitment agencies from the late 1980. Nepali people began to migrate temporarily in eastward to Southeast Asia like (Gulf countries, Japan etc), far east and western from mid-1990s. Hong Kong, Singapore and Brunei destination of employment after1997 ( Gimire N.H., 2006 ).
- A major proportion of HIV infections have consistently been among migrant workers travelling to India for work. A 2006study among Nepali migrants traveling to Indian cities for work found that 27% of men engaged in high risk sexual behaviors. In 2005, 46% of estimated HIV infections in Nepal were among labor migrants and similar pattern in 2007(DoHS, 2010).
- Total 1,964,383 workers have gone to different countries for foreign employment during the first eight months of the current fiscal year, 2010/11(MoF, 2011).

## **2.2: Empirical Literature**

Empirical literature is gone to analysis of HIV/AIDS by base of previous findings of the pre studies. It is mainly based on secondary data resources.

### **2.2.1: HIV/AIDS in the World:**

- At end of 2010, an estimated 27 lakh (2.7million) new HIV infection, down 21% from the peak of the global epidemic in 1997. HIV incidence has fallen in 33 countries.
- An estimated 34 million (31.6- 35.2 million) people have HIV infected in end of 2010, up 17% from 2001.
- An estimated number of people dying from AIDS related causes fell to 18 lakh (1.6- 1.9 million) in 2010, down from a peak of 22 lakh (2.1-2.5 million) in the mid 2000. A total of w.5 million AIDS related deaths have been averted since 1995.
- Annual new HIV infections fell 21% between 1997 and 2010.
- An estimated 390000 (340000-450000) new HIV infected children in 2010, 30 % fewer than the peak of 560000 (500000-630000) new infections annually in 2002 and 2003.
- An estimated 66 lakh, low-middle-income countries people were receiving HIV treatment (accessing antiretroviral therapy) at the end of 2010. It is more than 13 lakh 50 thousand (1.35 million) over 2009, 16 fold increase from about 400000 patients recorded at the end of 2003. In addition, at least 745000 people were receiving ART in high-income countries.

Sources :( UNAIDS, 2011)

### **2.2.2: HIV/AIDS in the South-Saharan Africa:**

- Most heavily affected region by HIV in 2010, about 68% of all people living with HIV resided in Sub Saharan Africa. A region with only 12% of the global population.
- Sub-Saharan Africa 22.9 million (21.6-24.1million) adults and children living with HIV in 2010. It is only more than 2.3 million at end of 2001.
- Total number of people receiving ART 5064000 (40%) and needing ART number 10400000(51%) people in 2010 and which ART number 3911000 (41%) the end of 2009.
- New HIV infection has dropped by more than 26%, down to 19 million from the estimated 2.6 million at the height of the epidemic in 1997.

- This region has 22 countries; mostly affected countries are South Africa, Nigeria, Ethiopia, Zambia, Zimbabwe, Botswana, Namibia, Lesotho, Mozambique, Swaziland.

Sources :( UNAIDS, 2011)

### **2.2.3: HIV/AIDS in the Asia:**

- The Asia is largest area and population in the world but rate of HIV prevalence is lower than some other regions and total HIV infected number is second largest in the world.
- In South and South-East Asia, the estimated 270000 people have new HIV infection in 2010, it was 40% less than at the epidemics peak in 1996. In this region 4.0 million (3.6-4.5 million) adult and children are living with HIV In 2010.
- 922000(39%) people are receiving ART In East, South and South-East Asia in 2010 and earlier number was 748000 (33%) in 2009.
- Europe and central Asia of ART receiving was 129000 (23%) in 2010 and 114500 (22%) in 2009.

Sources :( UNAIDS, 2011)

### **2.2.4: HIV/AIDS in SAARC:**

- South Asian Association for Regional Cooperation (SAARC) countries are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.
- India is the first HIV Infection face in 1986, which infection is first HIV infection of SAARC.(Goit R.K, 2011)
- According to UNAIDS report 2011: estimated coverage range of ART 33% (283) of Bangladesh. It is highest coverage range of SAARC, India has a highest infection in SAARC where only 32% (424802) people receiving ART, Afghanistan has ART coverage range 3% (46), Maldives is low HIV infected country where ART coverage range 14% (2 person) and other countries ART coverage range are 27% (52) Bhutan, 18% (4867) Nepal, 9% (1892) Pakistan and Sri Lanka 25% (256) end of 2010. (UNAIDS, 2011)

### **2.2.5: HIV/AIDS in the South Africa:**

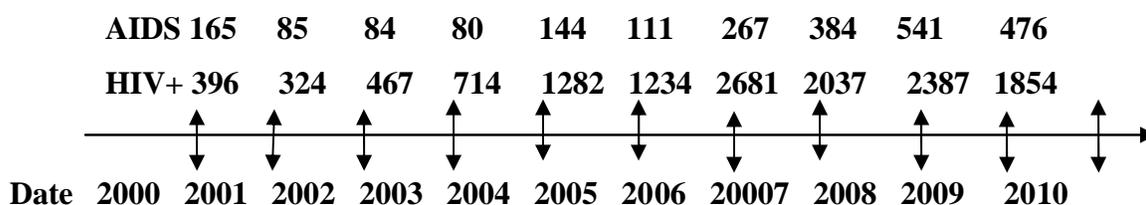
- An estimated 56 Lakh (5.6 million) people were living with HIV at the end of 2010.
- South Africa is that country where the largest no. of HIV infection in the world and new HIV infection around 500000 (5 Lakh) per year.
- The rate of new HIV infection decreased by 22% between 2001 and 2009 and AIDS related mortality has decreased by 21% between 2001 and 2009.
- ART coverage range 56 % (4221000) people and estimated ART need people's number 7600000 in the South Africa 2010. Which coverage range was 46% (3203000) in 2009.

Sources :( UNAIDS, 2011)

### **2.2.6: HIV/AIDS in Nepal:**

- HIV/AIDS is acquired epidemic disease of Nepal it was first recognized in July 1888 only four people. Its increasing infection rate was low by rate 1996. (NCASC, 2006)
- In 1995, a national policy was adopted by the MOH. A national policy with 12 key policy statements and supportive structures like National AIDS Coordination Committee (NACC) and District AIDS Coordination Committee (DACC) to guide and coordinate people. As directly by the National HIV/AIDS policy a multi-sector NACC chaired by the Minister of Health, with representation from different ministries, civil society and private sector was established at centre to build the coordination mechanism to support and monitor the activities implemented through National Centre for AIDS and STD Control (NCASC), Similarly DACC was established to coordinate and monitor the activities district levels (DoHS, 2010).
- In 1998, the government of Nepal lunched the first national AIDS prevention and control programs. (World Bank, 2006 )
- The second national HIV and AIDS strategy (2006-2011) which focuses on lowering the prevalence of HIV among the Most at Risk Population (MARPs), reducing the vulnerability of young people and providing quality treatment and care to the infected as well as affected people. It has six strategy components (DoHS, 2010).

- The 3 year Anterim Plan (2064/65- 2066/67) identifies HIV epidemic.
- The National Antiretroviral Treatment Program was started in Nepal in February 2004 from the Teku Hospital. The government of Nepal is providing free of cost ART service for all those in need under the national ART guideline (DoHS, 2010).
- Nepal Femalely Health Services (NFHS) first time included question on the awareness of women about HIV/AIDS. Result of study, only one fourth ever married women heard about HIV/ AIDS, more than 67% urban women had heard about it, comparatively only 23% rural women heard about HIV/AIDS (NFHS, 1996).
- As at Aswin 2066, a total of 14787cases of HIV 2627 AIDS case had been reported to the National Centre for AIDS and STD Control.(NCASC, 2009)
- New HIV positive and AIDS case in Nepal (2000- July 2009)



Source: DoHS, annual report 2008/2009

- Nepali People receiving Anti Retroviral Therapy (ART) number 75 person in 2004, no.1432 person in 2007, no.3226 person2009 and no.4867 person in 2010.
- Estimated HIV infected Nepali peoples number 27,038 in 2010 where only 18% (4,867) people are receiving ART and 82% (22,171) people out of ART coverage range ( UNAIDS, 2011)
- In sanitation of Nepal, around six people get transmitted per day with the disease in Nepal though the transmission rate has decreased in the last few years. At present time estimated infected people no. are 55626 and provable number 18000 people got infected from the disease. Six thousand HIV infected people have been taking antiretroviral treatment service (ART) from 36 centers across the country.  
(Source: Nepal Republic Media and Annapurna post, 2011)

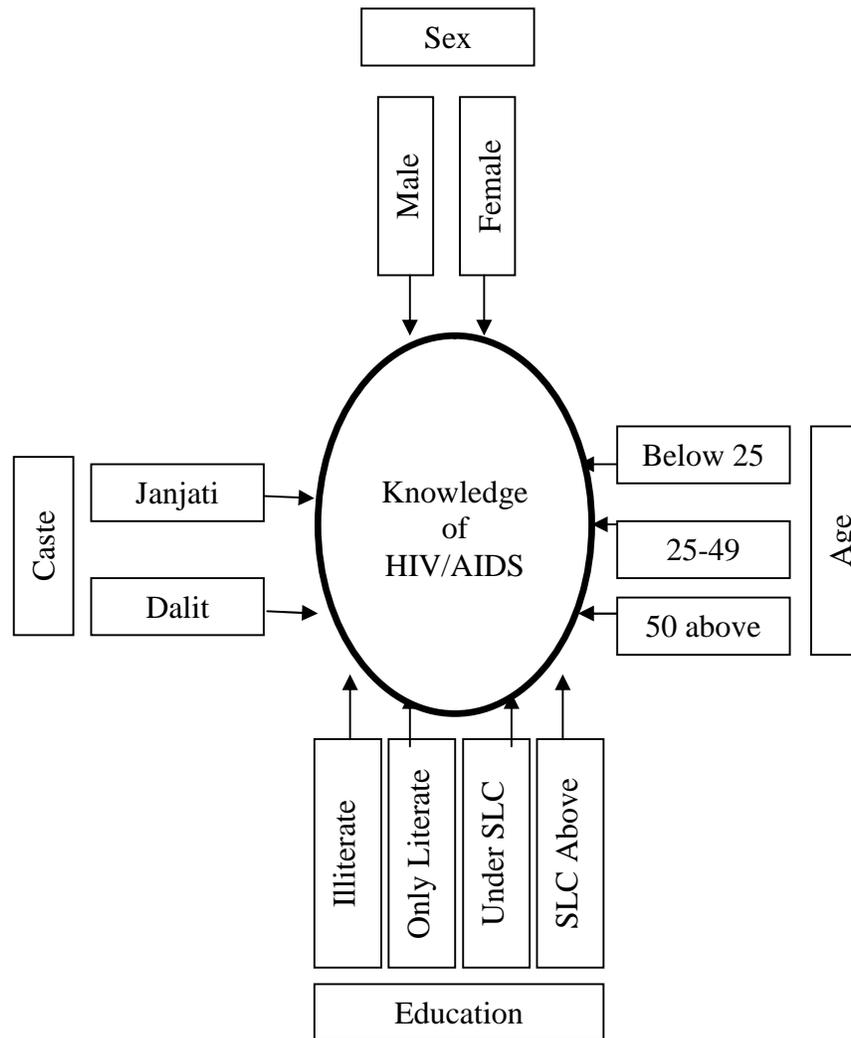
### **2.2.7: HIV/AIDS in Rukum District of Nepal:**

Rukum district is one of the less developed district in Mid-western development region in Nepal by the base on the physical development which district were passing ten years peoples war. Those days many people were internal displacement so they were involved internal and international migration. Lack of education, lack of awareness, poverty and conflict have been playing vital role to understanding about HIV/AIDS so after peace process few people were check HIV/AIDS. According to demographic health survey 2009 were shown 7 people were new HIV infected which number were male 4 and female 3 end of 2007(DoHS,2008/2009). Now it is increasing rapidly, it is proved by district health service data 2012 which data shows 45 people were living with HIV where 22(55%) male and 18 (45%) people are taking ART services.

