

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Historically, Nepal is a multi ethnic nation. More than hundreds caste/ethnicity live in Nepal. According to National Dalit Commission (NDC), there are 22 cultural groups within the Dalits. Unidentified caste/ethnicity is also the notable number 231,641 (1.02%) of national population. Where Dalits caste/ethnicity group might also be included. (NDC, 2005).

The number of Dalits in 2001 population census was 2,946,652 which is the (13%) of the national population. Among them 1,458,316 were male and 1,488,336 were female. Among Dalits, Kami is highest (30.4%) and followed by Damai/Dholi (13.25%). Among them, (8%) of the Dalits residing in the urban and (92%) of the Dalits are residing in the rural part of the country. large number of Dalits lived in Central Development Regions with 800,151 followed by the Western Development Region with 719,101. Similarly by district perspective Saptari, Dhanusa and Siraha are the districts majority of the Dalits population is listed with 121,815, 116, 975 and 110,349 respectively. On the other hand, Manang is the least Dalit populated district with 200 (NDC, 2005).

Literacy rate of the Dalits caste has lower than the national literacy rate. Out of total literacy rate of Dalits, 15 years and above is (48.6%). Among them Sonar has the highest literacy rate (47.4%) followed by Gaine (41.1%) (NDC, 2005).

HIV (Human Immune deficiency Virus) is a virus that causes AIDS (Acquired Immune deficiency Syndrome), a health condition in which a person is attracted by a series of disease because of poor immunity. HIV is a former stage of AIDS. When body's immune system gradually decreases caused by HIV belonging to the retroviral family it is called AIDS. Being AIDS is influenced by nutrient food, good relationship with family and society. HIV is

found in body fluid such as blood semen, vaginal fluids and breast milks, it is transmitted through unsafe sexual relation, unsterilized sharing of needles, infected blood, breast feeding and giving birth by infected mother.

Spreading HIV transmission is associated with special behaviours that are highly influenced by political, economic, cultural and environmental factors including poverty, military conflicts, powerlessness and gender discrimination such as having multiple sex partners, commercial sex & injecting drugs etc. (PRB, 2006).

In Nepal, there were only 4 HIV positive in 1988. But the rate of HIV positive is increasing continuously. In 1996 this number reached to 135. By the end of March 2007, this number of AIDS infection rose to 1293 out of 9043 number of people living with HIV around the country (NCASC, 2007). The new case of infection by HIV in March 2007 is 155 and 25 out of total HIV (NCASC, 2007).

1.2 Statement of the Problem

The AIDS epidemic is the most devastating health disaster in human history. The first case of this pandemic disease was seen before three decades (1981) in America. There is neither cure nor vaccine for AIDS, though the life prolonging drugs have become more affordable and accessible. By 2006 nearly 40 million people were living with HIV in the world. Out of this figure 4.3 million are newly infected and 2.9 millions died due to AIDS. Out of total HIV infected people, 95 percent are from the sub-Saharan Africa, Eastern Europe or Asia (PRB, 2006). In Southeast Asia, 7400000 are living with HIV and 480000 have died from the AIDS (PRB, 2006).

HIV is spreading in alarming rate in south Asia, especially in China and India because of increasing drug use and breakdown in the health care system that affects Nepal directly because of easy access, open border between Nepal and India especially after the treaty of 1950 (pop magazine vol. 3). Out of total

emigrants from Nepal, 77 percent make destination to India and engage there in income generating activities like agriculture and many other low class jobs (CBS, 2003). There is illegal trade of Nepalese women and girls. Every year 5000-7000 Nepalese girls are sold in India for illicit activities like prostitution, pornographic performance and they return Nepal after some time with HIV/AIDS (Pradhan, 1992).

In Nepal the first cases of AIDS were reported in 1988, since then the number of other news HIV infected is increasing continuously. In 1998 only four people were infected to HIV/AIDS. With the course of time, the cumulative number of infected people to HIV/AIDS has been increasing. Now 8509 people are living with HIV/AIDS in Nepal. Out of this mention figure 267 died due to AIDS.

