Chapter - 1

Introduction

1.1 Background of the Study

Nepal is landlocked country nested in the foothills of Himalayas. It lies between China and India. It is rectangular in shape and approximately 180 miles wide and 550 miles long. Total area of Nepal is 147181 square kilometer and total population according to census 2001, is 23214681. Nepal is heterogeneous society, with over 85 different ethnic groups two major religions, Hinduism and Buddhism. Almost 20% of total population consists of Dalits and ethnic marginalized groups such as Tharu, Gurung, Tamang, magar, Sherpa, rai etc.

Nepal has agricultural based economy and many persons depend on agriculture. It is traditional and not modernized. Many People has not access in resource and economic opportunities. Until now, 32% of the total population is below the absolute poverty line. The country has to depend on foreign aids to implement of its development programme. Nepal follows trickle down developments strategy, So that people has not directly involved in development activities. There is huge gap between rich and poor. Many people are migrating in many parts of country and foreign countries specially in India.

Nepal is suffering from poverty and illiteracy like other developing countries of the world. Health is fundamental human right only in slogan. Most of the people has not access to health services.

AIDS is not a disease in itself, but a syndrome, group of symptoms that weaks the body's defense mechanism. AIDS is a sexually

transmitted disease caused by Human Immunodeficiency Virus (HIV) which destroys the immune system. The HIV progressively destroys the body's ability to fight against illness due to even simple infection like common cold (Bekolo, 1994).

AIDS threats all aspect of society. It brings a number of social, economic, demographic and psychological problem in a community and in the world as a whole. It affects the people in the most productive age, resulting in spending on health care, a drain on health care resources including hospitals, drugs and staff loss of investment in training of skill labour and educated professionals, loss of consumers and purchasing power, loss of tourist revenue and loss of production and productivity in all sector of economy including women's labour in and outside the home (WHO, 1997).

The economic impact of AIDS involves the fear of becoming dependent on others for life, fear of loss of job and medical coverage, fear of illness that will drain the individual family and friends financially and loss of support from others (Bikolo, 1994).

Some years ago, It was said that HIV infection was the major public health problem facing the world. This remains true today. Globally there are three patterns to the epidemics. Firstly that seen in North America, Europe and Australia, where the disease was initially seen in the gay community and then spread via blood donation and intravenous drug to heterosexuals and to a lesser extent children. The second pattern of disease occurs in large part of Oceania and Asia where the disease is at present relatively uncommon and has been introduced by travelers and through blood transfusion. Nevertheless, it is in the community that the

next major explosive phase of the epidemic may well occur. For example, there has been a sudden marked rise in the incidence of HIV infection in the large population of female prostitutes in Bombay, from 0% in 1988 to over 40% in1991, it is calculated that perhaps up to 1000 men per month are being infected in Bombay alone by this route (Barter, Barten, Gazzard, 1993).

The human Immune Deficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) is great challenging issue in present world. It is infectious disease from blood transmission, sexual intercourse and infected mother to child and use of infected needle and syringe. HIV/AIDS is rapidly spreading in the world particularly in developing countries due to lack of awareness on it. HIV/AIDS was firstly diagnosed in 1981 in United States America (Barter, Barten, Gazzard, 1993).

According to the UNAIDS 33.2 million people are living with HIV/Aids. HIV/AIDS at present in the world. AIDS is not itself disease but it is the destruction of human immune system. First of all HIV destroys white blood cells which are the messenger informing about presence of enemy. AIDS is only destruction of capacity of human body to fight against the disease. Even simple infection like common cold cannot recovery. Infection of many diseases appears in the same time. Many people are infected with HIV but do not know about infection. They are transmitting HIV/AIDS by sexual intercourse, blood donation and sharing contaminated needle or syringe as well as pregnancy of infected mother.

Sub- Saharan Africa is most affected by HIV/AIDS. More than two out of three (68%) adult and nearly 90% of children infected with HIV in this region and more than three in four (76%) Aids death in 2007 occurred there

Regional HIV/AIDS Statistics and Death

S.No.	Region	Adult & Children living with HIV	Adult & Children newly affected with HIV	Adult and Children death due to aids
1.	Sub Saharan Africa	22.5 million	1.7 million	1.6 million
2.	Middle East and north America	0.38 million	0.035 million	0.025 million
3.	South and south East Asia	4.0 million	0.34 million	0.27 million
4.	East Asia	0.8 million	0.092 million	0.032 million
5.	Oceania	0.075 million	0.014 million	0.0012 million
6.	Latin America	1.6 million	0.1 million	0.058 million
7.	Cariban	0.23 million	0.017 million	0.011 million
8.	Eastern Europe and central Asia	1.6 million	0.15 million	0.055 million
9.	Western and central Europe	1.76 million	0.031 million	0.012 million
10.	North America	1.3 million	0.046 million	0.021 million
Total		33.2 million	2.5 million	2.1 million

Source: UNAIDS, 2007

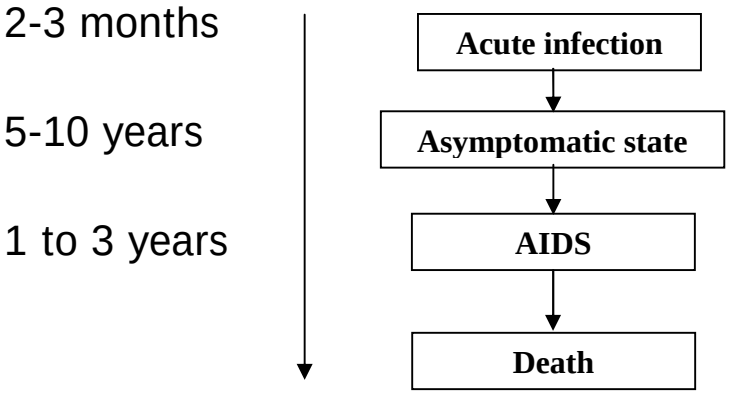
HIV/AIDS is rapidly spreading in Asia also. India is most affected country. Recently, 4.9 million people are living with HIV/AIDS in Asia.

Nepal is also facing HIV/AIDS problem like other developing countries of the world. According to the published report of Ministry of Health and Population in 32 Shrawan 2064, 6869 male and 3080 female total 9949 people are living with HIV/AIDS in Nepal.

Natural History of HIV infection shows that HIV/AIDS progresses in three stages.

1. Acute infection/window period: During this period few patient might have some flu-like symptoms e.g.-fever, night sweat, skin rash, headache, cough etc. Zero-Conversion (HIV antibody production) take place after a few weeks of infection and this period is called window period. During this period, the person is infection but might not b positive for HIV antibody test.
2. Asymptomatic Stage (carrier stage): This stage may last from few to many (9 to 15) years. The HIV infected person during this stage remains asymptomatic. How ever, some patients may generalize lymphadenopathy.
3. Symptomatic stage (Aids): This is the stage of exhibiting symptoms. Constitutional symptoms in this stage include persistent fever, diarrhea and loss of weight exceeding 10% of body weight. There is presence of other infections like coral candidacies pulmonary tuberculosis labial or genital herpes. There might be presence of cancer called Kaposi's of sarcoma which is characteristics of HIV infection. (NCASC,2000)

Natural History of HIV infection.



Source:- NCASC, 2000

Major and minor signs of HIV/AIDS

Major Signs:

- ✓ Fever for more than one month
- ✓ Diarrhea for more than a month
- ✓ Weight loss of more than 10% body weight.
- ✓ Presence of opportunistic infections.

Minor Signs:

- ✓ Cough for more than one month
- ✓ General itchy dermatitis
- ✓ Recurrent herpes zoster infection.
- ✓ Recurrent oropharyngeal candidiasis
- ✓ Recurrent disseminated herpes simplex infection.
- ✓ Generalized lymphadenopathy.

HIV badly impacts in social economic condition of man. Most of the HIV cases are seen in the productive age of 30-39 in Nepal.

Surkhet district is not also free from HIV/Aids. According to the data collected by sustainable development programme, Surkhet there are 65 diagnosed HIV cases in Surkhet district. Among them more than 60 person or 92.61% are migrant labour. It shows that migrant population is risky.

Concrete collector people are also migrant population in Birendranagar, Surkhet 71% population is migrant population and 29% population is inhabitant in the universe of the study. Male use to go outside, in Nepal and India, in search of work. The study shows that 74% female and remaining 26% male have involved in concrete collection.

