

CHAPTER - I: INTRODUCTION

1.1: General Background

AIDS, the Acquired Immune Deficiency Syndrome 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 infection, neurological disorders or unusual malignancies. Among the special features a HIV infection are that once infected, it is problem that a person will be infected fro life. Strictly speaking, the term AIDS refers only to the last stage of the HIV infection. AIDS can be called our modern pandemic affecting both industrialized and developing countries (Park, 2005:271).

Present world is the world of advancement of science and technology. There are astonishing discoveries of science, which have changed our lives. Along with advancement of the science and technology various kinds of fatal disease has been seen as a challenge to the human being at present AIDS is one of the most serious problems created by the pandemic called Human Immune Deficiency Virus (HIV). AIDS has been emerging as a burning issue all over the world and much more effort has been made to control the disease. AIDS is a sexually transmitted disease (STD), spreading at an alarming rate.

The first case of AIDS was reported in 1981 in USA since than, AIDS become the most devastating and threatening disease of the human beings. More than 60 million people are already infected and about 40 million people are estimated to be living with HIV, among which one third (1/3rd) are age between 15-24 years (MoH, 2004: 5).

The sexual transmitted diseases (STD) are a group of communicable disease that are transmitted predominantly by sexual contact and caused by a wide range bacteria, virus, protocol and fungal agents and entoparasites (Park, 2005:265).

Initially, the epidemic concentrated in African continent. But it is rapidly increasing in Asia, particularly in south-Asia alone, there are more than 7.1

case of HIV/AIDS was diagnosed in 1988. The number of HIV infected persons is gradually increasing every year. The major mode of transmission is hetero-sexual. The available data shows that there is high prevalence of HIV in high risk group such as injecting drug users and female sex workers. Currently, it is estimated that there are more than 60,000 people living with HIV/AIDS in Nepal, with an estimated 3,000 deaths annual (MoH, 2004: 5).

An estimated 6,000 youth a day become infected with HIV/AIDS one every 14 second the majority of them young women. At the end of 2001, an estimated 11.8 million young people aged 15-24 were living with HIV/AIDS. Only a small percentage of these young people know they are HIV-positive (UNFPA, 2003: 23).

The immune system disorders associated with HIV infection/AIDS are considered to occur primarily from the gradual depletion in a specialized group of white blood cells (lymphocytes) called T-helper or T-4 lymphocyte and is also commonly known as CD4+ cell. These cells play a key role in regulating the immune response. HIV selectively infects T-helper cells apart from several other cells in the immune system such as B-cells, macrophages 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" cells as "suppressor" cells, in the AIDS patient 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 the immune system of patients with AIDS is found lymphopenia, with a total lymphocyte count often below 500 c.mm. It is the alteration in T-cell function that is responsible for the development of neoplasm, 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 have too few HIV antibodies and these antibodies are also ineffective against the virus (Park, 2005: 274).

HIV can be transmitted through blood, seminal and vaginal fluids. Therefore, it can pass from one person to another by the following ways mainly:

- i. Through unsafe sexual intercourse
- ii. Through infected blood transmission
- iii. Through infected mother to her newborn baby

Among these ways the first one is the most common. Heterosexual, homosexual contact, frequent receive share needles to inject drugs like heroin, cocaine etc for entertainment are at the high risk of AIDS (Ibid, 275).

This problem is spreading to Asia. Experts believe that in the coming decade, Asia's condition will be worse than of Nepal are more in danger due to lack of awareness (NCASC, 2003: 10).

Nepal is not far from this problem. The history of HIV/AIDS epidemic in Nepal is now more than 17 years. The number of HIV infected people including AIDS has increased at an alarming rate reaching a total of 6443 in April, 2006. Out of 6443 HIV infected cases 4647 are males and 1796 are females. A total of 311 cases have been found death due to AIDS (NCASC, 2006).

Table 1: Cumulative HIV/AIDS Situation of Nepal as of April 30, 2006

Condition	Male	Female	Total
HIV positive (including AIDS)	4647	1796	6443
AIDS (Out of total HIV)	747	278	1025*

* Death - 311

Table 2: Cumulative HIV Infection by Sub-Group and Sex

Sub-Group	Male	Female	Total	New case in April 2006
Sex-workers (SW)	0	617	617	1
Clients of SWS/STD	3198	103	3301	58
Housewives	0	988	988	54
Blood or organ recipients	8	2	10	0
Injecting drug use	1333	21	1354*	32
Children	108	65	173	8
Total	4647	1796	6443	153

* Mode of transmission - IDU or Sexual

Source: NCASC, 2006

The numbers of infected persons are increasing from those people who are engaged in commercial sex. The highest numbers of infected persons are male clients of commercial sex workers (Table 2). The HIV infection is found to be maximum in the age group 30-39 years (Table 3).

Table 3: Cumulative HIV Infected by Age Group

Age Group	Male	Female	Total	New case in April 2006
0-4 years	48	27	75	2
5-9 years	47	34	81	6
10-14 years	25	11	36	0
15-19 years	189	191	380	2
20-24 years	818	394	1212	20
25-29 years	1150	471	1621	40
30-39 years	1821	503	2324	62
40-49 years	462	141	603	19
50 and above	87	24	111	2
Total	4647	1796	6443	153

Source: NCASC, 2006

Still now there is no cure for AIDS so health education and mass awareness are the two key factors to address the problem.

1.2: Statement of the Problem

According to AIDS Newsletter, 20 million have died and 39.4 million infected by 2004 and 13000 new HIV infections every day globally.

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 2324, 1621 and 1212 respectively (NCASC, 2006). This data shows that high infected age group is 20-39 as sum, which are 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 interest from sex workers. Due to unprotect sexual intercourse they may carry HIV from HIV infected sex workers. AIDS control activities in Tamil Nadu began in 1995, which activities emphasized changing the behaviors of high risk group such as female sex workers, truckers and their assistance and male factory workers (World Bank, 2004: 20).

HIV/AIDS is now the leading killer of person between the ages of 25 and 44 in the United States and similar western nations. It is the leading cause of adult death in many third world countries (Herdt, 1997: 3). These groups are including in active population, which group involves in various occupation like trade, service, driver etc.

A large number of adolescents 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. Prevention is only remedial aspect of the disease. Therefore, public awareness is the most essential thing to protect from HIV/AIDS. HIV infected driver can transport HIV to their wives. There was not study carried out focusing on knowledge of STDs/HIV/AIDS and sexual behaviors of three wheeler drivers in zone Janakpur of Nepal. So this study concentrates on the relationship between socio-economic and demographic characteristics and knowledge on STDs,HIV/AIDS and sexual behaviors of three wheeler drivers.

1.3: Objectives o the Study

The general objective of the study is to know the knowledge on STDs, HIV/AIDS and sexual behaviour of three wheeler drivers in Janakpur zone of Nepal. The specific objectives of the study are as follows:

- i. To assess the knowledge of modes of transmission on STDs and HIV/AIDS by different socio-economic and demographic indicators.
- ii. To examine the knowledge of prevention of STDs and HIV/AIDS by different socio-economic and demographic indicators.
- iii. To examine the effective source of information for knowledge on STDs and HIV/AIDS.
- iv. To identify the sexual behaviour of three wheeler drivers.

1.4: Significance of the Study

The national centre for AIDS and STD control (NCASC) is playing dominated role in providing data, information, education and communication sharing the assistance from other non-governmental organization. Its efforts may by

insufficient due to lack of information about the perception of AIDS in community level, in rural areas so this study focus on the rural areas drivers' perception about AIDS. The study fulfill the gap knowledge of STD, HIV/AIDS and sexual behaviour of three wheeler drivers in the far from capital.

The study knowledge on STD, HIV/AIDS and sexual behaviour of three wheeler drivers of zone Janakpur is important in the view that this will provide specific data about knowledge on STDs and sexual behaviour to policymaker, which policymaker involve in STD control sector. This study also helps to various INGOs/NGOs, which organization concern with STDs and HIV/AIDS. There is no sufficient study carried out focusing on knowledge on STD, HIV/AIDS and sexual behaviour of three wheeler driver, thus this study is important also.

1.5: Limitation of the Study

Each study has its own limitation and shortcomings. From only a study cannot covered all subject and area of the nation. Limitations of the study are as follows:

- i. This study is limited to male three wheeler drivers in zone Janakpur area. The result of the study may not be generalized for other centers elsewhere in Nepal.
- ii. This study ignores other occupational groups.
- iii. This study covers only 110 three wheeler drivers of Janakpur zone.
- iv. This study based on primary source of data.
- v. Only selected socio-economic and demographic variables affecting the knowledge on STD/HIV/AIDS and sexual behaviour have been taken which consideration in the study.

1.6: Organization of the Study

This study has been organized in seven different chapters. It starts with an introduction under which the study out lines the general background, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study. The second chapter

deals with the review of previous literature which chapter includes theoretical and empirical review, variables identification and conceptual framework. Third chapter outlines research methodology this chapter describes the sample design, questionnaire design, field operation, data processing and analysis tools. Describe the identification of sample population in the chapter fourth, this chapter deal socio-economic and demographic characteristics of sample population. The fifth chapter explain the knowledge on STD and HIV/AIDS of the respondents. Six chapters include sexual behaviour of three wheeler drivers and last one is seventh chapter deals summary, conclusion of the study and recommendations.

CHAPTER - II: LITERATURE REVIEW

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

2.1: Theoretical Literature Review

This theoretical literature review explains the relationship between various socio-economic, demographic and other factor and STDs, HIV/AIDS and sexual behaviour.

2.1.1: Education and HIV/AIDS

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. Others dropout because of stigma and discrimination by school, teachers or classmate. Teachers area also succumbing to HIV/AIDS (UNFPA, 2003 : 26)

Knowledge about AIDS and HIV does correlate with sexual behavior. A multivariate factor analysis indicates that the more knowledge recent prostitute patrons are about the AIDS virus (especially regarding how to protect themselves against it) the more likely they are consistently to use condoms (Carael, 1997: 107). These arguments support that the higher the education higher the knowledge of HIV/AIDS and better sexual behavior. It is also says that there is positive relationship between education and knowledge of HIV/AIDS ad healthy sexual behavior.

Many demographic studies have shown that education of women has multi dimensional effect. Acharya observed that if women are educated at least up to secondary level they have very 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: 135-136).

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 93 percent who were married, 91 percent had only one partner their husband (UNFPA, 2003: 24).

2.1.3: Occupation/income and STD, HIV/AIDS

Poverty, unemployment, flesh trade, girl trafficking and irresponsible behavior are key factors of HIV/AIDS/STI infection. Similarly, ignorance and illiteracy are the primary causes of STIs/HIV transmission. Although the sex industry is illegal in Nepal the practice of prostitution is on the rise prevalence of STIs and HIV/AIDS is high in female sex workers and their clients followed by men and women with multiple sex partners, wives with transient husbands and adolescents. The clients of the female sex workers include transport workers, migrant laborers, business men, army, police and campus students (Bista, 2002: 23)

Apart from commercial sex, the other occupation that has been most closely identified with high risk of AIDS infection and transmission is long distance trucking. This may infect, infect represent an over concentration on a single occupation because the evidence is that all travel and the whole commercial system help to spread the disease. (It is clear that there are high rates of infection along many main roads with rates falling off with distance from the road). This is not solely the product of the activities of drivers because other travelers, many of them are buses or Lorries also play a role. The epidemic has also been spread by other forms of transport and boat traffic may have played a major role in infecting populations around the shores of Lake Victoria (Caldwell, John K, Anafi & PAT Caldwell, 1997: 46).