Base on the VDC in Rukum, 15 VDC are affected by HIV/AIDS in total 43 VDC. Where Blakcha VDC is largest affected area, which proportion is 20% or 8 people living with HIV/AIDS then Muru VDC is second largest affected area where affected peoples number is 7 people or 17.5 percent. Base on the Caste/ethnicity wise HIV affected number is taken Dalit 17 or 42.5 percent it is the high proportion than other caste then second largest proportion is taken 32.5 percent Chhetri, 20 percent Janjati and 5 percent other Cast's people are infected from HIV/AIDS in Rukum district. (District Hospital Rukum: 2012)

### 2.3: Conceptual Frameworks

Demographic, Socio-economic and other infrastructures factors plays vital role in Knowledge of HIV/AIDS and these factors are interrelated each other. Under these factors has shown sub-specific other factors like age, sex, marriage, migration, ethnicity, religions, education, occupation, family size and other physical infrastructure but here didn't detail analyzed according to whole sub-factors. Here only analyzed about knowledge of HIV/AIDS according to respondent's age, sex, caste and education. That analysis part can be present in the following framework.



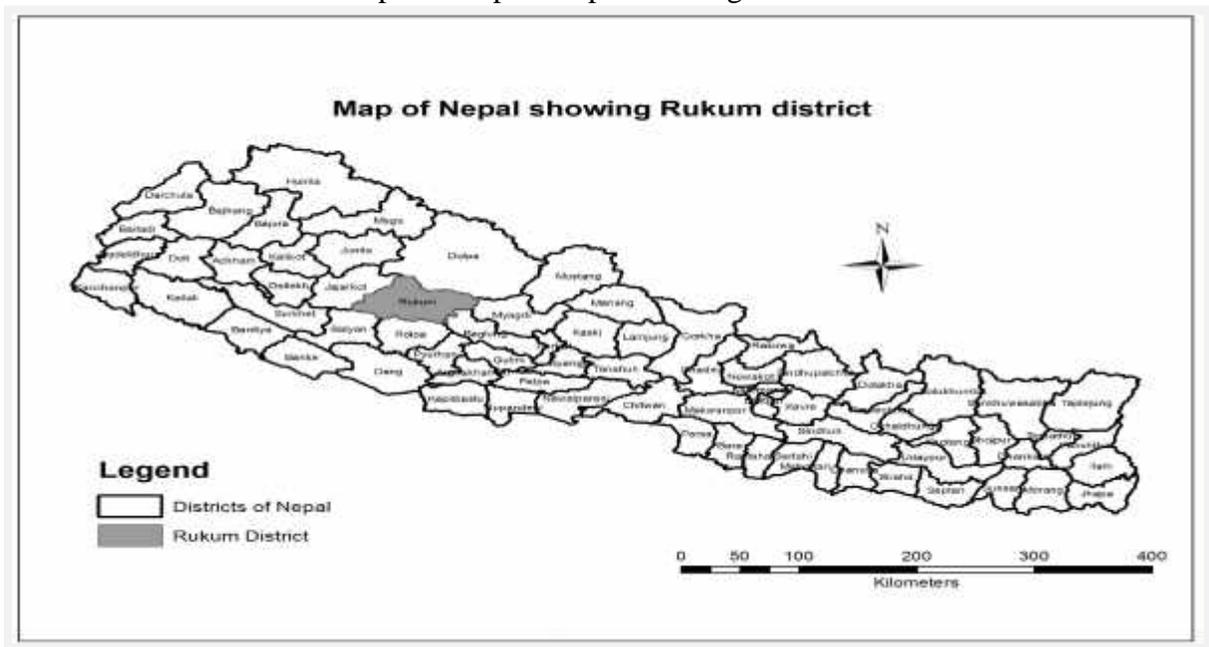
## CHAPTER THREE RESEARCH METHODOLOGY

### 3.1: Introduction of the Study Area

Most of research had done urban based only few of the research works were carried out using data from rural area of Nepal. The information from every part of the country should be given an equal importance. Many people don't know about suffering case who had infected by HIV/AIDS because they have: poverty early marriage, lack of education, poor government facilities and services in rural area. So rural are of VDC Kol in Rukum district was selected for the study.

Rukum district is located in the Rapti Zone, mid-western development reign of Nepal. The district, with Musikot Khalanga as its district headquarters and 43 VDCs, covers an area of 2933.96 Sq.km and has a population of 210,878 population where 101,090 male and 109788 female population, annual growth rate 1.13 percent, sex ratio 92 (males per 100 females), number of household 42333, average household size 4.98, population density 73(persons/sq.km) and absent population 13181 where male 11754 and female 1427 population (2011, CBS).

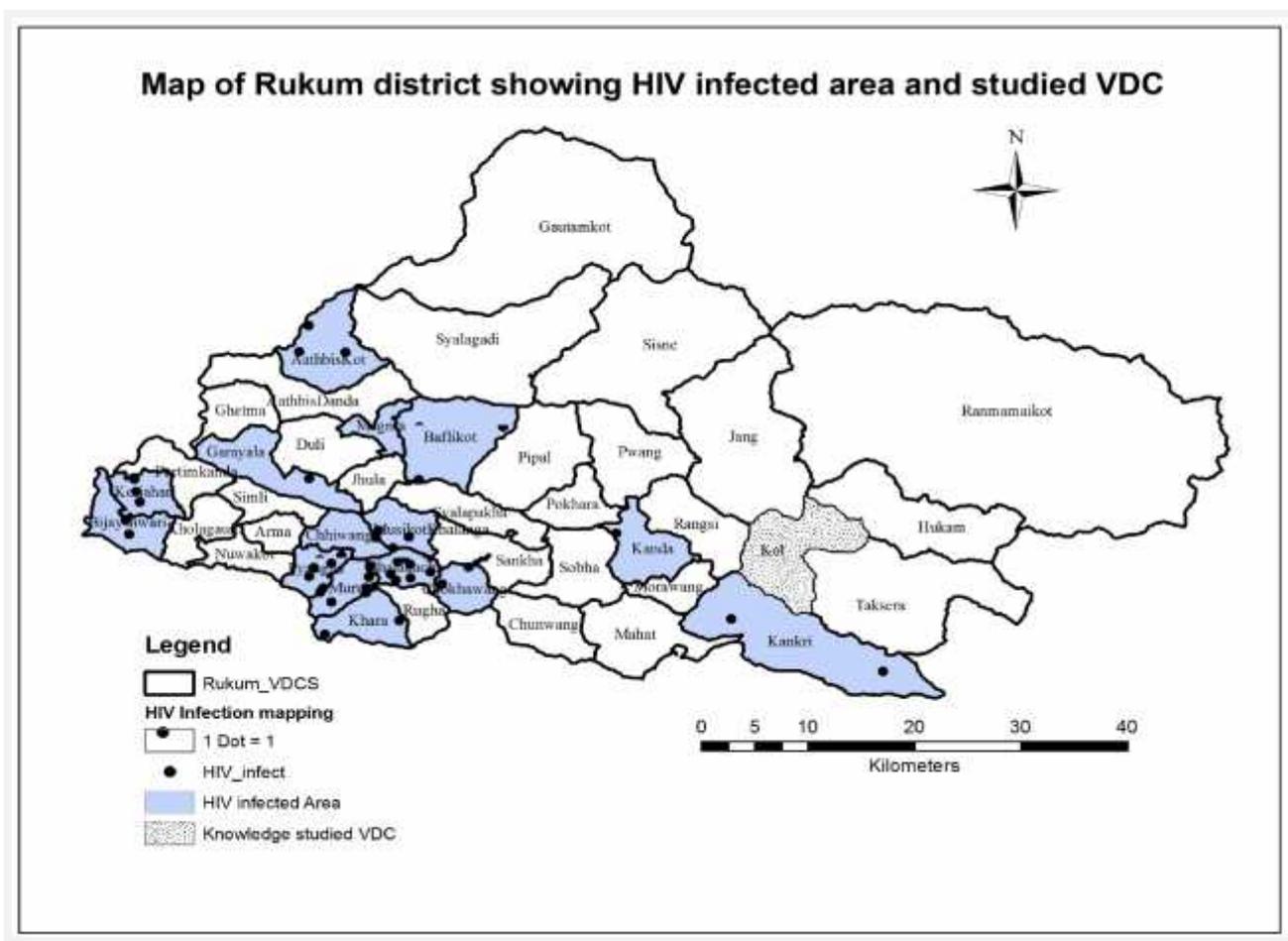
Map3.1: Map of Nepal showing Rukum district



Map of layer source: ICIMOD, MENRIS & Department survey Nepal. (Cartography by researcher)

The selected study area Kol VDC is situated at the north-east point of the Rukum District and coordination location: 28.61<sup>0</sup> N and 82.77<sup>0</sup> E. It borders with Hukam and Jang VDC on the north, Kakari VDC on the south, Taksera on the east and Rangsi VDC on the west. According to the population census 2001 there is 624 household in this VDC with 3294 total population where 1656 male and 1638 female population and average size of household is 5.28. Main occupation of the inhabitants of the VDC is agriculture and second is foreign employment where 70 percent above household related with this occupation. The major cereal crops are maize, potato, barley and wheat. There altogether seven schools, one higher secondary two lower secondary four primary schools and only 30.2 percent literacy. There is one area post office and one health post.

Map 3.2: Map of Rukum district showing HIV infected VDC and studied VDC



Map of layer source: ICIMOD, MENRIS & Department survey Nepal. (Cartography by researcher)

### **3.2: Research Design**

Descriptive research design had been used in this study. It was mainly based on the study of the micro study of the knowledge of HIV/AIDS on foreign labour migrants and their wives. This study had designed to meet above mentioned objectives of understanding the knowledge of HIV/AIDS on foreign labour migrants and their wives in Kol VDC.

### **3.3: Source of Data**

This study based on primary data information where field needed data were collected by using structured questionnaire from married foreign labour migrants households and some of data were obtained from secondary sources like introduction chapter and literature review chapters needed data were obtained from books, journals reports, newspaper and published and unpublished documents.

### **3.4: Population Size and Census**

This study conducted in Kol VDC. Ward no. 1 and 9. There were 192 households in this two wards, based on field observation, it was found that any member were migrated from 138 households. Of the total migrants' households (138), 101 households' migrants were married. This study covered the 101 households; male return migrants were included from 45 households where as migrants wives were included from 56 households.

