

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Most of the developing countries apart from the growing challenges of poverty, illiteracy and poor health care systems, one of the most challenging diseases created by the pandemic called Acquired Immune Deficiency Syndrome (AIDS) has been killing millions of people worldwide every year. It has been emerging as burning issues all over the world and becoming a major public health problem both in developing and developed countries. The prevalence rates of which are apparently high in developing countries.

Debate around the origin of AIDS has sparked considerable interest and controversy since the beginning of the epidemic. However, in trying to identify where AIDS originated, there is a danger that people may try and use the debate to attribute blame for the disease to particular groups of individuals or having certain lifestyles. Some scientists had believed that Human Immune Deficiency Virus (HIV) spread from monkeys to mankind in between 1926 - 1946. Recent research indicated that HIV, most probably first jumped from chimpanzees to humans as early as 1675 and didn't establish itself as an epidemic strain in Africa until 1930 (UNAIDS, 2012).

The first known instance of HIV infection among the three earliest instances was in the plasma sample from an adult man of Congo of 1959, the second was in the tissue sample of an American teenager who died in 1969, and the third was in the tissue sample from a Norwegian sailor who died around 1976. Though AIDS was introduced in 1981, a 1998 analysis of the plasma sample from 1959 stated that HIV was introduced into human world around 1940s or in early 1950s or much earlier. However, because the numbers of infected individuals were small and the virus was undetectable prior to 1981, a pattern of disease went unrecognized and widely speeded before 1981 (UNDP, 2012).

The origination of HIV became a subject of intense debate and caused countless arguments in its earlier stages for about two decades. AIDS was identified in America in 1981 for the first time when numbers of gay men started to develop life threatening opportunistic infections like pneumonia, tuberculosis and cancers that were stubbornly resistant to treatment in all the HIV affected patients. Until that time, HIV did not yet have its name. It was soon realized that all the men were suffering from common syndromes. This eventually led to the discovery of HIV that causes AIDS.

In 1983 Institute Pasteur (France) found the HIV. Robert Gallo (US) claimed the discovery the virus that causes AIDS in 1984; however, this is about a year after the French discovery (Avert, 2013).

Human Immunodeficiency Virus (HIV) invade the blood stream through anal, vaginal, or oral sex; blood transfusion, sharing of intravenous drug injecting equipment and through mother to child during prior to birth across the placenta or during birth, or via breast feeding .The presence of HIV in the blood stream does not mean that a person has Acquired Immune Deficiency Syndrome (AIDS). HIV once enter the blood stream and start to attack the body's immune system ,which provide the natural defense against disease and infection .Suppressing the immune system makes individual vulnerable to many serious illness , almost any symptoms may occur in this process of HIV infection .The term Acquired Immune Deficiency Syndrome (AIDS) is used to describe the latter stages of HIV, when the immune system stops working and develops specific infections, which indicate the end stage of immune system breakdown. HIV leads to Acquired Immune Deficiency Syndrome (AIDS), though the time scale is variable, and depends upon the various factors, including; treatment regimes and infections to which the person is exposed. This is an incurable disease, but the medical care extends the life span of the HIV infected individuals. Once people get infected with AIDS, a large proportion of those infected die within 5-10 years (WHO, 2005).

1.2 Statement of the Problem

Long-distance truck drivers and their helpers spend months at a stretch on the highways and thus are away from their home family members for extended periods of time. These truckers are more likely to engage in high-risk sexual behavior than short-distance truckers. They may have multiple sexual partners, including female sex workers (FSWs) on the highways, or have other fixed partners en route or at places where they stop for rest or food. This results in a higher prevalence of sexually transmitted infections among truckers than the general population. And also truckers are also reported to have sex with male sexual partners which further increases the risk of transmission of HIV/AIDS through heterosexual route (UNAIDS 2012).

For truckers, immediate sexual needs appear to take precedence over the possible long term consequences of unprotected sex. The harsh working conditions of truckers, including the risk of accidents, injuries, robbery, attacks and destruction of their vehicles, clearly contribute to their low perceptions of the seriousness of HIV infection. Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. The Truck drivers may or may not have general knowledge about HIV/AIDS. They may or may not have practice for prevention from HIV/AIDS. People with, or suspected of having HIV may be turned away from health care services, denied from housing and employment, shun by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries.

So this study is to scrutinize the knowledge, attitude and practice about HIV/AIDS among truck drivers stationed at Biratnagar. This study will concentrate on the extraction of the following research questions.

-) What is the level of KAP of HIV/AIDS among the long route truck drivers stationed in Biratnagar?
-) What is the source of their knowledge?
-) Although there must be some knowledge among truckers related to STIs and HIV/AIDS, why there is a gap seen for the implementation of the knowledge into practice?
-) What is the conception/misconception about the transmission of HIV/AIDS?
-) What are the sexual behaviours of the sex partners of the long distance truck drivers?

1.3 Objectives of the Study

The general objective of this study is to find out the general knowledge of truck drivers about HIV/AIDS and their Knowledge and Attitude towards Prevention from HIV/AIDS. The research is focused to know their sexual practices while outside at the work and inside at the family. In order to make the study precise, specific, and manageable; the study has been designed with the following specific objectives:

-) To analyze the knowledge and attitude about HIV/AIDS among the Truck drivers of longer route who are stationed at Biratnagar ; and
-) To analyze their behavior and awareness for prevention regarding the transmission of HIV/AIDS.

1.4 Rationale of the Study

HIV/AIDS is not only a health issue but it also directly concerns the social and economical issues especially in the developing countries like Nepal. Most of the HIV/AIDS related cases are due to the unsafe sexual intercourse involved with multiple sex partners. More people from low economical and social status suffer more from the HIV/AIDS infection than the higher ones. These people include like truck drivers, Factory workers, Travel guide, hotel waitresses among the highway etc.

Long route truck drivers are appropriate for the study of Knowledge, Attitude and Practices (KAP) about HIV/AIDS because these groups are taking the high risk behavior of the transmission of HIV/AIDS and they are additionally vulnerable because of social and economic factors such as poverty, lack of access to services, illiteracy and ethnic discrimination (Niraula, 2003).The significance of this study is related to the critical issues of HIV/AIDS and the KAP of HIV/AIDS among the long route truck drivers stationed in Biratnagar. Although some research has been done in this subject it doesn't shows the present condition of the KAP among the truck drivers, so this research will give some insight for further research in this area.

CHAPTER TWO

LITERATURE REVIEW

The literature reviews conducted for the proposed study are commonly published in articles, sociological books, and various internet sources including website of different organizations. A careful review aims at interpreting prior studies and indicating their usefulness for the study to be undertaken. It enables the researcher to collect and synthesize prior studies related to the present study and enable the researcher in discovering important variables relevant to the area of the present research.

2.1 Theoretical Review

This research looks at knowledge, attitude and practices of HIV/AIDS of truck drivers from the perspective of globalization.

Globalization is a process of interaction and integration among the people, companies and governments of different nations, a process driven by international trade and investment and aided by information technology. This process has effects on the environment, on culture, on political systems, on economic development and prosperity, and on human physical well being in societies around the world (Lyons. N & Smiley S, 2009).

Globalization not only refers to economic processes or the development of economic institutions, but also describes the interconnection between individual life and global features(Went, 2000).

Globalization is not a new but the present era has distinctive features. Shrinking space, shrinking time and disappearing borders are linking people's lives more deeply, more intensely, more immediately than ever before (UNDP, 1999).

Globalization refers to “The compression of the world and the intensification of consciousness of the world as a whole”. In thought and action, it makes the world a single place. Globalization functions on one or more of the following phenomena: the pursuit of classical liberal policies in

the world economy, economic liberalization, the growing dominance of western forms of political, economic, and cultural life, the proliferation of new information technologies the Internet Revolution. Distances have become shorter; access to information has become faster and global. Globalization impacts upon sexuality in three ways, Economic changes, Cultural changes and economic dislocation. Economic changes mean that sexuality is increasingly commodized, whether through advertising or prostitution, which, as in the nineteenth century, is closely linked to economic dislocation and change. Cultural changes mean that certain ideas about behavior and identity are widely dispersed, so that new ways of understanding oneself become available that often conflict bitterly with traditional mores and the political realm will determine what forms are available for sexual expression e.g. overt "gay" world; AIDS is both a product and a cause of globalization: thus while it is usually thought of as "spread through prostitution", it is also true that fear of AIDS itself changes the nature of the international sex-trade. It is often claimed that AIDS has played a role in increasing demand for younger prostitutes, often from rural areas, which has meant an increased demand for young Burmese women in Thailand and Nepali girls in India (Robertson, 1992: 8).

HIV/AIDS was found in Africa spread among the whole world through Globalization. An increasingly mobile global population exacerbates the risk of HIV transmission. The increasing volume of international travel contributes to the spread of sexually transmitted infections, including HIV (Recovering Nepal, 2010).

Globalization has the direct impact in our day to day life or we can say that it is the long term process having multi pronged process. Due to the negative impacts of Globalization, in today's world sex business is one of the fastest growing businesses in the world. Nowadays Cabin restaurant, dance restaurant where sexual activities are observed can be easily seen everywhere. The Nepali Truck drivers cross borders and visit India frequently. It is easier for the truck drivers to visit these places even in Nepal and also in India very frequently during their night halts. In the past having extra marital sex was considered as a sin but due to the effects of globalization by seeing the western movies or western lifestyle, nowadays many adopt extra marital sex. Since truck drivers travel in the roads away from their home it is easier to have extra marital sex even if they are already married .

Due to the effects of Globalization Technology like mobile phones enables the truck drivers to be in frequent contact with the sex worker and arrange for the sex setting at the stops. Due to Globalization enjoying after work i.e. drinking alcohol, having sex is being a common thing among truck drivers .Anything has both positive and negative aspects, Globalization also must have transferred the knowledge or awareness of HIV/AIDS and practice of safe sex in positive way but there is a big gap into the practice of the knowledge for the prevention of the HIV/AIDS among truck drivers due to their attitude who involve frequently in sexual activities.

2.2 Review of the Previous Studies

2.2.1 General Overview of HIV/AIDS

Globally, 34.0 million people were living with HIV at the end of 2011. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Cross border areas and stopover sites offer more opportunities for truckers to engage in risk-taking behaviors. Individuals in such environments may be especially susceptible to peer's pressure, and feel free from the social norms that guided their behavior in their community and culture (UNAIDS, 2012).

According to UNAIDS Regional factsheet 2012 In South and South-East Asia, an estimated 4 million people were living with HIV in 2011, compared to 3.7 million in 2001. In East Asia, an estimated 830 000 people were living with HIV in 2011. It can be seen that HIV/AIDS infection is increasing.

The truck drivers are the high risk taking groups for whom entertainment facilities are often exclusively rare and very limited among the highways. Alcohol and inexpensive commercial sex are generally the only recreational options. Stopover sites may become HIV-transmission "hotspots" where high numbers of commercial sex workers and truck drivers congregate. Depending on countries, truck stops do not always offer appropriate accommodation for Truck drivers. The lack of rooms or the high price of local establishments may encourage Truck drivers to spend the night at the home of commercial sex workers and have sex with them. In some cases

the awareness of HIV/AIDS or STD can be very low. Data collected in Rwanda indicate Awareness on STI was less consistent as truck drivers did not know well the impact of STI on HIV transmission and the link between the two. Some truck drivers also believe that STI did not exist anymore (Kabikira, 2000).

The more years a driver spends in this profession the more vulnerable he is to indulge in the extra marital affair. In Kenya, Job, (1992) studied 952 truck drivers along the Mombasa - Nairobi highway and found an HIV prevalence rate of 27%. HIV infection was correlated with older age, longer duration of driving, fewer visits per month to spouses, and contacts with commercial sex workers per month. Also figured out by another study undertaken in Kenya, 26% of 283 long-distance truck drivers and assistants were found to be HIV positive. Countries of birth and residence, as well as longer duration of truck driving were significantly correlated with HIV infection (Mwizarubi, 1997).

The truck drivers who has spent long years of the service has a higher chance of indulging into sexual activities has a high prevalence, Ramjee (2002) reported an overall HIV prevalence of 56% among a sample of 320 long-distance truck drivers visiting commercial sex workers at five stopover sites in KwaZulu-Natal, South Africa. The HIV prevalence was higher among individuals aged between 45 and 49 years.

The knowledge about HIV/AIDS has not been reached to the bottom level of society. A cross-sectional study was conducted among the truck drivers at Daulatdia Ghat, Goalanda, and Rajbari district in Bangladesh by G sandhya in 2008 to find out the knowledge and awareness about the risk of HIV/AIDS transmission among the truck drivers. Out of 226 respondents only 39.8% of respondents thought that HIV is transmitted by sexual activities and 58.7%, thought the disease is transmitted by syringe, transfusion. Only about 47.8% respondents thought that HIV can be detected from blood and only 76% knew the fate of HIV/AIDS is death.

Although programmes were conducted to address the HIV/AIDS issues has been tried to address the awareness has not been fully acquired by the all levels of the society. A study conducted by Chaudhry, M.A. and Iqbal, R. 2005 among 210 truck drivers in Indore, India revealed that 98.5%

of them had not heard about HIV/AIDS. As shown in a survey in Bangladeshi truck drivers conduct by Rainbow Nari O Shishu Kallyan Foundation in 2011 found that 80% track driver in Bangladesh have no clear concept of HIV or AIDS.

Even they may have heard about the awareness, their knowledge is not complete as shown in the study carried in long route truck 146 drivers of 3 major cities Karachi, Khanewal and Gujranwala Pakistan showed that 65% have heard of condoms mainly for use in contraception, of which only 44% believe in its efficacy in the prevention against HIV/STIs (UNGASS, 2012).

Although the truck drivers are aware of using the condoms but also they are unlikely to use them into practice as found in the study carried out in Kenya by Bwayo. P (1991) among 970 long distance truck drivers, the majority of participants expressed a high level of awareness on HIV and AIDS but only a third of them had ever used male condoms.

Also seen in Ethiopia (Shiferaw.2002), Only 12% of drivers, used condom with non-regular partners (IOM/UNAIDS, 2002) the drivers are reluctant to use the condoms, Some may even have a very horrible blind belief or false awareness of symptoms of HIV like in a study conducted by podhisita c in Thailand (1992) studied that among 37 truck drivers in Thailand revealed that 25% of them thought they couldn't get HIV from someone who looked healthy.

As shown by the study conducted in Zambia (FHI, 2003), Even if they use condom when involve in sex with FSW they will be reluctant to use the condom with their spouses. It reveals that among 686 truck drivers interviewed reported the level of condom use with spouses was lower (18.5%). The truck drivers did not think it was necessary (55%), some (13%) used other contraceptive methods for birth control and some dislike condoms (12%) as in their concept condom use decreases the pleasure of sex.

The attitude towards a HIV infected person is totally negative in almost all countries. A study conducted in Lahore, to assess the knowledge, attitude and practice towards AIDS, in a sample of 1200 young person's found that the only 25.3% had the correct knowledge of etiology of AIDS. Their attitudes towards AIDS sufferers were negative and 76.7% actually thought that

they should be isolated; (Raza.C.2005). Also in Myanmar, about 18% of people living with HIV were verbally insulted and 10% were physically assaulted as result of their HIV status, according to surveys collected through the People Living with HIV Stigma Index (UNAIDS, 2012) .

2.2.2 Globalization and HIV/AIDS in Nepal

Nepal shares about a 1,700-km long open border with India in the East, South and West, and about a 1,200-km long controlled border with the Tibet Autonomous Region of China in the North. The ever snow-covered Himalaya range stands between Nepal and China, and the border areas are sparsely populated, so the people of land-locked Nepal depend almost entirely on India for (overland) transportation to any third country. In addition, these two countries have had very strong cultural, religious, social, and economic ties since ancient times. It can be said that Nepal is globalizing through mainly India as Nepal is dependent with India for all aspects.