2.1.4: Migration and STD, HIV/AIDS

The sexual migration of urban residents along roads and across networks has been suggested as a major early stage of the epidemic. In this

regard, commercial sex worker and their clients many of whom are travelers such as migrants or truck drivers have received some attention. High rates of turnover and migration are common in female prostitutes (Craiel, 1997: 111). The clients of sex workers are mostly infected by HIV.

In most of sub Saharan Africa, as else where, HIV levels are higher in urban than rural areas. AIDS probably has a closer relationship to migration than any other infectious disease. Apart from STDs, other infectious diseases are facilitated by migration only insofar as it causes a greater mixing of people and offers the possibility of an infected person taking the disease to places where it is a primary cause of behavior which facilitates the transmission from one person to another, migrant men are more likely to seek new sexual partners and are more likely to find them in commercial sex than when at home. They are often in the city away from their wives and girlfriends. They are sexually frustrated, lonely and they react to the anonymity of the city. They go to the bars and hotels often not primarily seeking sex (Caldwell, John K., Anafi and PAT Cadwell, 1997: 51).

Migration is considered to be an important risk factor in the transmission of communicable and sexually transmitted infections (STIs) and migrants are often held responsible for introducing and spreading HIV in host countries (Swartz L and Dikeledi Poppy Nkomo, 2004:80).

2.1.5: Place of residence and HIV/AIDS

The rate of STD incidences are generally much higher in the city than in rural areas but because rural areas lack laboratories and qualified health personnel, it is often difficult to determine the level of STD. STDs in rural settings are usually less common, though also less easily treated than in the city (Craiel 1997: 112).

The HIV/AIDS pandemic was initially centered in urban locations. Rural HIV and STDs prevalence have generally been found to be much lower than urban prevalence, with some noticeable exceptions. In the developing world, except Latin America, the majority of the population is rural (Craiel, 1977:107).

2.1.6: Conflict and HIV/AIDS

The complex relationship between HIV/AIDS and conflict is still not well documented. Many recent publications have asserted that conflict is directly associated with an increase in HIV transmission. Factors that increase conflict affected and forced migrants population vulnerability are well documented. These includes breakdown in social structure, lack of income and basic needs, sexual violence and abuse, increase HIV transmission in such situations are rarely considered. These include reduce mobility and accessibility (e.g. destroyed infrastructure reducing travel to high prevalence urban areas, displacement to remote location and surviving in bush) and in the case of many refugee camps, improved protection, health, education and social services. The ultimate influence of these factors in dependent on the HIV prevalence among the affected community pre-conflict, the HIV prevalence among the surrounding community for those who have been displaced, exposure to violence during conflict and fight and level of interaction between the two communities (Spiegel, 2004: 72).

2.1.7: Media and Knowledge of HIV/AIDS

The higher the resources of media higher the knowledge of HIV/AIDS and healthy sexual behavior. Possession of radio and television at home has greater influence on having knowledge of AIDS. Women who have television at home 8 times higher chance of acquiring knowledge of AIDS. However, only about 10 percent women have such facility and these women might have better education, better economic conditions and better access to health services (Acharya, 1999: 134). The positive relationship between media and knowledge of HIV/AIDS and healthy sexual behavior. Media should play the various role to aware on HIV/AIDS among public.

2.1.8: 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 behavior, such as sexual play in childhood or in variations in sexual conduct that include pleasure or non reproductive foreplay between the married couple (Herdt, 1997: 8).

Gonorrhoea, Chlamydia, Syphilis, Herpes, Genital and HIV positives and AIDS are most prevent RTI/STD among the teen age women (Bista, 2002: 23).

High level of sexual activity, large differentials in rates of sexual partner change and extensive mixing between those with high and low rates of partner change will combine to use larger epidemics and more server demographic consequences (Gregson et al 1994 a sited in Mainali, 1995: 10).

Prostitution among Nepali women and girls were found to be one of the major contributors in prevalence of HIV/AIDS in Nepal several women and girls involved in prostitution in Mumbai and other cities in India were reported as HIV positive and they are generally supposed to comeback to home which help AIDS spread in Nepal (Acharya, 1998: 5).

Empowering young people to abstain as a choice, delay sexual initiation, reject unwanted advances, as well as providing them with access to condom, knowledge of their proper use and the ability to negotiate safer sex, can taken together, make the difference between life and death. Even though most people become sexually active during adolescence, adolescent girl and boys have difficulty obtaining condoms and may do not know how to use them properly (UNFPA, 2005: 52)

The prevailing culture and tradition encourage the people to involve in sexual activities. Badi, Chhaupadi, system of Nepal can be illustrative example (Acharya 2004: 120).

Risky sexual behavior is high among migrants internal migrants reported more contact with sex worker than others. One study conduct in Kailaili district showed that even the HIV infected to non infected persons were not using condom during sex with their wives (Acharya, 2005:32).

2.2: Empirical Literature Review

This empirical literature review includes global situations, South East Asia Region & Nepalese context of STDs and HIV/AIDS.

2.2.1: Global Situation

According to WHO estimate, at the end of 2001 the number of adults and children living with HIV/AIDS world wide were about 5 million people (including 0.8 million children aged < 15 years) became infected, with prevalence rate of 1.2 percent and about 3 million died of the disease. HIV infections are now almost equally distributed between men and women (48%) with an estimated 17.6 million women aged 15-49 living with AIDS. As of end of November 2001, a total of 2.78 lack AIDS cases have been officially reported to WHO. This is an increase of about 20% from November 2000. Most newly reported cases are from sub-Saharan Africa (park: 2002).

As of end December 2003, around the world 40 million people are living with HIV/AIDS. The sub Saharan region accounts for 26.6 million infected people (more than two third of the global total). An estimated 7.4 million people are living with HIV/AIDS in the Asia pacific region. It has been estimated that, globally, 5 million people become newly infected in 2003, more than 1 million of them in the Asia pacific region (WHO 2003: 5).

Two patterns of sexual transmission of HIV exist. The first (transmission between persons who have multiple and concurrent sex partners) is well recognized and occurs among heterosexuals and MSM (mean who have sex with men) who commonly engage in such high risk sexual behavior. This pattern of heterosexual HIV transmission occurs globally, and such epidemic transmission affecting 1% or more of the 15-49 years old population has occurred in sub- Saharan Africa (SSA), several countries in the Caribbean, and a few countries in south and South East Asia. (WHO, 2003: 2)

By the year 2003, close to 8% of the 15-49 years old population in sub Saharan Africa was infected. Heterosexual transmission predominates in sub Saharan Africa and in the Caribbean region, which has the second highest prevalence rate (2%). All of the other regions have HIV prevalence rates of 0.6% or lower. The overall rate for the combined Asia and the pacific region is 0.4 percent (WHO, 2003: 5-7)

Around 1/3rd of the world's HIV infected population are boys and girls between the ages of 10-24 years. Every day 7000 of them acquired HIV, that means 2-6 millions new infections among them every years. An incidence study about HIV infection among intravenous drug user in New York in 1992-1997, there was 0.7 per person year incidence rate (AHA: 2000).

The best estimate of the number of PLWHA in Latin America at the end of 2001 was 14 million or approximately 0.5% of the Latin American population. In 2001, 130,000 adults and children were newly infected with HIV and 80,000 died. WHO report that HIV was the second leading cause of disability adjusted life year in the world in 1999. A 1990 estimate of the burden of HIV/AIDS in Latin America and the Caribbean put total in males at 233,000 and in females at 850,000 (World Bank 2003).

2.2.2: South East Asia Region

By the December 2003, there were an estimated 5.5 million PLWHA and 780,000 newly infected adults and children. There were 430,000 deaths due to AIDS during 2003. The number in this WHO region are dominated by India, with an 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 estimate for 2003 is 4.58 million infections in the country. High HIV infection rates are found in Thailand, Myanmar and five states of India.

Heterosexual transmission predominates, but there are significant areas where the HIV epidemic has emerged among injecting drug users countries such as Indonesia, Nepal and Bangladesh (prevalence of 4% in IDU in central Bangladesh) (WHO, 2003: 8)

In 1998 Thailand was the 1st country in the SEAR to report case of AIDS. In most other countries, HIV infection was not diagnosed till 1986 or later. Since then HIV infection has spread rapidly and WHO estimate for SEAR countries are shown in the table.

Table 4: Reported AIDS cases and estimated HIV infections in the SEAR countries as of March 2002

Country	Reported AIDS cases	Estimated HIV infection
Bangladesh	19	1300
Bhutan	3	<100
DPR Korea	0	<100
India	239007	3860000
Indonesia	671	100000
Maldives	8	<100
Myanmar	4598	510000
Nepal	536	34000
Sri Lanka	117	7300
Thailand	181484	770000

Source: WHO (2002) the works of WHO in SEAR report of the regional director, 1 July 2001- 30 June 2002 Regional office New Delhi, cited in Park 2002).

2.2.3: Nepalese Context

Nepal is not far from HIV/AIDS. The estimated HIV prevalence in Nepal by the end of 2002 was about 60,000 or close to 0.5 percent of the 15-49 year old population. Nepal's pattern of FSW is primarily non-brother-based, it appears likely that HIV prevalence in Nepal may not reach such high levels (WHO, 2003: 42).

The first HIV infection in Nepal was identified in 1988. The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers. One estimate shows approximately 34,000 cases of HIV/AIDS infection in Nepal and another study of female sex workers with sexually transmitted diseases in Kathmandu shows 17 percent infection rate. While it was 50 percent among intravenous drug users. Therefore, the risk of AIDS spreading in to the general population through the sexual partners of intravenous drug users and clients of female SWs is large. According to NDHS men are two and half times (15%) more likely than women (21%) to spontaneously say that AIDS can be avoided by using condoms. 13 percent of women and 28 percent of men stated that AIDS can be avoided by limiting the number of sexual partners while 18 percent of women and 21 percent of men believe that contracting HIV/AIDS can be prevented by avoiding with a person who has many partner. The percentage of respondents who mentioned avoiding sex with prostitutes was much higher among males (25%) than among females (3%) (NDHS, 2001: 195-196).

The HIV scenario of Nepal reveals a significant 67 percent of HIV including AIDS found in the age group 14 to 29 year and it could be assumed that high proportion of adolescent and youth falls in this group. The NCASC report shows that in total HIV test (182,180) cases 0.99 (1807) percent of people are infected from HIV. So the actual number of HIV infected person could be more than 100 times than this (Bista, 2002: 22)

HIV infection is rapidly increased in Nepal. According to NCAS 4904 population reported in HIV with AIDS among them 3571 of men and 1333 of female and 246 population was died in April 2005. Similarly, about 6443 population living with HIV positive (including AIDS) among them 4647 of men and 1796 of female and 331 population was died in April 2006 (NCASC, 2006).

The level of knowledge about HIV/AIDS among the FSW is very high. Several studies conducted during different points of time reported the knowledge of HIV/AIDS among the sex workers between 80 to almost 100 percent. Number of ID users including heroin users is increasing all over Nepal. For example, in Kathmandu 1.6 percent of IDUs tested in 1991 were HIV positive. HIV infection was found to be very high among male IDUs (68%) compared to the female (15.8%). Currently in Kathmandu valley, HIV infections among IDUs are estimated at 67%. A study indicate two-third before the IDUs reported being sexually active before the age of 20.80 percent of male IDUs had unprotected sex with their regular partner. This study also found low rate of condom use. The clients of the FSWs alongside the highways and the peripheral towns mainly comprise of the transport workers, male laborers, industrial workers and rickshaw puller. Among these transport workers in particular report a large number of sex partners. About 50% of the workers reported having sexual encounter with 3 or more sex workers in the past year, while only about 23% of labors reported sexual contact with the same number in the same period. With inconsistent condom use a greater number of sex partners of transport workers places individuals at greater risk of HIV infection (Acharya, 2005: 30-31).