### **3.5: Tools of Data Collection**

The main tool of data collection for the study was the structured questionnaire. Respondent's response to the questionnaire was the main direction of the generalization. To fill up the questionnaire, pencils and erasers were used.

### **3.6: Data Analysis and Interpretation**

After collecting the primary sources of data they were edited and operated under SPSS 16 version and the tables, pie-charts, curves and bar-diagram helped for analysis and interpretation. Moreover Microsoft word and Microsoft excel were used wherever necessary.

## CHAPTER FOUR

### SOCIO-DEMOGRAPHIC CHARACTERISTIC OF THE RESPONDENTS

#### 4.1: Demographic characteristics

Demographic characteristics include age, sex, age of first marriage, age of first birth and age of first foreign employment/labor migration of respondents. To obtain the information about the demographic character by using questionnaire.

##### 4.1.1: Age and sex Composition

Age and sex composition plays an important role in all type knowledge and behavior. Age and sex both are pillar of demographic maturity is the most important things to learn and generation and sex effects on accept knowledge because it is based on social norms and values. The sex wise distribution is also necessary as the demographic characteristics, which helps to compare the ratio of the number of male and female respondents. Age and sex wise distribution of the respondents is given below in the table.

Table 4.1: Age and sex composition of the household population						
Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
Below 20	-	-	2	3.57	2	1.98
20-24	2	4.44	8	14.29	10	9.90
25-29	11	24.44	18	32.14	29	28.71
30-34	8	17.78	13	23.21	21	20.79
35-39	4	8.89	8	14.29	12	11.88
40-44	8	17.78	5	8.93	13	12.87
45-49	5	11.11	2	3.57	7	6.93
50 and above	7	15.56	-	-	7	6.93
Total	45	100.00	56	100.00	101	100.00

Source: Field survey, 2012

Table 4.1 shows the distribution of sex on the basis of age. Age group of respondents had categorized into 8 groups from the total respondent number of male and female is 45 and 56 respectively. Table shows that only 1.98% of respondents come under the age group below 20. Similarly only 6.93% of respondent falls under the age group 50 above, in the

study area large number of respondent belongs to age group 25-29. Among total respondent 28.71% falls in this group and percentage of male and female is 24.55 and 32.4 respectively. 20.79% of total respondent belong to age group 30-34, where proportion of male and female is 17.78 and 23.21 respectively like age wise 11.88, 12.87, 9.93 and 9.93 percent of total respondents falls under age group of 35-39 40-45, 45-50 and 20-24 respectively.

#### 4.1.2: Age of First Marriage

Age of first marriage is one of the major variables of population size and other social factors change. Its distribution table is below.

4.2: Age of first marriage

Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
Below 15	-	-	5	8.93	5	4.95
15-19	9	20.00	20	35.71	29	28.71
20-24	23	51.11	28	50.00	51	50.50
25-29	9	20.00	3	5.35	12	11.88
30 and above	4	8.89	-	-	4	3.96
Total	45	100.00	56	100.00	101	100.00
Mean	22.76		18.32		20.54	

Source: Field survey, 2012

Above table shows that mean age of first marriage was 20.54 years in the study area. Where mean age of first marriage of male and female were 22.76 and 18.32 years respectively this is closer with national singulate mean age of first marriage of male age 22.9 and female age 19.5 years (BS. 2001).

Around 35 percent respondents who were age below 20 had done marriage before their 20th birthday. This value shows early marriage of the study area among 8.93 percent female had done marriage under age of 15 years. It is example of child marriage. Half of marriage had done between ages 20 to 24 years and also female's marriages were completed around age 30.

### 4.1.3: Age of First Birth

Birth is one of here three component of population change. Here discussion about age of first time father or mother.

Table 4.3: Age of first birth

Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
Below 20	4	8.89	15	26.79	19	18.81
20-24	18	40.00	32	57.14	50	49.51
25-29	14	31.11	4	7.14	18	17.82
30+	6	13.33	-	-	6	5.94
No birth	3	6.67	5	8.93	8	7.92
Total	45	100.00	56	100	101	100.00
Mean	24.33		21.01		22.67	

Source: Field survey, 2012

Out of 101 respondents most of the respondents or nearly half (49.51%) of respondents reported that they were first time father/mother in age group 20-24. In the study area was found that mean age of first birth around 23 years. Where mean age of first birth of female was around 21years and male was 24.33 years. Nearly 26.79 percent female were first time mother when they were below twenty years; it is example of early birth so it can be concluded study area of female population were living with risky of health problem. In the study area had foud7.92 percent respondent were no children.

### 4.1.4: Age of First Employment/Labor migration

Age of first employment is related international labor migration. It talks about male respondents and husband of female respondent's age of first employment of foreign countries.

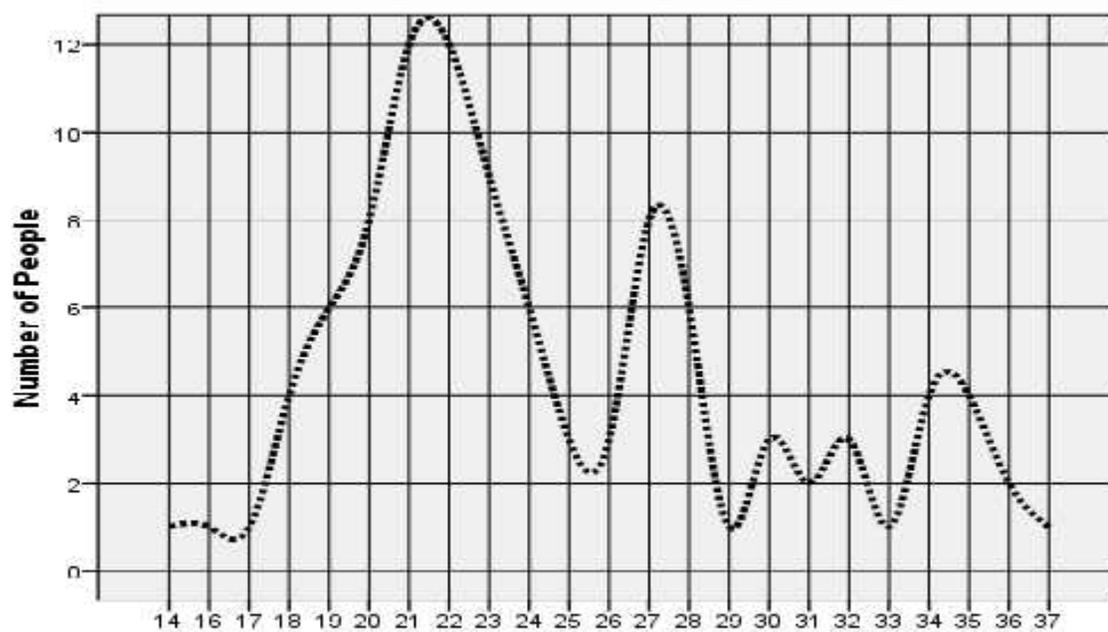
Table 4.4: Age of first employment/labour migration

Age group	Number	Percent
Below 20	12	11.88
20-24	48	47.52
25-29	21	20.79
30-34	13	12.87
35 and above	7	6.93
Total	101	100.00
Average age of first foreign employment:20.32		

Source: Field survey, 2012

It was found that the first age of the migrants range from 18 to 40 years with mean age 20.32. Majority of the migrants in the study population was first time migrated between the ages 20-24 years. Nearly 12 percent people had gone first foreign country below age twenty. Age group 20-24 were highest proportion 47.52 percent of first time involved people after then follows 20 percent age group 25-29, twelve percent age group 30-34 and age group thirty and above have only 6.93 percent.

**Figure 4.1: First foreign employment age**



Source: Field survey 2012

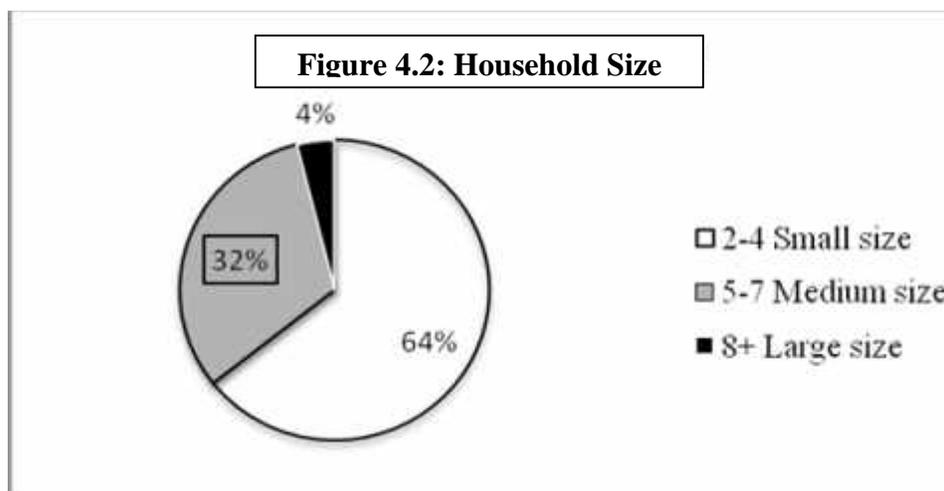
**Age of first foreign employment**

#### **4.2: Social Characteristics:**

Population of study area can be classified into various social classes as ethnicity, religion, cultural practices, mother tongue, their level of education, family size; social values develop invisible hierarchy in society that future determines the behavior of population. Social factors have also inverse relation with demographic factors such as birth rate death rate, population growth etc. but some time direct and some time indirect relationship between migration and social factors.

#### 4.2.1: Family Size of Household

Family size of respondents had been divided into three categories i.e. having 2-4 small family size. 5-7 is middle family size and more than 8 family members is large family size respectively. Following pie-chart express that information of respondent by family size.



Source: Field survey, 2012

The figure shows that majority of household falls under small family size which percent is around 64 percent then medium sizes taken proportion is 31.68%. Similarly large family size proportion was 3.96% and average family size were 4.38 comparatively average household size of Nepal 4.70 and rural area 4.86 in preliminary results of census 2011 (CBS, 2011). It refers nearly equal result because parents and their children were taken as a family member in the study area.

#### 4.2.2: Ethnic/caste Composition

In generally ethnic group is a category of people who identify themselves with a distinct cultural tradition based on religion, language, geographical area (Subedi, 2010).