Some male use to go India to work. There is great possibility to search sexual partner and transmission of HIV. It is believed that 50% HIV cases imported from India. Males return from India in festivals and harvesting period. They use to come in sexual contract, and then they transmit HIV to their partner. In some cases, infected person do not know himself about enter of HIV in their body.

Level of education is very low in concrete collector. 77% population is illiterate. It is difficult to understand the risk of HIV/Aids to them.

1.2 Statement of the Problem

Nepal is one of the developing countries of the world. It is facing many problems. Poverty is widespread in Nepal. Until now, 32% Nepalese people are living in absolute poverty line. According to the national census 2001 conducted by central bureau of statistics has shown that the population of Nepal is 2,32,14,681 out of which, female population is 11627134 and male population is 11587547, Agriculture is the main profession 80% people are

depended on it. It contribute 40% in gross domestic product (GDP)

Nepal has not access in many fields like as educational opportunities, health services and employment opportunities and so on. Health is fundamental human right but people are victimizing from many communicable and non-communicable diseases in the lack of treatment. HIV/AIDS is one of the communicable disease. it is one of the challenging issue in health sector. HIV/AIDS is widespread in particularly poor and illiterate communities. Firstly HIV/AIDS was identified in 1988 in Nepal. Since then HIV is rapidly increase in Nepal. According to the latest report of CBS, there is 9949 HIV infected cases. The major made of transmission are heterosexual contact through commercial sex worker, transmission of blood, using infected needle, syringe and child bearing of infected mother.

1.3 Objectives of the Study

The general objectives of the study are to assess the knowledge about HIV/Aids on concrete collector people at Birendranagar Municipality, Surkhet.

The specific objectives of the studies are as follows:-

1. To identify the knowledge about HIV/AIDS to concrete collector people

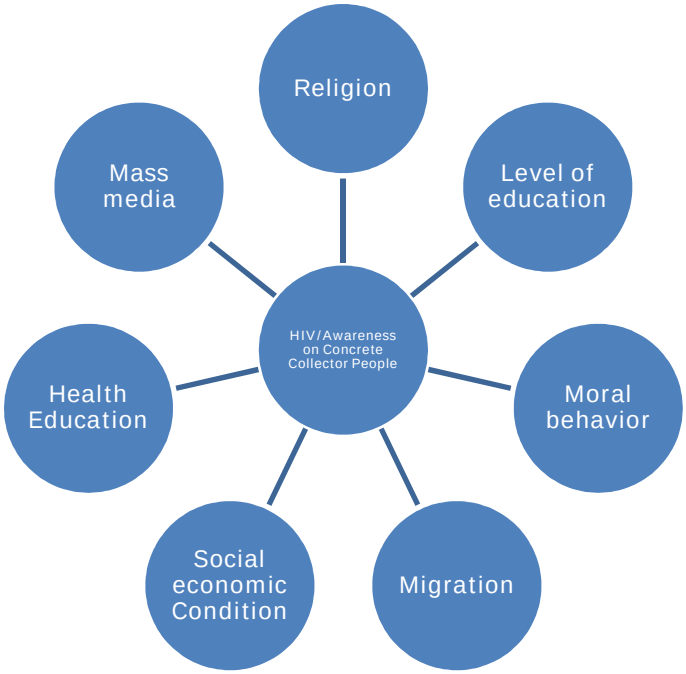
2. To examine their knowledge about mode of transmission and causative Agent of HIV/AIDS.

3. To assess the awareness about HIV/AIDS

1.4 Conceptual Framework

Conceptual framework is the foundation of the study. HIV awareness depends in many factors. Awareness is mainly based on level of education. Educated can understand many things easily. Socio-economic condition also plays vital role to access in awareness activities. Similarly moral behavior is also influence awareness. Some people hadn't hesitate to speak and understand about some related problem and some are close in it. Migration also gives knowledge about current issue about health related or not health related. Similarly health education provides preventative curative promotive and rehabilitative aspect of health related problem. Religion also creates norms and values. Good habits are followed and bad habits are prohibited. Mass media plays vital role to aware people informing risk of HIV/AIDS.

Factors which influences HIV awareness



1.5 Significance of the Study

This study focuses to derive the knowledge about HIV/Aids on concrete collector people of study area. It is useful to find out the awareness programme conducted by NGO/INGO. Thus this study would be useful from various following points.

1. This study is for the partial fulfillment of master's degree in sociology.
2. To find out the level of awareness among concrete collector people in the study area.
3. To find out knowledge of concrete collector people about mode of transmission of HIV/AIDS.
4. To Find out activities of NGO/INGO to aware them
5. This study is useful to policy maker researcher, pogramme manager etc.

1.6 Organization of the Study

This study has been organized in to following seven chapters:-

The first chapter concern with the introduction of HIV/Aids. It has submitted the topics of background of the study, statement of the problem, objectives of the study, conceptual frameworks, significance of the study, organization of the study and limitation of the study.

The second chapter deals outcome of literature review. HIV/AIDS related books, reports, journals are reviewed to get knowledge about HIV/AIDS in national and international level. It has included topics related to General overview on HIV/AIDS and studies in Nepal.

Similarity chapter three concentrates with methodology of study. It has explained the topics of introduction of study area, universe of the study, nature and sources of data, Research design, sampling procedure, data collection strategy, tool and techniques of data collection, time schedule, key informant interview, data analysis, reliability and validity of data and observation.

Chapter four is the analysis and interpretation about the concrete collector people. It has mentioned the topics, demographic situation, distribution of population by age group, martial status of the concrete collector people at Birendranagar Municipality, Surkhet.

Chapter five interprets the HIV/AIDS awareness of the respondents. It has mentioned the topics of knowledge of respondents about HIV/AIDS, what do you understand about HIV/Aids How does HIV/AIDS transmit from each other, How does

not HIV/AIDS transmit from each other, How could we prevent from HIV/AIDS, could HIV/AIDS been cured by medicines, How could you know about HIV/AIDS and where do you go to treat HIV/AIDS.

Similarly chapter six describes the summary, conclusion and recommendations.

1.7 Limitation of the Study

1. This study is an academic research conducted as partial fulfillment of master degree in sociology.
2. This study is limited only in the HIV awareness on concrete collector people at Birendranagar Municipality, Surkhet.
3. It is concentrated only 1000 family of concrete collector people at Birendranagar municipality, Surkhet.
4. The derived findings may not be equally applicable in other societies of Nepal, Which are different from, geographical, historical, educational and social-cultural settings.

Chapter - II

2. Literature Review

HIV/AIDS in the new issue which was firstly diagnosed in 1981 A.D. in USA. Only few research have been done by the researcher. Most of the researches are concentrated in urban area. Many studies have been undertaken in the field of reproductive health sexual health, family health, sexually transmitted disease which are related to HIV/AIDS. This research is concentrated in illiterates, poor and marginalized society. This literature review chapter concentrates on the existence review of the available documents reports, various book.

AIDS the acquired immune-deficiency syndrome (some times called "slim disease") is a fatal illness caused by a retrovirus, known as the human immune-deficiency virus (HIV) which breaks down the body's immune system leaving the victim vulnerable to a host of life threatening opportunistic infections, neurological disorders, or unusual malignancies. Among the special feature of HIV infection are that once infected, It is probable that a person will be infected for life. Strictly speaking the term AIDS refers only to the last stage of HIV infection. AIDS can be called our modern pandemic, affecting both industrialized and developing countries (K. Park, 2005).