According to NDHS 2001, currently married women and the men who had heard of AIDS were asked whether they have ever discussed HIV/AIDS prevention with their spouse. About 14 percent of women and 23 percent of

men having ever discussed HIV/AIDS prevention. Discussion is least prevalent among the oldest group of respondents urban residence are twice as likely to discuss HIV/AIDS prevention with their spouse as rural residence. Those residing in the mountains are less likely to discuss HIV/AIDS prevention with their spouse than residents of the hill and Terai. Spousal communication on HIV/AIDS is about six times higher among respondents who have passed their SLC than respondents with no education (NDSHS, 2001: 200).

2.3: Variables Identify

This study includes two types of variables which are independent and dependent variables.

Independent Variables: Education

Ethnicity

Income

Marital Status and

Migration Status

IEC media

Dependent Variables: Knowledge on STD, HIV/AIDS and
Sexual Behaviour.

Education is most important factor to influence knowledge, it is true that educated people have definitely more knowledge and ideas about STDs and HIV/AIDS and the modes of transmission. Knowledge and behaviours is affected by caste/ethnicity and income. People earning more money have more knowledge. Similarly, married people know more about STDs and HIV/AIDS and how to prevent it. It also is likely to be affected by migration status, migrant people have more knowledge and ideas than non-migrant people.

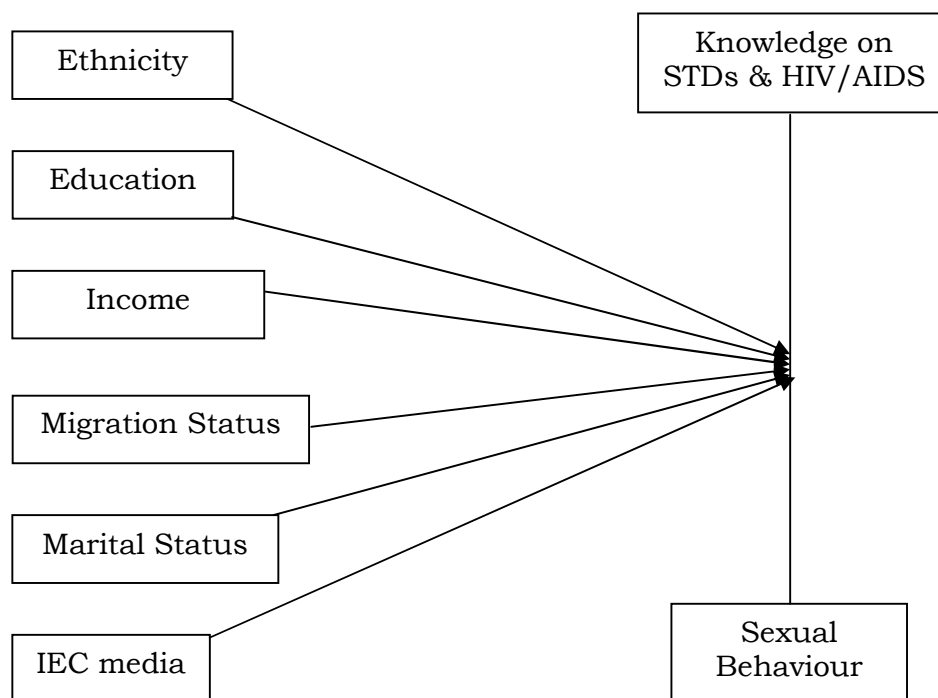
2.4: Conceptual Framework

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

The various literature reviewed above indicated that human sexual behaviour is influenced by socio-economic and demographic factors. Effective knowledge on STDs and HIV/AIDS is also determined by IEC media besides socio-economic and demographic factors. The knowledge on STDs and HIV/AIDS among the three-wheeler drivers, which is hypothesized to be influenced by many factors like social (education, ethnicity), economic (monthly income), demographic (marital status and migration status) and IEC media (radio, television, textbook, I/NGOs programme, friends and relatives). The relationship between socio-economic, demographic variables and IEC media such as education, ethnicity, monthly income, marital status, migration status and IEC media and the knowledge (modes of transmission, causes and prevention) of STDs and HIV/AIDS.

Above relationship can be summarized in the following conceptual framework.

Figure 1: Conceptual Framework



CHAPTER - III: METHODOLOGY

The research has been undertaken of the population who were three wheeler drivers. This section discusses a set of methods, which are employed to accomplish the research objectives. More specifically, it contains, sample design, questionnaire design, field operation, data processing and tools of data analysis. This study has been carried out in area Janakpur. The interviews were taken in 8 different location of Janakpur area, they were Lalbandi, Nawalpur, hariwan, Malangawa, Fuljoor, Bardibas, Dhalkebar and Lalgadha. Which locations were the stations of three wheeler vehicles.

3.1: Sample Design

The study was carried out of 110 three wheeler drivers. Data collection has been made through purposive sampling technique. It consists of drivers who drive three wheeler vehicle of Janakpur area. The sample was based on the selected eight three wheeler vehicle stations.

3.2: Questionnaire Design

A set of question was designed to obtain four types of information, household, individual, "knowledge of STDs and HIV/AIDS" and last one is "sexual behaviour", all types of questions were asked to the three wheeler drivers. Generally, household questions were designed to collect the information of name of family, family's education and occupation. Second type of questions were designed to collect the information of marital status, education, migration status, ethnicity, religions, income, expenditure, CEB, land ownership, physical facilities at home of respondents. Third types of questions were designed on knowledge on STDs and HIV/AIDS, which included collecting the information how STDs and HIV/AIDS transmitted and how to prevent it in respondent's perception. And last types of questions were designed to obtain the information about sexual behaviour of respondents.

3.3: Field Operation

After questionnaire designed, researcher had gone field to collect information. This study was based on primary source of data so information were obtained from face to face interview.

3.4: Data Processing

After data collection, data coding was done to help to data entry with SPSS programme, which help to data tabulation and data analysis.

3.5: Analysis Tools

Simple descriptive statistics tools were used to analyze the obtained data. On the other hand, percentage was calculated and accordingly tables, charts were constructed to present the information more effectively. Similarly, data were presented by pie chart.

CHAPTER - IV: INTRODUCTION TO STUDY POPULATION

This chapter depicts the introduction to study population. The major basic characteristics of the respondents include social, economic and demographic characteristics. These help to understand the background characteristics of the respondents.

4.1: Social Characteristics

In this section social characteristics, particularly, ethnicity, religion, education of the respondents have been described.

Among the different ethnic group involved in three wheeler driving occupation. The highest were ethnic group (39.1%) followed by Brahmin (22.7%), Chhetri (21.8%), Yadav (10%), Dalit (3.6%) and Muslim (2.7%) (Table 5).

Table 5: Social Characteristics of the Three Wheeler Drivers

Characteristics	Number	Percent
Ethnicity		
Ethnic group *	43	39.1
Brahmin	25	22.7
Chhetri	24	21.8
Yadav	11	10.0
Dalit	4	3.6
Muslim	3	2.7
Total	110	100.0
Religion		
Hindu	104	94.5
Buddhist	3	2.7
Muslim	3	2.7
Total	110	100.0
Education		
Literate	110	100.0
Illiterate	0	0.0
Total	110	100.0
Level of Education		
No schooling	12	10.9
Primary	25	22.7
Secondary	56	50.9
Intermediate +	17	15.5
Total	100	100.0

Source: Field Survey, 2006.

* Newar, Magar, Tamang, Rai

Similarly the highest number of three wheeler drivers were Hindu (94.5%), followed by Buddhist (2.7%) and Muslim (2.7%).

All (100%) of drivers in this study were found literate. Among them more than 51 percent had secondary level education followed by 22.7 percent primary level education, more than 15.5 percent had intermediate and above and 11 percent had not attempted school (Table 5).

4.2: Economics Characteristics

This sub chapter deals with the economic characteristics of the respondents as monthly income, land ownership, physical facilities at home and reason for choosing occupation.

Monthly income of drivers was divided into three groups less than Rs 5000, Rs 5000 to 10,000 and above Rs10,000. About 41.8 percent respondents had less than five thousand monthly income followed by more than 10,000 (31.8%) and 5000 to 10,000 (26.4%) (Table 6).

This study also attempted to collect information about the land ownership of all the three wheeler vehicle drivers. About 63.6 percent of the respondents had less than one Bigha land followed by more than two Bigha (20%) and 8.2 percent had no land or land less.

Physical facilities are very important economic indicators. It was observed that 92.7 percent household had electricity facility, 60 percent had television, 38.2 percent had car/tempo, 10 percent had telephone and only 9.1 percent household had tractor facility. Similarly, only 2.7 percent household had motorcycle facility.

The drivers were also asked about their main reason for choosing this occupation. About 30 percent choose this occupation because of their own vehicle. Similarly, 28.2 percent choose this occupation because of their interest followed by low level of education (20%), poor economic condition (8.2%) and more than 13 percent were replied other reasons for entering this occupation (Table 6).

Table 6: Percentage Distribution of Respondents by Different Economic Characteristics

Characteristics	Number	Percent
Average monthly income		
less than 5000	46	41.8
5000 through 10000	29	26.4
More than 10000	35	31.8
Total	110	100.0
Land ownership		
Landless	9	8.2
Less than one Bigha	70	63.6
One to less than two Bigha	22	20.2
More than two Bigha	9	8.2
Total	110	100.0
Physical Facilities (at home)*		
Radio	102	92.7
Electricity	87	79.1
Television	66	60.0
Car/Tempo	42	38.2
Telephone	11	10.0
Tractor	10	9.1
Motorcycle	3	2.7
Reason for choosing occupation		
Ownership of vehicle	33	30.0
Interest	31	28.2
Low education	22	20.0
Poor economic conditions	9	8.2
Others **	15	13.6
Total	110	100.0

Source : Field survey

* Multiple answer type questions

** Relatives' vehicle, Family presser

4.3: Demographic Characteristics

The demographic characteristics of the three wheeler drivers such as age, marital status, age at marriage, number of children, migration status are discussed in this sub-chapter.

The mean age of three wheeler drivers were 30.2 years. Wide ranges of age structure of respondents (from 15 to 60) were found in the study area which divided into three categories. Majority of the respondents were 15-29 years. About more than half (55%) were in the age group 15-29 years, 35.5 percentage of respondents were in the age group 30-44 years and more than 9 percentage of respondents found in the age group 45-60 years (Table 7).

Table 7: Percentage Distribution of Respondents by Different Demographic Indicators

Characteristics	Number	Percent
Age (in complete years)		
15-29 years	61	55.4
30-44 years	39	35.5
45-60 years	10	9.1
Mean age	30.17	-
Total	110	100.0
Marital status		
Ever married	86	78.2
Unmarried	24	21.8
Total	110	100.0
Age at marriage		
Less than 15 years	1	1.2
15 to 19 years	37	43.0
20 to 24 years	42	48.8
25 years and above	6	7.0
Mean age at marriage	20.13	-
Total	86	100.0
Number of children		
No child	8	9.3
1 children	10	11.6
2 children	21	24.4
3 children	22	25.6
4 children	16	18.6
5 children	6	7.0
6 children	2	2.3
8 children	1	1.2
Mean no. of children	2.7	-
Total	86	100.0
Migration status		
Migrants	43	39.1
Non-migrants	67	60.9
Total	110	100.0

Source: Field Survey, 2006.

In Nepal, marriage is universal and in early age. The majority of the respondents were married, they were almost four fifth (78.2%) in total. Only 21.8 percent age of respondents were unmarried. Out of the total married respondents. The mean age at marriage of three wheeler drivers were 20.1 years. More than 48 percent were married within 20-24 years, 43 percent were married within 15-19 years, 7 percent were married at age of 25 years and above and 1.2 percent were married before the age of 15 years. It seems that, early marriage is still prevalent (Table 7).