Table 4.5: Ethnic/caste composition

Caste	Male		Female		Total	
	No.	%	No.	%	No.	%
Magar	40	39.60	49	48.51	89	88.11
Dalit	5	4.95	7	6.93	12	11.89
Total	45	44.55	56	55.45	101	100.00

Source: Field survey, 2012

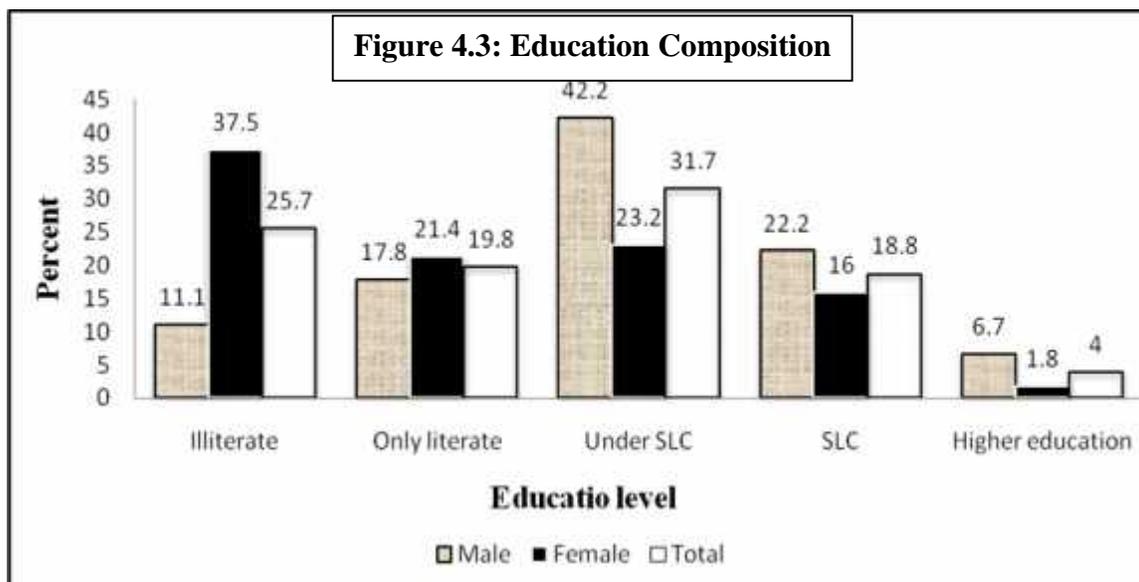
In the base of total 101 household caste/ethnicity majority of respondents were Magar 88.12 where male proportion were taken 39.60 percent and female proportion were taken 48.51 in the total population. Dalit (Nepali and BK) proportion was taken 11.88 percent where male proportion was taken 4.95 percent and female proportion was taken 6.93 in the total household respondent.

#### 4.2.3: Religious Composition and Mother Tongue

Religious composition in the study area 90.09% Magar and Dalit (Nepali and BK) adopt Hinduism but Magar Respondents were not clear about their religious some were said they are Hindu and some were said they are Buddhist. Then only 9.91 Percent Magar and Dalit adopt Christian. In the study area all of the Magar people spoke Khm Magar as a mother tongue then Nepali was shown second language other part Dalit peoples mother tongue was Nepali and second language was Kham Magar.

#### 4.2.4: Education status of Study Population

Education is master variable of socio-economic and demographic change. People's education may play a dominant role to make behaviours and suitable concept of things. Education statuses of respondents have shown on below figure.



Source: Field survey, 2012

In the study area was found majority of the respondent 74.3 percent literate where 74.5 percent male and 62.5 percent female were literate and 25.74 percent of the population were illiterate where 25.7 percent male and 37.5 percent female were illiterate. These literacy data was shown good than national literacy rate 54.1 percent on both sex and 65.5 percent male and 42.8 female were literate according to Census 2001(CBS, 2003). Nearly 20 percent study population was only literate where male proportion was 17.78 percent and female 21.436 percent. Educated population having below SLC 31.68 percent out of the total respondents and SLC holder were found 18.81percent. Hardly 4 percent population were access on higher the education where male proportion 6.7 percent and 1.8 percent female were got higher the education. At the all level of education percentage of educated male population was found higher than female respondents in the study area.

### 4.3: Economic Characteristics

This sub-section deals with the economic characteristic of the respondent's major household occupation, employed countries, type of work and living year of foreign employment.

#### 4.3.1: Major Household Occupation

Occupation determines the economic status of people and important role in determining social and conciseness behaviour. Here other name of major household occupation is study time occupation of respondent.

Table 4.6: Distribution of respondent by major household occupation

Occupation	Male	%	Female	%	Total	%
Agriculture	26	57.78	52	92.86	78	77.23
Foreign employment	18	40.00	-	-	18	17.82
Teacher	1	2.22	1	1.79	2	1.98
Other	-	-	3	5.37	3	2.97
Total	45	100.00	56	100.00	101	100.00

Source: Field survey, 2012

Table 4.5 present the fact that, agriculture is the main occupation of the study area. The study was found 77.23 percent people were involved in agriculture area where 57.78 percent male and 92.86 percent were female. This condition refers when foreign labour

migrants had returned from their destination place they were involved in agriculture area. Secondly major household occupation was foreign employment (40 percent male) where not found female had gone foreign country for job. In the study area other household major occupation was found around 5 percent.

#### 4.3.2: Employed Countries

In this sub group deals about 89 male respondents and 56 female respondent's husbands had been implying countries.

Table 4.7: Distribution of respondents by employed countries

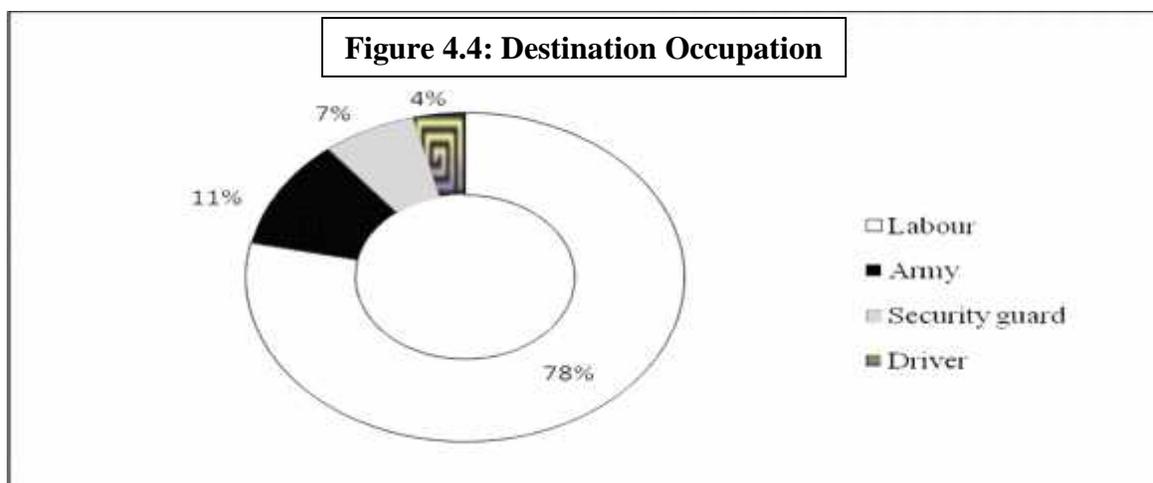
Countries	Magar		Dalit		Total	
	No.	%	No.	%	No.	%
Saudi Arab	27	30.34	5	41.67	32	31.68
Qatar	19	21.35	2	16.67	21	20.79
India	17	19.10	2	16.67	19	18.81
Dubai	13	14.60	1	8.33	14	13.86
Malaysia	8	8.99	2	16.67	10	9.90
Other	5	5.62	-	-	5	4.95
Total	89	100.00	12	100.00	101	100.00

Source: field survey, 2012

Observations of the trend of study population seeking jobs abroad, the majority of them, i.e. 32.68 percent were gone to Saudi Arab then followed by Qatar with 20.79 percent. The third destination is India with 18.81 percent. Similarly 13.86 percent to Dubai, 9.90 percent to Malaysia and 4.95 percent study population were gone to other countries for employment. In generally caste wise coverage percent is similar trend between Janjati and Dalit, where not quite different.

#### 4.3.3: Types of Work in Destination Countries

Here discussion about what type works they done in destination country.



Source: Field survey, 2012

From the above figure has been seen that the main work was found in destination place labour (78.81%), after then army (10.89%) and other security guard (6.93%), driver (3.96%) respectively. It was found that mainly unskilled and semi-skilled people had been involving in destination countries.

#### 4.3.4: Living Year of Foreign Employment

It is discussion about living year of foreign countries of 45 male respondent and 56 female respondent's husbands.

Table 4.8: Distribution of living year of foreign employment

Living year	Number	Percent
Less than 2	15	14.85
3-4	35	34.65
5-6	24	23.76
7-8	11	10.89
9-10	8	7.92
11 and above	8	7.92
Total	101	100.00
Average living year:5.56		

Source: Field survey, 2012

Above table shows average living year of foreign employment was 5.56 years. Highest serially living year is between 3-4 years which proportion was 34.65 percent then 5 to 6 years (23.76 %), less than 2 years (14.85 %), 7-8 years (10.89 %) and 9-10 years and above age group had found around 8 percent respectively.

## CHAPTER: FIVE

### KNOWLEDGE OF HIV/AIDS ON FOREIGN MIGRANTS AND THEIR WIVES

In other word, the main focus of this part has been given to the correct knowledge about symptoms, transmission, preventive methods and related other information of HIV/AIDS. In statistical or analytical part mainly focus male which represent foreign labour migrants (husband) and female which represent their wives.

#### 5.1: knowledge on STDs and HIV/AIDS

HIV/AIDS is one of the sexual transmitted diseases (STD). In given below table other four important STDs are also mentioned. This table represent the correct or positive response of respondents about STD such as gonorrhoea syphilis hepatitis B Chlamydia and HIV/AIDS

5.1 Distributions of the respondents by the name of the STDs heard by them

Characteristics	gonorrhoea	Syphilis	Hepatitis B	HIV/AIDS	No.
	%	%	%	%	
<b>Sex</b>					
Male	20.0	100.0	55.6	97.8	45
Female	8.9	100.0	35.7	66.1	56
<b>Caste/ethnicity</b>					
Janjati	13.5	100.0	48.3	84.3	89
Dalit	16.7	100.0	16.7	50.0	12
<b>Age</b>					
18-24	16.7	100.0	50.0	83.3	12
25-49	14.6	100.0	47.6	80.0	80
50-62	-	100.0	-	77.8	9
<b>Education</b>					
Illiterate	-	100.0	-	34.6	26
Only literate	5.0	100.0	20.0	85.0	20
Under SLC	9.6	100.0	56.2	100.0	32
SLC +	39.1	100.0	100.0	100.0	23
<b>Total</b>	<b>13.9</b>	<b>100.0</b>	<b>44.6</b>	<b>80.2</b>	<b>101</b>

*Source: field survey, 2012*

Knowledge on STD: Base of above table observation of the hearing knowledge about STD .The majority of them i.e. hundred percent respondents heard name of syphilis, serially after then 80.2 percent HIV/AIDS, 44.6 percent Hepatitis B, 13.9 percent gonorrhoea and no one heard about Chlamydia. Knowledge on HIV/AIDS : Central target point is

knowledge of HIV/AIDS .It is fundamental base of knowing knowledge of HIV/AIDS because of only they were asked HIV/AIDS related other questions who had responded 'yes' or who heard name of HIV/AIDS.

