

CHAPTER-ONE

INTRODUCTION

1.1 General Background of the Study

Present world is the world of modernization and the advancement of science and technology. There are astonishing discoveries of science which have changed human lives. Along with the advancement of science and technology, various kinds of fatal diseases have been developed as a challenge to the human being. At present, one of the most fatal diseases has been playing serious imbalances in human being which is known as AIDS. AIDS is one of the severe problems created by the pandemic called HIV. AIDS is a sexually transmitted infection (STI) which has been emerging as a burning issue all over the world and a great number of people have already died due to HIV/AIDS.

AIDS is caused by the HIV, which is spread through blood, semen, vaginal secretion and breast milk. The most common method of transmission is unprotected sexually intercourse with an HIV positive partner. Other routes include transfusion of HIV-infected blood or blood products; tissue or organ transplant; use of contaminated needles, syringes or other skin-piercing equipment; and mother-to-child transmission during pregnancy, birth or breastfeeding. HIV is extremely fragile. It can not survive long outside the body's fluids or tissue and it can not penetrate unbroken skin. (Population Bulletin, 2006).

STIs are a group of communicable diseases that are transmitted predominantly by sexual contact and caused by a wide range bacteria, virus, protozoa and fungal agents and enter parasites (Park, 2005). STIs have become one of the serious problems in both developed and developing countries. This is even called as the by-product of the contemporary developed and so-called civilized society. But the mode of transmission and other factor associated with the increasing trend of the disease is not limited in the developed countries and the society.

Similarly, STIs or venereal diseases are the disease which is transmitted from one individual to another through sexual contact. Sometimes, these are also transmitted from mother-to-child and through infected blood transfusion. In fact, illegal or multiple partners for sexual intercourse may lead to serious health problems, resulting in STIs. The diseases like syphilis, gonorrhoea, chlamydia, chancroid,

trichomoniasis, genital warts and HIV/AIDS are the examples of undisciplined and halo hazard sexual behaviour.

The global AIDS epidemic not only devastates individuals who become infected but also affects their families. Although the prevalence of STIs and HIV/AIDS in the world is not a new one during the past few decades, there has been a wide spread of STIs and HIV/AIDS, resulting in one of the major components of health hazards. The prevalence rate is even higher in developing countries where the knowledge related to such STIs and their treatment is less accessible. The world wide prevalence of STIs is high and increasing day-by-day. With the emergence of HIV/AIDS, the awareness of HIV/AIDS has become great important and necessary too.

AIDS was appeared first in 1981 in New York, USA. Experts believe that it has prevailing in human society since before 1959 and they also viewed that the green monkey (Found in Africa) has been carrying its virus. The virus was detected in 1983 in a patient with AIDS by Dr. Robert Gallo (USA) (WHO, 2004).

WHO and UNAIDS have estimated that 40 million people worldwide are infected with HIV/AIDS with the largest number in South Africa. An estimated 11.8 million young people aged 15-24 are living with HIV/AIDS. Everyday nearly 6000 young people between 15-24 age groups are infected with HIV/AIDS (WHO & UNAIDS, 2003). Similarly, as of 2 June-2008, nearly 3 million people are now receiving antiretroviral therapy in low and middle income countries according to a new report jointly launched by WHO, UNAIDS & UNICEF. One of the highlights of this report is that more women now have access to antiretroviral to prevent transmission to their unborn children.

The first HIV infection in Nepal was identified in 1988, July. Then after the absolute number of HIV infected persons are increasing gradually each year. Youth population is more likely to have HIV infected in Nepal as the global scenario. Surveillance data is searched in Nepal; however, estimates based on the limited data indicate that HIV prevalence is currently around 0.5 in the general population. As of March 2004, the Ministry of Health (MOH) has represented of 15 cases of AIDS and 3529 HIV infection cases. The number of HIV infected people including AIDS has been increasing at an alarming rate reaching a total 11234 in April, 2008. Out of 11234

HIV infected cases 7646 are males and 3588 are females. Among them a total of 475 cases have been found death due to AIDS (NCASC, 2008).

The National Center for AIDS and STD Control (NCASC) of the Ministry of Health and Population has estimated an average of 700000 adults' HIV-positive people in Nepal (NCASC, 2006). In this way, HIV/AIDS pandemic is one of the most serious health concerns not only in Nepal but also in the world today because of its high case fatality rate and the lack of a curative treatment or vaccines. That's why, to control HIV/AIDS, proper health education and awareness programmes are the two key factors to address the problem.

Transportation sector is known as one of the most affected sector by fatal illness of HIV/AIDS. All the staffs of vehicles are mostly found to be engaged in unsafe sexual activities by which there is prevalence of this disease in such type of sector. Therefore, it is necessary to conduct research in this issue by analyzing knowledge of those types of people on STI, HIV/AIDS and sexual behaviour who are engaged in transportation.

1.2 Statement of the Problem

HIV/AIDS is a burning and growing issue in Nepal. There is found that the spread of HIV/AIDS is fast in developing countries. About 95 percent of the total HIV infected population resides in developing countries in the world. Nepal is also one of the developing countries and there are the probabilities of having numbers of HIV infected persons. Although the HIV/AIDS cases are not large number in Nepal, if it is increasing continuously and we can't stop its increasing rates, it will become a major problem in Nepal. According to UNAIDS, the present situation of allowed to persist could lead a point in which AIDS become a commonest cause of death in adult 15-49 years in Nepal in the next decade.

Although substantial progress on information, education and communication have been made during this decade in Nepal, most societies are still closed and traditional with myth and misconceptions about sexuality, reproductive health, contraceptive, sexually transmitted infections (STIs), HIV/AIDS and sexuality education. Sexual transmission is found to be one of the commonest routes of HIV transmission in Nepal. So, the clients of sex worker are at risk from HIV/AIDS due to unprotected sex.

In Nepal, The highest number of HIV infected age groups are 30-39 years followed by 25-29 years and 20-24 years which are constituted 4313, 2657 and 1750 respectively (NCASC, 2008). This data reflects that high infected age group is 20-39 as sum which is mostly involved in sexual contact.

The majority of the clients of sex workers are transport and migrant workers. They are going far from family for long duration. So, they are likely to fulfill their sexual desire from sex workers. Due to unprotected sexual intercourse, they may carry HIV from HIV infected sex workers. AIDS control activities in Tamil Nadu began in 1995, which emphasized changing the behavior of high risk group such as female sex workers, drivers and their assistance and male factory workers (WB, 2004).

A large number of drivers are unknown regarding sexual and reproductive health that may be resulted in deterioration in sexual health and the prevalence of pandemic STIs including HIV/AIDS. Today, AIDS is most burning issue in the world and it has no any cure. Due to unprotected sexual intercourse, micro-bus drivers may carry HIV from HIV infected sex workers and again HIV infected micro-bus drivers can transport HIV to their wives. There were not such type of study carried out in the past focusing on knowledge of STIs, HIV/AIDS and sexual behaviour of micro-bus drivers in Jorpati, Kathmandu. That's why; this research study is carried out to find out the knowledge on STI, HIV/AIDS and sexual behaviour of micro-bus drivers.

1.3 Objectives of the Study

The overall objective of this study is to obtain information about knowledge on STIs & HIV/AIDS and sexual behavior among micro-bus drivers of Jorpati, Kathmandu.

The specific objectives of the study are as follows:

- a. To examine the socio-economic and demographic characteristics of micro-bus drivers.
- b. To assess the knowledge of STIs and HIV/AIDS among micro-bus drivers.
- c. To identify the sexual behaviour of micro-bus drivers.

1.4 Significance of the Study

The study of the knowledge on STIs & HIV/AIDS and sexual behaviour among micro-bus drivers is one of the studies which can help to examine the knowledge on STIs and HIV/AIDS. There is significance of this study because the drivers are one of

the most vulnerable groups in terms of various types of sexual diseases and sexual behaviour.

This study helps to examine the socio-economic and demographic characteristics of micro-bus drivers. This study can also help to find out the sources of information of STIs and HIV/AIDS among the drivers of micro-bus. This research study can help to assess the knowledge of models of transmission of STIs and HIV/AIDS among the micro-bus drivers. This research study helps to examine the knowledge of preventive measures of STIs and HIV/AIDS among the respondents. Likewise, this study can provide the information about sexual behaviour of micro-bus drivers.