AIDS is an infectious dieses spread by a virus. It is called syndrome because it consists of several signs and symptoms. The first cause of AIDS were diagnosed in 1981. Since then there has been a rapid spread of the disease in north and south America, Europe and Africa. Cases are being reported from around the

world, and the most countries now have people with AIDS, or infected with the virus (CMC, 1989)

HIV selectively infects T-helper cells apart from several other cells in the immune system such as B-cells, microphages and nerve cells. When the virus reproduces, the infected T-helper cells are destroyed. Consequently people with AIDS tend to have low overall white blood cell count. Whereas healthy individuals have twice as many "helper" cell as "suppressor" cells in the AIDS patients the ratio is reversed. A decreased ratio of T-helper to T-suppressor cells may be an indirect indicator of reduced cellular immunity. One of the most striking features of immune system of patient with AIDS is profound lymphopenia, with a total lymphocyto count often below 500 c.mm. It is the alternation in T-cell function that is responsible for the development of neoplasms the development of opportunistic infections, or the inability to mount a delayed-type hypersensitivity response. The lack of an obvious immunological response by the host to the virus is one of the problems confronting scientists. That is those with antibodies to HIV, usually will have too few of HIV antibodies, and these antibodies are also ineffective against the virus (K. Park, 2005)

2.1 General overview on HIV/AIDS

Young and migrant population is more vulnerable to HIV/AIDS and STDs then adult. More than half HIV infected persons are under the age of 30 years in Nepal. Similarly HIV is increasing in women and children also. The vulnerable age group for the transmission of sexually transmitted infection including HIV is 15-24. The Joint United Nations program on HIV/AIDS (UNAIDS 2001) calculated

that half of all HIV infections around the world occurs among the young people between 15 to 24 age group, premarital sex, unplanned pregnancies in reproductive health. It also enhances in HIV infections.

The appearance of the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) has focused greater attention on the control of STD and it is now clear that there is strong correlation between the spread of conventional STD and HIV transmission. Both ulcerative and not HIV transmission both ulcerative and not non-ulcerative STD increase the risk of sexually transmission of HIV. Scientific evidence suggests that 80% of HIV infections are spread by the sexual rote and that there is an interrelationship between HIV and STD (Alder MW, 1996). For example, in Sub Saharan Africa 70% of the HIV infection is found in patient with an STD and likewise 15 to 30% of STD patients in Thailand were found to be HIV positive (Over and piot in alder, 1996)

Counseling is an essential component of services for person with HIV and AIDS. It is also an important approach to use with many persons who is worried about AIDS and wants advice on the best way of reorienting his or her lifestyle to reduce the risk of catching HIV. A range of services including hospitals, sexually transmitted disease clinics, programmes with prostitutes, family planning clinics, schools, colleges, social welfare and occupational health all need to activity consider developing some sort of counseling provision (John Hubley, 1990)

Protecting adolescent health is not an easy task. Still there is debate whether it is batter to provide reproductive health education or not to the young people. Even in the united states they are reluctant to provide contraceptive information and services : They thought that it would promote promiscuity among unmarried teems. In spite if the controversies, the conference in Cairo and Beijing reviewed that providing sexual and reproductive health information are measures to improve adolescents health (PRB,2000)

A number of studies have shown that the risk is greatest with passive anal intercourse. This is quite frequently traumatic, and their fore HIV infected semen gains direct access to the blood circulation or the recipient. Active penetrative sex is much less dangerous (Barter, Barton, Gazzard “HIV and AIDS “ 1993)

HIV/AIDS is not merely a health problem and its consequences are not limited in destruction of an individuals health it goes beyond the individuals health and has profound impact on every aspect of socio-economic structure of an individual, family, community, nation and even the world at large. (NCASC, 2000)

A study is Rwanda followed up 54 children with HIV infection from 1998 to 1994. The ever all risk of death was ever 20 times higher in infected children than in uninfected children. The median time of several was 12.4 months after estimated infection and 5.4 month after occurrence of the first HIV related condition in the 28 infected children who died. The most common causes of death among infected children were pulmonary infections and diarrhea.

This study also found that the WHO clinical case definition of AIDS is not useful for prognosis (HIPCT, 2003, Page 19)

Half of all new HIV infections are in those who are younger that twenty five years old. So prevention must start young. How ever surveys sow that those changing behavior the most a result of complains are those who would be easily anyway to be setting down changing patterns loss frequently. For example in the UK and some other countries gay men aged thirty five to forty five have reduced dramatically seem to be taking bigger risk again. We see this in the rising number of young gay men going to sex-disease clinics with new case of gonorrhea a sure sing that they are having unprotected sex. Those in the firing ling are young people. Every year in countries like the UK the age of puberty falls a little more for reasons which are unclear, although, it is related to increasing body weight in girls (Patrick Diocon, 1994, page 285)

Several studies in Africa have followed up children born to HIV infected mothers from birth. The cause of HIV disease in most HIV infected infants is more rapid than in adult. Most children who are born with HIV infection present with signs and symptoms before two years age. Thus more rapid progression may be related to the immaturity of the infant's immune system at the time of HIV exposure. (HIPCT, 2003)

HIV/AIDS is not merely a health problem and its consequences are not limited in the destruction of an individual health. It goes beyond the individuals health and has profound impact an every aspect of socio-economic structure of an individual, family, community, nation and even the world at last. AIDS affects people

in their most productive age, resulting in several direct and indirect costs. These include increased spending on health care and drain of health resources including hospitals, drugs and staff, loss of production and productivity in all sector of the economy including women's labour in and out side the home, loss of investment in training of skilled labour and educated professions, loss of consumers and purchasing power, loss of tourist revenues in developing countries like Nepal, these cost may further affect already trouble and crippled economy. Indirect costs include fear, pain, stress, grief etc. (NCASC, 2000)

In 1999 result were reported from a study in Uganda (study 7) which showed that a single dose of nevirapine (NVP) given to the mother during labour and to the new born, reduce the risk of MTCT by about half. This investigation appears to have long term efficacy despite breastfeeding. (HIPET, 2003)

By 2003 develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphan and girl and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support, insuring their environment in school and access to shelter, a good services on an equal basis with other children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance. (DCUNGASS on HIV/AIDS June 2001, New York, paragraph 65)

HIV/AIDS may create disharmony in community relationship. People may loss faith and trust in each other. Increased number of

orphans, dropouts from school, mass of jobless people in the community might not only be a burden to the society but it may also give the moral of the community as a whole may decline and result in disintegration of he society. (NCASC, 2000)

Women are sexually, economically and biologically more vulnerable to HIV infection and AIDS. The social cultural and economic impact of the epidemic an women will be greater compared to man (HAHC, 1996).

A European study of 563 heterosexual couples in which only one partner was infected at the start suggests that chances of transmission on HIV infection from male to female is twice as likely as from female to male. Generally, women are more vulnerable to HIV infection because of large surface is exposed, and semen contains higher concentration of HIV than vaginal or cervical fluids (K. Park, 2005)

A study in Philippines shows that, awareness of AIDS is nearly universal, but knowledge is rather limited. 85% young people at least one sexual modes\ of transmission. Misperceptions about HIV transmission are not common. 16% of young people who know about AIDS believe that HIV can be transmitted by having contract with the belongings of an infected person. Education and regular recourse to television, radio, newspapers increases awareness ands knowledge about HIV/AIDS (Balk, et.AL,1997).

To stop the mode of transmission is the appropriate technique to control to HIV/AIDS. According to the WHO regional office, South-east Asia New Delhi 1999 published Book" The Challenge" page no 13 HIV is spread only through the three following ways:

1. Through an exchange of blood, fluids, primarily during sexual intercourse between infected persons and his/her partner.

2. Through the change of infected blood during transfusion or by skin-piercing instruments. e.g. sharing during injecting drugs- use or rarely at health care settings.

3. From an infected mother to her unborn child during pregnancy and delivery and after birth through breast feeding.

We can conclude that to increase HIV awareness in general and specially in migrant and illiterate communities to prevent HIV/AIDS. It is individual community, national and international responsibility to conduct awareness programs through Health education. Radio televisions are very effective media to spread awareness about HIV/AIDS.

2.2 Studies in Nepal

Incidence of HIV/AIDS are increasing in Nepal due to the illiteracy and migration. The first HIV case was found in 1988 in Nepal. According to the data collected by national centre for AIDS and STD control in august 2007, there are 9949 diagnosed cases of HIV. It is estimated that 75000 people are infected by HIV/AIDS. Among them, more than half people are under the age of 30 years. HIV infections are increasing in woman and children than men.

Following are the causes to increase HIV infection in Nepal.

1) Illiteracy and ignorance
2) Lack of AIDS education and STD education.
3) Poverty, migration and urbanization
4) Professional sex worker
5) Open boarder with India
6) Tendency to take drug through injection

2.3 Cumulative HIV infection by age group and Sex

HIV is rapidly increasing through many sub-groups such as sex workers, client of SW/STD, House wife, children etc. It can be presented by the following.