HIV/AIDS, a new but challengeable health issues in the medical science has become a major public health problem of each and every nation in the 21st century. It has more than two and half decade long history, however, the social and behavioral research on HIV/AIDS is conducted in very limited number (UN, 2002). Economic, cultural, biological status makes people more vulnerable. More importantly, lack of access to education or personal income and unequal property rights, deprivation, poverty, accusation of some phenomenon negatively promote to commercial sex that results HIV infection. The knowledge of HIV/AIDS varies by gender, age, place of residence, the level of access of the means information and communication and personal behaviors (UN, 2002)

In the Nepalese context, most of the people are the inhabitants of rural area (85%) and out of them 40 percent children suffer from malnutrition and various diseases (CBS, 2003). The urban youth are seemed to get towards drug abuse and unprotected sex due to which they have high probability of getting infected by HIV. The employment opportunity and income generating ways are in very limited number. Most of the people have no access to get quality education.

The illiterate percentage is 46 percent. (CBS, 2003). In this context, it is essential to know the situation of HIV AIDS in both rural and urban areas both in male and female, their extent of knowledge, attitude and behaviors for taking appropriate policy options to combat against it.

Yangnam VDC is one of the northern VDC of Panchthar district of Eastern Development Region of Nepal. There are heterogeneous social structure with multi racial, multi linguistic, multi cultural and multi behavioural peoples. Yangnam is one of the territor which is directly linked with India. The people of this village openly visit with India's Darjeeling area and other neighbourhoods are Nangin, Bharapa and Memmeng VDCs. While talking about Dalits there are more than 100 Dalit households. Dalits are very poor in economic condition and in other aspects. Some of adult Dalits visit to Darjeeling for earning money. When we talk HIV/and AIDS with Dalits, the knowledge about HIV and AIDS is very new matter for them through this issue is announcing since three decades regularly. Low level of awareness, low economic condition, social discrimination in accessibility to get general medias like radio, T.V., Newspapers and no chance of entering in social gathering interrelation is main causes of backwardness in this knowledge. So these are the main problems for study. However the following are the specific risen questions of this study.

The present research is mainly based on the following questions

1. Do the knowledge, attitudes and behaviors of the Dalits about HIV/AIDS depend on the level of education, age composition, sex?
2. What is the role of media in acquiring the knowledge to HIV/AIDS?
3. Do they have information regarding modes of transmission and preventive measures of HIV/AIDS by sex and education?

1.3 Objectives of the Study

The specific objectives of this study are:

-) To examine the demographic (age, marital status, sex, family size etc.) and socio- economic (religion, occupation, education etc.) status at the respondents.
-) To examine symptoms, transmission, prevention and attitude towards HIV AIDS among Dalit people.
-) To study the role of media in building the knowledge and attitude about HIV/AIDS.

Significance of the Study

In the following some years, this study has become very much an important throughout the world. The disease was identified at first in 1981 in USA. The prevalence of this disease has been rapidly increasing since its occurrence. Today most of the African countries as well as Cariabbean countries are mostly affected by this disease. Most of the people are suffering by this problem in the mentioned countries. No one can live longer if s/he suffers from it. Therefore, it is very much necessary to study or to gain more practical knowledge about it. Generally, it transmits through sexual intercourse with infected presons. There is highly chances of transmitting for those people who are in sexual intercourse or keep very unsafely with multiple partners. So, it has become very much necessary to inform that small children who are the pillar of the future development.

In the context of Nepal, the number of suffering people by HIV/AIDS has been significantly increasing in the some following years by various studies, therefore, it has become necessary to give the conspicuous information to the people.

Especially, this study is based on Dalit community, it has more significant about the level of knowledge about HIV/AIDS among Dalit people, which are known as the backward people recently. Thus, this study has more significance as it can be generalized all the Dalit people throughout the kingdom.

Limitations of the Study

Any kind of research works are carried out within certain areas of limitations, however, it determines its nature, needs situation and area of study. The mention research problem will be studied is mainly based on the variables such as education, age ,sex, ,media attention, occupation of family and other minor variables .

This study is also limited within certain scope and the limitations are as follows:

1. This study is based on the sample data collected only the males of the Dalit community in Yangnam VDC of Panchthar district.
2. The conclusion/result carried out from this research depends on the reliability of primary and secondary data collected by questionnaire and survey records.
3. The findings of the study may not be generalized for other population group.
4. Because of the limited time and resource, this study covers only small area which lies in Panchthar district (Yangnam VDC) within a short period of time. And the finding of this study can be generalized only for those areas or which have similar characteristics of population in Nepal.