Due to the Globalization the Cross border trade with India is common. Every day, thousands of trucks cross the border, and truckers halt at the border-crossing for a day or more. It is not uncommon for them to solicit casual sex during this period because sex is a biological need since the truck driver's stay away from home due to their nature of work, their sexual desire cannot be always fulfilled by their wives. They obtain sexual services from sex workers operating informally in the Nepalese towns and formally in the red light areas, cabin restaurants and hotels of India. They may have multiple sexual partners, including female sex workers (FSWs) on the highways, or have other fixed partners en route or at places where they stop for rest or food. This results in a higher prevalence of sexually transmitted infections among truckers than among the general population.

A study carried out by Family Health International (FHI) among the 400 Truckers in 1999 has shown that 1.5% of the Truckers have been founded HIV positive, which is considered the higher one in context of Nepal. The main reason behind is due to they often spend many nights away from home and obtain sex from CSW's. Commercial and casual sex is available at Bus/Truck stops, border crossing points and major transportation hubs. Truckers may acquire HIV infection in these environments and spread it along their route and back to their home.

Being known to the fact of the risks in HIV/AIDS they are unaware of the consequences and modes of transmission of AIDS.

As shown in a study of Knowledge, Attitude and Practice about HIV/AIDS on the Transport Workers of Surkhet District (Lamichhane, 2001) shows that 80 percent of the respondents have sex except their wife which includes a large 56.66 percent of the respondents have sex with commercial sex workers which are unknown and also have sex with a drug user .

According to Integrated Bio Behavior Survey 2009 conducted by New Era, percentage of the truckers who ever had sex with FSWs in India is 51.5%. The percentage of truckers visiting FSWs in India is increasing over time as it was 26.7% in 2003 and increased to 31.6% in 2006.

The tendency visiting the Indian sex workers by the truck drivers is more due to easy access to Indian sex workers in India. Even the Nepali sex worker if she wishes she can sell sex easily in the Indian Market which may cause the transfer of HIV and STD's into Nepal from India. As shown in the survey of 400 FSWs operating along the eastern segment of the East-West highway covering 16 Terai districts, about 13% of the respondents had already sold sex in India (Niraula, 2001).

According to the STD and HIV prevalence survey conducted by New Era in May 2000 among 500 female sex workers (FSW) and Truckers on highway routes in the Terai, the significant findings among the FSW included: 70% of their clients were Truckers, 50% had at least one STD including 20% with syphilis, 17% of sex workers had worked in India, but 75% of the HIV cases were from this group, sex workers with syphilis had tenfold higher risk of HIV than those without syphilis.

CHAPTER THREE

RESEARCH METHODS

3.1 Study Site and People

Biratnagar Sub metropolitan City is the administrative, industrial and commercial centre in the Eastern Development Region. It is headquarter of Morang district located in the Koshi zone of Eastern Nepal. The four boundaries of this municipality are Singhiyahi River in the East and Kesaliya Dhar River in the west. Baijanathpur, Katahari, and Bhathigachhi lie in the East and Purba Khusaha, Ramganj Belgachhiya, and Amduwa in the West. In the North, it adjoins Tankisinwari VDC, while in the South lie the Buddhanagar VDC and the Indian border.

The climate of Biratnagar is subtropical to tropical, sub-humid. According to 2011 census data, there are 45,131 households and a population of 201,125 persons of which, 101,949 (52.6%) are males and 99,176 (47.4%) females. The population density is 2792 persons per Square kilometer.

Regional offices are stationed at Biratnagar makes it the administrative town of Eastern region which also helps to increase the flow of people here. This municipality is important as an Industrial centre when Biratnagar Jute Mill was established as a first Industry in Nepal in 1992 B.S. Later on it has been a major industrial and commercial centre in the region. . As Biratnagar has the plenty of roadways and also an airway which connects to other part of our country as well as India, it is also the transit point for tourist who wishes to visit Eastern part of Nepal like Koshi Tappu wildlife reserve and Ilam.

Due to the Globalization, Biratnagar has the unique way of following the Indian lifestyle, Some people of Biratnagar mainly follow the Indian culture, Indian cinema has good market at Biratnagar, foods are Indian type, many indigenous people of Biratnagar they speak Maithili which is similar to Hindi. Biratnagar is the unique town in eastern region where blend of culture and socio economic setting can be observed.

Biratanagar has been chosen as study area because might be very prone to STDs and STIs as it has larger number of transport vehicles in the Eastern part of Nepal. Since it is very close to the Boarder, cheap Indian sex workers are also available in India; (Maitinepal, 2012).Due to the increasing number of vehicles a large number of people are employed in this business. Reason behind is most of such employee are from sexually active age group. So the probability of having sexually transmitted disease may be high in them, which may be due to the lack of knowledge about HIV/AIDS. Hence, Biratnagar is appropriate in all regards. The study area was mainly Biratnagar Truck Park area and on other major Private Truck parking Areas.

3.2 Research Design

According to Kerlinger (1998), “Research Design is the plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance.”

The present study was carried both on the basis of exploratory and descriptive research design. It was exploratory because the study focused on to investigate the problem of HIV/AIDS and then particularly to the KAP of HIV/AIDS among the truck drivers stationed in Biratnagar.

On the other hand, it was descriptive because, it was involved in the systematic collection and presents the data which enabled to know the actual picture about the existing knowledge, attitude, practice and sexual behavior of transport workers stationed at Biratnagar.

3.3 Nature and Sources of Data

This study adopted both the qualitative and quantitative nature of data. Qualitative data come in various forms but most commonly compose verbatim transcripts of interviews or discussions, observational notes or written documents of other kinds.

Whatever form they take the material is likely to be highly rich in detail but unwieldy and intertwined in content. For e.g. skills, attitude, the level of satisfaction, merit and demerit of a person, intelligence or dull character of a person cannot be expressed numerically, where we use

a qualitative nature of data, whereas quantitative data were collected and various figures were prepared to explain the sampling data.

The present study is based on primary as well as secondary data in order to meet the stated objectives. The primary data were collected to present and analyze the present status of truck drivers, conducting interview schedule to the truck drivers who were available and ready for the interview. Telephonic interview was conducted to those drivers in the truck park area who were not available during the in depth interview due to their work routine and also some drivers were shy if they have to answer face to face about the topic of the study but they were ready to answer the questions in telephone .A structured observation method was used to observe their behavior. The primary data were collected from around 20 truck drivers of long route truck drivers stationed in Biratnagar who had stayed at least one night in Biratnagar. The Secondary data were collected through literature, journals, NGO's, CBS records, other research documents and electronic sources related to KAP of HIV/AIDS among long route truck drivers.

3.4 Universe and Sampling

As the Topic of research is related to HIV/AIDS which is directly related to the sexual activity of truck drivers which they do not want to share. On the other hand there are no proper documented survey results on the truck driver's population who have knowledge on HIV/AIDS and who don't have knowledge. Hence the sample size of the population through probable sampling method was impossible. To draw the representative sample size a Purposive sampling was adopted in this study.

In purposive sampling, researcher decided the purpose that an informant's need to serve and researcher went out to find the one. Purposive samples emerge from ones experiences during the research. Researcher learned in field as he went along to select the unit of analysis that provided the required information. The drivers who are in this profession for 2 years and who spent at least one night in the Biratnagar or stationed at Biratnagar was chosen as sample because they are the most vulnerable group to HIV AIDS. Sample size was limited due to various constrains only up to 20 truck drivers who are stationed at truck park area of Biratnagar.

3.5 Tools and Techniques of Data Collection

The primary tool of quantitative data collection is direct interviews with Truck drivers using schedule interview and telephonic interview. The qualitative data were collected using structured observation method. Individual truck drivers were consulted for information collection it was verified through personal observation and interaction during discussion. The data for the present study were generated from the following techniques:

3.5.1 In-depth Interviews

Interview schedule with close-ended as well as open-ended questions was used as a tool for data collection. Data like the background of the truck drivers, their day to day behavior, their opinion about the health services, knowledge about the HIV/AIDS and STD, their feelings about condom use, their opinions about the HIV infected persons etc was collected through individual interview. Only truck drivers who were willing to give interview voluntarily were included and that refused or denied responding voluntarily were excluded from the study.

3.5.2 Telephonic Interviews

Telephone interviews today is a well established technique of data collection. With the telephone becoming more and more widespread there is also a growth in the number if research being conducted through telephone. In a telephone interviewing, the questions asked one more or less of structured nature. Since the long route truck drivers travel for a long route some truck drivers were not available for an in depth interview and also they were shy to answer the questions easily in telephone rather than face to face because of shyness, for them telephone interviews through mobile phones was used as a tool for collection with a view of collecting the same data as collected from In depth interview.

3.5.3 Observation

Observation is the careful watching and recording of somebody or something in a systematic way to establish knowledge (Creswell, 2002). Similarly, observation is systematic recording of

observable phenomenon or behavior in a natural setting (Walliman, 2005). Structured observation concerns with the frequency of events i.e. to do quantitative analysis by using predetermined structure. During a structured observation a checklist was prepared which included the Personal habit, Attitude of HIV/AIDS, Practice of Safety Measures to HIV/AIDS etc. The researcher covertly observed when Truck drivers are to halt in Biratnagar how they will spend their time? How they entertain and what kind of activities they are willing to indulge? Etc. Female Sex workers are generally available in the same place where the drivers eat their meal or where they spend the night. So it was not too difficult to observe the behavior of the drivers at a place like hotels and restaurants they eat. Since it is easy to locate the FSW and also the frequency of the truck drivers visiting them was noted by the researcher.

3.6 Reliability and Validity of Data

To obtain an error free valid and reliable data following techniques were followed.

1. The questions were checked and cross checked to avoid overlapping questions.
2. The interview schedule was prepared in most easy and understandable language (Were asked in simple Nepali language), avoiding dual meaning or ambiguous questions and enough time was given for each respondent.
3. Due attention was given to avoid the duplication of the respondents.

3.7 Data Analysis

After the collection of data from field survey, all the data were thoroughly scrutinized before editing. During the data collection different information which might not be useful for the research was obtained. Hence all the data collected were scrutinized and edited and only the useful data were included in the research.

A descriptive method was used which “studies the characteristics of and associations between variables” are described. By describing such characteristics and relationships or associations, useful information can be obtained about the topic under study. Such studies however cannot

clarify cause and effect relationship between variables as the variables of interest will not be manipulated and the design will not be controlled (Sim & Wright, 2000).

According to Neumann (2006) in descriptive research the aim is to give an account of a situation by using words, numbers or both so as to provide answers to queries relating to the topic under study.

The collected data which was in the numerical forms was analyzed by descriptive statistics that will include frequency distribution and related statistical tools such as percentage average and ratio. Figures, Diagrams, Tables were used to facilitate the presentation of the findings according to the objectives of the study.

3.8 Limitations of the Study

Since this study was done in small scale i.e. 20 truck drivers who were present in the truck station of Biratnagar sub-metropolitan city, the sample size of this study will not represent the whole population of transport workers and the results cannot be generalized in the context of whole Nepal.

3.9 Operational Definitions

AIDS: The initial AIDS stands for Acquired (A) Immune (I) Deficiency (D) Syndrome (S), which is a group of signs and symptoms caused by Human Immune Deficiency Virus.

Acquired: Disease comes from outside the body.

Immune: Body's ability to defend itself from foreign bodies e.g. diseases and germs.

Deficiency: Lack of something; a person with AIDS lacks the ability to fight germs.

Syndrome: Group of diseases which occurring together.

Condom: A soft rubber device made of latex, which is worn by the male before sexual intercourse beings and during intercourse. The condom prevents sperm from entering the female genital tract and to prevents pregnancy and also prevents contact with seminal and vaginal fluids thus, it prevents the transmission of STD and HIV from either partner.

HIV: The abbreviation of Human Immune Deficiency Virus, the virus that can cause to the development of AIDS. The virus was previously known by a variety of names such as IAV and HTLV III. Two types of HIV have been isolated so for HIV 1 and 2.

HIV Negative: A person who, on testing does not have antibodies to HIV and hence either,
) Is not infected
) Has recently been infected but has not yet produced antibodies (window period) or
) Was infected some time age, but is no longer producing antibody.

HIV Positive: A person who, on testing has been found to have antibodies to HIV.

Immune system: The body's defense mechanism against attack by bacteria, viruses, harmful food substances, and some proteins.

Safe sex: Sexual practices which reduce the risk of transmitting HIV during sexual activity e.g. condom use. Unsafe sex, on the other hand, allows exposure to fluids that can transmit HIV.

Transmission: The spread of infectious agents from one person to another. The predominant mode of HIV transmission is through sexual intercourse.

Drivers: Truck Drivers.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

This chapter deals about the Knowledge, Attitude and practices of Truck drivers regarding the HIV. In order to assess knowledge an Interview Schedule was conducted and several telephonic interviews also structured observation was conducted for interviewing the respondents.

The researcher selected the sample population of 20 from the transport workers of Bus Park area of Biratnagar. The percentage figures of Drivers have been computed by assuming the total respondents as hundred percent i.e.20 respondents are counted as 100 percent. On the basis of this other percentages have been worked out. In order to access their Knowledge, Attitude and practice the questions were divided into 5 subheadings for the canalizing the answers and to conduct the interview smoothly and get the exact data's. Several unstructured questions were asked to make their feelings come out automatically. Also a structured observation was conducted by the researcher and on the basis of these data collection techniques following findings figured out.

4.1 Background of the Respondent Truck Drivers

Drivers are looked as not so prestigious profession in South Asia. The drivers generally are less educated or who are from a low family background. During the Field survey the reasons for them to be truck drivers were, curiousness to become a driver, unemployment, lack of education, quitting school in small age due to many reasons and some started driving as their fathers were drivers or learnt driving a truck from relatives or friends. Some choose this profession as they lack of economic sources or they lacked money for their further education.

During the survey it was found that their driving routes were All over Nepal, Some drive only from Jogbani Kathmandu or East west Highway and Jogbani – Raxaul or Jogbani - Pokhara.

A question was asked to them, “Why they chose driving as their profession?” and the answers given by them are, they stated this profession because it gives them an opportunity to visit Nepal.

Some of the drivers felt that it is a pride to be a driver because all will say “*Guruji*” to them. Some of them had left school in early age. Being less educated and qualified, becoming a Truck driver he can earn more than other profession. Some were interested to be a driver as their friend’s were drivers and due to the curiousness they ultimately became a driver.

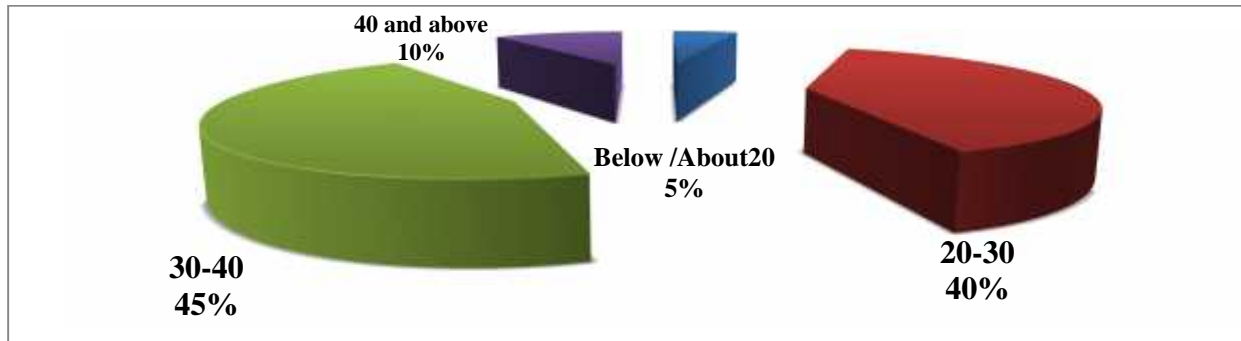
The researcher tried to find the good experiences they had in due course of their driving experience and asked to share their Good Experience with the researcher .In their view It is a pride to be a driver as people call them “*Guruji*”, some said they can travel to new place, also driving profession gives a good economic condition even less educated, and some of them gave a surprising view that they can easily enjoy sex with girls being a driver.