Moreover, this research study also can provide basic and important information about STIs and HIV/AIDS to the students, various GOs, NGOs and INGO and private sectors who are working in the field of STIs and HIV/AIDS.

1.5 Limitation of the Study

Each study has its own limitation and shortcomings. From only a study can not cover all subject and area of the nation. So, this study also has some limitations. The limitations of the study are as follows:

1. This research study is limited to find out only the knowledge on STIs and HIV/AIDS and sexual behaviour among micro-bus drivers at Jorpati area of Kathmandu so that the result of the study may not be generalized for other centers elsewhere in Nepal.
2. This study ignores other occupational groups.
3. This study covers only 105 micro-bus drivers of Jorpati area.
4. This study is based on primary source of data.
5. This study is based on especially quantitative method of data collection.

1.6 Organization of the Study

This research study has been organized in six different chapters. The organizations of these six chapters are as follows:

Chapter first includes **Introduction:** under which the study outlines general background of the study, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study.

Chapter second includes **Literature Reviews:** which deals with the theoretical literature review, empirical literature review and conceptual framework.

Chapter third outlines **Research Methodology:** under which the study outlines introduction of the study area, research design, sample design, nature of data, questionnaire design, method of data collection, data processing and method of data analysis.

Chapter fourth deals with **Socio-economic and Demographic Characteristics of the Respondents:** which includes age composition of the respondents, caste/ethnic composition of the respondents, religious status of the respondents, educational status of the respondents, economic characteristics of the respondents, marital status of the respondents and age at marriage of the respondents.

Chapter fifth advocates about **Knowledge on STIs & HIV/AIDS and Sexual Behaviour among Micro-bus Drivers:** under which various topics of the knowledge on STIs & HIV/AIDS and sexual behaviour of micro-bus drivers related sub-topics are analyzed.

And the last one is sixth chapter which includes **Summary of the Findings, Conclusion, Suggestions and Area of Further Studies.**

CHAPTER-TWO

LITERATURE REVIEW

This chapter deals with the review of literature. The whole review divided into three sections as theoretical literature, empirical literature and conceptual framework which are as follows:

2.1 Theoretical Literature Review

The theoretical literature review explains the relationship between various socio-economic, demographic and other factors as well as STIs & HIV/AIDS and sexual behaviour.

2.1.1 Education and HIV/AIDS

Acharya observed that if women are educated at least up to secondary level they have every high chance of acquiring the knowledge on AIDS. Similarly, husband's education also has strong association with the knowledge of AIDS. Percentage of women with some secondary education is only 12 and that of women whose husband's have some secondary education is 45 (Acharya, 1999).

Young people infected or affected by HIV/AIDS frequently have their schooling disrupted. Dropping out is common particularly for girl who have to care for sick family member or their siblings to keep the family together. In ability to pay school fees also forces boys and girls to leave school. Other dropout because of stigma and discrimination by school, teacher or classmates. Teachers are also succumbing to HIV/AIDS (UNFPA, 2003).

Knowledge about AIDS and HIV does correlate with sexual behaviour. A multivariate factor analysis indicates that more knowledge recent prostitute patrons are about the AIDS virus the more likely they are constantly to use condoms (Carael, 1997). These arguments support that higher the education then higher the knowledge of HIV/AIDS and sexual behaviour. So, there is relationship between knowledge of HIV/AIDS and healthy sexual behaviour.

2.1.2 Marriage and HIV/AIDS

Marriage does not always protect young women against HIV infection. Since a much higher percentage of young men than young women become sexually active early, young women are likely to marry an already sexually experienced man. In Pune,

India a study in a STI clinic found that 25 percent of the 4000 women attending the clinic were infected with an STI and 14 percent were HIV positive. Among the percent who were married, 91 percent had only one percent their husband (UNFPA, 2003).

2.1.3 Occupation/Income and STIs & HIV/AIDS

Poverty, unemployment, girl trafficking and irresponsible behaviour are key factors of STDs and HIV/AIDS infection. Similarly, ignorance and illiteracy are primary causes of STIs and HIV transmission. Although the sex industry is illegal in Nepal the practice of prostitution is on rise prevalence of STIs and HIV/AIDS is high in female sex worker and their clients followed by men and women with multiple sex partners, wives with transient husband and adolescents. The client of the female sex worker included transport worker, migrant labours, business man, army, police and campus students (Bista, 2002).

2.1.4 Migration and STIs & HIV/AIDS

The sexual migration of urban residence along roads and across network has been suggested as a major of the early stage of the epidemic. In this regards, commercial sex worker and their clients many of whom are travelers such as migrants or drivers have received some attention. High rates of turnover and migration are common in female prostitutes. The clients of sex workers are mostly infected by HIV (Cerael, 1997).

Migration is considered to be as important risk factor in the transmission of communicable and sexually transmitted infections (STIs) and migration are often hold responsible for introducing and spreading HIV in host countries (Swartz L & Dikeledi Poppy Nakan, 2004).

2.1.5 Place of Residence and STIs & HIV/AIDS

The rate of STI incidence is generally much higher in the city than in rural areas but because rural areas lack laboratories and qualified personnel, it is often difficult to determine the level of STI. STIs in rural settings are usually less common, through less easily treated than in the city. The HIV/AIDS pandemic was initially centered in urban location. Rural HIV and STIs prevalence have generally been found to be much lower than urban prevalence, with some noticeable exception. In the developing world, except Latin America, the majority of the population in rural (Cerael, 1997).

2.1.6 Media and Knowledge of HIV/AIDS

The higher the resources of media higher the knowledge of HIV/AIDS and sexual behaviour. Possession of radio and television at home has greater influence on having knowledge of AIDS. Women who have television at home 8 times higher chances of acquiring knowledge of AIDS. However, only about 10 percent women have such facility and these women might have better access to health services (Acharya, 1999). So, there is positive relationship between media and the knowledge of HIV/AIDS and healthy sexual behaviour.

2.1.7 Sexual Behaviour

The traveler from one culture to another is destined to encounter potential variation in sexual norms and roles. Cultures vary enormously in how they approve or disapprove of sexual, such as sexual play in children or in variation in sexual conduct that include pleasure or non-reproductive foreplay between the married couple (Herdt, 1997).

Risky sexual behaviour is high among migrants. Internal migrants reported more contact with sex worker than others. One study conducted in Kailali district showed that even the HIV infected to non-infected persons were not using condom during sex with their wives (Acharya, 2005).

The prevailing culture and tradition encourage the people to involve in sexual activities. Badi, Chhaupadi system of Nepal can be illustrative example (Acharya, 2004).

2.2 Empirical Literature Review

The empirical literature review includes global situation, South East Asia Region and Nepalese context of STIs and HIV/AIDS.

2.2.1 The Global Situation of STIs and HIV/AIDS

AIDS has killed more than 25 million people globally since it was recognized in 1981. Now, UNAIDS estimated that there were fewer than 200000 people living with HIV/AIDS in 1980s; that number increased to 3 million by the mid 1980s and to nearly 8 million by the end of the 1980s (Lampthey et al; 2002).

The number of people living with HIV/AIDS has risen from around 8 million in 1990 to nearly 40 million today, and has been growing with the largest number in South Africa. An estimated 11.8 million young people aged 15-24 years are living with

HIV/AIDS. Everyday nearly 6000 young people are between 15-24 age group is infected with HIV/AIDS. Around 63 percent of people living with HIV/AIDS in Sub-Saharan Africa countries (UNAIDS/WHO, 2006). In percent of population aged 15-49, the top 15 HIV/AIDS prevalence countries outside Africa are Haiti, Bahamas, Trinidad and Tobago, Belize, Guyana, Suriname, Papua New Guinea, Cambodia, Barbados, Honduras, Jamaica, Thailand, Ukraine, Estonia and Myanmar (PRB, 2006).

Table 2.1: Number of people living with HIV/AIDS in 2005

Total	40.3 million (36.7-45.3 million)
Adults	37.2 million (33.8-41.7 million), 92%
Men	19.7 million, 53%
Women	17.5 million, 47%
Children<15 years	2.3 million, 8%

Source: PRB, 2006

Observing the global epidemic, it is estimated that 38.6 million people worldwide were living with HIV by the end of 2005 and 4.1 million became newly infected with HIV. Out of this figure, it is estimated that 2.8 million had died due to AIDS. Out of total infected children, only 15 percent are living outside African region. The number of HIV infected people is increasing in continuous basis because of growing population and life prolonging efforts of antiretroviral therapy (UNAIDS 2006).