Sub-Groups	Male	Female	Total	New cases in Sharawan 064
Sex workers		688	688	4
Clients of SWS/STD	4512	104	4616	67
House wives		2046	2046	50
Blood or Organ Recipients	17	6	23	0
Injection Drug use	1962	35	1997	47
Men having sex with men	24		24	4
Children	304	184	488	21
Sub group not identified	50	17	67	0

Source: NCASC sarawan 2064

In Nepal many person has not complete knowledge about HIV/AIDS. Some people know only name but unaware about the main mode of transmission.

A survey of teenagers in Nepal in 2001 conducted by UNAIDS/UNICEF concluded that, 92% of teenagers had heard HIV/AIDS but they had not known about the main mode of transmission of population (23%) had misconception that HIV can transmits by mosquito believed that over touching with HIV infected person, it can be transmitted .

The behavioral surveillance survey in the Highway route of Nepal (New ERA 1999) has shown that 100% students had heard of HIV/AIDS but only 92.4 percent had heard about condom 24% thought that it was transmitted by mosquito bite 11% thought that pills were the contraceptives used for preventing HIV/AIDS.

The cases of HIV/AIDS in Nepal are increasing day by day. If the situation is allowed to continue for long, HIV/AIDS will be the leading cause of death in Nepal within the next decade. One of the major aspects of HIV/AIDS is Adolescent and youths which are vulnerable groups. If not treated properly the epidemic will take a generalized from (NCASC, 2000)

In many places, migration is believed to contribute significantly to the volume of internal migrants in Nepal, was about 1.2 million (6%) of total population This volume is almost twice that of external migrants (MOPE, 2000) Thus rendering them.

The number of people, especially adolescents, suffering from HIV/AIDS/STDS is increasing. The adolescent have little knowledge about sexual and reproductive health due to illiteracy and social taboos, especially those in rural area. Adolescent and youth comprise 23 percent of the total population in Nepal. Traditionally, it was thought that Nepali adolescents are not

sexually promiscuous before marriage, but a study showed that 44 percent of 13-15 years old and 56 percent of 16-18 years old were involved in sex before marriage although early marriages are widely prevalent in Nepal. (Prasai, 1998)

In the survey carried out among currently married males of Saptari district found that 54.2 percent had heard about HIV/AIDS. 45.8 percent of the respondents said that they have never heard about HIV/AIDS out of the respondents who heard the name of HIV/AIDS, only 10 percent of them were found to know the main mode of transmission. About 36 percent of the respondents had known sexual intercourse as one of the modes of HIV transmission, while a few respondents (2.8%) have reported inaccurate modes like mosquito bites and 80 forth. four out of five respondents. Who were involved in extramarital sexual behavior had no change in their sexual activity with advent of HIV/AIDS - (Jha,1998)

Studies of available literature of the topic prove that awareness of AIDS is not at adequate level. There are still a great deal of misconceptions about the transmission of HIV and how HIV/AIDS can be contracted. Studies have showed that the number of adolescents suffering from HIV/AIDS has been increasing. They have little knowledge about sexual and reproductive health due to illiteracy and social taboo, especially in the rural area. It was traditionally believed that Nepalese adolescents were not sexually promiscuous, but study has found that 44% adolescent of 13-15 age group and 56 percent of the 16-18 age marriage (Prasai, Adolescent sexuality, 1998)

Preliminary result of Nepal demographic and health survey 2001 by new ERA has shown that knowledge of AIDS is much higher among urban than rural respondents and also higher among residents of the hill region that the other two region. Education has a positive impact an AIDS knowledge among all respondents. For example, 99% of women and 98% of men with SLC above have heard of AIDS compared with 37% pf women and 47 percent of men. Thirty eight percent of women and 67 percent of men believed that there is a way to avoid HIV/AIDS.

A study on "Knowledge, Attitude and practice concerning HIV/AIDS, STDS and RH among the adolescent of six district 2000 done by development Resource center revealed that 90.1% had ever heard of HIV/AIDS. But out of them one fourth had known the actual window period. Only 66% students were knowledge about the causative organic and the mode of transmission people had misconception about HIV transmission such as mosquito bite, living together, shaking hands and swimming in the same pond.

The 2001 population data sheet of population reference bureau has shown that of the total 0.3 percent Nepali population of 15-19 age groups were suffered from HIV/AIDS. It was the second highest country in south central Asia is having HIV/AIDS, next to India which had 0.7 percent.

The above information shows that there are great risks to migrant and illiterate people. Many people have heard about HIV/AIDS but they are unknown about the risk factor or mode of transmission. This study attempts to find out exact level of awareness among concrete collector people at Birendranagar, municipality, Surkhet.

Chapter - III

Methodology

3.1 Introduction of Study Area

Birendranagar municipality lies in Surkhet district. Surkhet district is located in the mid western development region of Nepal. It is regional headquarter of this region. Salyan lies in the east, Doti, and Achham touch in the west. Achham, Dailekh and Jajarkot lie in the north. Kailali and Bardiya lie in the south of Surkhet. The total area of the district is 2451 square Kilometers. 24 square Kilometers 10 urban and 2417 square Kilometers is rural area. There are 50 VDCS and 1 municipality in Surkhet district. According to the population census 2001, 142817 male and 145710 female, total 288527 population is there in Surkhet district, 8837 percent of people live in the rural areas and 11.63 percent people live in urban area.

Being regional headquarter literacy rate is found very low in the study area. Knowledge about reproductive health is also poor condition. Marginalized and poor people are settled down. Most of the population is migrant and little population is inhabitant. 71% population is migrant from Dailekh, Mugu, Kalikot, Jumla, Salyan, Jajarkot, Bardiya, Kaski, Banke, Dang, Rolpa and various remote part of Surkhet district. Most of the people are depend on concrete collection.

This population is vulnerable is HIV/AIDS. Many people have heard the name of HIV/Aids but some people don't know what is it? Some people don't know that it is disease or something else. Many people are in confusion about the made of transmission of

HIV/AIDS. Some people believed that it can be cured by the early treatment and can be prevented by the vaccination.

Socio-economic condition is also miserable in this area. Most of the people (72%) are landless 58% people earn only 50 rupees from the concrete collection. People have large family size. Some family has 7, 8 children, Due to the lack of contraceptive use and knowledge about reproductive health. 77% people are illiterate, 23% are literate. 13% people have passed primary level and 6% people have passed lower primary level only.

Awareness about HIV/AIDS is very low in this study area. It is necessary to rise awareness level about HIV/AIDS.

3.2 Universe of the Study

100 persons are taken as sample out of 1000 universe.

3.3 Nature and Sources of Data

Primary and secondary data are used. Primary data are collected by visiting concrete collector people in their working area through questionnaire.

Secondary data is taken from the internet, Books, Reports, Journal. It is also based on qualitative and quantitative method of data collection.

3.4 Research Design

The study is based on descriptive and analytical research design. All the necessary information is collected then described and analysed to find out conclusion.

3.5 Sampling Procedure

Sampling Size: The study has included 100 sample from the 1000 universe.

Sample Procedure: The study is accomplished through systematic randomize sampling method under the probability sampling. First of all I decided to take 100 samples from the 1000 universe then I derived sampling interval through 1000 divided by 100. 10 was sampling interval then I randomly selected one number 1 to 10 number from this process 6 was taken randomly. Then on the basis of class interval adding the sample interval sample were derived such as 6, 16, 26, 36, 46, 56, 66,....., 996 = 100

3.6 Data Collection Strategy

I went in the study area being simple customer of concrete. First of all I asked the rate of concrete. Then I gave introduction. I asked their time for interview. I asked questions about their general background and related to HIV/AIDS. All respondents have not any feeling of boredom and hesitation.

3.7 Tools and Techniques of Data Collection

Questionnaire, observation, schedule, checklist, Interview, focal group dispersion are used as tools and techniques of data collection.

3.8 Time Schedule

This study is completed in four month of time. It was started in the begining of february 2008 and finished in the last of may 2008.

3.9 Key Informant Interview

Respondents who are literate and local people are taken as key informant interview in this study.

3.10 Data Analysis

First of all, crude data is collected through the questionnaire. Then data is processed. The insignificant and unnecessary data are elucidated. Similarly data are tabulated according the need of study. After tabulation data are described and analyzed. Various table, pie, chart are used to analyzed data as per the requirement of research.