According to above table shows that 80 percent people heard about HIV/AIDS and nearly 20 percent people have no knowledge. Nearly hundred percent male respondents have knowledge but comparatively few knowledge (66.1%) female respondents. Similarly caste wise proportion is Janjati 84.3 percent Dalit only Half percent. Age wise proportions are age group 18-24 have 83.3 percent which is highest than other comparative age group and 50 and above age group had little knowledge. SLC and above educated person have hundred percent knowledge but illiterate people have 34.6 percent. It means positive relationship between education and knowledge of HIV/AIDS.

## 5.2: Source of Knowledge about HIV/AIDS by Background Characteristics.

Source of knowledge plays a vital role in connecting information about HIV/AIDS and it is necessary to know which resources must effective to provide information.

Table 5.2: Distribution of respondents hearing sources information about HIV/AIDS

Characteristics	Related books, newspaper	From husband or wife	Friends	TV, Radio Movie	Health servicer	No.
	%	%	%	%	%	
<b>Sex</b>						
Male	70.5	9.1	90.9	93.2	59.1	44
Female	40.5	2.7	100.0	75.7	54.1	37
<b>Caste/ethnicity</b>						
Janjati	57.3	6.7	96.0	85.3	57.3	75
Dalit	50.0	-	83.3	83.3	50.0	6
<b>Age</b>						
18-24	70.0	-	90.0	80.0	50.0	10
25-49	59.4	6.2	100.0	85.9	62.5	64
50-62	14.3	14.3	57.1	85.7	14.3	7
<b>Education</b>						
Illiterate	-	-	100.0	55.6	11.1	9
Only literate	17.6	-	82.4	82.4	82.4	20
Under SLC	62.5	6.2	96.9	83.7	84.4	32
SLC +	100.0	3.0	100.0	100.0	100.0	23
<b>Total</b>	<b>56.8</b>	<b>6.2</b>	<b>95.2</b>	<b>93.8</b>	<b>56.8</b>	<b>81</b>
<b>Total *</b>	<b>45.5</b>	<b>5.0</b>	<b>76.2</b>	<b>75.3</b>	<b>45.6</b>	<b>101</b>

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

The major sources of information about HIV/AIDS in the study area were friends, T.V., radio, movies, health service provider and from books and newspaper. It was found that around 76% were aware about HIV/AIDS from friends, 75.5 percent were aware about HIV/AIDS from communication (audio video) and around 45 percent respondents were aware from books, newspaper and health service provider. Only 5 percent respondents were aware from their husband or wife. Here effected by social norms and values.

Base on sex of the respondents in the study area around 90 percent above male respondents were aware from friends and communication where hundred percent female were aware from friends, 75 percent communication, 54.1 percent from health service provider, 40.5 percent from books and newspaper and hardly 2.7 percent from their husband. Given values refer females were shearing knowledge each other than male but female's access on communication and services were found low than male.

Comparatively more Janjati, Youth and educated respondent were aware from all given sources than their comparison groups like Dalit, higher age, illiterate and under SLC educated respondents.

### **5.3: Knowledge about Symptoms of HIV/AIDS**

This part represents who have knowledge and who have not knowledge about symptoms of HIV/AIDS. Around 56% of the respondents in the study population were aware about the symptom of HIV/AIDS. Compared with female (67.6%) more male (72.7%) were aware about the symptom of HIV/AIDS. Base of caste/ethnicity of the respondents more Janjati responds were aware about the symptom of HIV/AIDS compared with Dalit.

Based on age group of the respondents lowers the age group respondents were more aware about the symptom of HIV/AIDS compared with higher age group. It situation refers negative relationship between knowledge about symptoms of HIV/AIDS and age of respondents. Where Below 25 age group had highest knowledge which taken 80 percent after than flows 73.4 percent age group 25-49 and 28.6 percent and age group 50 and above ages.

Based on education of the respondents, SLC and above educated respondents were aware more than under SLC, only literate and illiterate respondents about symptom of HIV/AIDS. In the study area was found that positive relationship between knowledge and education level of respondents.

Table 5.3: Knowledge about symptoms of HIV/AIDS

Characteristics	Yes		No		No.
	Number	Percent	Number	Percent	
<b>Sex</b>					
Male	32	72.7	12	27.3	44
Female	25	67.6	12	32.4	37
<b>Caste/ethnicity</b>					
Janjati	53	70.7	22	29.3	75
Dalit	4	66.7	2	33.2	6
<b>Age</b>					
18-24	8	80.0	2	20	10
25-49	47	73.4	17	26.6	64
50-62	2	28.6	5	71.4	7
<b>Education</b>					
Illiterate	3	33.3	6	66.7	9
Only literate	9	52.9	8	47.1	17
Under SLC	22	6.8.8	10	31.2	32
SLC+	23	100.0	-	-	23
<b>Total</b>	<b>57</b>	<b>70.4</b>	<b>24</b>	<b>29.6</b>	<b>81</b>
<b>Total *</b>	<b>57</b>	<b>56.4</b>	<b>44</b>	<b>43.6</b>	<b>101</b>

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

#### 5.4: Major Symptoms of HIV/AIDS

Here only involved those respondents who have knowledge about symptoms of HIV/AIDS. Following table presents particular knowledge on particular major symptoms of HIV/AIDS.

Table 5.4: Major symptoms of HIV/AIDS

Characteristics	Loss of 10% over weight a month	Fever more than a month	Diarrhoea for more than a month	More tiredness feeling	More hungry feeling	No.
	%	%	%	%	%	
<b>Sex</b>						
Male	87.5	78.1	62.5	50.0	28.1	32
Female	100.0	36.0	36.0	20.0	20.0	25
<b>Caste/ethnicity</b>						
Janjati	96.2	60.4	52.8	35.8	25.9	53
Dalit	50.0	50.0	25.0	50.0	-	4
<b>Age</b>						
18-24	100.0	50.0	37.5	25.0	12.5	8
25-49	93.6	59.6	53.2	38.3	27.7	47
50-62	50.0	100.0	50.0	50.0	-	2
<b>Education</b>						
Illiterate	66.7	33.3	33.3	-	-	3
Only literate	77.8	33.3	22.2	22.2	11.1	9
Under SLC	95.5	59.1	45.5	36.0	13.6	22
SLC+	100.0	73.9	69.6	47.8	43.5	23
<b>Total</b>	<b>93.0</b>	<b>61.4</b>	<b>52.6</b>	<b>38.6</b>	<b>24.6</b>	<b>57</b>
<b>Total *</b>	<b>52.5</b>	<b>34.7</b>	<b>29.7</b>	<b>21.8</b>	<b>13.9</b>	<b>101</b>
<b>Average knowledge:61.4 percent/34.7 *percent</b>						

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

Above table shows that around 34.7 percent respondent were aware particular major symptom of HIV/AIDS in the study area. Around 52.5 percent respondent were aware on the major symptoms of HIV/AIDS is less of ten percent over weigh a month and less than 35 percent respondent were aware Diarrhoea, fever for more than a month and more tiredness feeling are major symptoms of HIV/AIDS. Nearly 14 percent respondents were known more hungry feeling is not symptoms of HIV/AIDS.

According to above table female, Dalit, higher the age group and illiterate respondents were little information about particular major symptoms of HIV/AIDS than their comparison groups.

### 5.5: Knowledge about Transmission of HIV/SIDS

Here discussion with who have knowledge and who have not knowledge about transmission of HIV/AIDS among those respondents who heard about HIV/AIDS.

Table 5.5: Knowledge about transmission of HIV/AIDS

Characteristics	Yes		No		No.
	Number	Percent	Number	Percent	
<b>Sex</b>					
Male	41	91.1	3	6.7	44
Female	34	91.9	3	5.54	37
<b>Caste/ethnicity</b>					
Janjat	70	93.3	5	6.7	75
Dalit	5	83.3	1	16.7	6
<b>Age</b>					
18-24	10	100.0	-	-	10
25-49	60	93.8	4	6.2	64
50-62	5	71.4	2	28.6	7
<b>Education</b>					
Illiterate	6	66.7	3	11.88	9
Only literate	15	88.2	2	10.0	17
Under SLC	31	96.9	1	3.1	32
SLC +	23	100.0	-	-	23
<b>Total</b>	<b>75</b>	<b>92.6</b>	<b>6</b>	<b>7.4</b>	<b>81</b>
<b>Total *</b>	<b>75</b>	<b>74.3</b>	<b>26</b>	<b>25.8</b>	<b>101</b>

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

Around 74.3% of the respondents in the study population were aware about the transmission of HIV/AIDS. Comparatively with who heard about HIV/AIDS, male (91.1) and female (19.9%) were similar aware about the transmission way of HIV/AIDS. Base of caste/ethnicity of the respondents of more janjati (93.3%) respondents were aware about transmission of HIV/AIDS compared with Dalit (83.3%) respondent.

Base on age of the respondents 100 percent youth respondents were aware about the transmission of HIV/AIDS where age group 25-50 and 50 above age group respondent were aware 93.8 percent and 71 percent respectively. Base on education of respondents were found that SLC and above educated respondents were 100 percent aware about the transmission of HIV/AIDS but only 66.7 percent respondents were aware about the transmission of HIV/AIDS.

### 5.6: Major Ways of HIV/AIDS Transmission

Here only involved that person who has knowledge about transmission of HIV/AIDS. Following table presents specific knowledge on particular major ways of HIV/AIDS

transmission. The table have four real major ways of transmission and other one is extra knowledge and putting value is correct answers who say 'No'.

Table 5.6: Major ways of HIV/AIDS transmission

Characteristics	Unsafe sexual intercourse	Infected blood transfusion	Infected mother to newly born baby	Use of infected skin piercing equipment	Hand shaking with infected person	No.
	%	%	%	%	%	
<b>Sex</b>						
Male	100.0	85.4	73.2	63.4	56.1	41
Female	100.0	70.6	64.7	29.4	29.4	34
<b>Caste/ethnicity</b>						
Janjati	100.0	80.0	71.4	48.6	34.8	70
Dalit	100.0	60.0	40.0	40.0	16.7	5
<b>Age</b>						
18-24	100.0	90.0	70.0	40.0	30.0	10
25-49	100.0	100.0	70.0	48.3	48.3	60
50-62	100.0	57.1	60.0	60.0	20.0	5
<b>Education</b>						
Illiterate	100.0	33.3	33.3	16.7	-	6
Only literate	100.0	73.3	60.0	33.3	13.3	15
Under SLC	100.0	74.2	64.5	48.4	45.2	31
SLC+	100.0	100.0	91.3	65.2	73.9	23
<b>Total</b>	<b>100.0</b>	<b>78.7</b>	<b>70.7</b>	<b>53.3</b>	<b>44.0</b>	<b>75</b>
<b>Total *</b>	<b>74.3</b>	<b>58.4</b>	<b>52.5</b>	<b>39.6</b>	<b>32.7</b>	<b>101</b>
<b>Average knowledge:75.7 percent/56.1*percent</b>						

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

Above table shows that around 56 percent respondents in the study population were aware particular major ways of HIV/AIDS transmission around 75 percent respondents were aware unsafe sexual intercourse is one of the major transmission ways of HIV/AIDS after than awareness proportions were come 58.4 percent infected blood transfusion, 52.5 percent infected mother to newly born baby and 39.6 percent population were aware use of infected skin piercing equipments are major transmission ways of HIV/AIDS. Around 100 percent respondents people were aware about unsafe sexual intercourse is major separation way of HIV/AIDS.