Table 2.2: Percent of population age 15-49 with HIV/AIDS in 2005/2006

World	0.9
More Developed Countries	0.5
Less Developed Countries	1.1
Less Developed Countries (Excluding China)	1.4

Source: PRB, 2007

In many countries of the world, STIs have become more critical in the following some years than previous years. Especially in developing countries, majority of the people are suffering from these problems. The epidemic of STIs in developing countries is categorized by high incident and prevalence high rate of complication, increasing problem of antimicrobial resistance due to inadequate treatment and increasing risk of transmission and acquiring HIV infection.

There are numbers of pressing sexual related public health and social policy issues facing countries around the world today. According to the United State Center for Disease Control and Prevention, in the United States a teen become pregnant every 30 seconds, and every 30 second a teen contract a STIs. For most people in United State, engaging in heterosexual intercourse without the use of condom that puts them at high risk of HIV infection which can lead the AIDS and is often ultimately fatal. Although there is currently no cure for AIDS, there are medications that can delay the onset of symptoms. Out of serious STIs, syphilis is a one which is left untreated for many years, can lead to paralysis, psychiatric illness and eventually death. Gonorrhoea and chlamydeous may produce to obvious symptoms if she is not treated (Acharya, 2005).

2.2.2 The South East Asian Situation of STIs and HIV/AIDS

“The South East Asia HIV and Development Program (SEAHIV) was started in 1999 to ensure a development sector initiative for HIV/AIDS that is tailored to the specificity and need of South East Asian countries, therefore had to identify a development rich, which was crucial for addressing this epidemic in South East Asia. The program covers 12 countries: 10 ASIAN members (Brunei, Darussalam, Cambodia, Indonesia, The Lao People’s Democratic Republic, Malaysia, Mynmar, The Philippine, Singapore, Thailand and Vietnam) in addition to China and Timor-Lost” (UNDP, 2004).

By the December 2003, there were an estimated 5.5 million PLWHA and 780000 newly infected adults and children. There were 430000 deaths due to AIDS during 2003. The number in this WHO region are dominated by India with and estimate 3.8 million to 4.58 million people living with HIV and AIDS (about two-third of the regional total) by the end of 2002. The government of India estimated for 2003 is 4.58 million infections in the country. High HIV infection rates are found in Thailand, Myanmar and five states of India.

Table 2.3: Percentage of population ages 15-49 with HIV/AIDS in SAARC countries
(2005/2006)

Countries	Percentage
India	0.4
Pakistan	0.1
Afghanistan	<0.1
Bangladesh	<0.1
Nepal	0.5
Bhutan	<0.1
Sri-Lanka	<0.1
Maldives	-

Source: PRB, 2007

2.2.3 The Nepalese Situation of STIs and HIV/AIDS

In the context of Nepal, the first case of HIV was identified in July, 1988 and only 4 people were infected from the HIV at that time. The increasing rate of HIV positive was low by the late 1996. In 1996, this number reached to 135. After one year of 1995, this number rose to 489. In the year of 2004, 1282 people were infected with HIV positive. By the end of 2005, more than 950 cases of AIDS and over 5800 cases of HIV infection were officially recognized. By the end of March 2007, this number of AIDS infection rose to 1293 out of 9043 number living with HIV around the country. Similarly, by the mid April 2008, the number of AIDS infection rose to 1754 out of 11234 numbers of people living with HIV positive in Nepal (NCASC, April 2008).

Table 2.4: Cumulative HIV/AIDS Situation of Nepal as of 12 April, 2008

Condition	Male	Female	total
HIV positive (Including AIDS)	7646	3588	11234
AIDS (Out of total HIV)	1259	495	1754

Source: NCASC, 2008

The numbers of infected persons are increasing from those people who are engaged in commercial sex. The highest numbers of infected persons are clients of sex workers and there is high numbers of housewives who has infected by HIV as well. The HIV

infection is found to be maximum in the age group 30-39 years and male are much more infected by HIV than females (NCASC, 2008).

Nepal is facing increasing in HIV positive among high risk groups such as commercial sex workers, injecting drug users, men who have sex with men (MSM) and migrants. Nepal has the low prevalence rate of HIV and AIDS (0.5 percent), however, some of the groups like sex workers, clients of sex worker, intravenous drug users both rural and urban area, migrants workers, the prevalence rate is higher (NCASC, 2006). UNAIDS/WHO estimated that 75000 people were living with HIV at the end of 2005 in Nepal. The infection by HIV/AIDS of male population is two times highly than female population in Nepal (NCASC, 2006).

Nepal's HIV epidemic is largely concentrated in high risk groups, especially female sex workers (FSW), IDUs, MSM and migrant. Injection drug use appears to be extensive in Nepal and to significantly overlap with commercial sex. Another important factor is high number of sex workers who migrant or are trafficked to Mumbai, India to work, thereby increasing HIV prevalence in the sex workers in Nepal more rapidly (WB, 2007).

According to NDHS 2006, knowledge of AIDS is widespread in Nepal. Seventy-three percent of women age 15-49 and 92 percent of men age 15-49 have heard of AIDS. Women are most aware that the chance of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (65 percent) or by abstaining from sexual intercourse (60 percent) or by abstaining from sexual intercourse (60 percent). Among men, the most commonly know prevention method are use of condoms (84 percent) and limiting sex to one uninfected partners (83 percent). Knowledge of condom and the role they can play in preventing transmission of the AIDS virus is much less common, particularly among women (NDHS, 2006).

Nepal is the least developing country in the world with immense problem of poverty, illiteracy, ignorance and number of young unemployed population has all the predisposing factors of increasing proportion of population being at risk of STDs and HIV. There are 17429 patients of sexually transmitted disease in 2002. The highest case was found in Terai (9418 cases) followed by Hill (6953 cases) and Mountain (1067 case) (Acharya, 2005).

2.2.4 Transport Sector and STIs & HIV/AIDS

There is no significant difference between illiterate and literate to hear of STDs. Similarly, more educated are more aware to hear of syphilis and gonorrhoea than less educated respondents in Pokhara Valley. In the mode of transmission of STDs, most of the educated respondents are aware than less educated. In general, lower age groups of the respondents are more aware of heard of syphilis and gonorrhoea than those from higher age groups. There is not significant different between ever married and never married taxi drivers who have heard of STDs. All the illiterate taxi drivers have the premarital sexual experience. When the educational level increased, the premarital sexual experience is decreased so there is negative relationship between in these two variables. Most of the migrant and non-migrant respondents reported that sex without condom during sexual intercourse is the mode of transmission of HIV infection (Jamarkattel, 2005).

Regarding the knowledge of transmission of sexual diseases, 31.6 percent of the Rickshaw Pullers don't have knowledge about mode of transmission, 68.4 percent of them have the knowledge of transmission HIV/AIDS. Among them, 41.2 percent told that it is transmitted by sexual contact, followed by 18.8 percent by unsterilized syringe and 11.8 percent told by all 4 modes of transmission. Similarly, highest percent of the Rickshaw Pullers (65.7 percent) got information about condom from radio and lowest percent (6.5 percent) got information through doctors. About 38 percent of the respondents told condom is used for prevention STDs and AIDS, 31.5 percent told avoided conception and 23.2 percent told for both purpose. Likewise, 62.5 percent of them said premarital sex is very bad followed by 20.8 percent said it is natural and 16.7 percent of them said not well. 15 percent of them have found premarital sexual intercourse experience and 85 percent have not premarital sexual intercourse experience. And 58.3 percent of the respondents agreed high risk STDs and AIDS in premarital sex followed by 15 percent not agreed and 26.7 percent told did not know (Karki, 2005).

Knowledge on the transmission of HIV/AIDS through transfusion of infected blood and through sharing infected needles among Tempo drivers in the Kathmandu Metropolitan City was also very low. The results showed that only 34.5 percent of the total 87 drivers know that fact that HIV/AIDS could in fact be transmitted via transfusion of infected blood. The majority of them (65.5 percent) reported incorrectly

that HIV/AIDS could not be transmitted via transfusion of infected blood. 63.4 percent of them said avoiding multiple sexual partners could prevent the HIV infection. 47 percent mentioned that avoiding transfusion of unscreened blood is an important preventive measure. Out of the total 83 respondents, 53 percent of them reported that use of condoms during sexual intercourse could prevent HIV infection. The ever-married drivers are more likely to know the fact that STDs are transmissible from one infected person to another (Joshi, 2002).