3.11Reliability and Validity of Data

It is no doubt that there is high level of reliability and validity of data. Researcher involved himself in the study area to take primary data. Easy environment was created to express their knowledge. Secondary data are collected from internet, published report, books etc.

Chapter - IV

Analysis & Interpretation

4.1 Demographic Situation

The below table shows the participation of male & female in concrete collection. The table shows that 74% female and 26% male have involved in concrete collection. Female involvement is nearly three times more than male in concrete collection.

Table 4.1

Demographic Situation

S.N.	Sex	Number	Percent
1	Male	26	26
2	Female	74	74
Total		100	100

Source: Field Survey, 2008

In the study area male population is very low in the comparison of female population male use to go out side to work other work like as labour, driver etc and female involve on concrete collection.

4.2 Distribution of Population by Age Group

The below table shows age group of the concrete collector people involved in the concrete collector. 8% and 20% female total 28% people are between 15-25 years age group. 3% male and 21% female total, 24% people are between 25-35 years age group. Involvement of 35-45 years age group is highest. 6% male and 27% female, total 33% people are involved in this age group.

Similarly, 5% male and 4% female, total 9% people are involved between 45 to 55 years age group. 3% female and 2% male, total 5% are involved between 55-65 years age group. 1% male represents from the 65 and above age group.

Table 4.2

Distribution of Population by Age Group

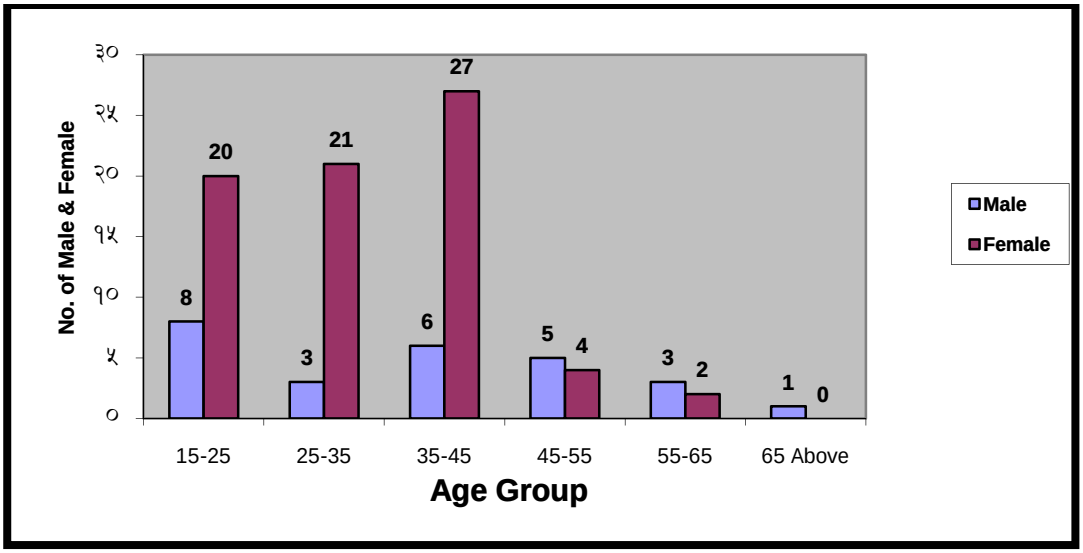
S.N.	Class	Male	Female	Total	Percent
1	15-25	8	20	28	28
2	25-35	3	21	24	24
3	35-45	6	27	33	33
4	45-55	5	4	9	9
5	55-65	3	2	5	5
6	Above-65	1	0	1	1
Total		26	74	100	100

Source: Field Survey, 2008

The above table shows that most of the people are between the age of 35 to 45 year's age group. It also shows that female involvement is higher than male.

This is also presented by the following figure.

Figure No. 1



Source: Field Survey, 2008

Marital Status

The below table express the involvement of married and unmarried people in concrete collection. 90 people out of 100 are married and only 10 out of 100 are unmarried.

Table 4.3

Marital Status

S.N.	Particular	Number	Percent
1	Married	90	90
2	Unmarried	10	10
Total		100	100

Source: Field Survey, 2008

It shows that married person's involvement is higher than unmarried.

4.4 Educational Status

The below table shows the literate and illiterate concrete collector people. Only 23% people are literate and 77% people are illiterate. Only 13% people have passed primary level education and out of 100 only 6 person have passed lower secondary level education. None of them have gained higher than lower secondary level education.

Table 4.4

Educational Status

S.N.	Particular	Number	Percent
1	Literates	23	23
2	Illiterate	77	77
Total		100	100

Source: Field Survey, 2008

Educational status of the above table expresses that the education level is very low

4.5 Socio-Economic Status

concrete collector people have lower social economic condition most of them 72% are landless, 20% have less than 2 kaththa land, 8% have more than 3 kaththa land. They are limited only in their communities. They have not broad relationship with other communities.

Chapter - V

5. HIV/AIDS Awareness of the Respondents

Many aspects related to awareness about HIV/AIDS of CCP are analyzed in this chapter. Knowledge of respondents about HIV/AIDS, mode of transmission means of transmission, source of information etc are analyzed in this chapter:-

5.1 Knowledge of Respondents about HIV/AIDS

In the study area, some people have not heard only name of HIV/AIDS. 70% people have heard the words HIV/AIDS and 30% are unknown about the name of HIV/AIDS.

Table 5.1

Knowledge of Respondents about HIV/AIDS

S.N.	Particular	No Of Respondents	Percent
1	Word HIV Listener	70	70%
2	Word HIV non listener	30	30%
Total		100	100%

Source: Field Survey, 2008

The above table represents that 30% respondents are quite unknown about HIV/AIDS.

5.2 Understanding About HIV/AIDS

Many respondents are unknown about the understanding about HIV/AIDS. Some respondents has not heard only name of HIV/AIDS some said that HIV/AIDS is Non-communicable disease,

some said that it is health problem, some said that it is STDS and some said that it is communicable disease.

The below table has shown that only 33% respondents have clear understanding about HIV/AIDS. They have known HIV/AIDS as communicable disease. 21% percent respondents understand HIV/AIDS as sexually transmitted disease. 27% respondents understand HIV/AIDS as Non-communicable disease. Remaining 19% respondents understand HIV/AIDS as health problem. This explanation clarify that most of (67%) respondents have not right understanding about HIV/AIDS.

Table 5.2

Understanding About HIV/AIDS

S.N.	Responses	No of Respondents	Percent
1	sexually transmitted disease	21	21%
2	communicable disease	33	33%
3	Non-communicable disease	27	27%
4	Health problem	19	19%
Total		100	100%

Source: Field Survey, 2008

The above table shows that many respondents have not clear understanding about HIV/AIDS.

5.3 How Does HIV/AIDS Transmit from each other

The below table describes the knowledge of respondents towards the mode of transmission of HIV/AIDS. Most of the respondents (57%) know the right mode of transmission. They know that sexual contract is the main mode of transmission other remaining 43% respondents do not have knowledge about the mode of transmission, 18% responses think that living together is the mode of transmission 2% believe embracing is the mode of transmission. 3% believes in shaking hand is the mode of transmission. Similarly 20 believe other mode of transmission like as cloth, pots, mosquito bite etc.

Table 5.3

How Does HIV/AIDS Transmit from each other

S.N.	Responses	No of Respondents	Percentage
1	Living together	18	18%
2	Embracing	2	2%
3	Shaking hands	3	3%
4	Sexual contract	57	57%
5	Other	20	20%
Total		100	100%

Source: Field Survey, 2008

The above table shows that respondents have not more knowledge about the mode of transmission of HIV/AIDS some respondents believe that living together, Shaking hand, embracing and other can be transmitted HIV/AIDS.

5.4 How does not HIV/AIDS Transmit from each other

People are confused that how does HIV/AIDS transmit and how does not it transmit from each other. They do not identify correct mode of transmission. Some respondents response that HIV/AIDS can not be transmitted through sexual intercourse bearing child by infected mother, taking infected blood and other like injection/Needle.

The below table has shown that 49% respondents say correct answer. They know that using common toilet can not transmit HIV/AIDS, 6% conceptualize that sexual intercourse with many partner is not serious matter in HIV/AIDS. Similarly 5% respondent conceptualize that bearing child by infected mother can not transmitted HIV/AIDS, 3% respondents don't think that taking infected blood can be transmitted HIV/AIDS. 9% respondents believe that HIV/AIDS can transmit by all the above mentioned mode of transmission other remaining 29% respondents conceptualize that other mode of transmission like as using common toilet, syringe and needle cannot transmit HIV/AIDS.