The mean CEB or mean number of children of three wheeler drivers were 2.7. About 26 percent had 3 Children. Likewise 24 percent had 2 children,

19 percent had 4 children, 12 percent had 1 children, 7 percent had 5 children, 2 percent had 6 children and 1 percent had 8 children. Only 9 percent drivers had not any child.

The majority of the respondents were non-migrants. About 61 percent respondents were non-migrants and the rest 39 percent respondents were migrants. Migration status is another demographic characteristic of any population. Various studies showed that migrant people have more knowledge than non-migrants people.

CHAPTER - V: KNOWLEDGE ON STDs AND HIV/AIDS OF THREE WHEELER DRIVERS

This chapter analyses the effect of socio-economic and demographic characteristics of on the knowledge of STDs and HIV/AIDS. The different knowledge of STDs HIV/AIDS are found according to the socio-economic and demographic status of the respondents. A cross sectional analysis of the selected variables and knowledge on STDs and HIV/AIDS in depicted in this chapter.

5.1: Knowledge on STDs

Majority of the respondents had heard about STDs. About cent percent respondents had heard about STDs that includes HIV/AIDS. They were reported that 73.6 percent had heard about syphilis, 69.1 percent Gonorrhoea, 15.5 percent Genital, 6.4 percent heard about Chlamydia and 0.9 percent had heard about Trichomoniasis respectively (Table 8).

Among them cent percent Dalit, 88 percent Brahmin, 83 percent Chhetri, 81 percent Yadav, 58 percent Ethnic caste group and only 33.3 percent Muslim had heard about syphilis. Similarly, 87 percent Chhetri, 76 percent Brahmin, 65 percent ethnic caste group, 50 percent Dalit and less than 50 percent Muslim and Yadav reported that they had heard about Gonorrhoea. Only 2.3 percent ethnic group had heard about Trichomoniasis and other had not heard about it. About 32 percent Brahmin, 18 percent Yadav, 16.7 percent Chhetri and only 7 percent had heard about Genetal warts. Similarly, more than 27.3 percent Yadav, approximately 4 percent Brahmin, Chhetri and ethnic group had heard about Chlamydia (Table 8).

While analyzing according to respondents' educational status, more than 33 percent no schooling respondents, reported that they had heard about syphilis and Gonorrhoea. Similarly, 76 percent had heard about syphilis and

68 percent had heard about Gonorrhoea who had completed primary level of education. Genital warts and Chlamydia not heard by any one who had completed primary level of education and who had no schooling. More than 78 percent heard about syphilis, 73 percent heard about Gonorrhoea, 21.4 percent Genital warts, 5.4 percent respondents had heard about syphilis, Gonorrhoea, Genital warts who had completed secondary level of education. More than 82 percent heard about syphilis and Gonorrhoea, 29.4 percent heard about Genital warts, 23.5 percent heard about Chlamydia who had passed intermediate and above.

Similarly, in this study, other socio-economic and demographic variables were analyzed to shed the effective knowledge about it. Nearly, 61 percent and 4.3 percent respondents had heard about syphilis, Gonorrhoea and Genital warts respectively who had monthly income less than five thousand. Similarly, monthly income 5000-10,000 of the respondents reported that they had heard about (72%) syphilis and Gonorrhoea, 13.8 percent had heard about Genital warts and 6.9 percent had heard Trichomoniasis and Chlamydia (Table 8).

Majority of the respondents were found ever married. Among them, about 76.7 percent had heard about syphilis, 68.6 percent heard about Gonorrhoea, 15.1 percent had heard about genital warts, 4.7 percent and 1.2 percent ever married respondents had heard Chlamydia and Trichomoniasis (Table 8).

Among migrants, about 76.7 percent had heard about gonorrhoea, 58.1 percent had heard about syphilis, 18.6 percent had heard Genital warts and 4.7 percent had heard about Chlamydia. Similarly, among the non-migrants respondents 83.6 percent had heard about syphilis, 64.2 percent had heard about Gonorrhoea, 7.5 percent had heard about Chlamydia and only 1.5 percent had heard Trichomoniasis.

Table 8: Percentage Distribution of Respondents by Heard About STDs and Selected Socio-Economic and Demographic Indicator

Characteristics	Have you heard about					Total
	Syphilis	Gonorrhoea	Trichomoniasis	Genital warts	Chlamydia	
Ethnicity						
Brahmin	88.0	76.0	0.0	32.0	4.0	25
Chhetri	83.3	87.5	0.0	16.7	4.2	24
Ethnic group	58.1	65.1	2.3	7.0	4.7	43
Dalit	100.0	50.0	0.0	0.0	0.0	4
Muslim	33.3	33.3	0.0	0.0	0.0	3
Yadav	81.8	45.5	0.0	18.0	27.3	11
Education attainment						
No schooling	33.3	33.3	0.0	0.0	0.0	12
Primary	76.0	68.0	0.0	0.0	0.0	25
Secondary	78.6	73.2	1.8	21.4	5.4	56
Intermediate +	82.4	82.4	0.0	29.4	23.5	17
Monthly Income						
Less than 5000	60.9	60.9	0.0	4.3	0.0	46
5000to 10,000	72.4	72.4	6.9	13.8	6.9	29
Morethan10,000	91.4	77.1	14.3	31.4	14.3	35
Marital status						
Ever married	76.7	68.6	1.2	15.1	4.7	86
Unmarried	62.5	70.8	0.0	16.7	12.5	24
Migration status						
Migrants	58.1	76.7	0.0	18.6	4.7	43
Non migrants	83.6	64.2	1.5	13.4	7.5	67
Total	73.6	69.1	0.9	15.5	6.4	110

Source: Field Survey, 2006.

5.1.1: Source of Knowledge about STDs

Source of knowledge is an important factor for human sexual behaviour and sexual transmitted diseases. More than 90 percent respondents reported that they received information from friends or relatives about STDs. Similarly, 85.5 percent received information from I/NGOs programme, 73.6 percent received information from radio, 48.2 percent received information from textbook and 38.2 percent respondents informed from newspaper about STDs. Only 16.4 percent respondents were informed from doctors/health workers (Table 9).

Table 9: Percentage Distribution of Respondents by Their Source of Knowledge about STDs

Source of knowledge	Number	Percent*
Friends/relatives	100	90.9
I/NGO programmes	94	85.5
Radio	81	73.6
Television	53	48.2
Textbook	42	38.2
Newspaper	35	31.8
Doctors/health workers	18	16.4
Total	110	

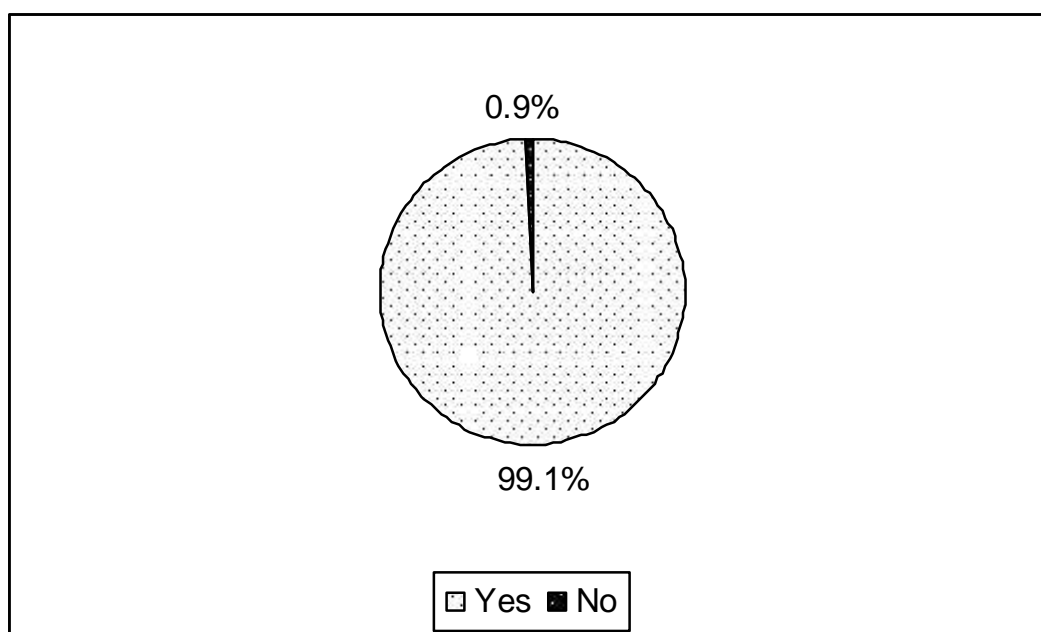
Source: Field Survey, 2006.

* Multiple answer type questions

5.1.2: Mode of Transmission of STDs

Majority of the respondents had been more knowledge about modes of transmission of STDs. More than 99 percent respondents reported that they were aware about STD transmission.

Figure 2: Percentage Distribution of Respondents by Their Knowledge about STD Transmission



More than 96 percent respondents were reported that STD transmitted by sexual contact. Similarly, 81.7 percentage reported by needles, 58.7 percentage reported by blood transfusion and 42.2 percentage of respondents reported by infected mother to her newborn baby. Nearly 1

percent respondents were reported STD transmitted by living together (Table 10).

About cent percent Yadav, Dalit and Muslim respondents were reported STDs transmitted by sexual contact and 97.6 percent ethnic group, 96 percent Brahmin and 91.7 percent Chhetri were reported STDs transmitted by sexual contact. Similarly, 76 percent Brahmin, 66.7 percent Chhetri, 63.6 percent Yadav, 50 percent Dalit, 47.6 percent ethnic caste group were reported STDs transmitted by infected blood transfusion and Muslim had not reported STD transmitted by it. It could be said that Brahmin had more knowledge than other ethnicity about it. About 60 percent Brahmin, 58 percent Chhetri, 36.4 percent Yadav and 31 percent ethnic group were reported STD transmitted by HIV infected mother to her newborn baby. Dalit and Muslim had not reported about it. About cent percent Yadav, 92 percent Brahmin, 83.3 percent Chhetri, 78.6 percent ethnic and 50 percent Dalit were reported STD transmitted by needles, Muslim had not reported about it. Similarly, 2.4 percent ethnic were reported that STD transmitted by living together. As a whole, Brahmin has more knowledge than other ethnicity about modes of transmission of STDs (Table 10).

About cent percent respondents were reported STD transmitted by sexual contact who had completed intermediate and above. Similarly, about 96 percent respondents were reported STD transmitted by sexual contact who had completed primary and secondary. About 91.7 percent respondents were reported STD transmitted by sexual contact who had no schooling. About 74.6 percent, 70.6 percent, 40 percent, 8.3 percent respondents were reported STD transmitted by infected blood transfusion who had completed secondary, intermediate and above, primary level of education and no schooling respectively. Around 58 percent respondents were reported STD transmitted by HIV infected mother to her newborn child who had completed secondary and intermediate level, 16 percent respondents were reported STD transmitted by HIV infected mother to her newborn child who had completed primary level of education. Similarly, no schooling had not knowledge about it. About 94 percent respondents were reported STD transmitted by needles who had completed intermediate, 92 percent respondents were reported STD transmitted by needles who had completed secondary, 64 percent

respondents were reported STD transmitted by needles who had completed primary and 50 percent respondents were reported STD transmitted by needles who had no schooling. About 1.8 percent secondary level passed respondents had reported STD transmitted by living together. In this study, data shows that educational levels determine the knowledge about STDs.