Similarly, the results in general indicate that the Tempo drivers with higher level of household income are more likely to know the fact that HIV infection is preventable in comparison to those with lower level of income. Among them who reported that HIV can be transmitted, 34.5 percent of them know that HIV can be transmitted through sharing infected needles and other piercing instruments. The results show that unmarried drivers are more likely to know the fact that HIV infection can be prevented. In this way, non- migrants are more likely to know that HIV can be transmitted through unprotected sexual intercourse. The differential in the knowledge that HIV is transmitted through sexual intercourse by knowledge of condoms show that those who have heard of condoms are more likely to know the fact that HIV is transmitted through unprotected sexual intercourse (Joshi, 2002).

The long route truck drivers are found to be more knowledge about STIs. Almost 92 percent of them have heard of STIs. Majority of those (91.8 percent) know the types of STIs that is HIV/AIDS followed by 59.1 percent syphilis. Highest proportion (84.5 percent) knows the mode of transmission of STIs and HIV/AIDS. Majority of the drivers (65.5 percent) know the symptoms of STIs. Most of them (56.3 percent) told the symptoms of STIs are 'drop pus from the panis.' Among the respondents most of them (82.7 percent) recorded that preventive measure of STIs is the use of condom during sexual intercourse. Majority of the drivers have the source of information about STIs is radio. Similarly, almost all the respondents (84.5 percent) reported that HIV/AIDS is not curable disease. Majority of the drivers (80 percent) reported that 'we should love and respect the infected person' (Malla, 2007).

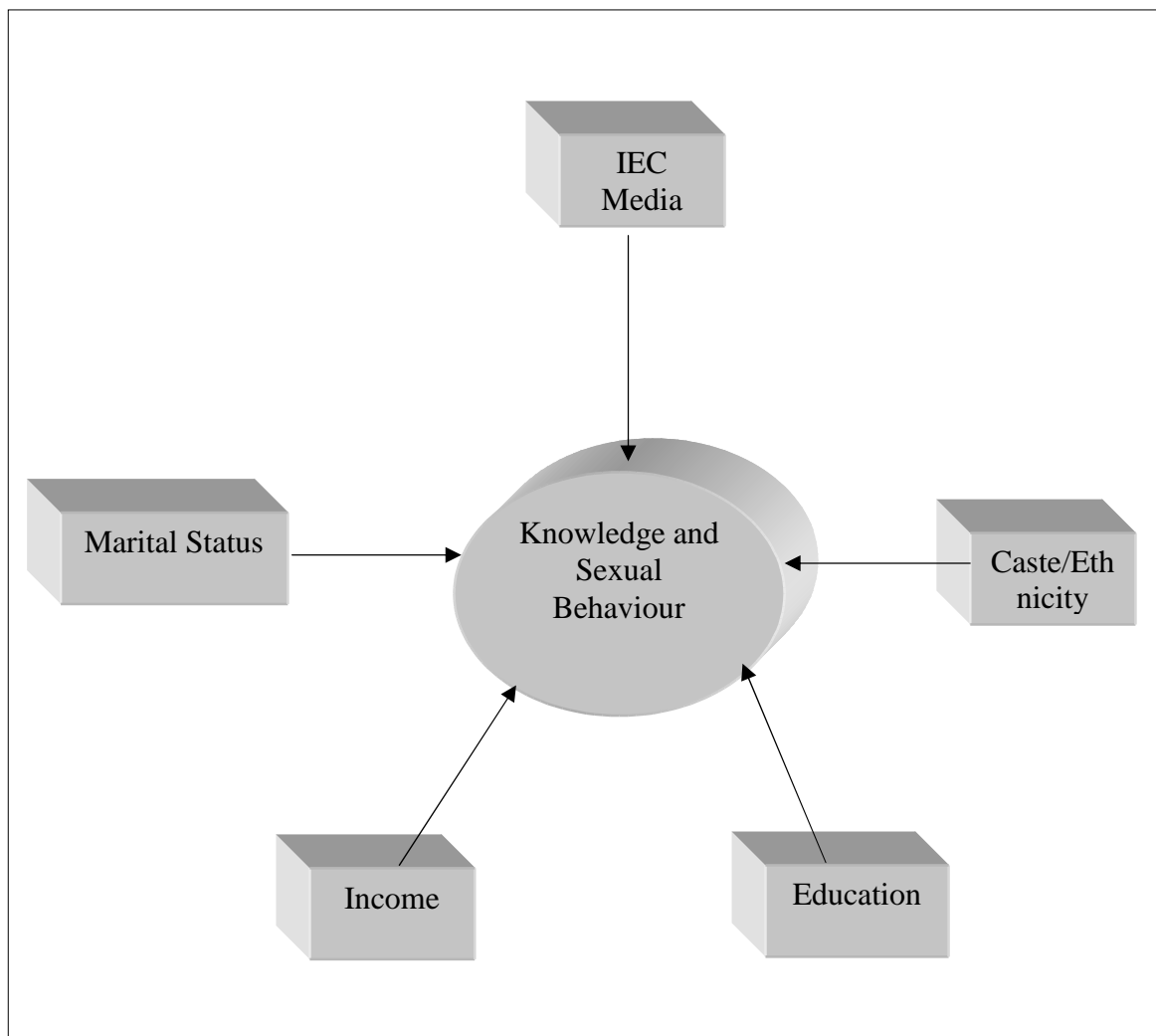
2.3 Conceptual Framework

The conceptual framework is developed based on the review of literature selected variables for the analysis of knowledge on STIs, HIV/AIDS and sexual behaviour.

The various literature reviewed above indicated that the human sexual behaviour is influenced by socio-economic and demographic factors. Effective knowledge on STIs and HIV/AIDS is also determined by IEC media besides socio-economic and demographic factors. The knowledge on STIs and HIV/AIDS among the micro-bus drivers which is hypothesized to be influenced by many factor like social (education, ethnicity), economic (monthly income), demographic (marital status and migration status) and IEC media (radio, television, textbook, NGO/INGOs programs, friends and relatives). The relationship between socio- economic, demographic, ethnicity, income, marital status, migration status and IEC media and the knowledge (mode of transmission, causes and prevention) of STIs and HIV/AIDS.

Therefore, above relationship can be summarized in the following conceptual framework:

Figure 1: Conceptual framework



CHAPTER-THREE

RESEARCH METHODOLOGY

3.1 Introduction to the Study Area

This study has been conducted in Jorpati area of Kathmandu district. Although this area has been recognized as the urban area, it is not converted into urban area till now formally. This is one of the crowded and most populous areas of Kathmandu which is situated at North-East part of the district. Almost all types of cast/ethnic groups of Nepal are found in this area. Numbers of people are engaged in governmental and private service sectors in various place of Kathmandu Valley. Besides these occupations of the people of this area, one of the most common works is labour work of the lower level class group people in this area.

Similarly, driving of many kinds of vehicles are one of the great jobs of the people in this area. There are numbers of micro-bus registered in Jorpati and numbers of drivers have engaged in micro-bus. It has been found that most of the drivers have engaged in sexual relationship outside marriage and they might not have knowledge on various types of sexual diseases as well as they are recognized as vulnerable group in terms of sexual activities. That is why; I have selected this area to study about micro-bus drivers' knowledge on STIs & HIV/AIDS and sexual behaviour as my research study. In the process of research, the interviews were carried out from four different micro-bus stations of route no. 2, Jorpati. The micro-bus stations from where interviews were taken are Nepal Medical Collage (Attarkhel), Jorpati Chowk, Narayantar Chowk and Mulpani Chaur.

3.2 Research Design

This study was carried out to identify the level of the knowledge on STIs & HIV/AIDS and sexual behaviour among micro-bus drivers with respect to their socio-economic and demographic characteristics. Therefore, this is descriptive cum analytical types of study.