Organization of the Study

This study has been organized into six chapters. The first chapter holds introduction, which includes background of the study statement of the problem, objectives, significance, limitation and organization of the study. The second chapter deals with literature review and conceptual framework of the study. The third chapter deals with the part of methodology of this study. The fourth chapter of this study is with the description of Demographic and Socio-Economic characteristics of the respondents. The fifth chapter, knowledge, attitude, and behaviour towards HIV and AIDS of the respondents are presented. The sixth chapter is the last chapter that deals with summary conclusion, and recommendation.

CHAPTER TWO

LITERATURE REVIEW

2.1 Background of the HIV and AIDS

"AIDS is a disease caused by virus that can be down the body's immune system and lead to fatal infections, some forms of cancer" (UN, 1989).

This virus causes AIDS by disability of destroying certain kind of cell that normally help the body to fight diseases. If these particular cells are destroyed, the body cannot defend itself against infections and certain cancers. AIDS patients are then open to attack from infections and cancers that healthy persons can resist.

AIDS is the most severe illness caused by the AIDS virus HIV, but other milder illness also results from infection with the virus. These usually get worsen with time and develop into AIDS.

When the AIDS virus, HIV enters a person's body, it presents certain cells in the body, where it can remain for the life of the person. In some people who are infected the virus remains quite for ten (10) years or more-before it causes AIDS. They may nevertheless spread the virus to sexual partners during this period.

There are several types of illness, the virus can cause and it may eventually result in the disease lime pneumonia and some cancers. The majority of people with AIDS die within two years of diagnosis. A few persons have survived longer (UN, 1989).

"A quarter century into the epidemic, the AIDS response stands at a crossroads. The AIDS response must become substantially stronger, more strategic and better coordinated. If the world is to achieve the 2010 Declaration of

commitment targets, the countries most affected by HIV and AIDS will fail to achieve Millennium Development goals to reduce poverty, hunger, and childhood mortality and countries whose development is already flagging because of the HIV, and AIDS will continue to weaken potentially threatening social stability and national security, if the response does not increase significantly" (UNAIDS, 2006).

2.2 Situation of HIV and AIDS in World

The first case of AIDS was reported in Los Angeles in June 9, 1981. The causative organism of AIDS, i.e., HIV was identified in 1983. The epidemic has transcended all seniors including race, ethnicity, geography, gender and socio economic status, and Nepal remain no exception. The first case of AIDS in Nepal was reported in 1988. The challenge in Nepal remain in the fact that HIV is often regarded as a problem in itself rather than incorporating it into a broader developmental agenda. Further, prevention, care and support is yet to reach majority of the vulnerable population leaving aside the immense amount of stigmatization and discrimination that people living with HIV/AIDS are facing.

As the end of 2004, 39 million people world wide were living with a symptomatic human immuno deficiency virus (AIDS) and more than 20 millions level died of AIDS science the beginning of the epidemic. More than (95 %) of people living with HIV and AIDS live in low and middle income countries nearly two-third are in Sub-Saharan Africa and nearly one five live in Southern Southet Asia. In 2004. 7.9 million people were newly infected (23 %) millions people died of AIDS (UN, 2005).

The pandemic Natmc and magnitude of the public health problems associated with HIV infection were organized much late when the proportion of person's infected with HIV nose very rapidly. Observing the global epidemic, it is estimated that 38.6 million people were living with HIV/AIDS in the world by

the end of 2005 and 4.5 million become newly infected with HIV. Out of this, it is estimated that 2.8 million had died due to AIDS (UN AIDS, 2006). One of the total infected children, only (15 %) are living one side Africa region. The behaviours of the people and HIV preventive programs determine the spread of HIV infection. The number of HIV infected people is increasing continuously because of growing population and life prolonging efforts of artificial therapy (UNAIDS, 2006). More than 58 countries are providing education about HIV and AIDS through primary (74 %) and secondary (81 %) level school education. However, HIV preventive programs are failing to reach to those who are in the greatest risk. (UNAIDS, 2006).