Table 5.4
How does not HIV/AIDS Transmit from each other

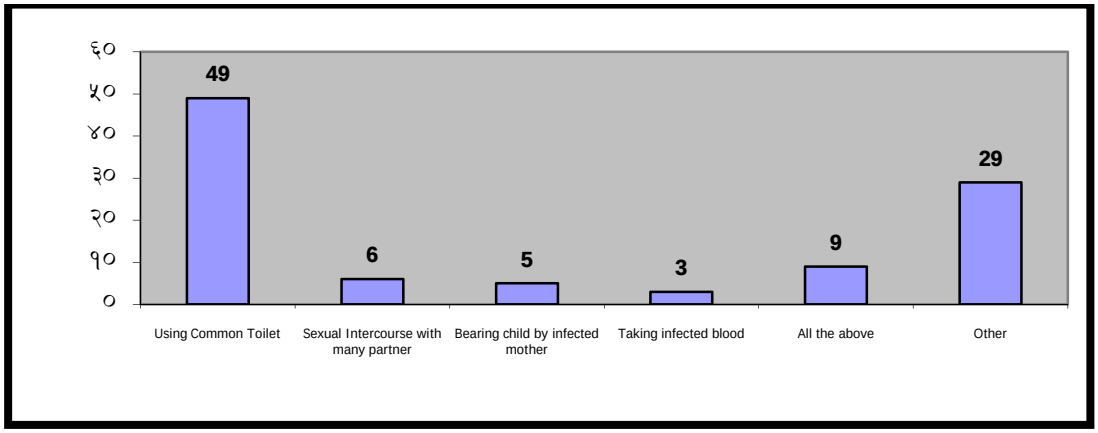
S.N.	Responses	No of Respondent	Percent
1	using common toilet	49	49%
2	sexual intercourse with many partner	6	6%
3	Bearing child by infected mother	5	5%
4	Taking infected blood	3	3%
5	All the above	9	9%
6	other	29	29%
Total		100	100%

Source: Field Survey, 2008

The above description concludes that many respondents has not complete knowledge about the mode of transmission of HIV/AIDS.

This is also explained by the following figure.

Figure No. 2



Source: Field Survey, 2008

5.5 How could we prevent from HIV/AIDS

In the response of this question, most of the respondents have chosen all the way mentioned in the questionnaire. Some respondents are unknown about safety way. The below table illustrates that same respondents are in confusion about the safety way or 1% respondents tells that having sexual contract with single partner is the only way to prevent HIV/AIDS. They do not know other mode of transmission except sexual contract. Similarly 79% respondents know the ways of prevention. But 20% respondents have not any ideas towards the prevention of HIV/AIDS. They are completely unknown about HIV/AIDS.

Table 5.5

How could we prevent from HIV/AIDS

S.N.	Responses	No of Respondent	Percent
1	Having sexual contract with single partner	1 0	1

2	Taking only tested blood	0 0	0
3	using condom while sexual contract	0 0	0
4	No child birth by infected mother	0 0	0
5	use only sterilized syringe and needle	0 0	0
6	Immediate treatment pf STDS	0	0
7	All the above	79	79
8	unknown	20	20
Total		100	100

Source: Field Survey, 2008

The above table shows that some respondents are quite unknown about the preventive way of HIV/AIDS.

5.6 Could HIV/AIDS been cured by medicines

The below table expresses that 32% respondents think that HIV/AIDS as curable by early treatment. 39% respondents has correct knowledge that HIV/AIDS cannot be cured by medicines until now. Similarly 29% respondents are quite unknown about treatment of HIV/AIDS. Only 39% respondent have knowledge about the treatment of disease but 61% respondents have not knowledge and misunderstanding about the treatment of HIV/AIDS.

Still now some respondents have miss understanding that HIV/AIDS can be cared by medicines. Some respondents have clear understanding. They think that HIV/AIDS cannot be cured by the medicines similarly some respondents are unknown about treatment of HIV/AIDS.

Table 5.6

Could HIV/AIDS been cured by medicines

S.N.	Responses	No of Respondents	Percent
1	HIV/Aids can be cured by medicines	32	32%
2	HIV/Aids cannot be cured by medicines	39	39%
3	Unknown	29	29%
Total		100	100

Source: Field Survey, 2008

5.7 How could you know about HIV/AIDS

In the above table source of information about HIV/AIDS has been described. Most of the respondents know about HIV/AIDS through radio. Radio is the most effective source of information in illiterate poor and marginalized communities. It is more accessible and affordable to the respondents. Neighborhood has importance role to aware neighbors about HIV/AIDS. Similarly Health worker has also given information about HIV/AIDS. Newspaper is less effective in illiterate communities to aware about HIV/AIDS. In the study area 77% respondents are illiterate and they cannot read newspaper. NGO/INGO has not effective role in these communities to aware about HIV/Aids. Other source of information like teachers also aware CCP about HIV/AIDS. The below table has shown that 40% respondents are exposure to Radio. Radio can be easily understood by illiterate people. It is also access able and affordable to the people. Similarly, television less effective than the radio. Only 5% respondents have television. 14% respondents have heard about HIV/Aids through friends. Newspaper is less effective to aware the people about HIV/Aids in illiterate communities. Only 3% respondents have known about HIV/AIDS

by the newspaper. Similarly, NGO/INGO has not worked in this community. Sometimes NGO/INGO has given health education including HIV/AIDS. Only 5% respondents are awared about HIV/AIDS by the NGO/INGO. Other sources of information like as teacher and so on have 22% role to give knowledge about HIV/Aids.

Table 5.7

How could you know about HIV/AIDS

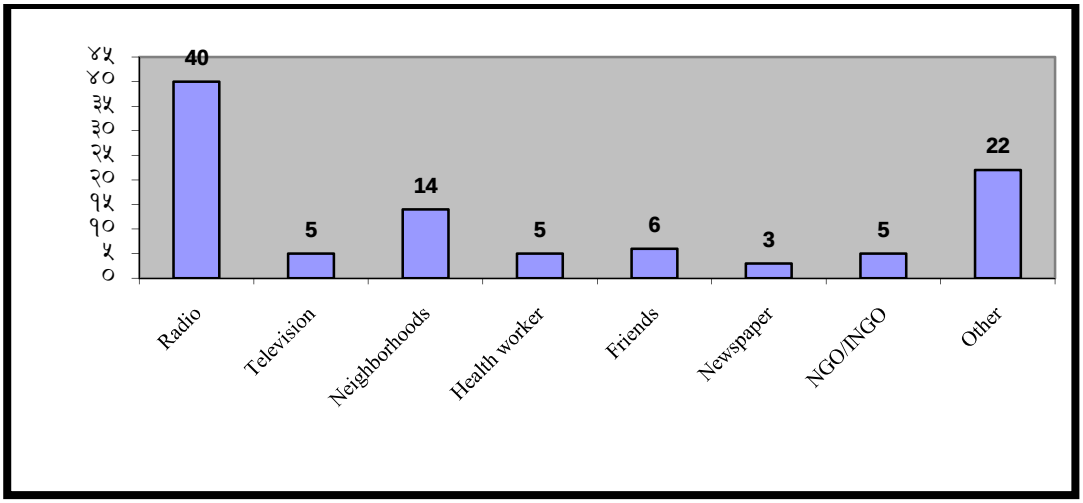
S.N.	Response	No. of Respondents	Percent
1	Radio	40	40
2	Television	5	5
3	Neighborhoods	14	14
4	Health Worker	5	5
5	Friends	6	6
6	Newspaper	3	3
7	NGO/INGO	5	5
8	Other	22	22

Source: Field Survey, 2008

We can conclude that radio is most effective source of information in this community.

This is also described by the following figure.

Figure No. 3



Source: Field Survey, 2008

5.8 Where do you go to treat HIV/AIDS

Most of the respondents believe that HIV/AIDS can be treated in Hospital like other disease. 57% respondents believe that hospital is suitable place to treat HIV/AIDS. 21% respondents reply that health post is suitable place for the treatment of HIV/AIDS. 4% respondent answer that medical is appropriate place for treatment of HIV/AIDS. Similarly 18% respondent is unknown about the treatment center of HIV/AIDS. None of the respondents are able to identify correct HIV/AIDS treating, counseling and testing center.