3.3 Sample Design

In this study, 105 micro-bus drivers were selected through purposive sampling technique for the study which is non-probability sampling and it is also called spot

sampling. It consists of drivers who drive micro-bus of Jorpati area and the sample was based on the selected four different micro-bus stations.

3.4 Questionnaire Design

A set of quantitative types of questions were designed to obtain five types of information in this study. Following types of information were included in the questionnaire.

- I. Individual characteristics of the respondents
- II. Demographic characteristics of the respondents
- III. Socio-economic characteristics of the respondents
- IV. Knowledge on STIs and HIV/AIDS of micro-bus drivers
- V. Sexual behaviour of micro-bus drivers

3.5 Nature of Data

This study was based on the primary as well as secondary source of data. Therefore, 105 micro-bus drivers were the main source of information in this study.

3.6 Data Processing

The field questionnaire were filled and carefully checked after getting the information from the respondents. Then raw data were carefully edited and processed by using calculator and required tables were used to generate for the study.

3.7 Method of Data Collection

Especially close-ended questionnaires were used in order to collect the data in this study. Researcher himself was involved and interviewed the micro-bus drivers in order to collect the data in this study.

3.8 Method of Data Analysis

The collected information through various methods and techniques were put together and analyzed in a separate chapter interpretation. According to the nature of data, they were further spilt into separate sections as well as simple frequency, percentage tables and cross tables were used to analyze data related to the study.

CHAPTER-FOUR

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

This chapter mainly describes the socio-economic and demographic characteristics of the respondents in terms of age composition, castes/ethnic composition, religious status, literacy and education, income, expenditure, marital status and age at marriage of the respondents.

4.1 Age Composition of Respondents

Age is an important factor which determines the human behaviour. It has been found that age composition varies knowledge on STIs & HIV/AIDS as well as sexual behaviour of the people. In this study, age of the respondents ranges from 15-45 years. The largest proportion (32.4 percent) of the micro-bus drivers are found in the age group 25-29 followed by 20-24 age group (30.5 percent), 15-19 age group (16.2 percent), 30-34 age group (15.2 percent), 35-39 age group (3.8 percent) and 40-45 age group (1.9 percent) in this study.

Table 4.1: Distribution of Respondents by Age Group

Age Group	Number	percentage
15-19	17	16.2
20-24	32	30.5
25-29	34	32.4
30-34	16	15.2
35-39	4	3.8
40-45	2	1.9
Total	105	100.0

Source: Field Survey, 2008

4.2 Caste/Ethnic Composition of Respondents

Caste/ ethnic composition of the respondents shows the variation in terms of the level of education, knowledge of sexual diseases and behaviour. It has been found that low caste/ethnic class group of the people have lower knowledge about STIs & HIV/AIDS. Table 4.2 reflects the information about caste/ethnic composition of respondents. The total numbers of respondents fall into 9 caste/ethnic groups. Among

the respondents various caste/ethnic groups, the large number of respondents are found to be Brahmin (27.6 percent) group following by Chhetri (21.9 percent), Tamang (17.2 percent) and Newar (9.2 percent). Similarly, other caste/ethnic group accounts 9.5 percent which consists of Muslims, Vishwokarma, Majhi, Chaudharies and Sunuwar. The lower numbers of respondents are from Limbu group (1.9 percent).

Table 4.2: Distribution of Respondents by Caste/Ethnic Group

Caste/Ethnicity	Numbers	Percentage
Brahmin	29	27.6
Chhetri	23	21.9
Tamang	18	17.2
Gurung	3	2.9
Newar	10	9.6
Rai	6	5.7
Magar	4	3.8
Limbu	2	1.9
Others	10	9.5
Total	105	100.00

Source: Field Survey, 2008

4.3 Religious Status of Respondents

It is found that various kinds of religious values and norms greatly determines the level of knowledge on STIs & HIV/AIDS as well as sexual behaviour because sometimes the religious values & norms may support for risky behaviour which may result on acquiring HIV/AIDS and STIs. The table 4.3 presents the religious status of the respondents.

Table 4.3: Distribution of Respondents by Religion

Religion	Number	Percentage
Hindu	75	71.4
Buddhist	25	23.8
Christian	2	1.9
Muslim	3	2.9
Total	105	100.0

Source: Field Survey, 2008

The table 4.3 shows that the majority of the respondents or micro-bus drivers are found to be Hindu (71.4 percent) which is followed by Buddhist (23.8 percent), Muslim (2.9 percent) and Christian (1.9 percent).

4.4 Educational Status of Respondents

The level of education is one of the important factors which determine the level of knowledge on STIs & HIV/AIDS and sexual behaviour of drivers. The proper knowledge of various types of STIs may prevent bad sexual bahaviour of any people. That's why; it is assumed that increases the level of education of the people then increase the level of the use of contraception. The table 4.4 represents the educational status of the respondents.

Table 4.4: Distribution of Respondents by Level of Education

Level of Education	Number	Percentage
Primary (1-5 grade)	41	39.0
Lower Secondary (6-8 grade)	27	25.7
Secondary (9-10 grade)	19	18.1
SLC	11	10.5
Higher Education	7	6.7
Total	105	100.00

Source: Field Survey, 2008

The table 4.4 reflects that the highest proportion of micro-bus drivers (39 percent) have primary level of education followed by lower secondary level (25.7 percent), secondary level (18.1 percent), SLC (10.5 percent) and higher education (6.7 percent). All the drivers are found to be literate in this study.

4.5 Economic Characteristics of Respondents

Economic condition reflects the sexual status of the micro-bus drivers which is one of the main indicators to develop their family. Those who have more income are likely to have higher education, better reputation in the society and more knowledge on STIs and HIV/AIDS. Table 4.5 presents the distribution of respondents according to their monthly income and expenditure.

Table 4.5: Distribution of Respondents According to Their Monthly Income and Expenditure

Monthly Income	Number	Percentage
Upto Rs 3000	2	1.9
Rs 3001-5000	19	18.1
Rs 5001-7000	44	41.9
Rs 7001-9000	32	30.5
Rs 9001 and above	8	7.6
Total	105	100.00

Monthly expenditure	Number	Percentage
Upto Rs 3000	7	6.7
Rs 3001-5000	13	12.4
Rs 5001-7000	41	39.0
Rs 7001-9000	35	33.3
Rs 9001 & above	9	8.6
Total	105	100.00

Source: Field Survey, 2008

Table 4.5 shows that the highest number of micro-bus drivers (41.9 percent) have income between Rs 5001 to 7000 which is followed by Rs 7001 to 9000 (30.5 percent), Rs 3001 to 5000 (18.1 percent), Rs 9001 and above (7.6 percent) and upto Rs 3000 (1.9 percent) . Similarly, we can find the monthly expenditure of the micro-bus drivers from the table. The highest proportions of drivers (39.0 percent) have monthly expenditure between Rs 5001 to 7000. It is followed by those whose expense is Rs 7001 to 9000 (33.3 percent), Rs 3001 to 5000 (8.7 percent). Due to increasing rate of market price, the expenditure is going to the high compared to income according to the respondents.

4.6 Marital Status of the Respondents

Marital Status (of the drivers) also determines the knowledge on STIs, HIV/AIDS and sexual behaviour of the people. It has been found that there is differential in the knowledge of STIs & HIV/AIDS and sexual behaviour among the married and unmarried respondents.

Table 4.6: Distribution of Respondents by Marital Status

Marital Status	Number	Percentage
Married	51	48.6
Unmarried	54	51.4
Total	105	100.00

Source: Field Survey, 2008

Table 4.6 shows that major number of micro-bus drivers were unmarried (51.4 percent) and 48.6 percent of the drivers were found to be married in this study.

4.7 Age at Marriage of the Respondents

The age at marriage of the respondents reflects that how much knowledge of STIs & HIV/AIDS and sexual behaviour in a certain age group. In this study, age at marriage of the micro-bus drivers ranges between 14 to 25 years. The study observed that the highest (45.1 percent) proportion of drivers got married at the age between 20-24 years. Similarly, 33.3 percent drivers get married at the age of 25 years and above followed by 15-19 years age group (19.6 percent) and below 14 years (2 percent).