Janjati, economically active age group (25-49) and educated respondents were aware about major ways of HIV/AIDS transmission compared with their comparison groups.

## 5.7: Knowledge about Preventive Method of HIV/AIDS

In this part is presented that who have knowledge and who have no knowledge about preventive methods of HIV/AIDS among those person who have heard about HIV/AIDS.

Table 5.7: Knowledge about preventive method of HIV/AIDS

Characteristics	Yes		No		No.
	Number	Percent	Number	Percent	
<b>Sex</b>					
Male	41	93.2	3	6.8	44
Female	29	78.4	8	21.6	37
<b>Caste/ethnicity</b>					
Janjati	67	89.3	8	10.7	75
Dalit	3	50.0	3	50.0	6
<b>Age</b>					
18-24	8	80.00	2	20.0	10
25-49	56	87.5	8	12.5	64
50-62	6	85.7	1	14.3	7
<b>Education</b>					
Illiterate	4	44.4	5	55.6	9
Only literate	13	76.5	4	23.5	17
Under SLC	30	93.8	2	6.2	32
SLC+	23	100.0	-	-	23
<b>Total</b>	<b>70</b>	<b>86.4</b>	<b>11</b>	<b>13.6</b>	<b>81</b>
<b>Total *</b>	<b>70</b>	<b>69.3</b>	<b>31</b>	<b>30.6</b>	<b>101</b>

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

Around 69.3% of the respondents in the study population were aware about the preventive method of HIV/AIDS where male's awareness were greater than female's awareness of preventive method of HIV/AIDS. Base of caste/ethnicity of the respondents of more Janjati (89.3%) respondents were aware about preventive method of HIV/AIDS compared with Dalit (50%) respondents.

Base of age group of the respondents awareness were found that 87.5% age group 25-49, 57% age group 50-62 and 80% age group. Here positive relationship between age and knowledge of preventive method. Base of education of the respondent's awareness were found higher the education high the knowledge and lower the education lower the knowledge about the preventive method of HIV/AIDS.

## 5.8: Types of Knowledge about the Preventive Method of HIV/AIDS

Here only involved those respondents who have knowledge about preventive method of HIV/AIDS. Following table presents specific analysis about particularly five types of preventive methods and other one is extra general knowledge and putting values is correct answer who said no.

Table 5.8: Types of knowledge about the preventive method of HIV/AIDS

Characteristics	Using condom during sexual intercourse	Sexual contact with single partner	Use only own skin piercing equipment	Take only provable HIV free blood	Generally no birth from infected spouse	Do not go infected persons room	No.
	%	%	%	%	%	%	
<b>Sex</b>							
Male	97.6	89.7	73.2	73.2	56.1	58.5	41
Female	93.1	92.7	58.6	72.4	69.0	36.7	29
<b>Caste/ethnicity</b>							
Janjati	95.5	92.5	67.2	73.1	61.2	48.5	67
Dalit	100.0	66.7	66.7	66.7	66.7	66.7	3
<b>Age</b>							
18-24	87.5	75.0	62.5	75.0	75.0	37.5	8
25-49	98.2	94.6	69.6	73.2	62.5	52.6	56
50-62	83.3	83.3	50.0	66.7	33.3	33.3	6
<b>Education</b>							
Illiterate	1000	100.0	25.0	75.0	50.0	20	4
Only literate	92.3	100.0	53.8	46.2	53.8	23.1	3
Under SLC	96.7	83.3	60.0	66.7	53.3	50.0	30
SLC+	95.7	95.7	91.3	95.7	78.3	69.6	23
<b>Total</b>	<b>98.6</b>	<b>90.0</b>	<b>67.1</b>	<b>72.9</b>	<b>61.4</b>	<b>50.0</b>	<b>70</b>
<b>Total*</b>	<b>68.3</b>	<b>62.4</b>	<b>46.4</b>	<b>50.5</b>	<b>42.6</b>	<b>34.7</b>	<b>101</b>
<b>Average knowledge: 78 percent or 54* percent</b>							

Source: Field survey, 2012

\* this symbol refers in the case of total respondents

Above table shows that around 54 percent respondents in the study population were aware particular preventive method of HIV/AIDS around 63 percent people were aware to prevent HIV/AIDS by using condom during sexual intercourse and avoid multiple sex. Similarly awareness proportion of respondent were come 50.5 percent take only provable HIV free blood, 46.4 percent don't use other person's skin piercing equipments and 42.6 percent respondents were aware generally don't give birth from infected spouse because it is also way of transmission. Base on sex of the respondent both sex were high aware to

prevent HIV/AIDS by using condom during sexual intercourse which proportion is 95 percent.

Dalit and illiterate respondents were aware 100 percent to prevent HIV/AIDS by use of condom generally it is unexpected result. It may refer male and educated respondents were few doubt about condom but female and illiterate people were believe it. Other given particular preventive method awareness of HIV/AIDS were found that male, Janjati, economically active age group and higher educated respondents were aware more than their comparison groups.

### 5.9: Attitude about HIV/AIDS

According to Oxford dictionary: ‘An attitude is the way that you think and feel about subject’ (Oxford, 2000). It means attitude may be right or wrong because feeling and thinking is fundamental base of attitude. Following table present some attitudes about HIV/AIDS in the base of given particular subject.

Table 5.9: Attitude about HIV/AIDS

Attitudes about HIV/AIDS	Male				Female			
	Agree %	DK %	Disagree %	Total no.	Agree %	DK %	Disagree %	Total no.
HIV/AIDS is only transmitted by sex.	18.18	18.18	63.64	44	8.11	37.84	54.05	37
Having HIV/AIDS infection is dishonourable.	63.64	68.21	29.55	44	62.16	16.22	21.62	37
HIV/AIDS infected person should be suicide.	13.64	22.73	63.4	44	43.24	21.62	35.14	37
Infected persons should be away from society.	45.45	13.64	40.91	44	70.27	16.22	13.51	37
Possibility of spreading HIV is not for all people.	13.64	18.18	68.18	44	24.32	37.84	37.84	37
Love and affection isn't needed for HIV infected.	6.82	22.73	70.45	44	13.51	32.43	54.05	37

Source: Field survey, 2012

DK=don't know

Above table have six particular HIV/AIDS related statements and per statement with agree, disagree and don't know comment option. Here only 44 male and 37 female have involved in attitude test who had heard about HIV/AIDS. Nearly 20 percent female and 10 percent male thought or agree with HIV/AIDS is only transmitted by sex and 63.6 percent male and 54.1 percent female disagree with that statement.

Nearly 64 percent male and female respondents thought having HIV/AIDS infection is dishonourable and only 29.6 percent male and 21.6 percent female respondents disagree with that statement. 13.4 percent male and 43.2 percent female respondent agree with statement of HIV/AIDS infected person should be suicide and 63.6 percent male and 35.1 percent female were opposite it. 22.7 percent male and 21.6 percent female had no comment or didn't know about it. 45.5 percent male and 70.3 percent female were agree with infected person should be away from society, 13.6 percent male and 24.3 percent female were agree with possibility of spreading HIV is not for all people and 6.8 percent male and 13.5 percent were agree with love and affection isn't related for HIV/AIDS infected person but 70.5 percent male and 54.1 percent female thought love and affection is needed for HIV/AIDS infected.

### 5.10: Some Related Understanding about HIV/AIDS

In this part six important understanding are given and there are three answer option right, wrong and don't know answer option where 'wrong' answer refer correct understanding of the respondents.

Table 5.10: Some related understanding about HIV/AIDS

Understanding about HIV/AIDS	Male				Female			
	Right %	Wrong %	DK %	Total no.	Right %	Wrong %	DK %	Total no.
HIV is transmitted by Mosquito bite.	11.36	27.27	61.36	44	10.81	21.62	67.57	37
It doesn't transmitted by inhalation.	6.82	61.36	31.82	44	10.81	40.54	48.65	37
Only prostitutes are infected from HIV.	11.36	61.36	27.27	44	2.70	45.95	51.35	37
It spread from sharing food, clothes and toilet.	6.82	56.82	36.36	44	8.11	40.54	51.35	37
That person recently die when HIV infection.	-	72.73	27.27	44	-	72.97	27.03	37
Kissing is mode of transfer in general.	2.27	59.09	38.64	44	13.51	32.43	54.05	37

Source: Field survey, 2012

DK=don't know

Above table shows that 11.4 percent male and 10.8 percent female respondent thought HIV/AIDS is transmitted by Mosquito bite but 27.3 percent male and 21.6 percent female were opposite and nearly 62 percent male and 6 percent female didn't know about it. 6.8

percent male and 10.8 percent female thought HIV/AIDS is transmitted by inhalation and 61.4 percent male and 40.5 percent female respondents knew inhalation is not transmission way and 48.7 percent female respondents didn't know about it.

11.4 percent male and 2.70 percent female respondents thought only prostitutes are infected from HIV/AIDS and 61.4 percent male and 40.5 percent people's understanding was opposite it or they had correct knowledge, 6.8 percent male though HIV spread from sharing food clothe and toilet but other 56.8 percent had real understanding they thought sharing food, clothe and toilet is not transmission ways and comparatively case of female 8.1 percent wrong and 51.4 percents were correct understanding about it. Equal 73 percent male and female respondents good understood, they were thought HIV infection is not recently death and 27 percent both sex didn't know about it. 2.8 male and 18.5 female respondents were thought kissing is one of the modes of HIV/AIDS transfer in general and other 60 percent male and 55 percent female are opposite it.

### 5.11: Sexual Behaviour of Male

Here discussion about sex related activates of total 45 male respondents in the whole 101.

Table 5.11: Sexual behaviour of male

<b>Sexual activities</b>	<b>Number</b>	<b>Percent</b>
Multiple sex	45	46.67
Use condom sexual time	21	95.24
Multiple sex before marriage	21	95.24
Multiple sex after marriage	21	47.61
HIV test	21	0.00

Source: Field survey, 2012

Above table shows that 46.7 percent male respondents had done multiple sex where 95.3 percent male used condom and 4.8 percent people had done sex without condom they were more risky groups from view of STD and HIV/AIDS. 95.2 percent people had involved in multiple sexes before marriage those people who were totally absent before marriage. 47.6 percent people had been involving in multiple sexual intercourses before and after marriage. In the base of above table 52.4 percent people were free from multiple sexes after marriage.

## 5.12: Knowledge about the Identification of HIV/AIDS

In this part discussion about three most important practical HIV/AIDS related information. Here only those respondents involved who have heard about HIV/AIDS in the following table.