Table 5.8

Where do you go to treat HIV/AIDS

S. N.	Responses	No of Respondents	Percentage
1	Health Post	21	21
2	Hospital	57	57

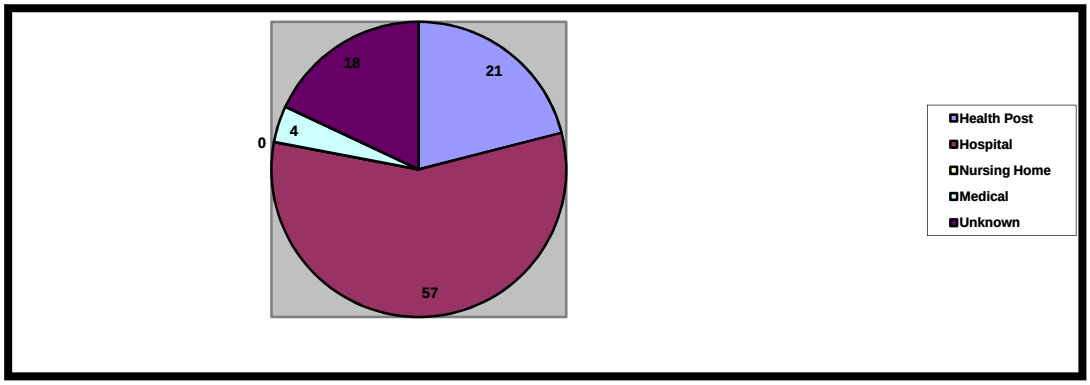
3	Nursing Home	0	0
4	Medical	4	4
5	Unknown	18	18
Total		100	100

Source: Field Survey, 2008

Health services are not accessible to illiterate and specially the poor people of the community. People of study area do not know about treatment centre of HIV/AIDS. Some responses Health post, hospital, nursing home. Medical and other places as HIV/AIDS treatment centre. None of them has any idea or knowledge about HIV/AIDS treatment center.

This is also explained by the following figure.

Figure No. 4



Source: Field Survey, 2008

Chapter - VI

6. Summary, Conclusion and Recommendations

6.1 Summary

HIV/AIDS is one of the serious health problems in today's world. The epidemic of HIV/AIDS has been rapidly increasing since it was diagnosed internationally in 1981 in USA. At present 33.2 million

people are living with HIV/AIDS. Most of the infected persons are adult. Illiteracy, poverty, migration have been contributing for spread of disease. Sub Saharan Africa is the most affected region of HIV/AIDS. Now, 22.5 million people are living with HIV/AIDS. Similarly 1.7 million people are newly affected. 1.6 million People have already died in this region until now; 2.1 million people have died by the HIV/AIDS in the world. There is not care and disease is still fatal. Antiretroviral therapy treatment has been developed to control the Disease. Productive age people are affected by the disease so that their economic and social conditions are very poor.

Preventing method is only one effective way to protect people from HIV/AIDS. Vaccine is not developed in this situation; source of disease cannot be stopped. But mode of transmission can be stopped by health education. It is necessary to aware illiterate, poor, marginalized communities.

Nepal is also risk place of HIV/AIDS because of illiteracy, poverty, migration, open boarder to India etc. Until now Almost 11,000 people are living with HIV/AIDS. 75,000 people are infected by the HIV/AIDS. DFID, WB, USA, GF, The Embassy of Denmark etc are supporting in the field of HIV/AIDS but out put is not satisfactory as desired.

HIV/AIDS is rapidly spreading in specially illiterate, poor and migrant communities. Concrete collector people at Birendranagar municipality, are poor and illiterate. Their life is miserable. 77% people are illiterate. Only 13% people have passed the primary level and 6% have passed lower secondary level education. Most of the people have to depend on concrete collector. Their income

is less than 100 rupees but family size is large. It is very difficult to survive them. They have less education about reproductive health.

Involvement of women in concrete collection is higher than men 74% women and 26% men are in this work most of the population is migrant. 71% are migrant population and 29% are inhabitant. Inhabitant populations have more knowledge than migrant population socio-economic condition is also very poor in research area. 72% people are landless. They have only small cottage on the side of steam. 20% have less than 2 kattha land and only 8% have more than 2 kattha land. Local (inhabitant) people have more land than migrant people. CCP have lower social status.

CCP have less knowledge about HIV/AIDS people have heard only name of HIV/AIDS but they have not knowledge about mode of transmission. 30% people have not heard only name of HIV/AIDS. most of the people do not know about disease. They have misunderstanding that HIV/AIDS is STDS, Non-communicable disease and Health problem. 21%, 33%, 27% and 19% people take HIV/AIDS as sexually transmitted disease, communicable disease, Non-communicable disease and heath problem respectively.

Many people in study area are still confusion in the mode of transmission people have misconception that HIV/AIDS can be transmitted through living together, embracing, shaking hand and other mode of transmission 57% people known that HIV can be transmitted through sexual intercourse but they do not know about blood transmission, use of syringe and needle and bearing child of infected mother as mode of transmission of HIV/AIDS.

Similarly 18% people believe that living together is a mode of transmission. Similarly 2% people believe that embracing is the mode of transmission. 3% respondents believe that by shaking hand HIV can be transmitted to other. Remaining 20% believe in other mode of transmission such as clothes, pots, beds, mosquito bits etc. Other tools to judge knowledge of respondents are sign and symptoms and various stages of HIV/AIDS. People are found quite unknown about the sign and symptom and stages of HIV/AIDS. People do not know about the window period of HIV/AIDS. HIV positive stage and stage of AIDS.

Some CCP have not taken HIV/AIDS as Serious disease. 32% people believe that it is curable disease. Similarly, 39% people think that it is not curable disease. 29% people are quite unknown about this matter. Most of CCP are illiterate. News paper is less effective source of information for them. Radio is most effective source of information it is accessible and affordable to them. 40% respondents know about HIV/AIDS through Radio. Television is not available and affordable as radio. Only 5% people are dependent in television to gain knowledge about HIV/AIDS. Similarly, 14% respondents know about HIV/AIDS through Neighborhood. 5% respondents are awared through health centre. 6%, 3%, 5% and 22% respondents are aware about HIV/AIDS through friends, Newspaper, NGO/INGO and other respectively.

6.2 Conclusion

The following conclusions are drawn from this study.

- The people of study area are poor, marginalized and illustrate.

- Involvement of female in concrete collection is more than male.
- Most of the people are between the ages of 35 to 45 years old.
- Main occupation is concrete collection
- Most of the concrete collector people are migrant from the various districts of Nepal.
- Most of the CCP are Landless but they have small cottage in the side of steam.
- Their lives and property can be destroyed by the flood in the rainy seasons.
- Concrete collector people have less knowledge about HIV/AIDS.
- They have misconception about HIV/AIDS as STD. Communicable disease and health problem.
- Respondents have not knowledge about the mode of transmission. They take living together, shaking hand, embracing, clothes and pots as mode of transmission.
- They have very less knowledge about reproductive health.
- Some 32% people take HIV/AIDS as curable disease.
- NGO/INGO has not presented to run awareness programs to them.

- Respondents are exposure to Radio, Television, Neighborhood, Friends, News paper, NGO/INGO and other as source of information about HIV/AIDS. Radio is very effective means of information in this community.
- They do not know about window period sign and systems of HIV/AIDS.

6.3 Recommendations

Education is the foundation of over all development of any family, society and Nation. Literacy rate is only 23% in concrete collector people. It is recommended to conduct formal and informal educational programme by Government and Non Government organizations to increase awareness of HIV/AIDS.

Poverty is main enemy in disadvantages society. CCP are also very poor. Most of them are landless. Their income is less than 100 rupee in a day. Therefore, it is necessary to conduct income generating programmes by INGO/NGO in this communities. It is remarkable to learn basic skill and knowledge to them before running any income generating programme.

Condition of Reproductive health in concrete collector people is very poor. Lack of the knowledge of reproductive health they are compelled to bear many children. Some family are found having 7-8 children in a family. There is not birth gap between child birth. It enhances the chances of STDs as well as HIV/AIDS. So I wants to recommend strongly, to conduct reproductive health programmes by the community based health organizations.