The Bad Experiences when driving were sometimes they have to face dacoits or thieves sometimes they meet in an accident unwillingly ,The most bad is the break down of vehicle and they cannot eat even they have money, Driving is a risky job anything can happen in blink of eye. Drivers can’t travel as per their wish. As they have to spend most of their time in roads even it is not possible to celebrate festival with the family. Sometimes they face a problem or bad treatment by traffic police for no reasons.

4.1.1 Age of Respondents

Sex is a biological need. If the transport workers are in the sexually active age group they have high tendency of having sex. Since drivers don’t stay in home everyday so they can’t have sex with their wives, it is easy to have sex along the route with multiple sex partners to fulfill their sexual needs. So for the knowledge of their behavior, their age must be determined at the time of the study.

Figure No 1
Age of Respondents



Source: Field Survey 2013

According to the above Figure, 40 % respondents are in the age of 20-30 years. 5 % of the respondents are in the age of below or about 20. 45% of the respondents are in the age of 30-40. And even 10% of the respondents were above 40. It is clearly seen that Majority of the truck drivers are in sexually active group who can indulge into sexual activities because their sexual desire is high due to biological phenomenon.

4.1.2 Marital Status of Respondents

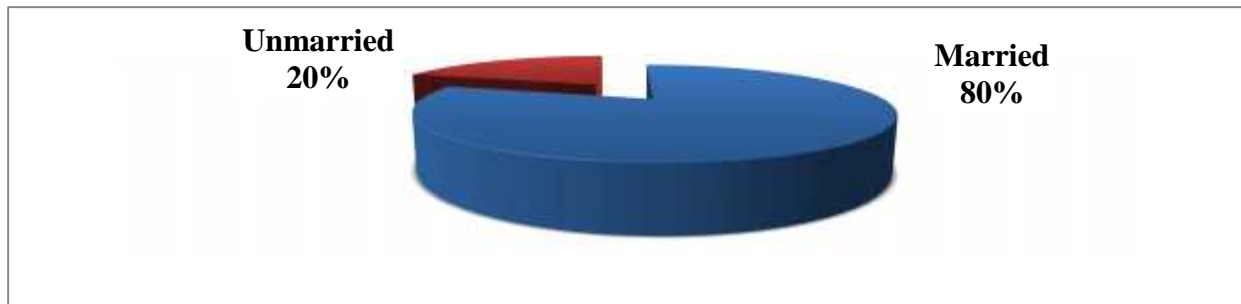
Marriage is one of the universal Social institutions which allow a man and women for sexual relation in the society.

According to Ember and Ember, “Marriage is a socially approved sexual and economic union between a man and a woman that is presumed to be more or less permanent, and that sub-sums reciprocal rights and obligations between two spouses and their children.”

If the truck drivers are married they may not or reduce to indulge into sexual activities due to their family constrains of money or because of the love of his wife, he may not be willing to cheat his wife .This automatically reduces the HIV/AIDS and STD infection in the truck drivers due to having multiple sex partners.

However, many truck drivers have multiple sex partners as sex as a biological need some may indulge into extra marital sex so to know the marital status of the respondents is important.

Figure No 2
Marital Status of Respondents



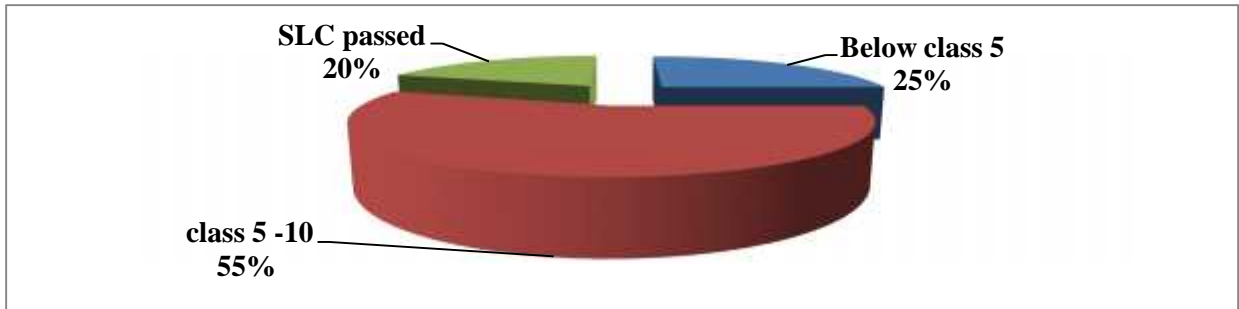
Source: Field Survey 2013

Among the 20 respondents 80% were married and 20 % were unmarried. It shows that there is a high chance of these truck drivers who are unmarried can easily visit to commercial sex workers or so called their girlfriends along the route to fulfill their sexual desire. The truck driver's life is boring so they have a high chance of having premarital sex for curiosity and for the enjoyment of the boredom of travelling a hectic journey every day.

4.1.3 Literacy Rate of Respondents

Education is one of the factors which determine and change the behavior of the human being. It is considered as an indicator of development and as a lamp of intelligence of human life. Literacy has much to do in the transmission of HIV. Literacy has straight correlation with the shaping of attitude which indeed helps to correct the practice of sexual behavior. In order to examine the literacy and nationality of respondents, the literacy rates of the truck drivers are shown in the Figure number 3.

Figure No 3
Literacy rate of Respondents



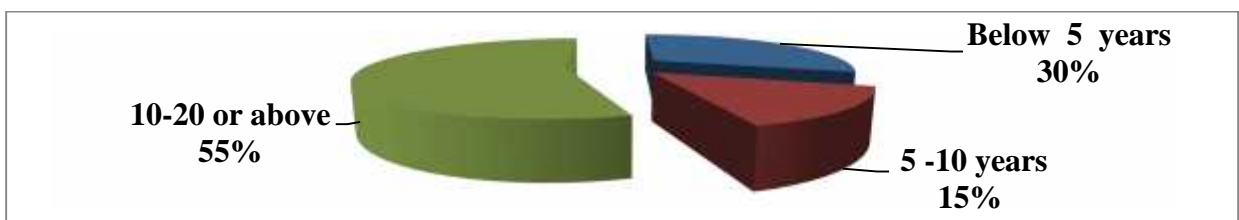
Source: Field Survey 2013

According to the above Figure literacy among the respondents, 25% of Drivers have not studied above five class, 55% of the Drivers have more than class 10. Only 20% of the respondents have passed SLC. The above data shows that most of the respondents have quitted their studies and their education level is not very high. As the educational status is low the level of understanding about the problem is also seems low so the knowledge and practice regarding HIV/AIDS must not be so high.

4.1.4 Duration of Stay in the profession of Respondents

If a person is long in the profession, he is exposed to all good and bad parts of the profession either willingly or unwillingly. And too long staying in same profession creates overconfidence. If a person is so driving a truck for many years he must also be away from home many years so it is easier for him to expose into sexual activities enrout.

Figure No 4
Duration of Stay in the profession of Respondents



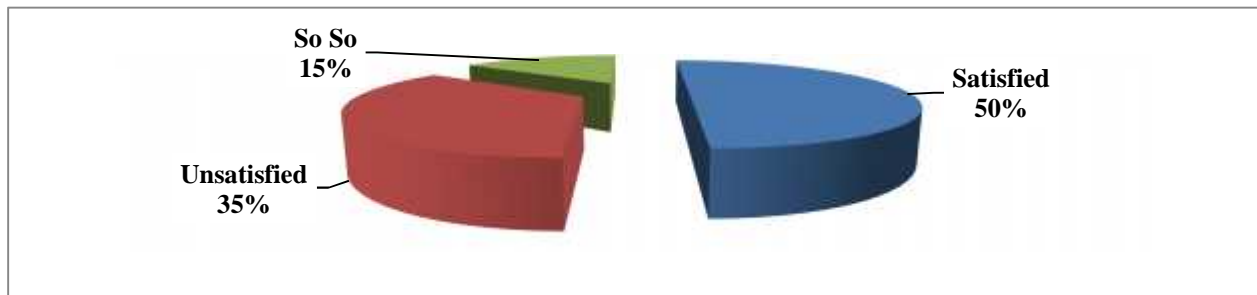
Source: Field Survey 2013

The Above Figure shows that the majorities 55 %of the truck drivers have an experience of driving a truck for more than 10 years .30% of the drivers were new i.e. below 5 years in this profession and 15% of the drivers have an experience of driving 5-10 years. So the 55 % is high percentages who have an experience of more than 10 years in this profession and may exposé into the negative part of this profession i.e. having extra marital sex.

4.1.5 Satisfaction of the Profession among Respondents

If a person is satisfied he thinks more about life and how to live a happy life .If truck drivers are not satisfied with their profession they may indulge their life in danger by taking the sexual activities without prevention. A few minutes of fun may lead them to a great danger but they wouldn't care it because they are not satisfied with their profession and life due to depression.

Figure No 5
Satisfaction of the Profession among Respondents



Source: Field Survey 2013

The above Figure showed that about 50% of the truck drivers are satisfied and high percentage of the drivers 35% are unsatisfied with their profession. About 15% think that their profession is just so so and not satisfactory, In due course of time it may also lead to un-satisfaction. This shows due to un satisfaction about their profession they may indulge into unsafe sexual practice for the momentarily fun because un satisfaction leads to carelessness.

4.2 Knowledge and attitudes towards STD/STI's and Health seeking behavior of Respondents

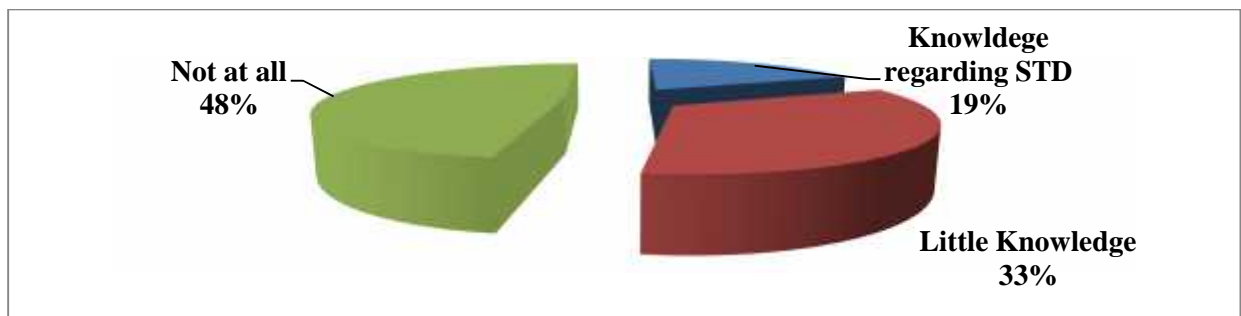
The truck drivers are vulnerable to STD /STI, so their knowledge and attitudes towards STD/STI and health seeking behavior is studied in order to access what they have till now and what is lacking in them.

4.2.1 Knowledge about Sexually Transmitted Disease

Syphilis, Cancroids, Genital wart and Gonorrhoea are known as STDs. These diseases are mainly spread by sexual intercourse by infected partner. These clients who have STDs they have more chances of getting HIV so A question “ Do you know sexual transmitted disease” and if yes answers some of the symptoms was asked to the respondents. The response of the respondents is given below.

Figure No.6

Respondent's knowledge about sexual transmitted disease



Source: Field Survey 2013

The above Figures showed only about 19% of the respondents have proper knowledge about the STD/STI. They could tell all symptoms and signs related to STD/STI but majority about 33 % of the respondents didn't have the Clear knowledge about these diseases. Majority of 48 % didn't have any knowledge about the disease. Many programmes has been developed related to these matter but still as a very shy situation that a major population of the respondents don't know

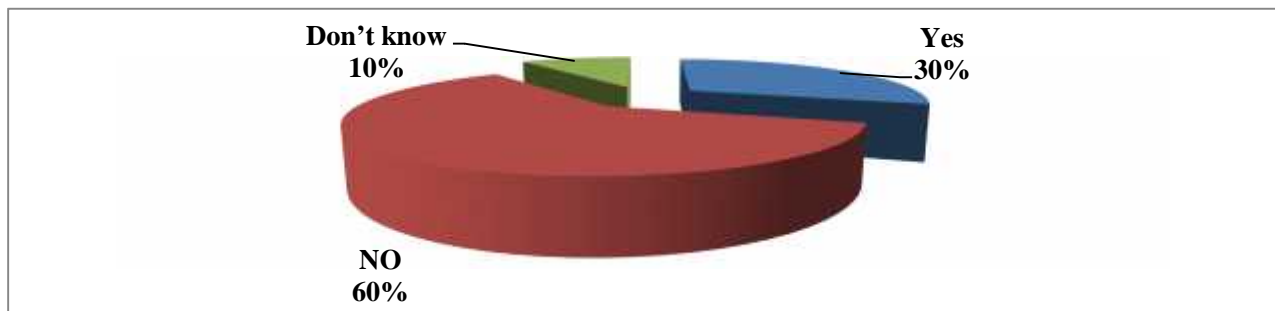
anything about these disease. This shows an urgency to do something related to this matter. These people if they are infected by STD/STI, they will have great possibility to get infected or they can easily transmit the STD/STI or HIV/AIDS to their sexual partners.

4.2.2 Knowledge of places for treatment of the disease related to STD/STI

If a person is infected with STD/STI he has a high risk of getting HIV/AIDS but accordingly if a person knows a place where to treat STD/STI then he can easily go to that place to treat the disease even if he is in doubt. So the drivers were asked whether they know the name the place where they can get a treatment of STD/STD ledge of STI/STD among the truck drivers.

Figure No. 7

Knowledge of places for treatment of the disease related to STD/STI among Respondents



Source: Field Survey 2013

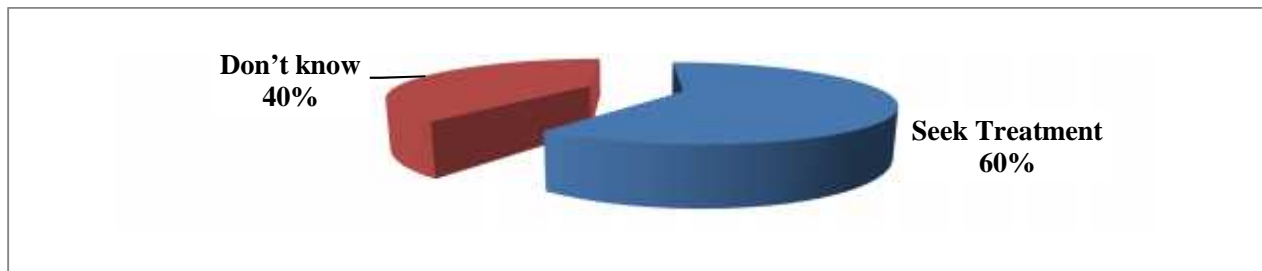
As shown in the above Figure, 30 % Drivers have reported that they know the correct place where to treat STD/STI. 60% Drivers reported that they did not know the correct place where to treat STD/STI. And 10 % Drivers can't say whether they are sure they know the places or not.