AIDS is the most devastating health disaster in the human history. It continues from individual to family, community, nation and the world. In the context of world, 25 million people are living with AIDS now. 4.9 millions people were infected with it in 2005. Around 95 percent of them in Sub-Saharan Africa, Eastern Europe, and Asian countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined significantly in Western Europe and North America where the epidemic has spread from the gay male population to ethnic minorities, the poor and others marginalized groups. Sub-Saharan Africa is the largest hit region in the world. Most of the Africans die with this illness rather than other causes deaths. South Africa has the largest number of people living with HIV and AIDS between (4.5-6.2) million. Swaziland has the highest adult HIV prevalence rate. More than 30 percent of adults are infected with HIV and AIDS (PRB, 2006).

The global statistics published by UNAIDS/WHO in 2006 informed that nearly 39.5 million [range: 34.1 to 47.1 million] have been living with HIV/AIDS since 1981. Similarly, 37.2 million [ranges from 32 to 44.5 million] adults, 17.7 million [ranges from 15.1 to 20 million] women, 2.3 million [ranges from 1.7 to 3.5 million] children, were living with HIV/AIDS. Moreover, 4.3 million [ranges 3.6-6.6 million] people were newly infected by HIV/AIDS. Out of this figure 3.8 million [ranges from 3.2 to 5.7 million] were adult. Youth, less than

25 years old, accounts half of all the new HIV infected population. Worldwide, around 6,000 people infected with HIV every day. In developing countries, 6.8 million people are in immediate need of lifesaving AIDS drug; of these, only 1.65 million are receiving the drugs (UNAIDS/WHO, 2006).

AIDS is now considered not only a health problem, but also a great threat to development and security. Although the epidemic began at first in developed country, 95 percent of new infections have occurred in developing countries. Moreover, the epidemic is affecting developed and developing countries differently. In industrialized countries, mortality and infection rate have declined dramatically over the past few years, largely due to the availability of antiretroviral medication. AIDS in these countries is now a chronic disease and a manageable health problem. However, in developing countries, AIDS is destroying societies, community and nations. Now only less than 20 percent of the people at risk of HIV infection have access to basic preventive services. There is wider gap in acquiring HIV/AIDS between haves and have not, rich and poor thereby presenting a new ethical and human right (Narain et al., 2004).

2.3 Regional Situation of HIV AIDS

South Africa has the world's largest number of patients' co-infection with TB and HIV. TB is the most opportunistic infection among persons with HIV. 60,000 south Africans has both diseases. South Africa's cure rate for TB changes from (35 %) Kwalula – Natal to 70 % in western cape, according to Health Minister Manto Ishabalata Msimary. The resulting average cure rate is 54 % WHO's goal is 85 % (WHO, 2004).

Sub-Saharan Africa is the most heavily affected region by HIV/AIDS where HIV/AIDS victims are more than any other region of the world. It is estimated that 24.5 million people were living with HIV/AIDS at the end of 2005 (UNAIDS, 2005) and more African died of HIV/AIDS and HIV/AIDS related

illness than of any other causes (PRB, 2005). Between 4.5 million to 6.2 million people were living with HIV/AIDS in South Africa. During the year of 2005, 4.5 million people were newly infected with HIV/AIDS and out of this figure, 95 percent were from African region (PRB, 2005). HIV/AIDS prevalence rates and the number of people dying from HIV/AIDS are notable in African region. The prevalence rate in the world is only 1.1 percent, whereas in sub-Saharan African region, this rate is 7.1 percent (PRB, 2006). In this region, the cumulative death by HIV/AIDS is 24,000,000 (PRB, 2006). Based on its extensive antenatal clinic surveillance system, as well as national surveys about HIV/AIDS testing and mortality data from its civil registration system, it is estimated that 5.5 million [ranges 4.9 million to 6.1 million] were living with HIV/AIDS in 2005 (UNAIDS, 2005). Neither HIV/AIDS prevalence rate is not uniform nor the number of people dying from HIV/AIDS is uniform, even in the African countries. Somalia, Senegal, Botswana, Lesotho, Swaziland, Zimbabwe are the high HIV/AIDS infected countries. Somalia and Senegal the HIV prevalence is under 19 percent of the adult population whereas South Africa and Zambia around 15–20 percent, Botswana 24.1(24.1%) , Lesotho(23.2%), Swaziland (33.49%) (UNAIDS, 2006). The sub-Saharan African region has the high prevalence rate of HIV/AIDS.