CCP are deprived from the health education. If they are given health education by CBHO, it will stop the spread of HIV/AIDS and other infections and non-infections disease.

CCP's community is not gender sensitive. 74% women are involved in concrete collection and household work. Men use to go out side the house to work income generating task. Research has shown that chances of HIV infection in women is more than man. It is essential to run gender sensitive programmes by the gender development organizations for the equitable development of this community.

Knowledge about HIV/AIDS is very low in this society most of the people have heard the only name of HIV/AIDS but they have not known about the means of transmission, sign and symptoms and various stages of disease. So it is one of the remaining communities to conduct HIV awareness programmes by governmental and non-governmental HIV/AIDS related organization.

This society is risky of HIV/AIDS through heterosexual mode of transmission. Therefore sexual education is necessary to give them to preserve from the HIV/AIDS by the community based health organization.

Concrete collector people are really the subject of study from the sociological point of view. They are real people. I studied surfacely their socio-economic status due to the lack of time and resources. It is remained to study socio-economic condition of the people in detail and conduct programmes to involve them in the main steam of the country.

The study has found that awareness among CCP is very poor especially the migrant population. HIV/AIDS awareness programme is essential to prevent HIV/AIDS. So HIV/AIDS awareness program is recommended to launch by GO, NGO and INGO in this study area.

Saving and credit group formation may effective to raise their economic condition. Group can collect small scale of money monthly and can give as loan to the member of group in certain percentage of interest. Creditor can open small scale of business, pig keeping, polty form and cottage industries.

There is not clean drinking water and toilets in all the house. Environment is dry and dust of stone are spreading in the air of this area. This kind of environment may cause disease. So it is recommended to build community tap of water and toilets for the prevention of many infectious and non infectious diseases by district water drinking office. Similarly, plantation in the side of steam is needed to purify the environment and to preserve the life and property of concrete collector people.

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Appendices

Appendices Data collection instruments

Appendix -A1. Questionnaire for concrete collector people personal description

Name of Respondent :

Age :

Sex: male /female

Marital status: Married /unmarried

Question No.1. Are you native people?

Yes/No

Question No.2. Where did you come from?

Name of coming place:

Question No.3. How long have you been staying here?

a) year :
b) month :
c) Week :
d) day :

Question No.4. Can you read and write?

Yes/No

Question No.5. How much do you read?

a) primary level pass
b) Lower secondary level pass
c) Secondary level pass
d) SLC pass
e) Other

Question No.6. How much land do you have?

a) Landless

b) Less than two kattha

c) more than two kattha

Question No.7. What is your main source of income?

a) concrete collection

b) Agriculture

c) Business

d) Other

Question No.8. Do you go other place for concrete collection?

Yes/No

Question No.9. Where do you go?

Place:

Question No.10. How much concrete do you collect per day?

Quantity kattha :

Question No.11. Where do you sell collected concrete?

Place of selling:

Question No.12. What is the rate of per kattha concrete?

Rate:

Question No.13. Do you have any children?

Yes/No

Question No.14. How much children do you have?

Number:

Question No.15. How old is your first child?

a) year :

b) Month :

c) Week :

d) Day :

Question No.16. Have you heard word HIV/AIDS?

Yes/No

Question No.17. What do you understand by HIV/AIDS?

a) Sexually transmitted disease
b) Communicable disease
c) Non-communicable disease
d) Other

Question No.18. What type of disease is HIV/AIDS?

a) Communicable
b) Non-communicable
c) Unknown
d) Other

Question No.19. How does HIV/AIDS transmit?

a) Living together
b) Embracing
c) Shaking hand
d) Sexual contract
e) Blood transmission
f) Using syringe and needle
g) using clothes and pots
h) Other

Question No.20. How does not HIV/AIDS transmit?

a) Using common toilet
b) sexual contract with many partner
c) Child bearing by infected mother
d) Taking infected blood
e) using infected syringe/Needle
f) Other

Question No.21. What are the ways to be saved from the HIV/AIDS?

a) Not to keep sexual contract with many partner.

b) Taking only tested blood.
c) Using condom while sexual contract
d) Stopping child bearing by infected mother
e) Using only sterilized syringe and needle
f) Treatment of STD as soon as possible
g) All the above
h) Other

Question No.22. What are the ways to control HIV/AIDS?

a) Notification about HIV/AIDS
b) Research about HIV/AIDS
c) Using condom while sexual contract
d) Encourage to use condom
e) Embracing

Question No.23. Con HIV/AIDS be cured by medicines?

a) Yes
b) No
c) Unknown
d) Other

Question No.24. Is death sure of HIV/AIDS patient?

a) Yes
b) No
c) Other

Question No.25. Can HIV/AIDS be prevented by the vaccination?

a) Yes
b) No
c) Unknown
d) Other

Question No.26. How have you known about HIV/AIDS?

a) Radio
b) Televisions
c) Neighborhood
d) Health worker
e) Friends
f) News paper
g) Other

Question No.27. Do you any feeling of following problems?

a) Pain while urine discharge
b) Bleeding
c) Pus discharge
d) Scabies
e) Non of above
f) Other

Question No.28. Where do you go to treat HIV/AIDS?

a) Health post
b) Hospital
c) Medical
d) Nursing home
e) Non of above
f) Other

Name of the Respondents Involved in Study

1. Bhagbati Chan
2. Kamala Shahi
3. Pabitra Saru
4. Anita Basnet
5. Rajendra B.C.
6. Jambu Singh Thakuri
7. Bir Bahadur Khamcha
8. Kausila Sijali
9. Naurati Thapa
10. Janaki Sunar
11. Debi Sara B.K.
12. Tulsi B.k.
13. Karshna Budha
14. Khagisara
15. Sapura Thapa
16. Basant Thapa
17. Geeta Thapa
18. Tulsi B.K.
19. Heera B.K.
20. Seeta
21. Man Kumari
22. Ambika
23. Junpura
24. Tika B.K.
25. Tara Basyal
26. Ratna Shahi
27. Kamal Neupane

28. Durga Neupane
29. Man Kumari Shahi
30. Padmakala Thada
31. Jhapu Nepali
32. Ganesh Nepali
33. Biskala Budha
34. Man Bahadur Thada
35. Laxman Shahi
36. Ratna Sunar
37. Mansara B.K.
38. Kamala B.k.
39. Dal Bahadur Sunar
40. Sushila Nepali
41. Khagisara B.K.
42. Nar Bahadur Rawat
43. Pansara B.K.
44. Dil Bahadur B.k.
45. Nanda Regmi
46. Chandra Bahadur Regmi
47. Chandra Adhikari
48. Laxmi Gurung
49. Dan Bahadur Tamang
50. Sanumaya Regmi
51. Dhan Bahadur Basyal
52. Amrita B.K.
53. Sanjit Sunwar
54. Dhana Laxmi Aaidi
55. Jamkali Rokaya
56. Ran Bahadur B.K.

57. Ram Bahadur Sunar
58. Pabitra Chan
59. Debi Sara Hamal
60. Man Bahadur K.C.
61. Dhan Sara Shahi
62. Karna Bahadur Gandrama
63. Ganesh Bahadur Shahi
64. Lal Sara Rokaya
65. Bisna Shahi
66. Jayrup Shahi
67. Susmita Nepali
68. Shusila Nepali
69. Sunita
70. Man Bahadur Thapa
71. Resham Kala Nepali
72. Man Bahadur Pariyar
73. Dil Maya Thapa
74. Bir Bahadur Thapa
75. Kali Thada
76. Chandra Khamcha
77. Dil Maya Tamang
78. Man Kumari Nepali
79. Dil Maya Tamang
80. Prem Kumari B.K.
81. Dil Maya Budha
82. Laxman Nepali
83. Dhan Rupa Nepali
84. Susma Khamcha
85. Bhagabati Khamcha

86. Sarasawoti
87. Shanti Thpa
88. Lilawati Thapa
89. Kamala Shahi
90. Man Bahadur Shanki
91. Laxmi B.K.
92. Yam Kumari B.K.
93. Bal Kumari Khamcha
94. Sirjana Shahi
95. Bhagbati Shahi
96. Danta Shahi
97. Seeta Nepali
98. Seeta Shahi
99. Lila Nepali
100. Chandra Kala Nepali