4.2.3 Attitude towards Treatment about Sexually Transmitted Disease

If a person is infected with STI/STD he is in high risk to get easily infected by HIV/AIDS. So being infected by STD/STI if he doesn't seek treatment he not only risks his life but also risks his partner's life so what will u do if u were infected by STD was asked to the truck drivers.

Figure No. 8

Respondent's Attitude towards treatment of Sexually Transmitted Disease



Source: Field Survey 2013

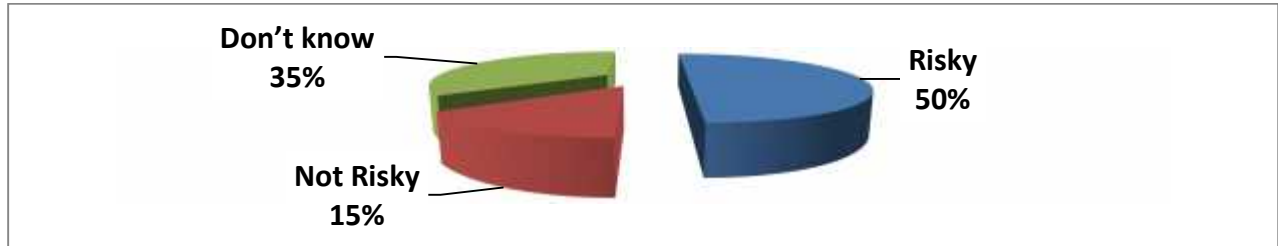
As shown in the above Figure, 60 % Drivers have reported that they will go to seek treatment if they will be infected by sexually transmitted diseases or any other kind of diseases. Nobody said they are shy to go to for treatment but many of the respondents 40% are not sure whether they have the signs of STD/STI and know the correct place where to treat STD/STI.

4.2.4 Knowledge about Having a Chance of Catching HIV if infected by Sexually Transmitted Disease

If a person is infected by STD /STI he is in grave danger of being infected by HIV/AIDS if he takes an unprotected sex or proper use of condoms. So to assess their knowledge regarding this matter a question was asked "what is the chance of catching HIV if infected by STD/STI?" The person who doesn't answer this question correctly is either taking a risky sex behavior or will take a risky behavior if he is infected with STI in the near future.

Figure No. 9

Respondent's knowledge about having a chance of catching HIV/AIDS if infected by Sexually Transmitted Disease



Source: Field Survey 2013

As shown in the above Figure 50 % of the respondents know that there is a chance of having HIV/AIDS if infected by STD /STI infections. But 35 % of the respondents don't know of this fact and 15% think that it is not risky even they have STD/STI, they may not get HIV/AIDS. This is a devastating fact.

4.3 Knowledge and Attitudes towards HIV and AIDS

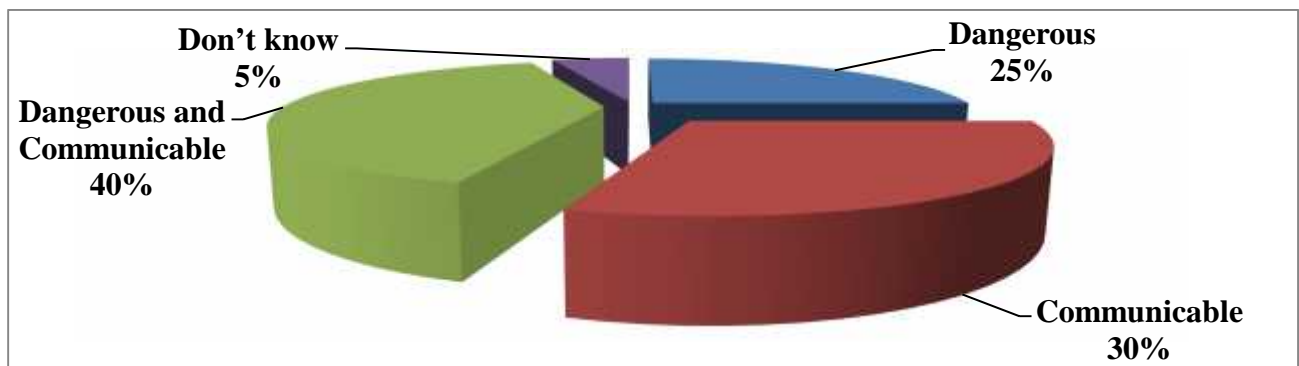
Knowledge about HIV/AIDS has been consistently increasing since the day it was identified. If we look at the global reports it seems that people are much aware than the decade before. It may be because of development of Medias and various awareness programmes. UNAIDS, Government organizations, NGOs/INGOs, nonprofit organizations are working on it. In the last few years awareness has been increased. Indeed if someone is aware he/she will not thrash his/her life in danger. Knowledge of HIV has much to do in shaping the mind of individual. No one wants to jeopardize his/ her life knowingly.

There is basic difference between HIV and AIDS. HIV stands for Virus which is the initial state of AIDS. Once person is infected by HIV very soon he/she will lose the immune system and the lost immune stage is known as AIDS. The window period may be from couple of months to several years depending upon the individual resistance.

4.3.1 Knowledge about AIDS

AIDS is a Dangerous and Communicable disease. If the person knows that AIDS is a dangerous and communicable disease it is sure that he may seek for the knowledge of prevention methods for not to transmit the disease to him. To access the knowledge of the respondents about HIV/AIDS a simple question was asked saying that what kind of disease is AIDS and the respondents answer are as follows.

Figure No 10
Knowledge of AIDS among Respondents



Source: Field Survey 2013

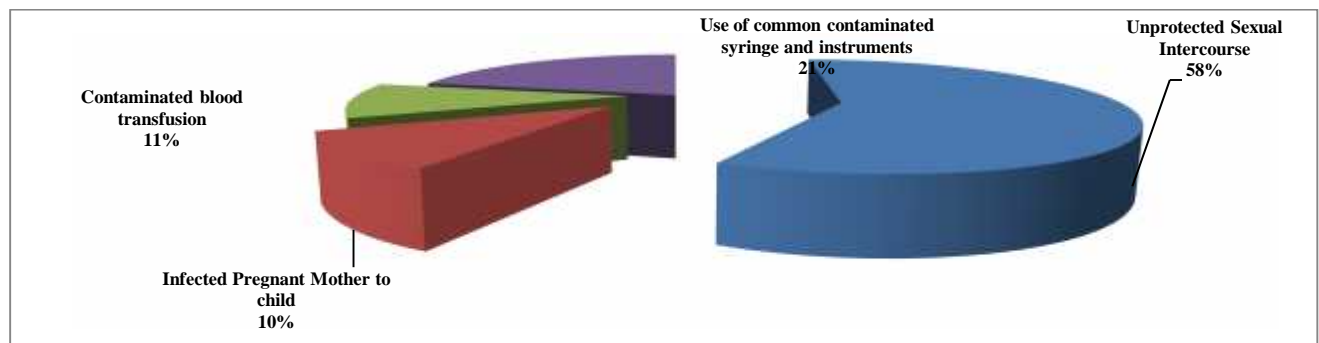
As shown in above Figure, out of 25% of the respondents agree that AIDS is very dangerous disease. 30% respondents told AIDS is only communicable disease, it means it is not dangerous and 40% respondent told AIDS is very dangerous and communicable disease. About 5% of drivers they don't know what kind of disease is AIDS but of course they have heard something about AIDS. In the current scenario many programmes are conducted for the prevention, awareness of HIV/AIDS. A large amount of money from government or private sectors including various donors have been already spent in the awareness programs. Still it is seen that somewhere there is a lag in these programmes for the inclusiveness of everybody in these programmes conducted about HIV/AIDS.

4.3.2 Knowledge about Modes of Transmission of HIV

HIV virus is mainly transmitted by exchange of body fluids either sexually or from parents to children or using contaminated blood or blood products. It is widely categorized into two forms

horizontal transmission and vertical transmission. Parents to child belong to vertical transmission and rest falls into horizontal transmission. In order to examine mode of transmission of HIV/AIDS the respondents have been asked, “Which of the following way HIV/AIDS can be transmitted?” And the responses given by the respondents are shown in the Figure.

Figure No 11
Respondent's Knowledge about Modes of Transmission of HIV



Source: Field Survey 2013

According to the above Figure, the cause of HIV/AIDS transmission identified by the respondents is an unprotected sexual intercourse with an infected partner (58%), contaminated blood (11%), Use of common contaminated syringe and instruments 21% and infected mother to child 10%. Majority believe that AIDS can be transmitted by only sexual intercourse which is wrong. Hence, on the basis of above statistical analysis majority of respondents have knowledge about transmission of HIV/AIDS but they don't have complete knowledge which is dangerous. It clearly indicates that there is lack of adequate knowledge regarding the transmission of HIV/AIDS.

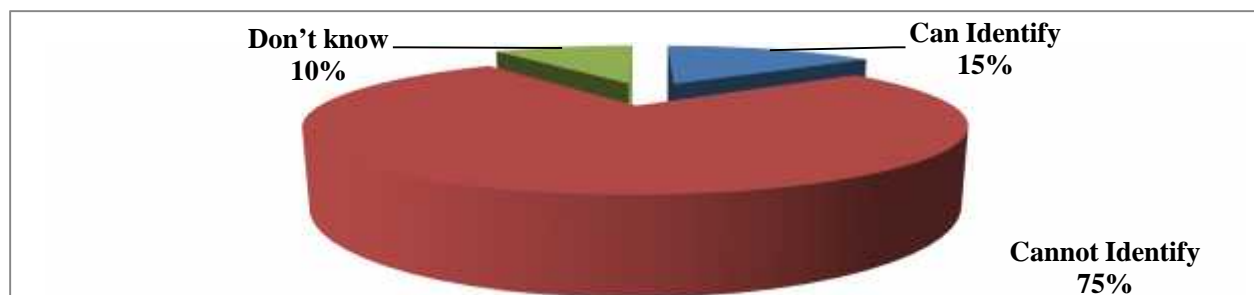
4.3.3 Knowledge about Possibility of Identifying Infected People by Open Eye

It is impossible to identify the HIV infected person by observation with naked eyes. Because any person infected with HIV may seem completely healthy prior to AIDS stage. The HIV infection can only be identified by testing his/her blood HIV antibody. A question “Is it possible to

identify a person with HIV infection by looking at him or her?" was asked to the respondents to know their views and are shown on following Figure.

Figure No 12

Respondents Knowledge about Possibility of Identifying Infected People by Open Eye



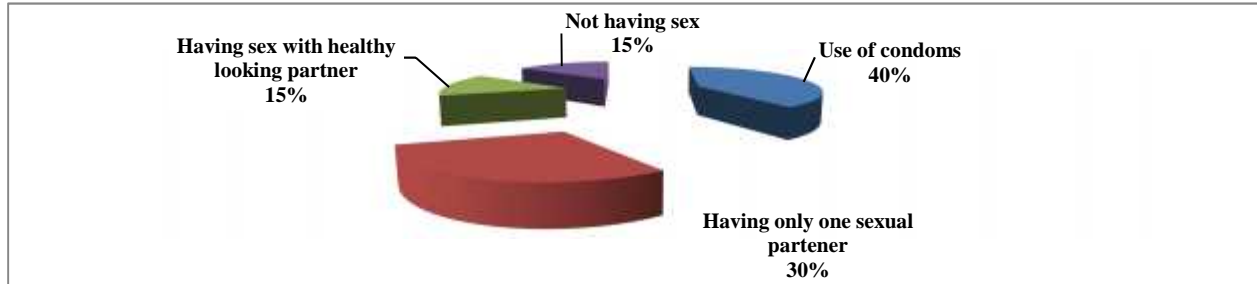
Source: Field Survey 2013

As shown in the above Figure, 75% of the Truck drivers believed that they cannot identify a person who is infected HIV can be detected by open eye. Similarly, 15% said that it is possible to detect HIV by open eyes. At the same time, 10 % of them believed that they don't know whether they can identify by naked eyes. The 15% of the drivers who said they can identify because HIV infected person is weak, thin suffering from cold which is a very wrong concept. So it needs an intervention form the concerned unit to give them the proper knowledge regarding HIV/AIDS detection.

4.3.4 Knowledge Regarding Safe Sex

A good knowledge of what is safe sex can prevent the drivers form HIV/AIDS or STD/STI even they have sexual activities whatever conditions like even they encounter a person infected with HIV or STD. So a question "What do u understand by safe sex" was asked to them and they responded as follows.

Figure No 13
Knowledge Regarding Safe Sex among Respondents



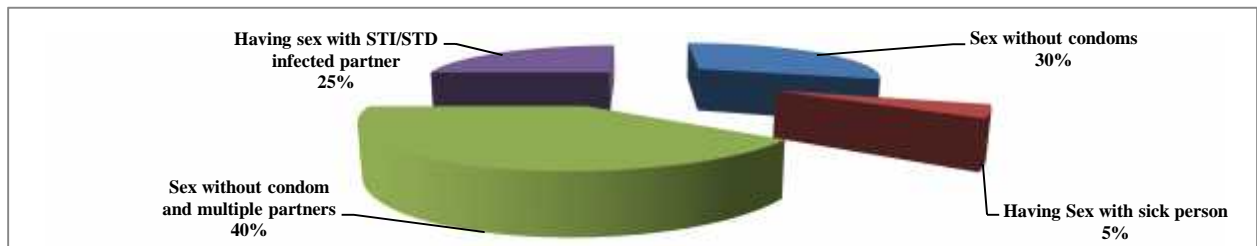
Source: Field survey 2013

As seen by the above Figure about 40% of the respondents considered safe sex is to use condoms and 30% of the respondents thought that the safe sex means having sex with only one partner similarly 15% of the respondents thought that safe sex is just to have sex with a healthy looking person .And to a great surprise 15% of the respondents think that safe sex means not to have sex at all.

4.3.5 Knowledge Regarding Unsafe Sex and Risk of HIV Infections.

Unsafe sex leads to the infections of HIV/AIDS or STD/STI. If a person can answer correctly what is unsafe sex then he can prevent himself form unsafe sex and practice safe sex so he can prevent himself form HIV/AIDS or STD/STI. If he knows the consequences’ which lead him to unsafe sex he can easily be away from the unsafe sex .Many ways a sex can be considered as unsafe. Even having sex with a condom the improper use of the condom may lead to unsafe behavior and people can get infected by the diseases which are transmitted through the partner. So a question “What do u understand by unsafe sex” was asked to them and they responded as follows.

Figure No 14
Knowledge Regarding Unsafe Sex among Respondents

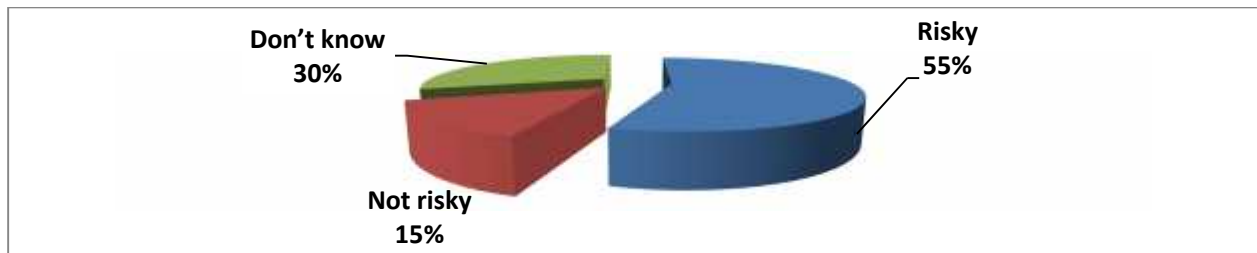


Source: Field survey 2013

As shown in the above Figure is can be seen that 5% of the respondents think that unsafe sex means to have sex with a sick person and 30% of the respondents think that unsafe sex means having sex without using condoms and 25 % just feel that unsafe sex means having sex with STD/STI infected partner and only 40% of them think that unsafe sex means having sex without condom and with multiple sex partners.