Table 4.7: Distribution of Respondents by Age at Marriage

Age at marriage	Number	Percentage
< 14 years	1	2.0
15-19 years	10	19.6
20-24 years	23	45.1
25-years & above	17	33.3
Total	51	100.00

Source: Field Survey, 2008

CHAPTER-FIVE

KNOWLEDGE ON STIs, HIV/AIDS AND SEXUAL BEHAVIOUR AMONG MICRO-BUS DRIVERS

This chapter is fully devoted to analyze the level of knowledge on STIs & HIV/AIDS among micro-bus drivers in terms of the knowledge of modes of transmission of STIs & HIV/AIDS, knowledge of prevention of STIs & HIV/AIDS and source of information for knowledge on STIs & HIV/AIDS by different socio-economic and demographic indicators. Similarly, this chapter is also analyzed the level of sexual behaviour of micro-bus drivers.

5.1 Knowledge of STIs & HIV/AIDS

First of all, it is examined whether the respondents have heard about any STIs & HIV/AIDS or not. Then after knowledge on various STIs, source of information of various STIs & HIV/AIDS, knowledge of modes of transmission of STIs & HIV/AIDS and the ways of prevention of STIs & HIV/AIDS have been examined respectively in this category.

5.1.1 Heard of STIs & HIV/AIDS and Its Types

One of the most important variables to access the knowledge on STIs can be taken as heard of STIs & HIV/AIDS. The question was asked to each respondent that have you ever heard about any STIs & HIV/AIDS or not. The following table reflects the heard of STIs & HIV/AIDS and its types.

Table 5.1 reflects that almost all the respondents (98.1 percent) have heard about STIs and HIV/AIDS and only 1.9 percent of the respondents have not heard about any STIs & HIV/AIDS. Similarly, we can easily find all the respondents (100 percent) have heard about HIV/AIDS followed by Syphilis (79 percent), 58.4 percent have heard about Gonorrhoea, 11.4 percent have heard about Genital Warts, 4.8 percent have heard about Trichomoniasis and only 3.8 percent have heard about Chlamydia. Therefore, from the findings of the table 5.1, the most commonly known STI is HIV/AIDS among the respondents.

Table 5.1: Distribution of Respondents by Hearing of STIs & HIV/AIDS and Its Types

Heard of STIs	Number	Percentage
Yes	103	98.1
No	2	1.9
Total	105	100.0

Types of STIs Heard	Number	Percentage
Syphilis	83	79.0
Gonorrhea	55	58.4
Chlamydia	4	3.8
Genital warts	12	11.4
Trichomoniasis	5	4.8
HIV/AIDS	103	100.0
Total	103	

Source: Field Survey, 2008

Note: Percent may exceed 100 due to multiple responses

5.1.2 Knowledge on Transmission of STIs & HIV/AIDS

Knowledge on transmission of various types of STIs as well as HIV/AIDS can help to control these types of diseases and people will aware about unsafe sexual behaviour. In order to assess the knowledge on transmission of STIs & HIV/AIDS, all the respondents were asked whether they know the mode of transmission of STIs & HIV/AIDS or not.

Table 5.2: Percentage Distribution of Respondents by Knowledge on Modes of Transmission of STIs & HIV/AIDS

Caste/Ethnicity	Knowledge		
	Yes	No	Total
Brahmin	29.6	--	27.6
Chhetri	23.5	--	21.9
Tamang	16.3	28.6	17.2
Gurung	3.1	--	2.9
Newar	10.2	--	9.6
Rai	5.1	14.3	5.7
Magar	4.1	--	3.8
Limbu	2.0	--	1.9
Others	6.1	57.1	9.5
Total	93.3	6.7	100.0

Source: Field Survey, 2008

Table 5.2 represents that most of the respondents have knowledge of modes of transmission of STIs and HIV/AIDS (93.3 percent) and only 6.7 percent of them do not know the knowledge of modes of transmission of these diseases. Among the respondents who know the knowledge of transmission of STIs & HIV/AIDS, most of them are from Brahmin (29.6 percent) caste which is followed by Chhetri (23.5 percent), Tamang (16.3 percent), Newar (10.2 percent), others (6.1 percent) which includes Muslim, Vishwokarma, Majhi, Chaudharies and Sunuwar, Rai (5.1 percent), Magar (4.1 percent) and Limbu (2 percent). Similarly, among the respondents who do not know the knowledge on transmission of STIs & HIV/AIDS, 57.1 percent are from Tamang community and 14.3 percent are from Rai community. Therefore, we can find from this study that high caste group of the respondents clearly know about the modes of transmission of STIs & HIV/ AIDS and low caste/ ethnic groups of them do not know clearly the modes of transmission of STIs & HIV/AIDS.

5.1.3 Knowledge on Modes of Transmission of STIs

If there is greater knowledge on modes of transmission of STIs, there might be less number of people who suffer from various kinds of STIs. In order to examine the knowledge on modes of transmission of STIs, all the respondents were asked the

question as what are the modes of transmission of STIs and the respondents were given the multiple ways of transmission of STIs which is given in the following table.

Table 5.3: Percentage Distribution of Respondents by Modes Transmission of STIs According to Their Educational Status

Educational Status	Modes of Transmission				
	Sexual contact with infected persons	Living together with infected persons	Infected mother-to-child	Dirtiness of sexual organs	Others
Primary (1-5)	38.0	85.0	38.5	19.0	--
Lower sec. (6-8)	25.0	15.0	22.0	31.0	6.7
Secondary (9-10)	19.0	--	19.8	25.9	20.0
SLC	11.0	--	12.1	13.8	46.7
Higher education	7.0	--	7.7	10.3	26.7
Total	95.2	19.0	86.7	55.2	14.3

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

We can find from the table 5.3 that knowledge on modes of transmission of STIs among the respondents. Among the total respondents majority of them (95.2 percent) have the knowledge on modes of transmission of STIs that is sexual contact with infected persons followed by infected mother to child (86.7 percent), dirtiness of sexual organs (55.2 percent), living together with infected persons (19 percent) which is wrong perception and 14.3 percent reported that there are other modes of transmission of STIs such as infected blood transfusion, using unsterilized needles etc. Among the respondents who have attained primary level of education they said that living together with infected persons (85 percent) is a way of transmission of STIs which is completely wrong perception followed by infected persons (38 percent) and dirtiness of sexual organs (19 percent). Similarly, the respondents who attained more than primary level of education reported sexual contact with infected persons, infected mother to child and dirtiness of sexual organs are the main modes of transmission of STIs.

5.1.4 Knowledge of Modes of Transmission of HIV

The knowledge of modes of transmission of HIV of the respondents determines that what might be the sexual behaviour of the micro-bus drivers. The knowledge of modes of transmission of HIV related questions were asked to each respondent as how are the modes of transmission of HIV. The following table presents the same.

Table 5.4: Distribution of Respondents by the Knowledge of Modes of Transmission of HIV

Knowledge of Modes of Transmission	Number	Percentage
Unsafe sexual contact	99	94.3
Infected blood transmission	86	81.9
Sharing unsterilized needles	59	56.2
Infected mother to child	65	61.9
Others	17	16.2

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

Data from the table 5.4 shows that the highest proportions of the respondents (94.3 percent) have reported that unsafe sexual contact is the way of transmission of HIV. Similarly, 81.9 percent of the respondents have reported the infected blood transmission is the mode of transmission of HIV. Other ways of transmission reported by the respondents are infected mother to child (61.9 percent), sharing unsterilized needle (56.2 percent) and others (16.2 percent) which includes sexual contact with multiple partners, having sex with sex workers, etc.

5.1.5 Knowledge of Preventive Measures of STIs & HIV/AIDS

Proper knowledge of preventive measures of STIs & HIV/AIDS may help to control vulnerability of various types of sexual diseases. To find out the knowledge on preventive measures of STIs & HIV/AIDS, all the respondents were asked whether they know the ways of prevention of STIs & HIV/AIDS or not.