More than 95 percent respondents were reported STDs transmitted by sexual contact who had monthly income less than 5000. Similarly 40 percent reported by infected blood transfusion, 22.2 percent reported by infected mother to her newborn baby, 77.8 percent reported by needles, who had monthly income less than five thousand. About 96.6 percent respondents were reported STDs transmitted by sexual contact. Similarly, about 62.1 percent respondents were reported STDs transmitted by infected blood transfusion, 34.5 percent reported by infected mother to her newborn baby and 82.8 percent reported by needles respectively, who had monthly income five thousand to ten thousand. More than 97.1 percent respondents were reported STD transmitted by sexual contact. Similarly, 80 percent reported by blood transfusion, 74.3 percent reported by mother to her newborn child and 85.7 percent reported by needles respectively who had monthly income more than ten thousand. About 2.9 percent were reported STD transmitted by living together who had monthly income more than ten thousand.

Various studies showed that ever married people had more knowledge than unmarried people about STDs and HIV/AIDS. Among ever married, more than 97.0 percent respondents were reported STD transmitted by sexual contact, 82.4 percent reported by blood transfusion and 56.5 percent reported by mother to her new born baby. Similarly, more than 91 percent respondents had knowledge about STD transmitted by sexual contact, 79.2 percent respondents had knowledge about STD transmitted by needles, 66.7 percent respondents had knowledge about STD transmitted by blood transfusion and 37 percent respondents had knowledge about STD transmitted by mother to her child who had unmarried. About 1.2 percent ever married respondents were reported STD transmitted living together (Table10).

Among the migrants, more than 95 percent respondents had knowledge about STD transmitted by sexual contact. About 78.6 percent respondents were reported STD transmitted by needles, 57.1 percent reported by blood transfusion and only 38 percent reported by mother to her child. Similarly, among the non migrants about 97 percent respondents had knowledge about STD transmitted by sexual contact, 83.6 percent had knowledge about STD transmitted by needles, 59.7 percent had knowledge about STD transmitted by blood transfusion and 44.8 percent had knowledge about STD transmitted by mother to her child respectively. Only 1.5 percent non-migrants respondents reported STD transmitted by living together (Table 10).

Table 10: Percentage Distribution of Respondents by Their Knowledge about Modes of Transmission of STDs and selected socio-economic and demographic indicator

Characteristics	STDs transmitted by					Total
	Sexual contact	Blood transfusion	Mother to her child	Needles	Living together	
Ethnicity						
Brahmin	96.0	76.0	60.0	92.0	0.0	25
Chhetri	91.7	66.7	58.3	83.3	0.0	24
Ethnic group	97.6	17.6	31.0	78.6	2.4	42
Dalit	100.0	63.6	36.4	100.0	0.0	11
Muslim	100.0	50.0	0.0	50.0	0.0	4
Yadav	100.0	0.0	0.0	0.0	0.0	3
Education attainment						
No schooling	91.7	8.3	0.0	50.0	0.0	12
Primary	96.0	40.0	16.0	64.0	0.0	25
Secondary	96.4	74.6	58.2	92.7	1.8	55
Intermediate +	100.0	70.6	58.8	94.1	0.0	17
Monthly income						
Lessthan 5000	95.6	40.0	22.2	77.8	0.0	45
5000to 10,000	96.6	62.1	34.5	82.8	0.0	29
Morethan10,000	97.1	80.0	74.3	85.7	2.9	35
Marital status						
Ever married	97.6	56.5	43.5	82.4	1.2	85
Unmarried	91.7	66.7	37.5	79.2	0.0	24
Migration status						
Migrants	95.2	57.1	38.1	78.6	0.0	42
Non migrants	97.0	59.7	44.8	83.6	1.5	67
Total	96.3	58.7	42.2	81.7	0.9	109

Source: Field Survey, 2006.

5.2: Knowledge on HIV/AIDS

The knowledge of respondents on HIV/AIDS is important matter because it helps people to create awareness from the transmission and preventive measure of the disease. Still now HIV/AIDS is known to be incurable, so

counseling types of function is only a very important component for providing care. In this study, knowledge of HIV/AIDS is measured by two types of indicator mainly, which are mode of transmission of HIV/AIDS and prevention about it. The differentials knowledge on HIV/AIDS by some socio-economic and demographic indicators deals in this sub section.

5.2.1: Knowledge of Mode of Transmission of HIV/AIDS

Majority of the respondents were reported sexual contact had mainly caused of transmission of HIV/AIDS, which was 99 percent. About 83.2 percent respondents were reported HIV/AIDS transmitted by razor blades, 62 percent reported by blood transfusion and 43 percent reported by mother to her newborn baby. It is revealed that respondents had more knowledge as sexual contact is main cause of mode of transmission of HIV/AIDS than other modes of transmission.

About cent percent Brahmin, Chhentri, ethnic group, Muslim and Yadav had knowledge about mode of transmission of HIV/AIDS by sexual contact. Third-fourth (75%) Dalit had knowledge about it. About 80 percent Brhamin, 78.3 percent Chhetri, 54.5 Yadav, 51.2 ethnic group and only one fourth (25%) Dalit reported they had knowledge about mode of transmission of HIV/AIDS by HIV infected blood transfusion. Interestingly, Muslim had not knowledge about it. Similarly, 68 percent Brahmin, 56.5 percent Chhetri, 45.5 percent Yadav, 25 percent Dalit, 24.4 percent ethnic group reported that they had knowledge HIV/AIDS transmitted by HIV infected mother to her newborn child. About cent percent Yadav, 95.7 percent Chhetri, 88 percent Brahmin, 78 percent ethnic group, one third (33/3%) Muslim and one fourths (25%) Dalit were reported that HIV transmitted by razor blades and other skin pinch instrument (Table11).

Among the no schooling, cent percent were reported HIV transmitted by sexual contact. Similarly, about 66.7 percent reported by razor blades and other skin pinch instrument and 16.7 percent reported by blood transfusion and infected mother to her newborn child who had no schooling. About 95.8 percent respondents were reported HIV transmitted by sexual contact, 79.2 percent reported by razor blades and other skin pinch instrument, 50.0 percent reported by blood transfusion and 12.5 percent reported by mother

to her child who had completed primary. Similarly, among the secondary level completed respondents cent percent were reported they had knowledge HIV transmitted by sexual contact, 87 percent reported by razor blades, 68.5 percent reported by blood transfusion and 53.5 percent reported by HIV infected mother to her newborn child. About cent percent had knowledge about HIV transmitted by sexual contact, 88.2 percent had knowledge about HIV transmitted by blood transfusion and razor blades and 70.6 percent had knowledge about HIV transmitted by mother to her newborn child who had completed intermediate and above. This study concludes that higher the educational level the higher will be the knowledge of mode of transmission of HIV/AIDS (Table 11).

Table 11: Percentage distribution of respondents by their knowledge about mode of transmission of HIV/AIDS and some socio-economic and demographic indicators

Characteristics	HIV/AIDS transmitted by				Total
	Sexual contact	Blood transfusion	Mother to her child	Razor blades	
Ethnicity					
Brahmin	100.0	51.2	24.4	78.0	41
Chhetri	100.0	80.0	68.0	88.0	25
Ethnic group	100.0	78.3	56.5	95.7	23
Dalit	100.0	54.5	45.5	100.0	11
Muslim	75.0	25.0	25.0	25.0	3
Yadav	100.0	0.0	0.0	33.3	3
Education attainment					
No schooling	100.0	16.7	16.7	66.7	12
Primary	95.8	50.0	12.5	79.2	24
Secondary	100.0	68.5	53.7	87.0	54
Intermediate+	100.0	88.2	70.6	88.2	17
Average monthly income					
Less than 5000	100.0	43.2	22.7	77.3	44
5000 to 10,000	100.0	67.9	46.4	89.3	28
Morethan10,000	97.1	80.0	65.7	85.7	35
Marital status					
Ever married	98.8	60.7	45.2	82.1	84
Unmarried	100.0	65.2	34.8	87.0	23
Migration status					
Migrants	97.6	58.5	36.6	75.6	41
Non migrants	100.0	63.6	47.0	87.9	66
Total	99.1	61.7	43.0	83.2	107

Source: Field Survey, 2006.

Among migrants, about 97.6 percent respondents were reported HIV transmitted by sexual contact, 75.6 percent reported by razor blades, 58.5 percent reported by blood transfusion and 36.6 percent reported by HIV infected mother to her newborn child and the rest non-migrants cent percent respondents were reported HIV transmitted by sexual contact, 87.9 percent reported by razor blades, 63.6 percent reported by blood transfusion and 47 percent reported by mother to her newborn child (Table 11).

About cent percent respondents were reported that HIV transmitted by sexual contact who had monthly income less than 5000 and 5000 to 10,000. Similarly, 97.1 percent reported that HIV/AIDS transmitted by sexual contact who had monthly income more than ten thousand. The highest percentage of respondents (80%) who had monthly income more than 10,000 had known the blood transfusions as another reason of HIV transmission followed by those who had monthly income 5000 to 10,000 (67.9%) and the lowest (43.2%) were those respondents who had monthly income less than 5000. Similarly, 65.7% respondents had monthly income more than 10,000 had known the infected mother to her new born child as another reason of HIV transmission followed by those who had monthly income 5000 to 10,000 (46.4%) and the lowest (22.7) were those respondents who had monthly income less than 5000. About 81.3 percent respondents had monthly income 5000 to 10,000 had known the razor blades as also another reason is HIV transmission followed by those who had monthly income more than 10,000 (85.7%) and the lowest (77.3%) were those respondents who had monthly income less than 5000.

Among ever married respondents, more than 98 percent were reported HIV/AIDS transmitted by sexual contact, 82 percent reported by infected razor blades, 60 percent reported by blood transfusion and 45 percent reported by HIV infected mother to her newborn baby. Similarly, cent percent respondents were reported HIV transmitted by sexual relation, 87

percent reported by razor blades, 65.2 percent reported by blood transfusion and 35 percent reported by HIV infected mother to newborn baby who had unmarried (Table 11).

5.2.2: Source of Knowledge about Mode of transmission of HIV/AIDS

Majority of the respondents were found to be informed by INGOs and NGOs programme about mode of transmission of HIV/AIDS. More than 83 percent respondents were received knowledge about mode of transmission of HIV/AIDS from I/NGOs programme and friends or relatives. About 46.7 percent respondents reported they were received knowledge about mode of transmission of HIV/AIDS by radio followed by textbook [36.4%], television [33%], newspaper [29.3%] and doctors or health workers [17.8%]. It is clear that effective source of knowledge were friends or relatives and I/NGOs programmes.

Table 12: Percentage Distribution of Respondents by Their Source of Knowledge about Mode of Transmission of HIV/AIDS

Source of Knowledge	Frequency	Percentage *
I/NGOs programmes	92	86.0
Friends or relatives	89	83.2
Radio	50	46.7
Textbook	39	36.4
Television	35	32.7
Newspaper	32	29.9
Doctors/health workers	19	17.8
Total	107	-

Source: Field Survey, 2006.

* Multiple answer type questions

5.2.3: Cause of AIDS

A little more than one third (34.5%) of respondents had knowledge about cause of AIDS. About 0.9 percent respondents were reported cause of AIDS is bacteria, more than 71 percent reported don't know about it and 27.3 percent respondents were reported cause of AIDS is not bacteria. Similarly, more than 32 percent respondents were reported that AIDS is not caused by

fungi and 67.3 percent respondents had not known about it. More than 64 percent respondents were reported they had not know about AIDS is caused by virus.