AIDS is a sexually transmitted disease. Unprotected sexual intercourse is one of the major causes for HIV transmission. Heterosexual transmission is the major root of HIV transmission in most of the countries though homosexual behavior is also one of the cause but in case of our country homosexual practices are minimum. Unprotected sexual intercourse increases HIV transmission rapidly. To find out it, a question, “Anyone who has unprotected sexual intercourse is at risk of HIV infection?” was asked to the respondents and their views are given in the Figure below.

Figure No 15
Respondent’s Knowledge Regarding Risk of HIV Infections



Source: Field Survey 2013

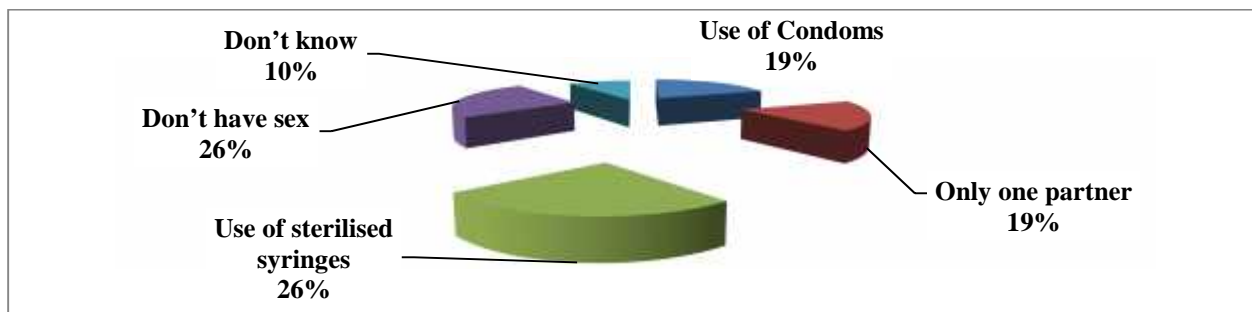
According to the above statistical Figure, 55% drivers believe that unprotected sexual intercourse have more chance of getting HIV. 15% driver believe that who have unprotected sexual intercourse might not have chance of getting HIV and 30% of driver have no knowledge about getting HIV. They are not in position to explain whether it is transmitted by unprotected sex or not.

4.3.6 Knowledge about the Protection from Transmission of HIV/AIDS

AIDS is not a curable disease, it means, sooner or later the consequence is definitely the death. So everyone should think about this serious phenomenon. prevention of HIV/AIDS transmission

necessitates multiple approaches depending upon the mode of transmission i.e., safer sexual behavior, use of condom, use of sterilized needle and syringe, use of safe blood, prevention of prenatal transmission, counseling service, Information Education and Communication Service. A question “What are the main ways of protection from the transmission of HIV” was asked to the respondents. The response of the respondents is given below.

Figure No. 16
Respondents Knowledge about the Protection from Transmission of HIV/AIDS



Source: Field Survey 2013

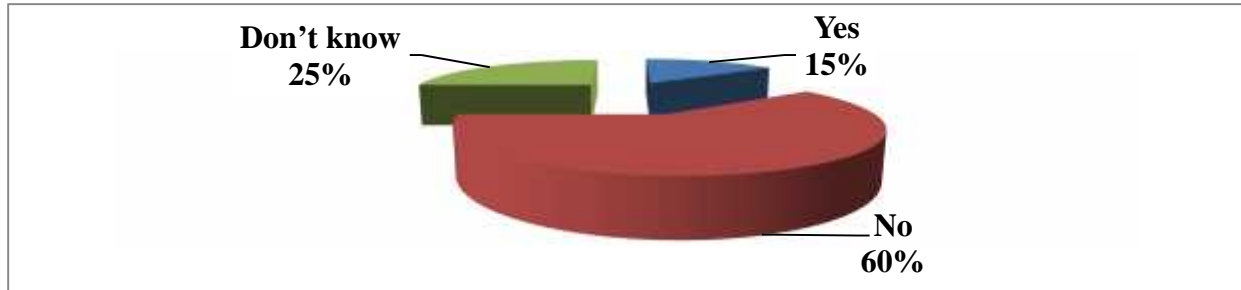
According to the above statistical distribution, 19% of the respondents have given one right way i.e. use of condom and 19 % respondents have given one right way i.e. don't have sex with multiple people, 26% of the respondents have given two or more than two right ways of protection from HIV i.e. safe blood, safe sex, sterilized needle and syringe. 26% of the respondents said that to protect from HIV they mustn't have sex. 10% of the respondents have no idea about the ways of prevention from HIV/AIDS. Hence, on the basis of above Figure we can conclude that majority of the respondents have known that condom can protect from HIV transmission where as minority of the respondents have no knowledge about protection from HIV or they just believe in only one means which is not sufficient. The deduction is that more knowledge is to be given regarding the transmission of HIV.

4.3.7 Knowledge about the Cure of AIDS

AIDS is not curable disease, there is no any drugs found for cure of AIDS. The only thing which can be done is ART that is anti retro viral treatment, this is not the cure however it can enhance the immune system of human body. Scientists are working on it to find out such a drug which

can cure AIDS. To find out AIDS is curable disease or not? A question “Can AIDS be cured” was asked to the respondents. The responses of the respondents are tabulated below.

Figure No.17
Knowledge about the Cure of AIDS



Source: Field Survey 2013

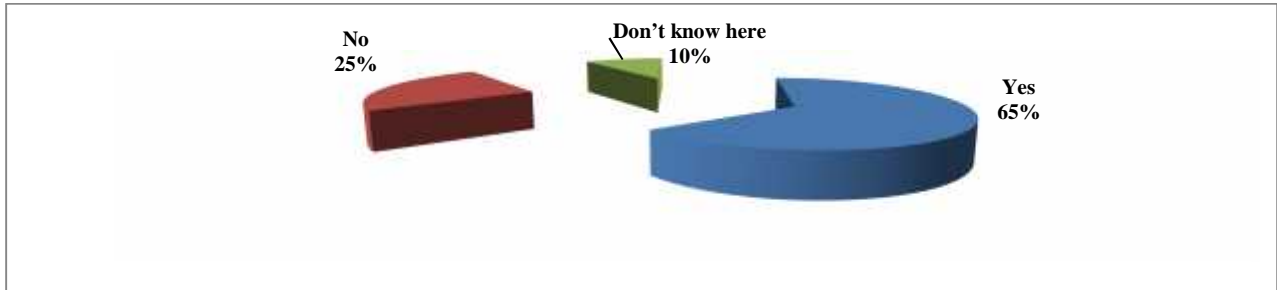
According to the above Figure it is found that 15 % respondents have given wrong answer that AIDS can be cured, 60% respondents have given right answer and rest of the respondents that is 25% have no idea about curability of AIDS. Comparatively, majority of the respondents know about the non availability of AIDS treatment. This indicates they are well aware about the consequences of AIDS. It is not like that they don't know, they know it but they only don't know about much of the transmission means.

4.3.8 Knowledge Attitude and Practice towards the HIV Prevention and Care Services

If a person has acquired sufficient knowledge his attitude will be changed according to the knowledge and he will automatically practicing the HIV/AIDS prevention .If the prevention and care services are in the accessible place where everyone can know then if somebody seeks the information he can get the information from that place easily. So, a question was asked to them whether they know the HIV/AIDS prevention and care services at the truck park or near the truck park in Biratnagar or not .the answers give by the respondents was shown as follows.

Figure No. 18

Knowledge Attitude and Practice towards the HIV Prevention and Care Services among Respondents



Source: Field Survey 2013

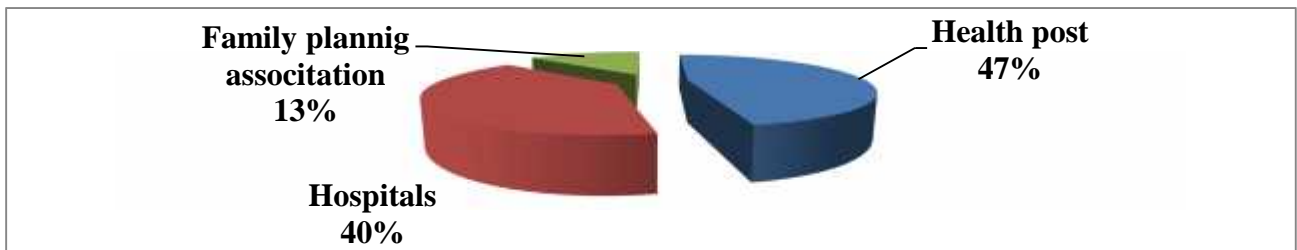
As shown in the above Figure 65% of the respondents know the prevention and care services regarding HIV/AIDS and 25% said that they don't know about such places and 10% of the respondents said that they know about such places but they don't know about that kind of places in Biratnagar Truck Park or Biratnagar.

4 .3.9 Knowledge of Place where Information of HIV/AIDS can be Obtained

Most of the respondents 65% stated that they know the place where they can know the information related to HIV /AIDS .So it was necessary to know from where they are obtaining the information related to HIV/AIDS. So a question was asked to them where do you acquire information of HIV/AIDS and the respondents answer is figured as follows.

Figure No. 19

Knowledge of Place where Information of HIV/AIDS can be obtained among Respondents



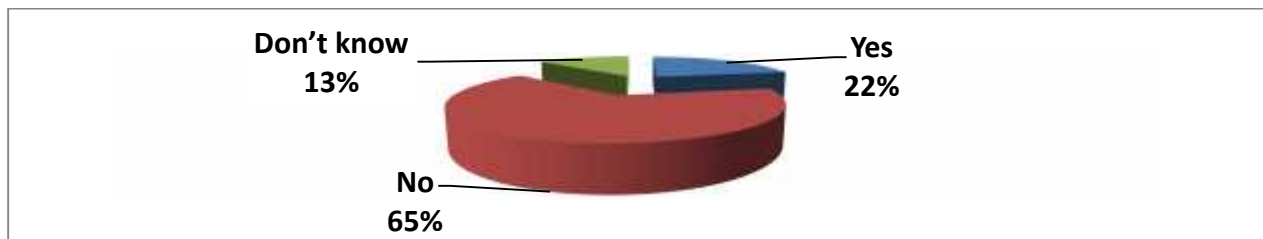
Source: Field Survey 2013

As shown in the above Figure 47% of the respondents' stated that if they need information related to HI/AIDS they will go to the health post where the approach is easy due to less number of patients.40 % of the respondents told that they will got o hospital if they need the information and 13% said that they must go to family planning association if they need information

4.3.10 Practice of Blood Test for HIV

If a person has a good knowledge about HIV/AIDS he doesn't indulge into unsafe sexual exposure .And if a person is cautious about his health he may test his blood when he feels that he is exposed in the unsafe sex. If he finds himself as positive he may not have sex or have protected sex not to transfer the disease to his wife or partner. This reduces HIV transmission to others if the person is infected .To assess the knowledge of HIV/AIDS the practice of testing blood is necessary to determine .so a question was asked have u tested the blood and u need not to give me the result of that test stating that whether you are HIV positive or not .

**Figure No.20
Practice of blood test for HIV**



Source: Field Survey 2013

As shown in the above Figure about 65% of the respondents have not tested their blood for HIV and 22% of the respondents have tested their blood after they had unprotected sexual intercourse. And 13% of the respondents didn't knew whether they have checked their blood or not due to their low literacy rate.

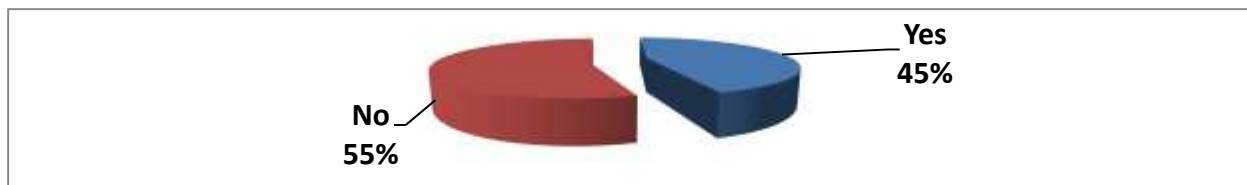
4.3.11 Attitude towards Seeking for more Information Regarding the HIV/AIDS

Although in the above Figures stated that they have information about HIV/AIDS but their knowledge may not be sufficient and little knowledge is dangerous so to know about their

attitude a question was asked do u want more information regarding HIV/AIDS and the answers are stated as follows.

Figure No. 21

Respondent's attitude towards seeking for more information regarding the HIV/AIDS



Source: Field Survey 2013

According to the above table 55% of the respondents said they know sufficient knowledge about HIV/AIDS and 45 % said they know about HIV/AIDS but they still know more information about the prevention and what to do if they ever encountered in unsafe sex .which is a good sign towards a good attitude towards the prevention of HIV/AIDS

4.4 Practice of the Safe Sexual Behaviour

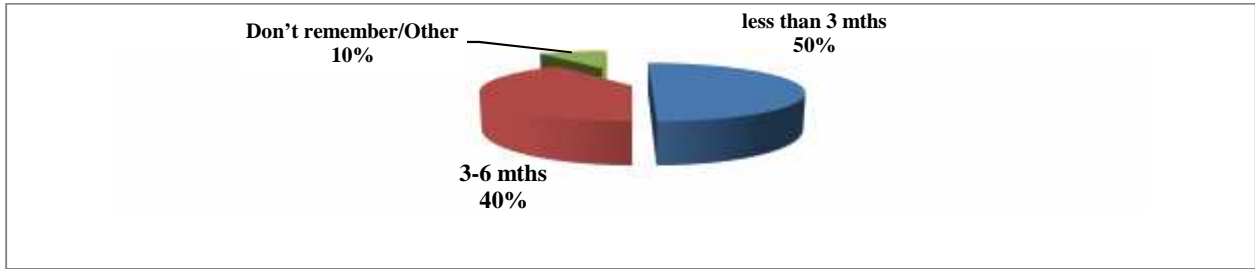
Even if the person has many knowledge about STD/STI but in behaviour if he doesn't apply the knowledge into practice the knowledge has no use .The more the person knows and implements the knowledge he can not only protect himself from disease but also protect his partner and also teach his co-workers and friends about the diseases and modes of transmission.

4.4.1 Respondents Duration of Stay out of Home

If a person is away from home many months he may not get the chance to fulfill his sexual need only with his wife so he is compelled to fulfill his sexual need in the places where he can find sex. And due to the easily available sex along the hotels of the highway, he may indulge into the sex with the commercial sex workers along the highway.