Table 5.5: Percentage Distribution of Respondents by the Knowledge on Preventive Measures of STIs & HIV/AIDS According to their Monthly Income

Monthly Income	Knowledge		
	Yes	No	Total
Upto Rs 3000	1.1	10.0	1.9
Rs 3001-5000	13.7	60.0	18.1
Rs 5001-7000	44.2	20.0	41.9
Rs 7001-9000	32.6	10.0	30.5
Rs 9001 & above	8.4	--	7.6
Total	90.5	9.5	100.0

Source: Field Survey, 2008

The table 5.5 clearly indicates that percent distribution of the respondents by knowledge on preventive measures of STIs & HIV/AIDS according to their monthly income. It is found that majority (90.5 percent) of the respondents have at least some knowledge on preventive measures of STIs & HIV/AIDS and 9.5 percent of them do not have knowledge on preventive measures of STIs & HIV/AIDS. Among the respondents majority of them who have monthly income between Rs 5001-7000 have knowledge on preventive measures of these diseases (44.2 percent). Similarly, majority of them (60 percent) who have monthly income between Rs 3001-5000 reported they do not have knowledge on preventive measures of STIs & HIV/AIDS. So, the respondents who have high income have found to be more knowledge on preventive measures of these diseases compared to the respondents who have low income.

5.1.6 Measures of Preventing STIs

If there is knowledge of preventive measures of STIs then there might be chances of being safe from it so that there should be knowledge of preventing STIs which can help to control these types of diseases. In order to get the ways of preventing STIs, respondents were asked the question as what are the measures of preventing /avoiding STIs in this study.

Table 5.6: Distribution of Respondents by the Measures of Preventing STIs

Measures of Prevention of STIs	Number	Percentage
Use of condoms during sexual intercourse	93	88.6
Always clean own sexual organs	68	64.8
Sexual relation with only one partner	87	82.9
Beware of disease & infected person	39	37.1
Acquire the sexual education	48	45.7
Not stated	9	8.6

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

Table 5.6 presents that the majority of the respondents' opinion (88.6 percent) is to use condom during sexual intercourse in order to prevent STIs. In this way, 82.9 percent have reported that sexual relation with only one partner is the way of preventing STIs followed by 64.8 percent reported keep always clean own sexual organs to avoid STIs, 45.7 percent reported that acquire the sexual education to control of STIs, 37.1 percent suggested that beware of disease and infected person to prevent STIs and 8.6 percent of the respondents not stated the ways of preventing STIs.

5.1.7 Measures of Preventing HIV/AIDS

Prevention of HIV/AIDS is one of the ways to live long life because if it attacks the people he/she might not be live easily. There are various ways of preventing HIV/AIDS. In this study, the question asked to each respondent to find out their knowledge of the preventive measures of HIV/AIDS. Table 5.7 represents the respondents' knowledge of preventive measures of HIV/AIDS according to educational status.

Table 5.7: Percentage Distribution of Respondents by the Measures of Preventing HIV/AIDS According to Educational Status

Educational Status	Measures of Preventing HIV/AIDS				
	Sexual abstinence	Check blood before transfusion	Use of condom during sexual intercourse	Avoid sharing needles	Avoid sex with multiple partner
Primary (1-5)	50.0	25.3	37.2	23.4	31.8
Lower sec. (6-8)	28.1	31.6	25.5	28.1	25.9
Secondary (9-10)	15.6	21.5	19.1	25.0	21.2
SLC	6.3	12.7	10.6	14.1	12.9
Higher education	--	8.9	7.4	9.4	8.2
Total	30.5	75.2	89.5	61.0	81.0

Source: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple responses.

Table 5.7 indicates that the highest proportion of the respondents perception about the measures of preventing HIV/AIDS is found to be use of condom during sexual intercourse (89.5 percent) followed by avoid sex with multiple partners (81 percent), check blood before transfusion (75.2 percent), avoid sharing needles (61 percent) and sexual abstinence (30.5 percent). Highest proportion of the respondents who have attained primary level of education said sexual abstinence (50 percent) is a way of preventing HIV/AIDS. Likewise, the respondents who have more than primary level of education they have said use of condom during sexual contact is a main way of preventing HIV/AIDS.

5.1.8 Source of Information about STIs & HIV/AIDS

Effective knowledge on STIs & HIV/AIDS plays vital role to prevent various types of STIs so that for the effective knowledge about these diseases, we need have proper source of information. In this study, the question was asked to each respondent to find

out the source of information of the knowledge on STIs & HIV/AIDS. The sources of information of STIs & HIV/AIDS are categorized into various sections as the following table.

Table 5.8: Distribution of the Respondents by Sources of Information

Source of Information	Number	Percentage
Radio	71	67.6
TV	7	6.7
Newspaper	5	4.8
Friends	19	18.1
Others	3	2.9
Total	105	100.0

Source: Field Survey, 2008

The table 5.8 indicates that the pioneer source of information about various types of STIs and HIV/AIDS is found to be radio which accounts 67.6 percent. Remaining is followed by friends (18.1 percent), TV (6.7 percent), newspaper (4.8 percent) and others (2.9 percent). Some of them reported that there are other sources of information about STIs and HIV/AIDS which includes courses of study when they studied. That is why, most common source of information is found to be radio which is one of the first and foremost sources of information about all kinds of information nationally.

5.2 Sexual Behaviour of Micro-bus Drivers

STIs as well as HIV/AIDS are largely affected by people's sexual behaviour. In this study, various questions were asked to find out sexual behaviour of micro-bus drivers in terms of whether the respondents have sex with sex workers or not, use of condom, first sexual partner, number of sex partners and age group of sex partner generally they selected.

5.2.1 Sexual Intercourse with Sex Workers

One of the main ways of transmitting HIV/AIDS is sexual contact with infected persons and sometimes sexual contact with sex workers may cause of HIV/AIDS if it is unsafe. In this study, a question was asked to each respondent to examine whether the respondents have sexual intercourse with sex workers or not. Following table gives the information about sexual intercourse with sex workers of the respondents.

Table 5.9: Percentage Distribution of Respondents by Sexual Intercourse with Sex Workers According to Marital Status

Sexual Intercourse	Marital Status		
	Married	Unmarried	Total
Yes	35.3	46.3	41.0
No	64.7	53.7	59.0
Total	48.6	51.4	100.0

Source: Field Survey, 2008

Table 5.9 shows that highest proportions of the respondents (59 percent) have not sexual intercourse with sex workers and 41 percent of them reported they have sexual intercourse with sex workers. Majority of married respondents (64.7 percent) have never sex with sex workers. Similarly, majority of them who are unmarried reported that they have not sexual intercourse with sex workers (53.7 percent).

5.2.2 Use of Condom during Sexual Intercourse with Sex Workers

Use of condoms is one of the main methods of preventing from STIs and HIV/AIDS. Therefore, a question was asked to the respondents to find out the use of condom during the sexual intercourse with sex workers.

Finding from the study shows that all (100 percent) the respondents have said that they used condom while sexual contact with sex workers. Therefore, who have involved in sexual intercourse with sex workers, they all have the knowledge & functions of condom is found in this study.

5.2.3 First Sexual Partner of Respondents

First sexual partner of the respondents also indicates the sexual behaviour of the respondents so that a question was asked to each respondent as who was your first sexual partner? Following table presents the distribution of respondents by first sexual partner.

Table 5.10: Percentage Distribution of Respondents by First Sexual Partner
According to Marital Status

First Sexual Intercourse	Marital Status		
	Married	Unmarried	Total
Lover	15.7	25.9	21.0
Sex Worker	5.9	13.0	9.5
Stranger	--	5.6	2.9
Familiar	2.0	7.4	4.8
Wife	76.5	--	37.1
No sex till now	--	48.1	24.8
Total	48.6	51.4	100.0

Source: Field Survey, 2008

Table 5.10 represents that majority of the respondents' first sexual partner is found to be wife (37.1 percent) followed by no sex till now (24.8 percent), lover (21 percent), sex workers (9.5 percent), familiar (4.8 percent) and stranger (2.9 percent). Highest number of them who are married said their first sexual partner is wife (76.5 percent). Similarly, highest number of them who are unmarried said they have no sex till now (48.1 percent).

5.2.4 Number of Sexual Partner of the Respondents

Numbers of studies have shown that the affect of those with large number of partner in increasing HIV transmission of STIs including HIV. In this study, a question asked to each respondent as how many sexual partners did you have sexual contact during last month? Table 5.11 shows the number of sexual partners of the respondents.

Table 5.11: Distribution of Respondents by Number of Sexual Partners

No. of sexual partners	Number	Percentage
One	51	48.6
Two	14	13.3
Three	9	8.6
Four & above	6	5.7
No sex till now	25	23.8
Total	105	100.00

Source: Field Survey, 2008

Regarding the number of sexual partners during last month highest number (48.6 percent) of the respondents who are married said that they have sexual contact with only one partner during the last month followed by 23.8 percent said they have no sex till now, 13.3 percent had two sexual partners, 8.6 percent had three sexual partners and 5.7 percent had four and above sexual partners during last month. Therefore, it is found that the respondents who are married generally found one sexual partner during the last month findings.