Table 13: Percentage Distribution of Respondents by Their Knowledge about Cause of AIDS

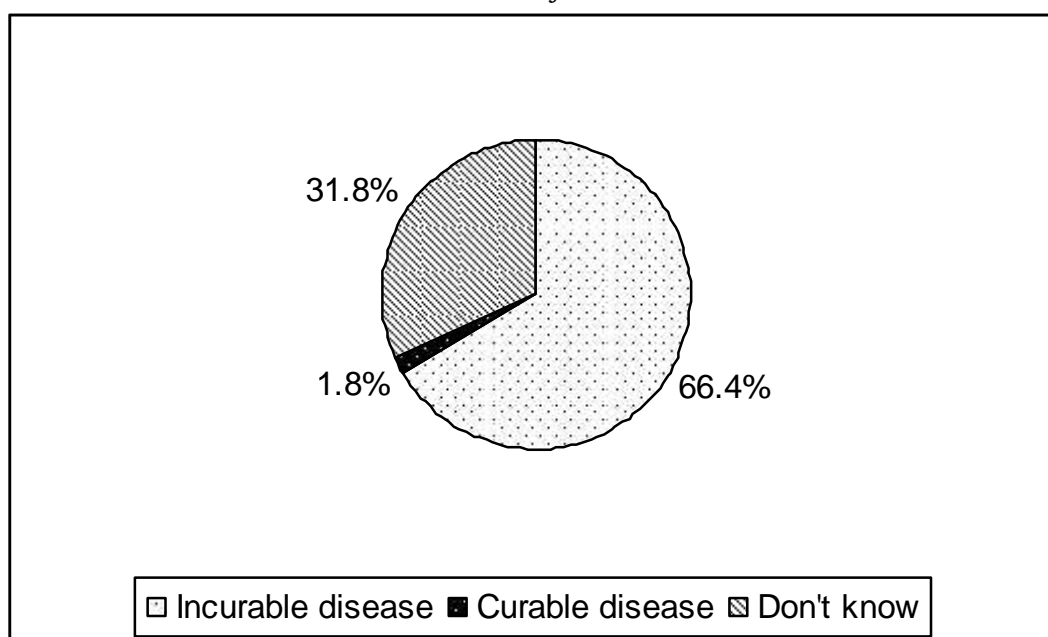
Cause of AIDS	Yes		No		Don't know		Total	
	N	P	N	P	N	P	N	P
Bacteria	1	0.9	30	27.3	79	71.8	110	100.0
Virus	38	34.5	1	0.9	71	64.5	110	100.0
Fungi	0.0	0.0	36	32.7	74	67.3	110	100.0

Source: Field Survey, 2006.
N = Number, P = Percentage

5.2.4: Cure of HIV/AIDS

"Prevention is better than cure" this argument is an important matter in this study. HIV/AIDS is incurable disease thus every person should know about prevention of HIV/AIDS. Almost two third (66.4%) of respondents had knowledge about HIV/AIDS is incurable. About 31.8 percent respondents reported that they do not know about it. Interestingly, 1.8 percent respondents had not knowledge about it, they reported HIV/AIDS is curable disease.

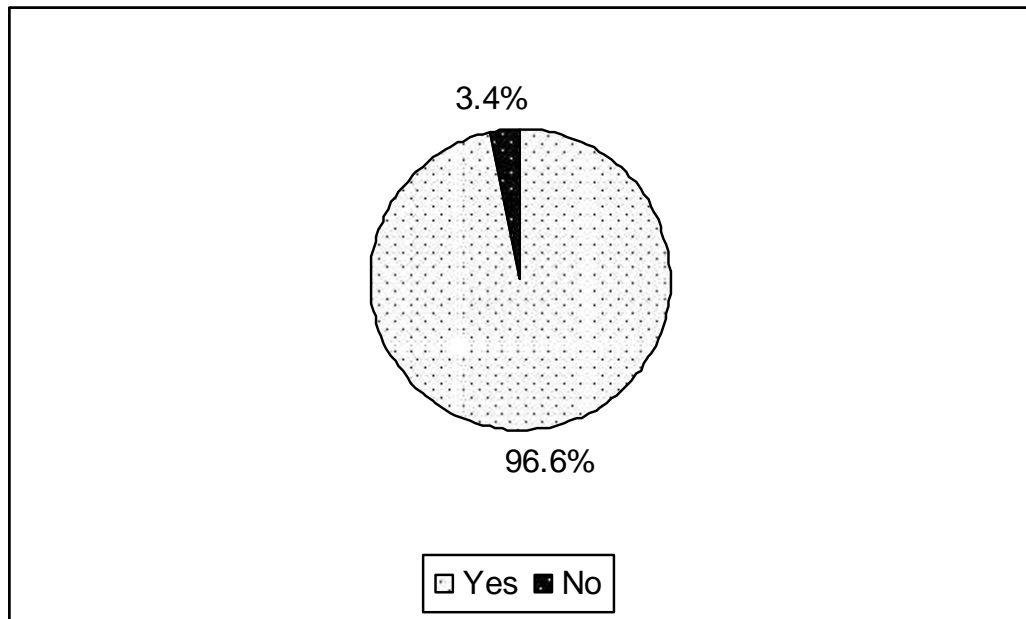
Figure 3: Percentage Distribution of Respondents by Their Knowledge about Cure of AIDS



5.2.5: Prevention of HIV/AIDS

Majority of the respondents had knowledge about how to prevent HIV/AIDS. More than 96 percent respondents had knowledge about it and the rest 3.6 percent had not.

Figure 4: Percentage Distribution of Respondents by Their Knowledge about Prevention HIV/AIDS



Majority of the respondents were reported HIV prevented by using condom and sexual contact with single person that is 99 percent followed by avoid uses blades and other skin pinch instrument [75%], avoid unsafe sexual contact [70%] and avoid untested blood transfusion [58%]. It is clear that proportion of respondents concentration HIV prevented by sexual contact with single person and using condom during sexual relation than other prevention ways.

Among 96 percent, more than 91 percent Chhetri, 84 percent Brahmin, 60 percent ethnic group, 54.5 percent Yadav and 50 percent Dalit were reported that HIV/AIDS prevented by avoid unsafe sexual relationship and avoid contaminated blood intake reported by 76 percent Brahmin, 73.9 percent Chhetri, 63.6 percent Yadav, 45 percent ethnic group and 25 percent Dalit and Muslim had not reported about it. Similarly, cent percent Brahmin, Chhetri, Yadav, Muslim and Dalit and more than 97 percent ethnic group reported using condom during sexual contact is safe way from HIV/AIDS.

more than 90 percent Yadav, 87 percent Chhetri, 84 percent Brahmin, 65 percent ethnic group, 50 percent Dalit and 33.3 percent Muslim had knowledge about HIV/AIDS prevented by avoid uses razor blades and skin pinch instrument. About cent percent with out Brahmin had knowledge about prevention of HIV by only one sexual partner and 96 percent Brahmin had knowledge about it.

One forth (25%) of having no schooling, 54.2 percent primary, 79.6 percent secondary and 93.8 percent intermediate and above level of education completed respondents were reported HIV prevented by avoid unsafe sexual contact. Similarly, more than 72 percent secondary, 68.8 percent intermediate, 37.5 percent primary level completed and only one fourth (25%) of no schooling respondents were reported they had aware about prevention of HIV by avoid untested blood transfusion. About cent percent no schooling, primary and secondary level completed and more than 93 percent intermediate and above level completed respondents had knowledge about prevention of HIV/AIDS by using condom during sexual contact. More than 85 percent secondary, 75 percent intermediate and above, more than two third (66.7%) of primary level of education and only 50 percent no schooling respondents were reported HIV prevented by avoid uses blades and other skin pinch instrument. About cent percent no schooling, primary and intermediate and above level of education and 98 percent secondary level of education respondents reported HIV prevented by only one sexual partner.

About 80 percent respondents having monthly income more than 10000, third fourth (75%) having 5000-10000income and 58.1 percent respondents having income less than five thousand had knowledge about HIV prevented by avoid unsafe sexual contact. Similarly, 74.3 percent having monthly income more than 10000, 64 percent with income 5000-10000 and 42 percent with less than 5000 income were reported HIV prevented by avoid untested blood transfusion. About cent percent with income more than 10,000 and less than 5000 and 96.4 percent respondents having monthly income 5000-10,000 had aware about HIV prevented by using condom during sexual contact. It clearly showed that almost cent percent people were known condom as a key to prevent STDs. More than 82 percent with

income more than 10,000, 72.1 percent with income less than 5000 and 71.4 percent respondents having monthly income 5000-10,000 had knowledge about HIV prevented by avoid uses blades and other skin pinch instrument. About cent percent with monthly income more than 5000 and more than 97 percent respondents with monthly income less than 5000 had knowledge about HIV prevented by sexual contact with only one partner (Table14).

Table 14: Percentage Distribution of Respondents by Their Knowledge about Prevention of HIV/AIDS and Some Socio-Economic and Demographic Indicators

Characteristics	STDs transmitted by					Total
	A.U.S.C.	A.U.B.T.	U.C.D.S.C.	A.R.B.	S.C.W.P	
Ethnicity						
Brahmin	60.0	45.0	97.5	65.0	100.0	40
Chhetri	84.0	76.0	100.0	84.0	96.0	25
Ethnic group	91.3	73.9	100.0	87.0	100.0	23
Dalit	54.5	63.6	100.0	90.9	100.0	11
Muslim	50.0	25.0	100.0	50.0	100.0	4
Yadav	0.0	0.0	100.0	33.3	100.0	3
Education attainment						
No schooling	25.0	25.0	100.0	50.0	100.0	12
Primary	54.2	37.5	100.0	66.7	100.0	24
Secondary	79.6	72.2	100.0	85.2	98.1	54
Intermediate +	93.8	68.8	93.8	75.0	100.0	16
Monthly income						
Less than 5000	58.1	41.9	100.0	72.1	97.7	43
5000to 10,000	75.0	64.3	96.4	71.4	100.0	28
Morethan10,000	80.0	74.3	100.0	82.9	100.0	35
Marital status						
Ever married	69.9	55.4	98.8	74.7	98.8	83
Unmarried	69.9	69.9	100.0	78.3	100.0	23
Migration status						
Migrants	70.0	56.1	100.0	78.0	100.0	41
Non migrants	69.2	60.0	98.5	73.8	98.5	65
Total	68.9	58.5	99.1	75.5	99.1	106

Source: Field Survey, 2006.

A.U.S.C. = Avoid Unsafe Sexual Contact

A.U.B.T. = Avoid Untested Blood Transfusion

U.C.D.S.C. = Using Condom during Sexual Contact

A.R.B.= Avoid Uses Razor Blades or Other Skin Pinch Instruction

S.C.W.P = Sexual Contact with Single Person

About 70 percent migrants and less than 70 percent non-migrants respondents were reported HIV prevented by unsafe sexual contact. Similarly, 56 percent migrants and 60 percent non-migrants had aware about prevent of HIV by avoid untested blood transfusion. About cent percent migrants and more than 98 percent non-migrants reported using condom during sexual contact have pillar role play to safe from HIV. About

78 percent migrants and 74 percent non-migrants had knowledge about prevention of HIV by avoid uses blades and other skin pinch instrument. About cent percent migrants and more than 98 percent non-migrants were reported HIV prevented by only one sex partner (Table14).

More than 98 percent ever married respondents had knowledge about HIV prevented by using condom during sexual contact and sexual contact with single partner. Similarly among ever married respondents 74.7 percent reported by avoid uses blades or other skin pinch instrument, 69.9 percent reported by avoid unsafe sexual contact and 55.4 percent respondents were reported by avoid untested blood transfusion. Similarly, among unmarried cent percent respondents reported HIV prevented by using condom during sexual contact and sexual contact with single sex partner, 78.3 percent reported by avoid uses razor blades and other skin pinch instrument and 69.6 percent reported by avoid unprotect sexual contact and avoid untested blood transfusion (Table14).