Figure No.22

Respondents Duration of stay out of home



Source: Field Survey 2013

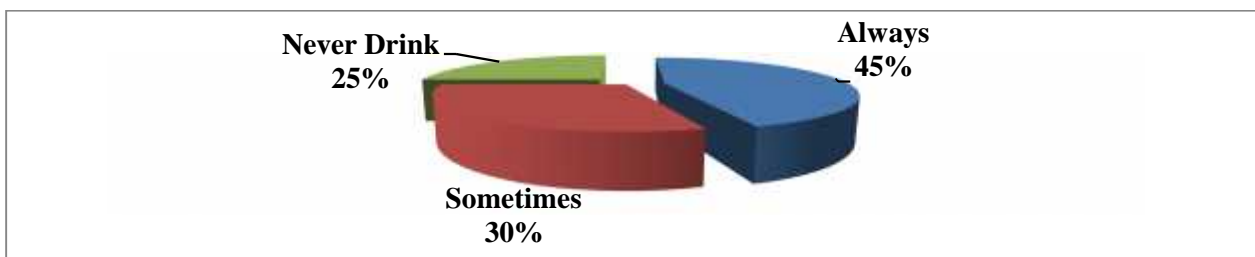
According to the above Figure a majority 40% of the respondents stay away from home from 3-6 mths and about 50% of the respondents stay from home from about 3 months and 10% of the respondents don't remember how long they stay away from home. It shows that the drivers don't stay at home at least for 3 months in a year.

4.4.2 Habit of Alcohol Use

Alcohol make people lose the sense what is right and what is wrong truck drivers travel everyday and driving a truck itself is a tiresome work. And they have to give their full attention in the road while driving the truck. So which make them tired easily, at night if they drink alcohol they may have a high desire for the sex and they also lose their consciousness to have a safe sex due to the consumption of the alcohol. So it is necessary to know that whether the drivers use alcohol or not? So a question was an asked to them whether they consume alcohol at the rest place or not and the answer is stated in the Figure as follows.

Figure No.23

Habit of Alcohol use among Respondents



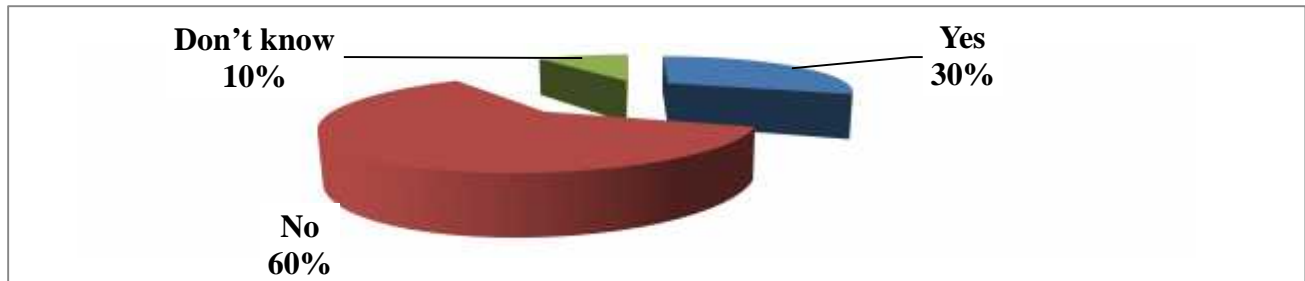
Source: Field Survey 2013

As shown in the above Figure majority of the drivers 45% consume alcohol at the rest places everyday. Around 30% of the drivers consume alcohol sometimes and 25% of the drivers said they never consume alcohol at all. Since the majority of the respondents consume alcohol It shows that the female sex workers or the partners of the sex for the truck drivers also play an important role in prevention of the HIV/AIDS .When the truck drivers are not in a condition to determine what is right and what is wrong to them due to the effect of the alcohol.

4.4.3 Practice of Condom Use with Spouse

If a person is infected with HIV/AIDS or STD/STI he can easily transmit these diseases to his wife who stays at home .And due to the other family planning methods for birth control and many other reasons. A person may not use condoms with his wife. So a simple question was asked to the drivers to know their habit of condom use with their wife or spouse.

Chart No.24
Respondents practice of condom use with spouse



Source: Field Survey 2013

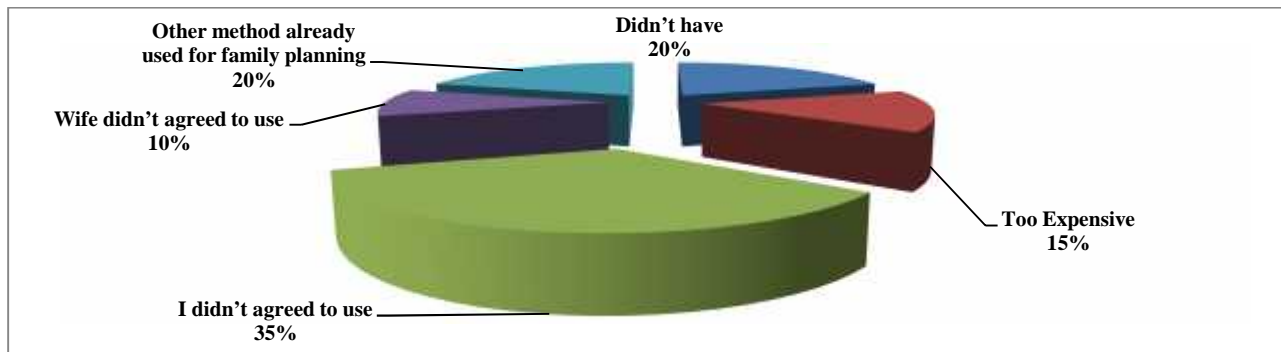
As shown by the above chart majority of the drivers about 60% don't use condoms with their wife or spouse. Only 30% of the drivers use condoms when having sex with their wife or spouse and 10 % are not sure whether they used condoms or not .It shows that the truck drivers have a tendency not to use the condoms with their wife or spouse.

People believe that if they use condom during sex there is no fun like if they don't use condoms. And also due to the many other family planning methods available for women which is less

costly and easy to use most of the couples don't use condoms as a method of family planning and since a wife of a driver may not be aware of the fact that her husband is having multiple sex partners along the route and she is not the only one to satisfy him and he may be carrying lots of disease small from STD to HIV/AIDS. So a question why u didn't use condoms at last time when u had sex with your wife was asked to them and the answers are tabulated as follows.

Figure No.25

Reasons for not using condoms with wife among Respondents



Source: Field Survey 2013

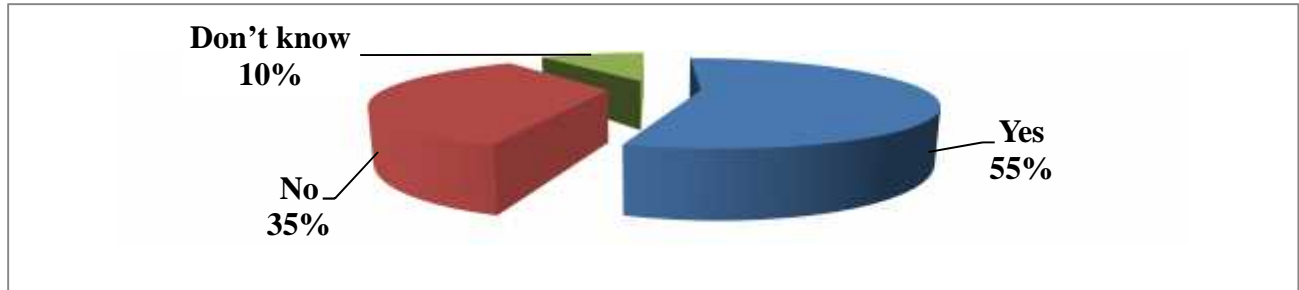
For drivers the condoms use with wife is just a method only for birth control. The majority of the drivers 35% said that they didn't agreed to use because it is not fun to have sex with condoms even with his wife. And if they carry condoms their wife may think he is always carrying condoms so he must have multiple sex partners so he may need condom every time., 15% of the respondents said that a good condom cost more money so it is useless to have sex with wife with a condom. 20% of the respondents didn't used condoms because they already use other method a family planning and that also his wife is either taking pills or *Sangini* injection so he don't need a condom for birth prevention. And 10% of the respondents stated that their wife didn't let them use the condom due to various reasons like lack of proper fun etc and 20% of the respondent said that at the time of sex they didn't had a condom so he didn't used it. It shows that the drivers are not too aware to keep a condom with him every time.

4.4.4 Practice of Extra Marital Sex Affairs

Since the drivers stay out of their home for a long time and not with their wives so it is natural for them to have sex with either commercial sex workers or their so called girlfriends along the

route, so a question was asked do u have sex except their wife or the respondent's responses are given below.

Figure No. 26
Practice about Extra Marital Sex Affairs



Source: Field Survey 2013

According to the above statistical distribution, 55 % drivers said easily and confidently that have sex except their wife. They said they want to taste different girls and if they are happy to say they can change many in a week. 35 % driver said they don't have sex except their wife and 10% don't want to say anything regarding the extra marital sex.

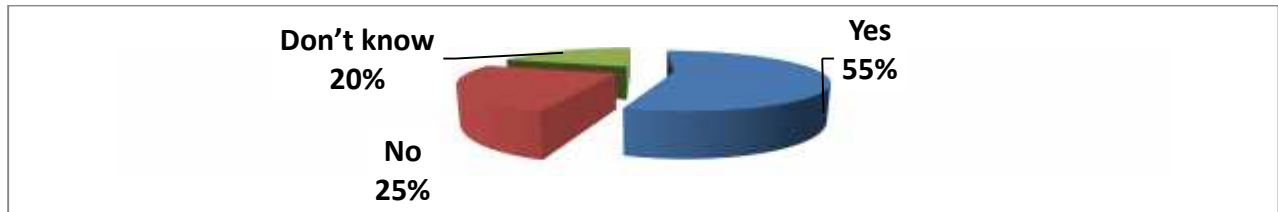
Hence, on the basis of above statistical data, it is concluded that majority of respondents have sex except their wife and minority of the respondents don't have sex except their wife. It clearly depicts that those 10 % who don't wish to say might have sex and want to hide or not. Altogether it makes more than 55 % which is risky enough to flare up the HIV due to the multiple sex partners if they involve into unprotected sex knowingly or unknowingly.

4.4.5 Practice of Condom use with Commercial Sex Workers or Girlfriends

Transport workers travel one place to another place time to time. They miss their wife when they have to travel. A question "Do you use condoms when having sex with commercial sex workers" was asked to the respondents. Condom prevents to spread HIV/AIDS and STD/STI's. So, use of condom is very important on the time of having sex because HIV/AIDS spread by sexual

intercourse with infected partner. Condom plays vital role for prevention from AIDS. The response of respondents is given below.

Figure No 27
Practice of condom use with Commercial Sex Workers or girlfriends

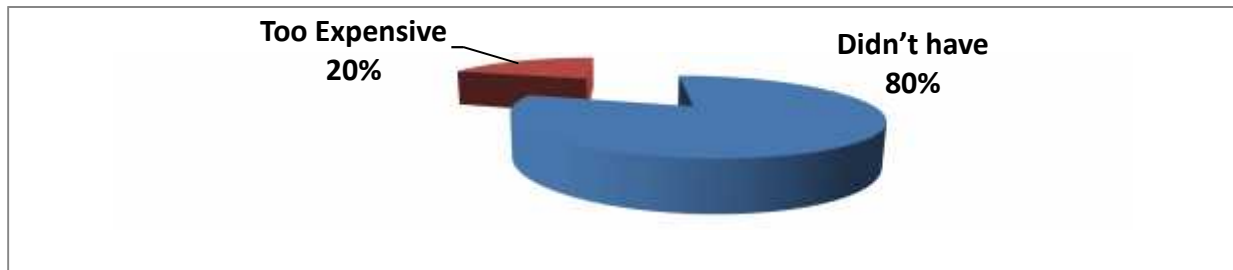


Source: Field Survey 2013

According to the above Figure, 55% of the respondents are using condom at the time of having sex, whereas 25 % are not using condom in any time. On the other hand 20 % can't remember whether they used condom or not. It clearly depicts that they don't use condom which may jeopardize their life, hence awareness is severely needed and access to the condom is to be increased.

Lots of awareness program has already conducted for the awareness of the HIV/AIDS and use of condoms while having sex. But still a large number of transport population stated that they didn't used a condom during their sex with their so called girlfriends or CSW. It is a great threat to them. It is important to know the main reason which made them not to use the condom at the time of sex. So why you didn't use condom at the last time u had sex with CSW or girlfriend was asked and the reasons were as follows.

Figure No 28
Reasons for not using condoms with CSW/Girlfriends



Source: Field Survey 2013

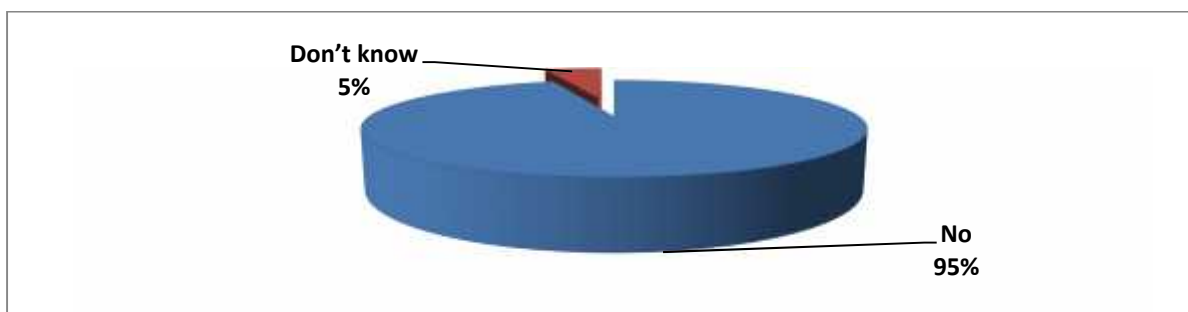
The above Figure showed that 80% of the respondents who didn't use condoms because they didn't had a condom at the time of sex. They say that since the girl was ready to have sex but he didn't have a condom so in order to not to loose the chance to have sex he had sex without using the condom. And 20% of the respondents said that a good condom costs and cheap condoms don't give pleasure of sex so they had sex without condoms. By the above analysis good quality condoms should be made free by government and a easy access to the condoms should be made in every place or make a rule so that every truck driver must always have a condom with him at any circumstances.,

4.4.6 Practice of Sex with Man

HIV/AIDS is also transmitted by Homosexual sexual behavior. Since the truck driver always have helpers with them and also if they feel they can have homosexual behavior easily. And in most of the cases the helper of a truck driver is always a child of age below 15. So a driver may force that boy to have a sex with him. Which increase risk of HIV transmission?

So a question "do you have sex with men?" was asked to the respondents. According to the Figure below 95% of Truck drivers are refraining away from sex with men. But 5% of the drivers they don't know about this matter or they don't want to tell.

Figure No. 29
Respondents practice of Sex with Man



Source: Field Survey 2013

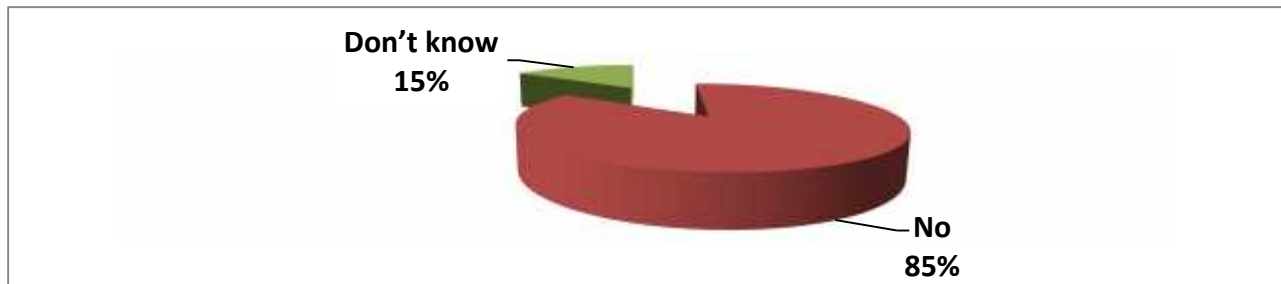
The above Figure indicates that almost 95% of the drivers don't have sex with man which is a good indicator but 5% of the respondents don't know or don't want to tell about this matter. It means that they may have sex with men or they had in the past. And if the drivers have sex with

men they definitely don't use condoms because they needn't a protection for birth control but it increases the risk of STD/STI and also HIV/AIDS.