Table 5.12: knowledge about the identification of HIV/AIDS

Characteristics	Free ART services can get in Nepal	To recognize HIV, must be blood check.	Blood test can't recognize HIV from infection period to three month.	No.
	%	%	%	
<b>Sex</b>				
Male	47.7	68.2	65.8	44
Female	29.7	43.2	37.8	37
<b>Caste/ethnicity</b>				
Janjati	40.0	58.7	49.3	75
Dalit	33.3	33.3	33.3	6
<b>Age</b>				
18-24	30.0	40.0	40.0	10
25-49	45.3	64.1	54.7	64
50-62	-	14.3	-	7
<b>Education</b>				
Illiterate	-	22.2	22.2	4
Under SLC	17.9	46.9	30.6	28
SLC+	38.5	91.3	95.7	13
<b>Total</b>	<b>38.3</b>	<b>56.8</b>	<b>48.2</b>	<b>81</b>
<b>Total *</b>	<b>30.7</b>	<b>45.5</b>	<b>36.6</b>	<b>101</b>

Source: Field survey,

2012 \* this symbol refers in the case of total respondents

Above table shows that 38.3 percent people knew about free ART services can get in Nepal and 61.7 percent respondent didn't know about it that value represent few knowledge about ART services. More than half (56.8 percent) people knew one of the reorganization way is blood check but 43.2 percent respondents had no knowledge about it. Nearly 50 percent people had knowledge about blood test can't recognize HIV from infection period to three month.

Male, Janjati, age group 25-49 and literate respondents had found higher knowledge than their comparative group. Where fifty and above age group and illiterate respondents had found no knowledge about ART services can get in Nepal.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **6.1: Summary of Findings**

This study analyzes about the knowledge of HIV/AIDS on foreign labour migrants and their wives of 'Kol' VDC Rukum district. For this purpose, primary information based on census method of ward no. 1 and 9. Where 101 respondents were get for the study. This section, summary of findings are given by base of different subgroup.

##### **6.1.1: Demographic Background**

1. The age of the all respondents (101) were found starting age 18 and ending age 62 years where male number 45 and female number 56. The highest percent of respondents (28.7%) were age group 25-29 years and the lowest (1.98%) of the age group 20 years.
2. Nearly 36 percent females in the study area who were ages below 20 had done married before their 20<sup>th</sup> birthday but comparatively male proportion is only 20 percent. It is example of early marriage.
3. Study population mean age of first marriage 20.54 years where male 22.7 years and female 18.32 years.
4. Nearly 27 percent female were first time mother before their 20<sup>th</sup> birthday.
5. Study population mean age of first birth was found 22.67 year where male 24.33 and female 21.01 years.
6. Study population overage age of first foreign employment age was found 20.32 years and 12 percent people had gone foreign countries for jobs before age 20 years.

### **6.1.2: Social Background**

1. Average family size of respondents was found 4.38 and the majority of household falls under small family size (2-4) which proportion is 64.36 percent.
2. Caste wise majority of respondents were Magar (88.12%) highest than Dalit (11.88%).
3. Nearly 90 percent respondents were not clear about their religious who said Hindu (They thought may be Hindu or may not be) nearly 10 percent people adopt Christian and they were clear about their religion.
4. Around 89 percent respondents's mother tongue were 'Magar Kham' and 11.88 percent respondent's mother tongue were 'Nepali'.
5. Education status of the study area had found 25.74 percent people were illiterate where the percentage of females was 37.50 percent and only 11.11 percent male.
6. Total 74.36 percent respondents were literate. Nearly 20 percent people are only literate where the percent of male 17.73 and 19.80 are female. 31.68 percent people were found under SLC where 2.22 percent male and 23.21 percent female. 18.81 percent people were SLC pass where the percent of male 22.22 and 18.81 were female. Hardly 3.96 percent respondents had access to higher education where male percentage was 6.67 and comparatively few (1.79%) female access on higher education.

### **6.1.3: Economic Background**

1. Nearly 93 percent female were engaged in agriculture and 7 percent other occupation.
2. Around 40 percent male respondents were working in foreign countries and when they return from foreign employment also they were re-entry agriculture area that proportion was found 57.78 percent and only 2.22 percent were teacher. Those people who had been able to earn money in foreign employment they were migrate urban area or they were absent in their origin place.

3. Study area had found, 32.11 percent male and 12.5 percent female were not satisfied from their current occupation.
4. Study population trend of seeking jobs abroad, the majority of them i.e. 32.68 percent had gone to Saudi Arab, followed by Qatar second with 20.79 percent, the third destination was found India with 18.81 percent, similarly 13.86 percent to Dubai, 9.90 percent to Malaysia and 4.95 percent people had gone to other countries.
5. Study area had found semi skilled labour migrants because their types of work in destination countries were serially follows labour (78.81%), army (10.83%) and driver (6.93).
6. Study area of average living year on foreign employment is nearly six years but also people live three to four years in destination place which converge is 34.65 percent.

#### **6.1.4: Knowledge on HIV/AIDS**

1. In the study area had found that around 80% people heard about HIV/AIDS and 20% people didn't heard. Where 98% foreign labour migrants and 66.1% their wives heard about and two percent foreign labour migrants and 33.9% their wives did not heard about HIV/AIDS.
2. In the study area had found of hearing knowledge of HIV/AIDS was in caste Janjati 80 % and Dalit 50%, on the base of education illiterate 34.6%, only literate 85%, under SLC and above 100% these value refer positive relationship between given variables. According to below age group 25 years 83%, age group 25-49 years 80% and age group 50 and above had found 78% people heard about HIV/AIDS these value refers negative relationship between age and knowledge of HIV/AIDS because new generation had access on education than before generation.
3. Friends (85.1%) and communication (93%) were the main sources of information on HIV/AIDS which is followed by equally health person and book newspaper (57%) and from husband/wife (6.2%).

4. Male respondent's highest information source was radio TV (93.2%) where female proportion was 75.7 percent it means female have few access on communication.
5. Female's main awareness sources was their friends (100 %) but male's awareness source friends was taken 90.90 percent, this value refers female are more frankly than male.
6. Around 9.1 percent male heard from their wife but only 2.7% female heard from their husband it value refers female's knowledge is more effective than male.
7. Around 35 percent respondents were aware particular major symptoms of HIV/AIDS it means more than one third people were not knowledge about it.
8. Around 55 percent respondents were aware particular major transmission ways and preventive methods of HIV/AIDS. It means nearly half of respondent were not aware about it.
9. Above 60 percent respondents were aware HIV/AIDS can be preventive by using condom and avoid multiple sexual intercourses. Nearly 50 percent people were aware HIV/AIDS can be prevent from use of own skin piercing equipment and take only prove able blood and no birth from infected spouse.

Female, Dalit, age group fifty above and illiterate respondent have little knowledge than their comparison groups.

#### **6.1.5: Behaviour Related knowledge of HIV/AIDS**

1. Nearly 20% female and 10% male were agree with HIV/AIDS is only transmitted by sex but 63.6% male and 54% female were disagree with that statement.
2. Around 43% female and 13% male were agree with statement of HIV/AIDS infected person's suicide is not problem for society but 63.6% male and 35.1% female were opposite it.
3. Equally 64% male and female were agree with having HIV/AIDS infection is dishonourable but 29.6% male and 21.6% female were opposite it.

4. Around 70% female and 45% male were agree with infected person should be away from society where only 40.91% male and 13.51% female were opposite it.
5. Nearly 71% male and 55% female were agree with love and affection is needed for HIV/AIDS infected where 7% male and 14% female were opposite it.
6. Nearly 7% male and 11% female were thought mosquito bite, inhalation, kissing and sharing food, clothes and toilet are mode of transmission.
7. 11.36% male and 2.7% female thought only prostitutes are infected from HIV/AIDS.
8. Case of study area male population (foreign labour migrants) 46.7 % male had involved in multiple sex where 4.8 percent sex had done sexual intercourse without condom. 47.6% people had been involving multiple sex before and after marriage but 52.4% people had been avoided multiple sex after marriage.
9. In the total 101 respondent's only 30.7% people were aware free ART services can be received in Nepal.
10. Nearly 40% respondents were aware to recognize HIV/AIDS must be blood check but 60% of respondents did not aware about blood test can't recognize HIV from infection period to three month.

## **6.2: Conclusion**

Around 80 percent of the respondents in the study population heard about HIV/AIDS compared with female (66.3%) more male (97.8%) heard about HIV/AIDS. This situation refers foreign labour migrants were satisfy knowledge then their wives but nearly half of them had involved in multiple sex which case refers they were not safe from risky of HIV/AIDS. Here male respondents represent foreign labour migrants and female represent their wives.

The major sources of information about HIV/AIDS in the study area were found around 75 percent respondents informed from their friends and communication (audio, video) but

nearly 5 percent respondents were informed from their life partner. These cases refer both information sources are most important for providing awareness programs about HIV/AIDS and need to be improve social values and norms.

In the study area was found under 55 percent respondents were aware about symptoms, transmission and preventive methods about HIV/AIDS. Here shown nearly half of respondents were not aware about it. Dalit, female, higher the age group and illiterate respondent's knowledge and positive attitude about HIV/AIDS were found low than their compared groups because their access on education were weak. Base of findings, education is one of the major ways for knowledge of HIV/AIDS. So to improve knowledge of HIV/AIDS must be improve educational status.

## **6.3: Recommendation**

### **6.3.1: Recommendation for Policy Implication**

Base of best of the findings of the research, following recommendation are made hoping that it will be useful for policy maker.

1. In the study area has found lack of positive view for HIV/AIDS so government and NGO/INGO should be create HIV/AIDS oriented environment.
2. Social, cultural norms and traditions are obstacles in the society to discuss about HIV/AIDS like this study found that nearly 90% couples have no discussion about HIV/AIDS. Future programmer should be provided according to the cultural and social background of the society.
3. Respondent's peer group and communication are the major sources of information but female and Dalit have few accesses on communication so managing these facts should be provide condenses programs.
4. In the study area has found, female's education is more effective than male but literacy and all kind of education of female is found low as compared to male. Thus, the government should given priority to women education in the study area.

5. In the study area has found early marriage and birth. These are barrier of development. So government or other policy maker should be make proper plan to reduce barrier.
6. Agriculture sector and foreign employment are major sources of income or development. Traditional farming in study are so modern farming methods, techniques and irrigation facility should be enhanced for the development of and also unskilled and semiskilled labour migration in the study are so government should be action for safe and skilled environment of foreign labour migrants.
7. This study has found low knowledge on HIV/AIDS among Dalit, female, illiterate and higher age group than their comparative groups so policy maker or programmer should be addressed them.

### **6.3.2: Recommendation for Future Area of Research**

This study has not covered all round and can't use advanced scientific methods for the study of HIV/AIDS therefore researcher presents weakness of the following areas of the study.

1. This research is only based on qualitative method and it has not covered qualitative cases. So future researcher should be involved both method.
2. The study is limited small geographical part and population. So future researcher should be thinks about geographical area and population size.
3. Present study is mainly based on surface (theoretical) knowledge of HIV/AIDS. It can't totally coverage practical knowledge because also gap between theory and practical knowledge so future researcher think about how can get more real knowledge about HIV/AIDS.