5.2.6: Source of Knowledge about Prevention of HIV/AIDS

Source of knowledge play vital role to prevent HIV/AIDS. Majority of the respondents had informed from I/NGOs programmes and friends or relatives which were 88.7 percent and more than 82 percent respectively. About 38.7 percent respondents had received knowledge from radio and textbook followed by newspaper (28.3%), television (25.5%) and doctors or health workers (18.9%).

Table 15: Percentage Distribution of Respondents by Source of Knowledge about Prevention of HIV/AIDS

Source of Knowledge	Frequency	Percentage *
I/NGOs programmes	94	88.7
Friends or relatives	87	82.1
Radio	41	38.7
Textbook	41	38.7
Newspaper	30	28.3
Television	27	25.5
Doctors/health workers	20	18.9
Total	110	

* Multiple answer type questions

Source: Field Survey, 2006.

UNIT - VI: SEXUAL BEHAVIOUR OF THREE WHEELER DRIVERS

This chapter provides information regarding the three wheeler drivers' sexual experience sexual practice and also includes their opinion about safe sexual contact.

6.1: Sexual Experience and Practice

This sub-chapter describes pre-marital sex, age at first sexual relation, type of first sexual partner, cost in sexual practice and use of condom during sexual contact.

6.1.1: Pre-Marital Sex

The first aspect of sexual behaviour examined in this study is pre-marital sex. Among the unmarried respondents more than 62 percent had sexual experienced as they reported.

Table 16: Percentage Distribution of Respondents by Sexual Experience before Marriage

Did you get sexual contact	Number	Percent
Yes	15	62.5
No	9	37.5
Total	24	100.0

Source: Field Survey, 2006.

Note: Exclude those (N= 86) who were married.

6.1.2: Age at First Sexual Relation

The mean age at first sexual contact was found 19.04 years. About 70 percent of drivers had first sexual contact between age 16 to 20 years. Another 25 percentage of respondents at the age of above had their first sexual contact age higher 20 years and nearly 6 percent had their first sexual experience before they were 16 years of age.

Table 17: Percentage Distribution of Age at First Sexual Experience

Age at first sexual contact	Number	Percent
Less than 16 years	6	5.9
16-20 years	70	69.3
21-25 years	24	23.8
26 years and above	1	1.0
Mean	19.04	-
Total	101	100.0

Source: Field Survey, 2006.

* Excludes those (N= 9) who were not sexual contact before marriage.

Only one percent had their first sexual experience after they were 26 years of age.

6.1.3: Type of First Sexual Partner

More than three fifths (60.4%) of respondents had first sexual contact with their own wife and a bit more than one in every five respondents had with their lover. About 18.8 percent had first sexual contact with prostitutes.

Table 18: Percentage Distribution of Types of First Sexual Partner

Types of first sexual partner	Number	Percent
Wife	61	60.4
Lover	21	20.8
Prostitute	19	18.8
Total	101	100.0

Source: Field Survey, 2006.

* Exclude those (N= 9) who were not sexual experience.

6.1.4: Cost in Sexual Practice

Among those who had sexual contact with a prostitute, in an average, a driver paid Rs. 81 in each sexual contact. A little more than half (58%) had paid between Rs. 50 to Rs. 100. Similarly, more than one fifths (21%) respondents had paid less than 50 and same paid more than 100 for per coital.

Table 19: Percentage Distribution of Respondents by Entertainment Cost

Cost	Number	Percent
Less than 50	4	21.0
50 to 100	11	58.0
More than 100	4	21.0
Mean	81.3	-
Total	19	100.0

Source: Field Survey, 2006.

* includes those (N = 19) who had sexual contact with prostitutes.

6.1.5: Use of Condoms

This section deals with use of condom in current sexual relation. Majority of the respondents had not use condom during last sexual contact, only 35.6 percent had used condom. Among non-users, they reported that they used other family planning devices (63.1%). More than one fourths (26.2%) of respondents reported that they had desire to child and 9.2 percent had currently married. Interestingly, 1.5 percent had needed to son.

Table 20: Distribution of Using Condom during Last Sexual Contact

Use condom	Number	Percent
Yes	36	5.6
No	65	64.4
Total	101	100.0
If, not why		
Used other devices	41	63.1
Desire to child	17	26.2
Current marriage	6	9.2
Need to son	1	1.5
Total	65	100.0

Source: Field Survey, 2006.

** Exclude those (N = 9), who were not sexual contact.*

6.3: Safe Sexual Contact

This sub chapter describes the three wheeler drivers' opinion about safe sexual contact. Majority of the respondents had aware about safe sexual contact. More than 90 percent drivers reported, safe sexual contact mean should only one sex partner and using condom during sexual contact. About more than two thirds and one thirds respondents were reported safe sexual contact deals avoid sexual relation before marriage and avoid homo sex respectively. They were little knowledge about last two points that first two point of safe sexual behaviour.

Table 21: Percentage Distribution of Respondents by Their Knowledge about Safe Sexual Contact

Safe sexual contact	Yes	No	Don't know
Only one sex partner	95.5	1.8	2.7
Use condom	93.6	0.0	6.4
Avoid home sex	33.6	5.5	60.9
Avoid pre-marital sex	67.3	3.6	29.1

Source: Field Survey, 2006.

** Total respondents (N=110)*

UNIT - VII: SUMMARY, CONCLUSION AND RECOMMENDATION

This study has analyzed knowledge on STDs, HIV/AIDS and sexual behaviour of three wheeler drivers in Janakpur zone. This study is based on primary source of data and data collection procedure was purposive sampling techniques.

7.1: Summary of Findings

Most of the three wheeler drivers were ethnic group they were 39 percent. Majority of the respondents were Hindus which was 94.5 percent. All (100%) of drivers were literate, among them a little more than half (50.9%) completed secondary level of education and only 15.5 percent completed intermediate and above level.

Majority of the three wheeler drivers' average monthly income was less than five thousand which was 41.8 percent. About 8.2 percent respondents had not land. Nearly 70 percent respondents had less than one Bigha landholding. Among the physical facilities, majority of the respondents had radio they were 92.7 percent. More than 79 percent respondents had electricity, 60 percent had television, 38 percent had car/tempo and 10 percent had telephone as physical facilities at home. About 30 percent respondents were reported ownership of vehicle was main cause of entering this occupation.

The mean age was 30.2 years of three wheeler drivers. More than 90 percent of drivers were below the age of 45 years. More than 78 percent of the drivers were married. The mean children born of drivers were 2.7. A little more than 39 percent respondents were migrated.

Majority of the respondents were heard about STDs. About cent percent respondents had heard about STDs that includes HIV/AIDS, more than 73 percent were heard syphilis. Similarly, more than 69 percent had heard about Gonorrhoea, 16 percent had heard about Genital warts, 6.4 percent had heard about Chlamydia and only 0.9 percent had heard about Trichomoniasis. About cent percent Dalit had heard about syphilis, 87

percent Chhetri had heard about Gonorrhoea, 32 percent Brahmin had heard about Genital warts, 27 percent Yadav had heard about Chlamydia and only 2 percent had heard about Trichomoniasis.

More than 82 percent had heard about syphilis, 29 percent had heard about Gonorrhoea and 24 percent respondents had heard about Genital warts and Chlamydia who had completed intermediate and above. Interestingly, nearly 2 percent respondents had heard about Trichomoniasis who had completed secondary.

More than 91 percent had heard about syphilis, 77 percent had heard about Gonorrhoea, 31 percent had heard about Genital warts and 14 percent had heard Trichomoniasis and Chlamydia who had monthly income more than ten thousand.

More than third fourths ever married had heard about syphilis, 71 percent unmarried had heard about Gonorrhoea, 17 percent unmarried had heard about Genital warts and 12.5 percent unmarried respondents had heard about Trichomoniasis. More than four fifths non-migrants had heard about syphilis, more than third fourths migrants had heard about Gonorrhoea, 19 percent migrants had heard about Genital warts and less than 8 percent non-migrants had heard about Chlamydia.

Effective source of knowledge was friends or relatives and I/NGOs programme which 91 percent and more than 85 percent respectively for heard about STDs and only 16 percent respondents were received knowledge by doctors/health workers about it.

More than 99 percent respondents were reported they had knowledge about transmission of STDs. Majority of the respondents [96%] had knowledge about STD transmitted by sexual contact followed by [96%] had knowledge about STD transmitted by needles.

Lower caste had more knowledge about STD transmitted by sexual contact that were cent percent (Yadav, Dalit and Muslim). All of [100%] Yadav reported STD transmitted by needles, more than three fourths Brahmin reported by blood transfusion and 2.4 percent ethnic group reported by living together. Third Fifths of Brahmin had knowledge about STD

transmitted by mother to her newborn child. Muslim had not knowledge about STD transmitted by blood transfusion, mother to her child and needles.

More than 91 percent respondents had knowledge about STD transmitted by sexual contact, a half of respondents had knowledge about STD transmitted by needles, 7 percent had knowledge about STD transmitted by blood transfusion who had no schooling. Similarly, cent percent reported by sexual contact, more than 94 percent reported by needles, 71 percent reported by blood transfusion and 59 percent reported by mother to her child who had completed intermediate.

The higher the income higher the knowledge about STD transmitted, more than 97 percent were reported STD transmitted by sexual contact, 86 percent reported by needles, a four fifths reported by blood transfusion and nearly third fourths respondents reported by mother to her child.

More than 97 percent ever married respondents were reported STD transmitted by sexual contact, 82 percent ever married reported by needles, more than two third (66.7%) unmarried reported by blood transfusion and 43.5 percent ever married reported by mother to her new born baby.

In this study, non migrants have more knowledge about mode of transmission of STDs. Among non-migrants, about 97 percent had knowledge about STD transmitted by sexual contact, more than 83 percent had knowledge about STD transmitted by needles, nearly 60 percent had knowledge about STD transmitted by blood transfusion and 45 percent had knowledge about STD transmitted by mother to her newborn baby.

Majority of the respondents had more knowledge sexual contact is main cause of transmission of HIV/AIDS that were 99 percent. Less than 80 percent respondents had knowledge other modes of transmission of HIV/AIDS.

Upper castes had more knowledge about mode of transmission of HIV/AIDS, Muslim and Dalit had little knowledge about it except mode of transmission of HIV by sexual contact. About cent percent Brahmin, Chhetri, Ethnic group, Yadav and Dalit had knowledge HIV/AIDS

transmitted by sexual contact. About 80 percent Chhetri, were reported HIV/AIDS transmitted by blood transfusion followed by Ethnic group (78.3%), Dalit (54%), Brahmin (51%) and Muslim (25%). About 68 percent Chhhetri, 56 percent Ethnic group, 45.5 percent were reported HIV/AIDS transmitted by infected mother to her child.

It is clear that higher the educational higher the knowledge of mode of transmission of HIV/AIDS. About cent percent were reported HIV transmitted by sexual contact. Similarly, about 88 percent reported by contaminated blood transfusion and razorblades and 71 percent reported by mother to her newborn baby who had completed intermediate and above. About cent percent respondents were reported HIV transmitted by sexual contact. Similarly two third (66.7%) of respondents reported by razor blades and nearly 17 reported by contaminated blood transfusion and HIV infected mother to her child who had no schooling.

The highest percentage respondents (100%) who had monthly income less than ten thousand had known the sexual contact as another reason of HIV/AIDS transmission followed by those who had monthly income more than ten thousand (97.1%). More than 89 percent had knowledge about HIV transmitted by razor blades who had monthly income five to ten thousand. Similarly, four fifths (80%) of respondents had knowledge about HIV transmitted by contaminated blood transfusion and 65 percent by HIV infected mother to her newborn baby who had monthly income more than ten thousand.