4.4.7 Practice of Sex with Injecting Drug Users

People who use same needle or syringe for the drug are more prone to be HIV infected if anyone of them is HIV infected. Similarly, having sex with those people have also chances of getting HIV. A question "do you have sex with people who are using drugs by injection" was asked to the respondents, responses are tabulated below.

Figure No. 30
Respondents practice of sex with Injecting Drug Users



Source: Field Survey 2013

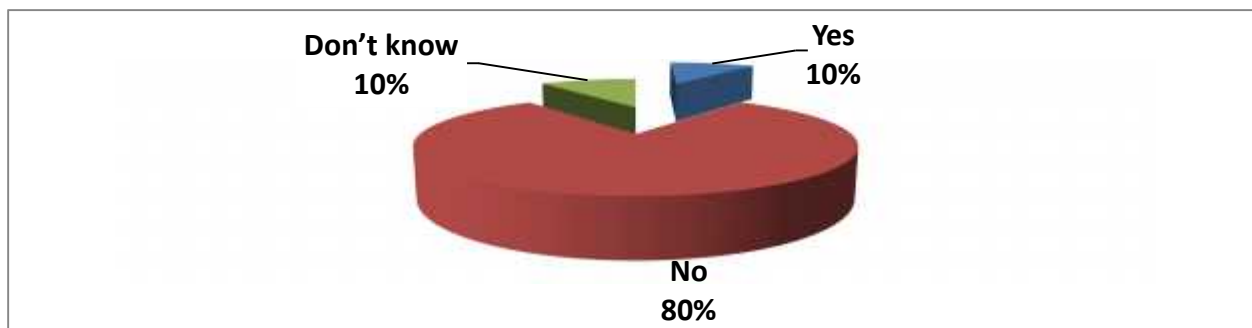
As shown in the above Figure, none of the respondents said they had sex with a drug user knowingly but 15% of the respondents said that they don't know whether their partner use drug or not with whom they had sex and majority 85 percent said that they didn't had sex with drug users. Hence chances of getting HIV by having sex with an injecting drug user is less in case of truck drivers.

4.4.8 Practice of Sexual Relation with Returnee Migrants

In context of Nepal if a person have travelled to foreign employment may have sex when they are out of home as they don't return back home in a short period of time due to the intention of saving the money or travelling cost .and nowadays a lot of girls are either outside the country for work or studies in foreign countries. So if they have sex outside the country they may get transmitted by the STD/STI While asking questions about whether the truck drivers had sex

with the girls who returned from foreign employment , some respondent were found who had relations with the persons, who came back from foreign employment. A question was asked “Have you had sexual relation with the persons who is back from foreign employment?” The response of respondents is given below.

Figure No. 31
Respondents practice of Sexual Relation with Returnee Migrants



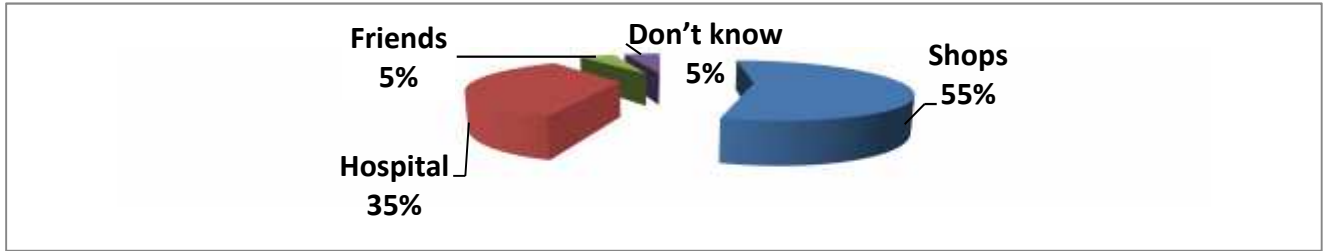
Source: Field Survey 2013

The above Figure shows that 10 percent of respondents made relations with the persons from foreign employment but they don't know whether they are suffering from HIV/AIDS or not. Amazingly, it was found that 80% of the respondents have not made such sexual relations. And 10% of the respondents don't know whether the girls were returnees from the foreign employment or not.

4.4.9 Knowledge about the places to obtain condom

If a person knows about the place where he can find the condoms either to buy or from any health services free of cost, when in time of need he will go to the places to obtain the condom. If he doesn't know at all where he can obtain the condom he may indulge into the sexual activity without the use of condoms which make him vulnerable to get infected by the HIV/AIDS or STD/STI. So to know the knowledge and behaviour for seek of condoms, a question was asked “If you need a condom, from where you will obtain it?”

Figure No. 32
Respondent's knowledge about the places to obtain condom



Source: Field Survey 2013

From the above Figure it can clearly be sent that majority of the respondents 55% buy condoms from the shops and reason was shops are easily available than hospitals. and 35% of the respondents say that they obtain condoms from hospitals as they distribute it free of cost.5% of the truck drivers said that they ask condoms with their friends and about 5% of the respondents stated that they don't know the place to find a condom either the girls or their friends are having a condom so in need they ask with the friends and in time of sex girls give them to wear a condom. If she doesn't have one he would do sex without using a condom.

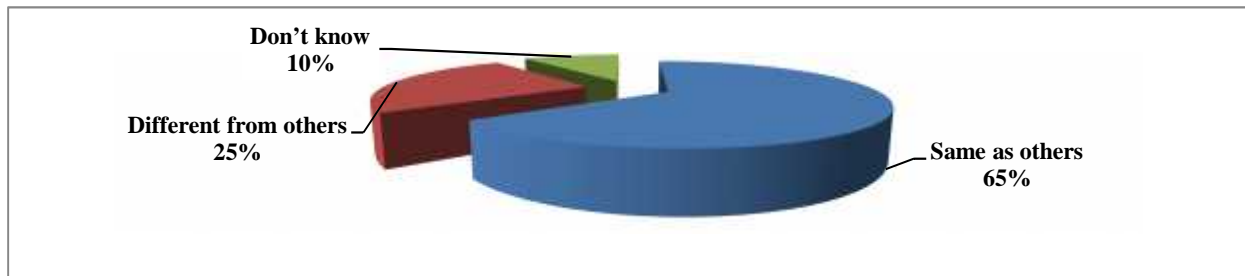
An unstructured question was asked to know the attitude of the drivers of condom use the answers given by the respondents were stated as accordingly. The Medical shops selling condoms should be in every street, come even said the free condom which is distributed by the government in hospital should be available in every shop, and government should intervene in every shop to give free condom at the purchase of household things if the customer willingly accepts it, The government also make a rule the every vehicle must have a condom as strict as having driving license. At the every entry point of traffic police it must have a free condom distribution point for the drivers.

4.4.10 Attitude towards HIV Positive Person

HIV is transmitted by sexual intercourse, using infected blood, syringe and infected mother to her new born child but not transmitted by shaking hand, hugging, friendship, simple kissing, using common soap, toilet and bathroom etc. Our society does not accept HIV positive person and they are rejected easily from their home.

HIV positive person should also be treated like other person and he should not be discriminated. Social discrimination may cause him to make trouble leading to develop AIDS earlier. A question “how do you treat a HIV positive person” was asked to the respondents and their views are given below.

Figure No. 33
Attitude towards HIV Positive Person



Source: Field Survey 2013

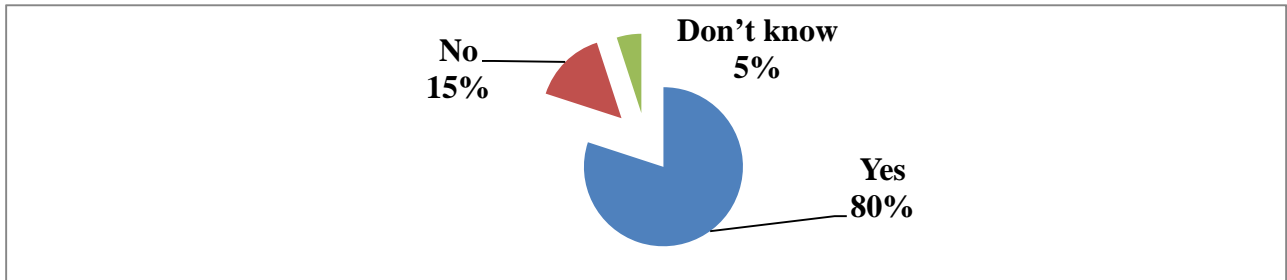
According to above Figure, 65% driver does equal behavior like other person because they know that HIV/AIDS cannot be transmitted by doing normal behavior. But 25 % driver will always be away from them knowing the fact about the transmission but they don't want to be near them. 10 % driver doesn't know about it as they have never encountered a HIV positive or a person suffering from HIV/AIDS . Hence, on the basis of the above statistical description, majority of the respondents (65%) behavior is positive where minority (25%) respondent's behavior is negative or they don't do similar behave like other person.

4.4.11 Practice of sending children to school if HIV infected child also study in the same school

Even If a child is HIV positive he doesn't transmit HIV AIDS, but due to the back ward society most of the people don't behave good with the HIV positive person. So most of the parents may withdraw their children if they came to know that HIV positive child is studying in that school. So a question was asked do u send your child If u know that another child was suffering from HIV in that school was asked to them and the answers were as per shown in the Figure.

Figure No. 34

Practice of sending children to school if HIV infected child also study in the same school



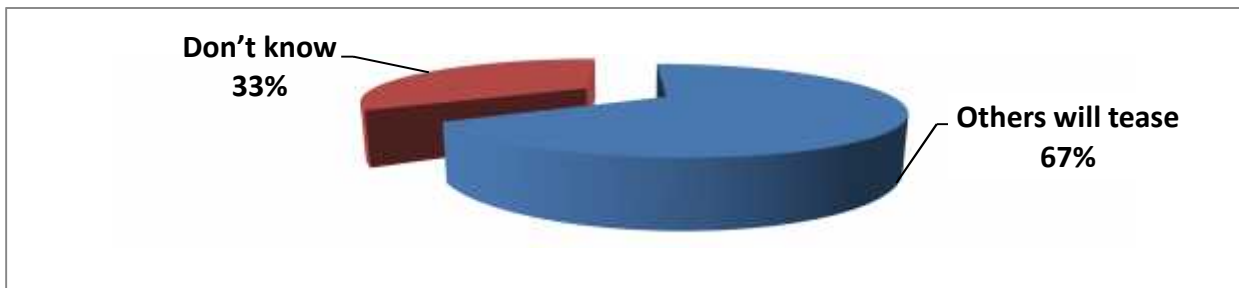
Source: Field Survey 2013

Hence, on the basis of the above statistical situation, it is concluded that majority 80 percent of the respondents send their child and rest 15% of the respondents do not send their child to the school. And 5% don't know whether they will send or not. According to this situation, it seems Truck workers are still lacking proper knowledge regarding the transmission of HIV.

In order to know the attitude of respondents towards HIV positive person a question, do you send the HIV infected child to school, if not why was asked. According to the last Figure, we know that 15% of the respondents don't send their child to the school. To find out its reason, a question "why don't you send your child to the school?" was asked to the respondents and their responses are given below.

Figure No. 35

Reason for not sending their Child to the School



Source: Field Survey 2013

According to the above Figure, 67% of Truck worker don't wish to send their child because others will hate them or their child will be discriminated by others. And 33% respondents don't know why they will not send but why will not send their child. Hence, on the basis of above statistical description, it is concluded that large section of respondents view is others will hate them. We can also say that there is very big misunderstanding about HIV/AIDS. That's why awareness program is needed for our society.

4.4.12 Specific issues in which more information about HIV/AIDS felt necessary

An unstructured question was asked to know the attitude of the drivers for the seeking of more information and the answers were they want to know if suffered by the disease what are the Signs and Symptoms when infected with HIV AIDS, they also need to know about the Treatment when infected with HIV AIDS. And they need more knowledge towards the Prevention regarding HIV AIDS, and they also need to know more about Transmission of HIV AIDS, Some needed more knowledge regarding the knowledge of what to do when they have accidental unprotected sex. Some wanted to consult a doctor related to HIV/AIDS or AIDS specialist.

4.4.13 View about what should be done to prevent the truck drivers from getting HIV/AIDS

An unstructured question was asked to know the attitude of the drivers saying that what can be done to prevent the truck drivers from HIV/AIDS so the drivers answers were educating and distributing of condoms in check points may help the drivers they feel that they need more programmes for education and how to use condoms as many condoms break during the intercourse, education services or knowledge regarding STD/STI. They also they said truck drivers can be prevented by HIV/AIDS by including truck drivers in seminars.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

AIDS is known as the most globalized epidemic in the human history. Despite the fact that proven effective preventive strategies exist in many countries, epidemic of HIV and AIDS continues to expand globally. HIV and AIDS pandemic transcends geographical, gender, racial, ethnic as well as economic barriers and thus, Nepal remains no exception.

The Truck drivers are vulnerable to HIV/AIDS as majority of the truck drivers about 40 % are in the age of 20-30 years are in sexually active group who can indulge into sexual activities because their sexual desire is high due to biological phenomenon. The literacy rate of the drivers is very low, 25% of Drivers have not studied above five class. Since drivers don't stay at home at least for 3 months in a year and due to many other reasons a high percentage of the drivers (35) % are unsatisfied with their profession.

Knowledge regarding safe sex is low as only 30% of the respondents thought that the safe sex means having sex with only one partner , similarly 15% of the respondents thought that safe sex is just to have sex with a healthy looking person . And to a great surprise 15% of the respondents think that safe sex means not to have sex at all and 25 % of the respondent's just feel that unsafe sex means having sex with STD/STI infected partner without condom and with multiple sex partners.

The truck drivers don't have proper knowledge about STD/STI. As majority about 33 % of the respondents didn't have the clear knowledge about these diseases and also majority (60) % does not know the correct place where to treat STD/STI. The knowledge about transmission of HIV/AIDS if a person is infected by STD/STI is almost okay because 50 % of the respondents know that there is a chance of having HIV/AIDS if infected by STD /STI infections. But still a devastating fact is that 35 % of the respondents don't know of this fact and 15% think that it is not risky even they have STD/STI. Even they have heard something about AIDS, the knowledge

about AIDS is low because 30% respondents told AIDS is only communicable and not a dangerous disease. Majority of the drivers (58) % believe that AIDS can be transmitted by only sexual intercourse which is wrong. And also 15% of the respondents have a very wrong concept as they said that it is possible to detect HIV by open eyes because HIV infected person is weak, thin suffering from cold .

Comparatively, majority of the respondents know about the non availability of AIDS treatment as 15 % respondents have given wrong answer that AIDS can be cured and 25% have no idea about curability of AIDS, It is not like that they don't know, they know it but they only don't know about much of the transmission means. The practice of testing blood if they had unprotected sexual intercourse is low because 65% of the respondents have not tested their blood for HIV.

The driver's tendency of having sex with multiple sex partners is high and 55 % drivers are not only risking their lives by not using the condoms with CSW or their girlfriends as 25 % of them are not using condom in any time because they didn't had a condom at the time of sex, they are risking the life of their wives also as shown by the research that 60% don't use condoms with their wife or spouse.