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**APPENDIX-I**

**(SOME RELATED UNDERSTANDING ABOUT HIV/AIDS)**

Under-standing	HIV is transmitted by Mosquito bite.			HIV does not transmitted by inhalation.			Only prostitutes are infected from HIV.			It spread from sharing food, clothes and toilet.			That person recently die when HIV infection.			Kissing is mode of transfer in general.			Total
	Right %	Wrong %	Don't know %	Right %	Wrong %	Don't know %	Right %	Wrong %	Don't know %	Right %	Wrong %	Don't know %	Right %	Wrong %	Don't know %	Right %	Wrong %	Don't know %	
Sex																			
Male	11.4	27.3	61.4	6.8	61.4	31.8	9.1	52.3	38.6	6.8	59.1	34.1	-	72.7	27.3	4.5	54.5	40.9	44
Female	10.8	21.6	67.6	10.8	40.5	48.6	21.6	29.7	48.6	8.1	40.5	51.4	-	73.0	27.0	10.8	37.8	51.4	37
Cast/ethnicity																			
Janjati	12.0	24.0	64.0	9.3	53.3	37.3	16.0	42.7	41.3	6.7	53.3	40.0	-	73.3	26.7	6.7	49.3	44.0	75
Dalit	-	33.3	66.7	-	33.3	66.7	-	33.3	66.7	16.7	16.7	66.7	-	66.7	33.3	16.7	16.7	66.7	6
Age																			
18-24	10.0	30.0	60.0	10.0	50.0	40.0		60.0	40.0	10.0	50.0	40.0	-	70.0	30.0	10.0	40.0	50.0	10
25-49	9.4	25.0	65.6	9.4	54.7	35.9	17.2	42.2	40.6	7.8	54.7	37.5	-	79.7	20.3	7.8	51.6	40.6	64
50-62	28.6	14.3	57.1	-	28.6	71.4	14.3	14.3	71.4	-	14.3	85.7	-	14.3	85.7	-	14.3	85.7	7
Education																			
Illiterate	22.2	11.1	66.7	11.1	22.2	66.7	33.3	22.2	44.4	11.1	22.2	66.7	-	44.4	55.6	11.1	22.2	66.7	9
Under SLC	8.2	18.4	73.5	10.2	40.8	49.0	16.3	40.8	42.9	6.1	40.8	53.1	-	67.3	32.7	6.1	38.8	55.1	49
SLC+	13.0	43.5	43.5	4.3	87.0	8.7	4.3	52.2	43.5	8.7	82.6	8.7	-	95.7	4.3	8.7	73.9	17.4	23

**APPENDIX- II**  
**(ATTITUDE ABOUT HIV/AIDS)**

Attitude	HIV/AIDS is only transmitted by sex.			Having IV/AIDS infection is dishonourable.			HIV/AIDS infected person should be suicide.			Infected persons should be away from society.			Possibility of spreading HIV is not for all people.			Love and affection isn't needed for all people			Total no.
	Agree %	Don't know %	Disagree %	Agree %	Don't know %	Disagree %	Agree %	Don't know %	Disagree %	Agree %	Don't know %	Disagree %	Agree %	Don't know %	Disagree %	Agree %	Don't know %	Disagree %	
Sex																			
Male	18.2	18.2	63.6	54.5	54.5	38.6	13.6	22.7	63.6	43.2	13.6	43.2	13.6	20.5	65.9	6.8	22.7	70.5	44
Female	8.1	37.8	54.1	73.0	16.2	10.8	43.2	21.6	35.1	73.0	16.2	10.8	24.3	35.1	40.5	13.5	32.4	54.1	37
Cast/ethnicity																			
Janjati	14.7	25.3	60.0	64.0	9.3	26.7	26.7	22.7	50.7	56.0	14.7	29.3	20.0	25.3	54.7	10.7	25.3	64.0	75
Dalit	-	50.0	50.0	50.0	33.3	16.7	33.3	16.7	50.0	66.7	16.7	16.7	-	50.0	50.0	-	50.0	50.0	6
Age																			
18-24	20.0	20.0	60.0	70.0	10.0	20.0	30.0	20.0	50.0	80.0	-	20.0	30.0	10.0	60.0	20.0	10.0	70.0	10
25-49	10.9	26.6	62.5	65.6	9.4	25.0	29.7	21.9	48.4	57.8	12.5	29.7	15.6	29.7	54.7	7.8	29.7	62.5	64
50-62	28.6	42.9	28.6	28.6	28.6	42.9	-	28.6	71.4	14.3	57.1	28.6	28.6	28.6	42.9	14.3	28.6	57.1	7
Education																			
Illiterate	22.2	66.7	11.1	66.7	33.3	-	66.7	33.3	-	55.6	44.4	-	33.3	55.6	11.1	22.2	55.6	22.2	9
Under SLC	4.3	4.3	91.3	63.3	12.2	24.5	28.6	20.4	51.0	59.2	14.3	26.5	14.3	30.6	55.1	8.2	32.7	59.2	49
SLC and above	16.3	30.6	53.1	60.9	-	39.1	8.7	21.7	69.6	52.2	4.3	43.5	21.7	8.7	69.6	8.7	4.3	87.0	23

### Appendix-III

Full fill questionnaire will be kept confidential

**Tribhuvan University**  
**Central Department of Population Studies**  
**(CDPS)**  
**Faculty of Humanities and Social Science**

**Knowledge of HIV/AIDS on Foreign Labour Migrants and Their Wives**  
**(A case study of Kol VDC, Rukum)**

Questionnaire: 2012

*Italic word format statements are direction. No tick mark please only circle like: ③*

A. Researcher: Lachhin Kumar Pun B. Date 2068..../...../...

**Demographic Information:**

Q1. Respondent:		1.Husband			2.Wife		
Q2. District: Rukum		Q3.VDC: Kol			Q4. Ward no.		
Q5. Cast/Ethnicity:		1.Mager	2.Nepali	3.BK	9.Other.....		
Q6. Mother tong Language:		1.khamMagar	2.Nepali	9.Other.....			
Q7. Religion:		1.Hindu	2.Buddhist	3.Christian	9.Other.....		
Q8. Family Member:		1.Male	2.Female	3.Totale			
Q9. Husband and wife related information							
Spouse	Age	Age of first marriage	Age of first birth	literate	Illiterate	Passed class	
Husband							
Wife							

Q10. What is your present occupation?									
1. Agriculture		2.Business		3.Teacher		4.Forgering employment		9. Other.....	
Q11. Are you satisfied from present occupation?						1.Yes		2.No	
Q12. How old had you been when you are joining in the first foreign employment?									
Q13. Would you say following information please?									
S.N.	Country name			Living year		Type of work			
I.	<i>(last gone):</i>								
II.									
III.									

**HIV/AIDS Information:**

Q14. Have you ever heard following sexual transmitted diseases (STD)?			
I.	Gonorrhoea	1.Yes	2. No
II.	Syphilis	1.Yes	2. No
III.	Chlamydia	1.Yes	2. No
IV.	Hepatitis B	1.Yes	2. No
V.	HIV/AIDS	1.Yes	2. No → please go only Q.25-II
VI.	Other.....	1.Yes	2. No

Q15.If heard about HIV/AIDS, what are the sources?			
I.	Related book, Newspaper	1.Yes	2.No
II.	From husband/wife	1.Yes	2.No
III.	Friends	1.Yes	2.No
IV.	TV, Radio, Movie	1.Yes	2.No
V.	Health servicer	1.Yes	2.No
VI.	Other.....	1.Yes	2.No

Q16. Do you know what kind of disease is this?		
1.Curable disease	2.Incurable disease	3.Don't know

Q17. Do you know way of HIV/AIDS transmission?		1.Yes	2.No	→ Q.19
Q18.If yes, are these following way of transmission?				
I.	Unsafe sexual intercourse	1.Yes	2.No	3.Don't know
II.	Infected blood transfusion	1.Yes	2.No	3.Don't know
III.	Infected mother to newly born baby	1.Yes	2.No	3.Don't know
IV.	Use of infected skin piercing equipment	1.Yes	2.No	3.Don't know
V.	Hand shaking with infected person	1.Yes	2.No	3.Don't know
VI.	Other.....	1.Yes		

Q19. Do you know major symptoms of HIV/AIDS		1.Yes	2.No	→ Q.21
Q20. If yes, are these following major symptoms?				
I.	Loss of 10% over weight a month	1.Yes	2.No	3.Don't know
II.	Fever more than a month	1.Yes	2.No	3.Don't know
III.	Diarrhoea for more than a month	1.Yes	2.No	3.Don't know
IV.	More tiredness feeling	1.Yes	2.No	3.Don't know
V.	More hungry feeling	1.Yes	2.No	3.Don't know
VI.	Other.....	1.yes		

Q21. Do you know preventive method of HIV/AIDS?		1.Yes	2.No	→ Q.23
Q22. If yes, are these following preventive methods?				
I.	Using condom during sexual contact	1.Yes	2.No	3.Don't know
II.	Sexual contact with single person	1.Yes	2.No	3.Don't know
III.	Use only own skin piercing equipment	1.Yes	2.No	3.Don't know
IV.	Take only provable HIV free blood	1.Yes	2.No	3.Don't know
V.	Generally no birth from infected spouse	1.Yes	2.No	3.Don't know
VI.	Do not go infected persons room	1.Yes	2.No	3.Don't know
VII.	Other.....	1.Yes		

Q23. (Please give only your opinion) are you agree following statement?				
I.	HIV/AIDS is only transmitted by sex.	1.Agree	2.Don't know	3.Disagree
II.	Having HIV/AIDS infection is dishonourable.	1.Agree	2.Don't know	3.Disagree
III.	HIV/AIDS infected person should be suicide.	1.Agree	2.Don't know	3.Disagree
IV.	Infected persons should be away from society.	1.Agree	2.Don't know	3.Disagree
V.	Possibility of spreading HIV is not for all people.	1.Agree	2.Don't know	3.Disagree
VI.	Love and affection isn't needed for HIV infected.	1.Agree	2.Don't know	3.Disagree

Q24. Please Right or wrong give your understanding?				
I.	HIV is transmitted by Mosquito bite.	1. Right	2. Wrong	3.Don't know
II.	It doesn't transmitted by inhalation.	1. Right	2. Wrong	3.Don't know
III.	Only prostitutes are infected from HIV.	1. Right	2. Wrong	3.Don't know
IV.	It spread from sharing food, clothes and toilet.	1. Right	2. Wrong	3.Don't know
V.	That person recently die when HIV infection.	1. Right	2. Wrong	3.Don't know
VI.	Kissing is mode of transfer in general.	1. Right	2. Wrong	3.Don't know

Q25. Do you do following work?				
I.	Multiple sexual intercourse ( <i>only for male respondent</i> )		1.Yes	2. No
	a. If yes, do you use Condom?		1.Yes	2. No
	b. Is that before marriage?		1.Yes	2. No
	c. Is that after marriage?		1.Yes	2. No
II	Have you ever test HIV/AIDS? ( <i>both respondent</i> )		1.Yes	2. No
	a. If yes that was result?	1.HIV positive	2. HIV negative	
	b. If HIV positive, are you taking antiretroviral therapy treatment ART?	1.Yes	2. No	
	c. If yes, is it free ART?	1.Yes	2. No	
	d. If you aren't taking medicine, why? Please reason.....			

Q26. Have you ever heard about following some important tips for HIV/AIDS?			
I.	Free ART services can get in Nepal.	1. Yes	2. No
II.	To recognize HIV, must be blood check.	1. Yes	2. No
III.	Blood test can't recognize HIV from infection period to three month	1. Yes	2. No

**Thank You**