Among non-migrants, about cent percent were reported modes of transmission of HIV/AIDS by sexual contact. Similarly, more than 87 reported by razor blades , 64 percent reported by contaminated blood transfusion and 47 percent reported by infected mother to her newborn baby comparison to migrants more than 97 percent reported by sexual contact, 58 percent reported by contaminated blood transfusion and more than 36 percent reported by HIV infected mother to her newborn baby.

Among unmarried, about cent percent were reported HIV transmitted by sexual. Similarly, about 87 percent reported by razor blades, 62 percent reported by contaminated blood transfusion. More than 45 percent ever

married respondents were reported HIV transmitted by infected mother to her newborn child.

Majority of the respondents had received knowledge about mode of transmission of HIV/AIDS from I/NGOs programmes which consists of 86 percent followed by friends or relatives [83%]. Nearly 18 percent respondents had aware about it by doctors or health workers.

Majority of the respondents had not knowledge about cause of AIDS. Only 34 percent respondents were reported virus is the only one cause of AIDS.

Majority of the drivers had knowledge about HIV/AIDS is incurable disease. A little less than two third (66.5%) of respondents had knowledge about HIV/AIDS is incurable disease and nearly 2 percent respondents were reported HIV/AIDS is curable disease.

More than 96 percent respondents had knowledge about how to prevent HIV/AIDS among them 99 percent respondents were reported HIV prevented by using condom during sexual contact and sexual contact with only one person and other HIV prevention ways had less reported than above two ways. About cent percent (Brahmin, Chhetri, Yadav, Dalit and Muslim) were reported HIV prevented by using condom during sexual contact. Similarly, cent percent (ethnic group Chhetri, Yadav, Dalit and Muslim) were reported HIV prevented by sexual contact with only one person. More than 91 percent Chhetri had knowledge HIV prevented by avoid unsafe sexual contact, 91 percent Yadav had knowledge HIV prevented by avoid uses razor blades and other skin pinch instrument and 76 percent Brahmin had knowledge HIV prevented by avoid untested blood transfusion from one person to another person.

The highest percentage of respondents (100%) who had completed (no schooling, primary and secondary) had know HIV prevention by using condom during sexual contact. Similarly, about cent percent no schooling, primary and intermediate and above had knowledge about HIV prevented by sexual contact with only one person. More than 93 percent respondents were reported HIV prevented by avoid unsafe sexual contact who had completed intermediate. Similarly, 85 percent reported by avoid uses razor blades or

other skin pinch instrument who had completed secondary, 72 percent reported by avoid untested blood transfusion who had completed secondary.

About cent percent respondents were reported HIV prevent by sexual contact with only one person who had monthly income more than five thousand. Similarly, about cent percent respondents were reported by using condom during sexual contact who had monthly income less than five thousand and more than five thousand.

More than 82 percent respondents were reported HIV prevented by avoid razor blades and other skin pinch instrument, 80 percent reported by avoid unsafe sexual contact and 74 percent reported by avoid untested blood transfusion .

Avoid untested blood intake is way to prevention of HIV, this knowledge have more non migrants than migrants that were 60 percent and 56 percent. Migrants have more knowledge about other prevention ways, cent percent respondents were reported HIV prevented by using condom during sexual contact. Similarly, 78 percent reported by avoid razor blades and other skin pinch instrument and 71 percent reported by avoid unsafe sexual contact,56 percent reported by blood transfusion.

Among unmarried respondents, about cent percent respondents reported HIV prevented by using condom and sexual contact with only one person. Similarly, about 78 percent reported by avoid untested blood transfusion and nearly 70 percent reported by unsafe sexual contact. Nearly 70 percent ever married respondents were reported HIV prevented by avoid unsafe sexual contact. Unmarried respondents have more knowledge about how to prevent HIV than ever married respondents.

7.2: Conclusion

HIV/AIDS is burning problem in the world. Nepal is not so far from this problem. On the basis of above analysis and results the study have concluded that among the respondents knowledge about STDs and HIV/AIDS was better. On average high class ethnicity have more heard STDs than other ethnicity except syphilis and Chlamydia. The higher the

education and the higher the knowledge of STDs, similarly higher the income higher the knowledge of STDs. Unmarried had more knowledge about STDs than ever married except syphilis. The non-migrants had more knowledge about STDs except Gonorrhoea and Genital warts. The knowledge on STD Transmission is better. Dalit and Muslim had less knowledge about STD transmitted except sexual contact. The higher levels of education better knowledge about mode of STD transmission. Similarly, knowledge about STD transmission is better who had monthly income more than ten thousand. Marital status has not effect about mode of transmission of STDs. Migrants have more knowledge than non-migrants about it.

It was revealed that sexual contact was main cause of mode of transmission of HIV/AIDS. Muslim and Dalit have less knowledge about mode of transmission of HIV/AIDS than other ethnicity. On average intermediate completed respondents had more knowledge about modes of transmission of HIV/AIDS than other levels of education. The higher the knowledge about it who had monthly income more than ten thousand. Ever married had more knowledge about mode of transmission of HIV/AIDS than unmarried except HIV transmitted by blood transfusion. Non migrant drivers had more knowledge about it than migrant drivers but various studies showed that migrants had more knowledge about it. One third of drivers had knowledge about cause of AIDS. Similarly, nearly two third of drivers had knowledge about HIV is incurable disease. Majority of the drivers had knowledge about how to prevent HIV/AIDS but all preventive ways were not reported. Dalit and Muslim had less knowledge about prevention of HIV/AIDS than other ethnicity, educational status had not more effect about it. It was also revealed that higher the income levels of drivers higher the knowledge of prevention of HIV/AIDS. Similarly, migrants and ever married had more knowledge about how to prevent HIV/AIDS than non-migrants and unmarried drivers respectively.

Effective source of knowledge was I/NGOs programmes and friends or relatives about knowledge on transmission of STDs and HIV/AIDS and prevention about it and then radio, textbook and newspaper were less effective source about it.

More than three fifths drivers had premarital sexual experience and mean age at first sexual contact was 19.04 years. Nearly one fifths of drives had first sexual contact with prostitute among them an average a driver had paid Rs. 81 in each coital act. Majority of drivers had not used condom during sexual contact due to other devices used and desire to child was mainly cause. It was also reviles that satisfactory result was arise about safe sexual contact.

7.3: Recommendations

This study examine the level of knowledge on STDs and HIV/AIDS which knowledge measured by transmission and prevention of STDs and HIV/AIDS. According to conclusion, this study recommended are as follows:

-) This study examined only few selected socio-economic and demographic variables, thus further studies might include various other variables to assess the knowledge and prevalence more effectively.
-) HIV/AIDS is today's most burning issue in the world so more research could be done in this field and high risk behaviour of the vulnerable group.
-) The research is delimited only to the three wheeler drivers, the people who are out of three wheeler drivers were not included, so the research can also be conducted in this level.
-) It is necessary to conduct various programmes to examine knowledge on STDs and HIV/AIDS for all drivers.
-) STDs and HIV/AIDS prevention activities should be implemented on the basis of decentralizations at village, district and regional level.
-) Nepal Government should give high priority to HIV/AIDS and STDs prevention programmes.
-) The production of video programme and street drama regarding STDs and HIV/AIDS should be provide to each and every part of country.
-) The awareness is important for the preventing of the prevalence of STDs. It is necessary to enhance the awareness to overall groups through mass media like audio visual and live programme.

-) The major source of information regarding STDs and HIV/AIDS are radio, TV etc. Therefore, the maximum information about these diseases should be provide in the radio, TV etc.
-) IEC media should be increase toward AIDS awareness programmes in rural areas.

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14. Have your land?
i) Yes ii) No (Go to Q.No. 16)
15. How many land do you have?
16. Do you have following facilities in your home?
a) Electricity i) Yes ii) No
b) Radio i) Yes ii) No
c) Television i) Yes ii) No
d) Telephone i) Yes ii) No
e) Computer i) Yes ii) No
f) Motorcycle i) Yes ii) No
g) Car/Tempo i) Yes ii) No
h) Tractor i) Yes ii) No
17. How many years have you elapsed in this occupation?
18. What is the cause for entering this occupation?
19. What is your monthly expenditure?
20. What is your average monthly income?

Knowledge of STD and HIV/AIDS related question

21. Have you heard about sexual transmitted diseases?
i) Yes ii) No
22. If yes, which STD have you heard?

S.N.	STDs	Yes	No
1.	Syphilis	1	2
2.	Gonorrhoea	1	2
3.	Chlamydia	1	2
4.	Genital warts	1	2
5.	Trichomoniasis	1	2
6.	HIV/AIDS	1	2
7.	Other	1	2

23. What are the sources of knowledge?
i) Radio ii) Television iii) Newspaper
iv) Friends or relatives v) Doctors or health worker
vi) I/NGOs program vii) Textbook viii) Others
24. Do you know the transmission of STD?
i) Yes ii) No (Go to Q.No. 26)
25. If yes, how are the STDs transmitted?

S.N.	Ways	Transmitted	No transmitted	Don't know
1.	Sexual contact	1	2	3
2.	Blood transfusion	1	2	3
3.	By mother to her child	1	2	3
4.	Living together	1	2	3
5.	Other	1	2	3

26. Can HIV/AIDS be transmitted?
i) Yes ii) No (Go to Q.No. 29)

27. If yes, how it is transmitted? (mention the various modes of transmission)

S.N.	Ways	Transmitted	Not transmitted	Don't know
1.	Sexual contact	1	2	3
2.	Blood transfusion	1	2	3
3.	Mosquito bite	1	2	3
4.	By mother to her child	1	2	3
5.	Using the same public toilet	1	2	3
6.	Razor blades	1	2	3
7.	By fooding	1	2	3
8.	Use the same clothes/beds	1	2	3

28. What are the sources of knowledge about modes of transmission of HIV/AIDS?

- i) Radio ii) Television iii) Newspaper
 iv) Friends or relatives v) Doctors or health worker
 vi) I/NGOs program vii) Textbook viii) Others

29. Do you know cause of AIDS?

S.N.	Cause	Yes	No	Don't know
1.	Bacteria	1	2	3
2.	Virus	1	2	3
3.	Fungi	1	2	3
4.	Don't know	1	2	3

30. Is HIV/AIDS curable disease?

- i) Yes ii) No iii) Don't know

31. Do you know how to prevent HIV/AIDS?

- i) Yes ii) No (Go to Q.No. 34)

32. If yes, how the HIV/AIDS can be prevented?

S.N.	How to prevent	Yes	No	Don't know
1.	Avoiding unsafe sexual contact	1	2	3
2.	Avoid untested blood	1	2	3
3.	Using condom during sexual contact	1	2	3
4.	Avoid uses blades and other skin pinch instrument			
5.	Sexual contact with single person	1	2	3

33. What are the sources of knowledge about prevention of HIV/AIDS?

- i) Radio ii) Television iii) Newspaper
 iv) Friends or relatives v) Doctors or health worker
 vi) I/NGOs program vii) Textbook viii) Others

Sexual Behaviour Related Questions

34. Did you get sexual intercourse? (Only for unmarried)

- i) Yes ii) No

35. Who was the first sexual partner?

- i) Lover ii) Wife iii) Prostitutes
 iv) Unknown women v) Other

36. How many rupees do you paid? (If Q.No 35 (iii) reported)
 i) For whole night
 ii) For per coital
37. How old were you at first sexual intercourse?
38. When did you last sexual intercourse?
39. Have you use condom during last sexual intercourse?
 i) Yes (Go to Q.No. 41) ii) No
40. If not, why?
41. What does safe sex mean to your opinion?

S.N.	Safer sex means	Yes	No	Don't know
1.	Sexual intercourse with single person	1	2	3
2.	Use condom	1	2	3
3.	Avoid sex with homosexuals	1	2	3
4.	Avoid sex before marriage			
5.	Other	1	2	3

Thank you!