CHAPTER-SIX

SUMMARY OF FINDINGS, CONCLUSION AND SUGGESTIONS

This chapter is divided into three different categories which are given separately as follows.

6.1 Summary of Findings

The study of knowledge on STIs and HIV/AIDS and sexual behaviour among micro-bus drivers was conducted in Jorpati area of Kathmandu. The information was collected from 105 respondents through purposive sampling procedure by using the interview schedule. This study is based on primary source of data collection

The specific objectives of this study are to examine the socio-economic and demographic characteristics of micro-bus drivers, to find out sources of information of STIs and HIV/AIDS, to assess the knowledge of modes of transmission of STIs and HIV/AIDS, to examine the knowledge of preventive measures of STIs and HIV/AIDS and to identify the sexual behaviour of micro-bus drivers.

A set of semi-structured questionnaires were designed for the quantitative data collection. Almost all the questionnaires were pre-coded and close-ended questionnaires were used in this study.

This research study revealed that the highest proportion of the respondents (32.4 percent) is 25-29 years of age group. Majority of them are found from Brahmin community (27.6 percent) though there are involved all types of caste/ethnic groups in this occupation. The highest proportions of the respondents were found from Hindu religion (71.4 percent) in this study. All the respondents are literate and most of them have attained primary level of education (39 percent). The highest numbers of micro-bus drivers (41.9 percent) have monthly income between Rs. 5001-7000 is found in this study. Similarly, the highest numbers of them have monthly expenditure between Rs. 5001-7000 which is (39 percent). Majority of the respondents have found to be unmarried (51.4 percent) and the highest proportion of micro-bus drivers' age at marriage have found in the age group 20-24 years (45.1 percent).

Almost all (98.1 percent) the respondents have heard about STIs and HIV/AIDS and majority of them have known about syphilis (79 percent). This indicates that nearly all the respondents have little knowledge about various types of STIs and HIV/AIDS.

Similarly, highest proportion of the respondents of all the age groups reported that their main source of information of STIs and HIV/AIDS is radio (67.6 percent) which is one of the pioneer sources of various types of information in the context of Nepal as well. Major numbers of respondents (93.3 percent) have knowledge on transmission of STIs and HIV/AIDS both.

Most of the respondents (94.3 percent) reported that unsafe sexual contact is one of the main ways of transmission of HIV/AIDS. Similarly, the highest numbers of them have reported that sexual contact with infected persons (95.2 percent) is the main ways of transmission of STIs. All the respondents said that HIV/AIDS is not curable disease. Likewise, majority of the respondents (90.5 percent) have knowledge on preventive measures of STIs and HIV/AIDS. The highest numbers of respondents (88.6 percent) said that the use of condom during sexual intercourse is the main measure of preventing STIs and again highest numbers of them reported (89.5 percent) that use of condom during sexual intercourse is also a preventive measure of HIV/AIDS. Therefore, the preventive measure of STIs and HIV/AIDS is the use of condom during sexual intercourse which is reported by highest proportion of the respondents in this study.

Most of the respondents who have attained primary level of education said sexual contact with infected persons (38 percent) is the main way of transmission of STIs (95.2 percent in total) which is followed by infected mother to child (38.5 percent), dirtiness of sexual organs (19 percent) and majority of them who have attained primary level of education have given wrong perception that is living together with infected persons (85 percent) and the respondents who attained primary level of education reported use of condom during sexual intercourse (37.2 percent) is the main measure of preventing HIV/AIDS which accounts 89.5 percent in total.

Moreover, highest numbers of micro-bus drivers reported they have never sexual intercourse with sex workers (59 percent). And 41 percent of them said they have sexual contact with sex workers. All the respondents (100 percent) said that they used condom during sexual intercourse with sex workers. Most of the married respondents' (76.5 percent) first sexual partner is found to be their wife other than lover, sex workers and others. Likewise, 48.1 percent of the unmarried respondents reported that they have no sex till now followed by 25.9 percent of them have first sexual intercourse with their lover, sex workers (13 percent), familiar (7.4 percent) and

stranger (5.6 percent). Majority of the respondents (48.6 percent) have just one sexual partner during the last month.

6.2 Conclusion

According to the findings, we can conclude that most of the drivers are from Brahmin, Chhetri and Tamang castes and most of them were from 25-29 age groups i.e., young age population . Similarly, almost all of the respondents are literate so that we can conclude that all the respondents have at least little knowledge of various types of STIs and HIV/AIDS. This study shows that nearly all the respondents have some knowledge about HIV/AIDS and they know modes of transmission and preventive measures of it. Therefore, it is concluded that the knowledge towards STIs and HIV/AIDS among micro-bus drivers seems satisfactory but not enough.

Education can play pivotal role to reduce the incidence of STIs and HIV/AIDS as well as sexual behaviour of the people so that proper education about these types of diseases is needed to enhance much more knowledge about STIs & HIV/AIDS and sexual behaviour of micro-bus drivers because there is not adequate knowledge about these diseases among them found from this study.

No one was found the HIV/AIDS infected person that might be due to reporting errors of drivers in this study. Some of the drivers did not want to tell about sexuality that might be due to lack of proper knowledge about it or hesitation. One of the main sources of information of STIs and HIV/AIDS is found to be radio so that suitable educational programme related to various types of STIs and HIV/AIDS should be encouraged from various kinds of media centers to enhance their level knowledge about diseases.

Therefore, this study shows that education is the most important aspects which change knowledge of STIs and HIV/AIDS and sexual behaviour not only of the micro-bus drivers but also the common people. Especially, there is found that educated respondents are more aware about modes of transmission and preventive measures of STIs and HIV/AIDS as well as their sexual behaviour. Thus, it is concluded that there is most important role of education in increasing awareness about STIs and HIV/AIDS and other sexual behaviour of the people.

6.3 Suggestions

In this study, it is revealed that almost all of the respondents are literate and they have more knowledgeable on various aspects of STIs & HIV/AIDS and sexual behaviour. Hence, education would play important for increasing the knowledge on STIs and HIV/AIDS not only among the respondents but also for all the groups of people of the nation. Thus, it can be recommended that Information, Education and Communication (IEC) programmes should be strengthened for increasing the knowledge on STIs & HIV/AIDS and safe sexual behaviour.

There are some other suggestions which are given as follows:

-) The knowledge about STIs and HIV/AIDS among micro-bus drivers is not so worst. They have known about it to a reasonable extent. However, it doesn't mean that they don't need any awareness programme. The knowledge they already have can be strengthened by various awareness programmes and some remaining misconceptions should be clarified.
-) Since almost all the respondents are able to read and write, printed media can be used in order to educate them. On the other way, there are other interesting way of learning such as watching T.V., street drama, etc. these also can be performed more effectively to make learning interesting.
-) Similarly, radio is the recommended media for awaking people about STIs and HIV/AIDS. Since radio is found to be the major source of information for most of the respondents. So, different radio programmes should be broadcasted to raise further knowledge about various kinds of sexual diseases.
-) All the respondents have found to be the same sex (male) so that they can be better educated by peer group education approach. This is because they could talk and interact freely among peers.
-) Most of the micro-bus drivers have exposed to sex with sex workers so that they should be educated well about safe sexual behaviour.
-) Education is the ability of decisions whether any event is correct or incorrect. That's why, effective educational system should be developed nationally.

6.4 Area of Further Studies

Any single study may not be enough to explore the desired result on a particular subject. There will always be chances for further study. This study also is not

exception. This study is based on small sample size of one occupational group that is micro-bus drivers of Jorpati area of Kathmandu. However, the further studies can be carried out on similar type of study using relatively larger sample size.

- This study has been examined only few selected variable. In the future studies, it is recommended that other intervening variables which are not included in this study should be included.
- Further studies can be included more comprehensive statistical analysis of the association between different variables at the multivariate level.
- This study was only located in Jorpati area of Kathmandu and the sample size was selected only from this area. So, it is recommended that all the micro-bus drivers of Jorpati area can be selected in the future study.

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