The attitude towards a HIV infected person is low because majority (25%) respondent's behavior is negative towards a person suffering from HIV AIDS. They don't do similar behave like other person. And 15% of the respondents do not send their child to the school which is due to the lack of proper knowledge regarding the transmission of HIV. And a good sign towards a good attitude towards the prevention of HIV/AIDS is that 45 % said they know about HIV/AIDS but they still want to know more information about the prevention and what to do if they ever encountered in unsafe sex.

5.2.1 Conclusions

The practice of drug abuse, unsafe sex, and migration and open borders with India are key factors that are responsible for the spread of HIV/AIDS in the region. Although many organizations have introduced HIV/AIDS awareness programmes in different parts of Nepal, there are still many communities that remain ignorant of HIV/AIDS like truck drivers who always keep on travelling and may not have a time to involve in the awareness activities.

The first objective of this study was to analyze the knowledge and attitude about HIV/AIDS among the Truck drivers of longer route who are stationed at Biratnagar .The study has succeeded in order to meet the above mentioned objective, as researcher understood that the study group (Longer route Truck drivers) is in highly active sexual group. Their educational background is not so high /as they stay out of home for about 3 mths so they lead to having sex with the CSW or their girlfriends along the route. The knowledge of STI/STD infections is not up to date and they are not well aware of the treatment center. Since STD/STI can catch easily HIV/AIDS they are not well aware of this fact so they are more vulnerable group to catch HIV/AIDS if they have any STD/STI. The knowledge of Safe and unsafe sex is reasonably good but still there is something lagging because if they find a girl and they don't have a condom, they will have a sex without condoms. This could be one of the various circumstances which led them to drive on such kind of risky behavior.

The second objective of this study was to analyze their behavior and awareness for prevention regarding the transmission of HIV/AIDS.As most of the drivers have heard about HIV/AIDS. But all of them didn't knew that the last stage of HIV/AIDS is death and also all of them are not aware that AIDS have no cure. Most of the transport workers have exposed in extra marital sex and among them a high number has not used condom while having intercourse. They should be educated well about safer sex practice and changing sexual behavior. The truck drivers have multiple sex partners and even they use condoms with the CSW but they are reluctant to use the condoms when they are having sex with their wife. The reason was they think that good quality condoms costs more and free condoms don't give pleasure also they prefer not to use the condom when having sex with the wife. The knowledge about HIV/AIDS among transport workers is not

so worse. They have known about it to a reasonable extent. However it doesn't mean that they don't need any awareness program. The knowledge they already have can be strengthened by awareness program and some misconceptions can be clarified. For there is no cure for HIV/AIDS and at present the only way to control the spread of HIV/AIDS is through awareness programmes on HIV/AIDS should be organized in border areas, small markets, slum areas, And along highway routes. Negative attitude may create fear and also discriminate HIV infected (positive) person.

While we assess their knowledge, attitude and practice separately knowledge aspect seems reasonably better than attitude and practice. Hence it is necessary to concentrate more on changing their attitude and practice rather than merely providing knowledge. Changing attitude is not an easy task. It certainly takes long time for which we should make effort continuously. The attitude towards a HIV infected person or child is relatively better but also 100% result cannot be expected. Finally, knowledge of HIV has been adequately improved since it's occurrence but practices and attitude to the HIV infected person is yet to be improved.

Any single study may not be enough to explore the desired result on particular subjects. There are always chances for further studies. This study is no exception. Due to social stigma they might have not really exposed their attitude and behavior. This also invites the further research.

5.3 Recommendations

In sum, from the above study, it can be concluded that awareness of HIV/AIDS in the society plays the key role for the prevention of HIV/AIDS. There is an urgent need to increase the awareness of HIV/AIDS to make people aware from the comprehensive knowledge for the prevention of HIV/AIDS.

Media should focus to all the people belonging to the different socio economic status; and to highly literate, moderately literate and illiterate people across the country. Media should target to less literate people by using all members of mass media, education and communication. Activities should use local folk media in local language that must be easily understandable and effective.

Extensive use of print as well as electronic media should be used for the promotion of HIV/AIDS awareness and the use of condom. Promotion of the concept of the condom as only one method for dual protection against transmission of HIV/STI as well as unintended pregnancy, alone or in the combination with other methods of contraception. Knowledge of condom and the availability should not target only the general population, but also the people at higher risk of HIV exposure; especially Truck drivers, women, young people, sex workers and their clients, injecting drug users.

Conduction of intensive education campaigns to change attitudes of men towards high risk sexual behavior, and the image of condom as a sign of caring of health. It should be advocated strictly that condoms are under the control of men, and they may play the role of HIV transmission to their sex partners and to wives

Good quality condom must be readily available, regularly at any time. Condom should be distributed freely or at a normal fee in traditional outlets such as; pharmacies ,medical shops, and in nontraditional outlets such as; tea shops , tobacco shops , grocery shops , liquor shops , bars , hotels , petrol pumps and traffic check points.

Similarly, CSW are also another prone group to transmit the HIV as CSW are other part of the same coin in regard to HIV. Most part of the world including Nepal, HIV has been found transmitted by heterosexual route so CSW's are also be included more in the awareness campaign.

REFERENCES

- Altman, D. 2008. *Globalization, Political Economy and HIV/AIDS*. Netherlands: Kluwer Academic Publishers.
- Rabindranath, B. N. 2010. *Knowledge, Attitudes and Practices regarding HIV infection*. Unpublished M.A. Dissertation submitted to Rajiv Gandhi University of health sciences Karnataka: India.
- Barnett, T. 2007. *AIDS in 21st Century: Disease and Globalization*. New York: School of Development Studies.
- Biratnagar Sub-Metropolitan City. 2007. *Jilla Darpan*. Biratnagar: Biratnagar Sub-Metropolitan City.
- Bwayo, P. 1991. Understanding sexual behavior change in Kenya; A multi-method study: *AIDS Care* 18(5): 479- 488.
- Chaudhary, M.A. and R, Iqbal. 2005. Level of Awareness about HIV/AIDS among Truck Drivers and their Attitude towards Persons with AIDS. *Gomal Journal of Medical Sciences*. 27(3): 71- 102.
- F, Kabikira. 2010. *Knowledge, Attitudes and Practices of condom use in a time of highly active antiretroviral therapy in a rural area in Uganda*: Unpublished M.P.H. dissertation submitted to university of South Africa: South Africa.
- Family Health International (FHI). 2003. *Final report for the AIDSCAP program in Zambia*. Zambia: FHI.
- Family Health International (FHI). 1999. *KAP of HIV/AIDS among long route truck drivers*. Kathmandu: FHI.

- Jha, P.K. and S, Bhattarai. 2005. Research Methodology in Sociology/Anthropology. Kathmandu: National Book Centre.
- Job, C.1992. Measuring the impact of HIV / AIDS on Africa's commercial sector, A Kenyan case study. Unpublished M.A. Dissertation submitted to Campus for Population Studies, Kenya.
- Kerlinger, F. N. 1998. Foundations of Behavioral Research. New York: Holt Rinehart and Winston, Inc.
- Lamichhane, C. P. 2001. Knowledge Attitude and Practice about HIV/AIDS on the Transport Worker of Surkhet District. Patan: Unpublished M.A. Dissertation submitted to Patan Multiple Campus, Nepal.
- Mwizarubi, B. et al, 1997. HIV Prevention and AIDS Care in South Africa: A District level approach. Royal Tropical Institute: Netherlands.
- National Centre for AIDS and STD Control (NCASC). 2010. Let's Know Our Epidemic: A report on HIV/AIDS. Kathmandu: NCASC.
- National Centre for AIDS and STD Control (NCASC). 2012. Cumulative HIV and AIDS situation of Nepal, Kathmandu: NCASC.
- National Centre for AIDS and STD Control (NCASC). 2012. National estimates of HIV/AIDS in Nepal. Kathmandu: NCASC.
- National Centre for AIDS and STD Control (NCASC). 2012. National HIV/AIDS Strategy (2012-2016). Kathmandu: NCASC.
- New Era. 2000. STD and HIV prevalence survey. Kathmandu: New Era.

- New Era. 2006. Integrated Bio-Behavior Survey, Kathmandu: New Era.
- New Era. 2009. Integrated Bio-Behavior Survey, Kathmandu: New Era.
- Niraula, S. R. 2001. Awareness and risk taking behaviors regarding STD among long distance Truck Drivers in a township of Dharan: Unpublished M.P.H. Dissertation submitted to BPKIHS, Nepal.
- Pant, P. R. 2010. Social science research and thesis writing. Kathmandu: Buddha Academic Publications.
- Raza, C. 2005. Overland heroin trafficking routes and HIV/AIDS spread in South and South-east Asia. *AIDS* 14:75-83.
- Robertson, R. 1992. Globalization: Social theory and global culture. London: Sage Publications.
- Sandhya, G. 2008. Knowledge and Awareness about the risk of HIV/AIDS among truck drivers: Unpublished M.P.H Dissertation submitted to Faridpur Medical College, Bangladesh.
- Thakur, D. 1998. Research Methodology in Social Sciences. New Delhi: Deep and Deep Publications.
- UNAIDS. 2012. Country Progress Report Nepal. Kathmandu: UNAIDS
- United Nations Development Programme. 1999. Human Development Report, Globalization with a Human Face. London: UNDP
- United Nations Development Programme. 2012. Global Commission on HIV and the Law, Risks, Rights & Health: UNDP.
- UNGASS. 2012. Global AIDS Response Progress Report. Pakistan: UNGASS.

Went, R. 2000. *Globalization: Neoliberal Challenge and Radical Response*. London: Pluto Press.

World Health Organization. 2010. *HIV/AIDS in the South-East Asia Region*. The World Health Report: WHO.

World Health Organization. 2005. *Make every mother and child count*. The World Health Report: WHO.

**HIV/AIDS KNOWLEDGE, ATTITUDE AND PRACTICE:
A Case Study of
THE LONG ROUTE TRUCK DRIVERS STATIONED AT BIRATNAGAR**

Interview Questionnaires

A. Background

Sample No:

- I. Name:
 - II. Age:
 - III. Education:
 - IV. Marital status:
 - V. Home/Permanent address:
 - VI. Years of work as a driver:
1. When did you started to drive the Truck?
 2. How did you begin the job of truck driver?
 3. Why did u choose the profession of Truck Driving?
 4. What is your route of driving and what Areas you drive often?
 5. What are the good and bad experiences in driving the Truck?
 6. Are you satisfied with your Profession?
 - a. Yes
 - b. No
 - c. Don't know

B. Knowledge and attitudes towards STD/STI's and Health seeking behavior

7. Do you know sexually transmitted infection or diseases?

- d. Yes
- e. No
- f. Don't know

8. If yes, which one(s) and can u describe the symptoms?

9. In this truck stop, do you know any place where you can be treated for STI/STD?

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

10. If you were affected by an STI/STD, would you keep it secret or go to the place where it can be treated?

- a. Keep Secret
- b. Go to medical facility
- c. Don't know

11. If someone has STD, is there a chance of getting HIV infection?

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

C. Knowledge, and attitudes towards HIV and AIDS

12. Do you know what type of disease is AIDS?

- a. Very dangerous disease
- b. A communicable disease
- c. Communicable and very dangerous disease

- d. Other disease
- e. Never heard about AIDS

13. The primary modes of transmission of HIV are?

- a. Unprotected Sexual Intercourse
- b. Infected Pregnant Mother to child
- c. Contaminated blood transfusion
- d. Use of common contaminated syringe and instruments
- e. Air
- f. Shaking hands with the infected person
- g. Kissing and hugging with the infected person
- h. Sharing food with the infected person
- i. Others

14. Is it possible to identify a person with HIV infection by looking at him/her?

- a. Possible
- b. Impossible
- c. Don't know

15. What kinds of sexual behavior are safe?

- a. Using condoms
- b. Having sex with only one partner
- c. Having sex with a healthy looking person.
- d. Don't have sex

16. What kinds of sexual behavior are unsafe?

- a. Having sex without using condoms
- b. Having sex with a sick person
- c. Having sex with multiple partners without using condoms
- d. having sex with a person infected with STD/STI

17. Does unsafe sex increases the risk of transmitting HIV infection?

- a. Risky
- b. Not Risky
- c. Don't know

18. How can you protect yourself from transmission of HIV/AIDS?

- a. Use of condoms
- b. Safe sex or having sex with only one partner
- c. Safe blood transfusion
- d. Use of sterilized needles
- e. Don't have sex
- f. Don't know

20.HIV/AIDS can be cured?

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

21. Have you ever had a test for HIV (You do not need to provide me the results)?

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

D. Practice of the safe sexual behavior

22. In the last 12 months, how long have you been away from home?

- a. Less than 3 months
- b. 3 to 6 months
- c. Other (specify):

23. In this truck stop, what is your favorite place to relax/have fun?
- Restaurants and Bars
 - Sex workers
 - Hotels
 - Others
24. How often have you alcohol at that place?
- Every time
 - Sometimes
 - Never
25. Do you meet other truck drivers at this place?
- Yes
 - No
26. The last time you had sex with your spouse; did you and/or your partner use a condom?
- Yes
 - No
 - Don't know
27. If no, why didn't you use a condom that time?
- Not available
 - Too expensive
 - I objected
 - Partner objected
28. While traveling as part of your work, how often do you have sexual contacts?
- Always
 - Sometimes
 - Never

29. The last time you had sex with a girlfriend or commercial sex worker; did you and this person use a condom?

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

30. Why didn't you use a condom that time?

- a. Not available
- b. Too expensive
- c. I objected
- d. Partner objected

31. Do you have sex with Men?

- a. Yes
- b. No
- c. Can't say

32. Do you have sex with people who are using drugs by injection?

- a. Yes
- b. No
- c. Can't say

33. Have you made sexual relation with the persons who are returned from foreign employment?

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

34. In this truck stop, tell me about your favorite place to obtain condoms. Which one is it?

- a. Shops
- b. Hospital
- c. Friends

d. Not available

35. What do you think should be done to improve access to condoms in this truck stop?

36. How do you treat a HIV positive person?

a. Like other person

b. Avoid them

c. Don't know

37. Would you send your child to school if you knew that some person or a friend of the child was HIV positive?

a. Yes

b. No

c. Don't know

38. If not why?

a. Child can transmit HIV

b. Other's will hate them

c. Don't know

E. Knowledge and Attitude towards HIV/AIDS prevention and care services

39. In this truck stop, do you know any place where someone can get information on HIV/AIDS?

a. Yes

b. No

c. Don't know

40. If yes, which place?

41. Do you feel that you need more information on HIV/AIDS?

a. Yes

b. No

42. If yes, on what specific issues would you like to get additional information?

43. Do you have other suggestions to improve awareness HIV/AIDS prevention among truck drivers?

That is the end of our discussion; thank you very much for taking time to answer these questions. I appreciated your help. The information you provided will be treated with ultimate confidentiality and it will only be used for research purpose.

List of Respondents

S.No	Name
1	Badri sapkota
2	Dev Babu Mahato
3	Ram Krishna Deuja
4	Serajul Halk Ansari
5	Nabaraj Thapaliya
6	Tilak Gurung
7	Chandra Bahadur Lama
8	Rameshwor Adhikari
9	D.R. Lama
10	Bishal Lama
11	Ram Hari Sanjel
12	Krishna Bahadur Shrestha
13	Dharma Raj Chaulagain
14	Shyam Sundar Subedi
15	Ganesh Thapa
16	Sudip Lama
17	Shiv Ghimire
18	Alok Subedi
19	Mishri Lal Pashwan
20	Ganesh Rao