The Caribbean's epidemics and countries' AIDS response vary considerably in extent and intensity. HIV infection levels have decreased in urban parts of that and in the Bahamas and have remained stable in neighboring Dominican Republic and Barbados. Because of the accessibility of antiretroviral treatment in both Bahamas and Barbados appears to be a reduction in AIDS deaths. It is known as the 2nd most affected region in the world. AIDS is the leading cause of deaths in this region (WHO/UN, AIDS, 2008)

2.4 HIV and AIDS Situation in Asia

Acquired Immuno Deficiency Syndrome (AIDS) is caused by the Human Immuno Deficiency Virus (HIV), which is spread through blood, semen,

veginal secretions, and breast milk. The most common method of transmission of unprotected sexual, intercourse with HIV positive partner. Including other major routes are transfusions of HIV infected blood, use of contaminated needles syringes, other transmission during pregnancy or breast feeding (PRB, 2006).

In Asian HIV infection profile shows that 8.3 million [ranges from 5.7 million-12.5 million] people living with HIV in 2005. In 2006, the figure of HIV infected people has increased to 8.6 million [ranges from 6 million to 13 million].The cumulative death of AIDS due to HIV infection including those who become newly infected is approximately 630000 [ranges from 430000 - 900000] (UNAIDS, 2006) by the late of 2006 in Asia. Mainly poverty related factors such as separation of marital partners, sex for commercial gain, high prevalence of other sexually transmitted infections, unsafe sexual behaviors plays the chief role in increasing the HIV infection rate. Customs, beliefs and practices like sexual partnership, across age groups, use of intra vaginal desiccants, use of alcohol and drugs and so forth are the major risk factors in contributing to HIV transmission (Narain et al., 2004).

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HIV infection level of Asian countries comparatively lower than other continents. But in some countries comparatively lower than other continents. But in some countries are very much suffered by this disease. In the context of Asian continents 8.2 million people were living with HIV at end of 2004. Asian countries can be divided into several categories, according to the epidemic prevalence. While some other countries such as Combodia, Myanmar and

Thailand are just in starting phase and starting rapid experience of epidemic such Indonesia, Nepal, Vietnam and several province China. Some countries including Bangladesh, East Timor, Laos, Pakistan and Philippines are experiencing extremely low level of HIV prevalence (Khanal, 2005)

Later estimated show that some 8.3 million people were living with HIV in Asia at the end of 2005. more than two thirds of them in one country, India. India has the largest number of people suffering with this epidemic in the world. In Asia, about one in sex people 16 percent in need of antenatal treatment are now receiving it. While progress have been strong in Thailand. The coverage of treatment still remain below 10 percent in India. China has expanded the HIV surveillance and improved estimating of the AIDS pandemic disease. Approximately 650,000 people were living with HIV in 2005 in China. Out of total almost half 44 percent are use infecting drugs. Infecting drugs users and unprotected sex are the main cause of spreading of HIV in Asia. An example is Vietnam, when HIV has spread into LL 59 provinces and all cities. In 2005, and estimated 360,000 adults and children were living with HIV in Myanmar and national adult prevalence stood at 1.3 percent. HIV epidemic epidemics remain relatively limited in Bangladesh, Philippines, Indonesia and Pakistan, although each of these countries risk as more serious epidemic if prevention methods are not improved (UNAIDS, 2006).

South –East Asian region has high number of HIV infected people .The main cause behind it is unprotected paid sex and sex between men among with unsafe injecting drug use. Vietnam is another host country in Asia. In 2005, 260000 (ranges from 150000-430000) were living with HIV and 4000 people become infected with HIV each year (UNAIDS, 2005).Injecting drug users and person who buy sex or sell are highly infected with HIV/AIDS. During 1996, nine percent of injecting drug user were suffered by HIV which rose to 30 percent in 2003. Very low class injected drug users involved in sex market are infected with HIV. The use of condom is higher in brothel based sex (UNSAIDS, 2005). Less than half of young people have comprehensive

knowledge of HIV. Moreover, the health policy of this country has given emphasis to strengthen the knowledge and awareness on HIV/AIDS (UNAIDS, 2005).

2.5 Situation of HIV and AIDS in South Asia

South Asia has one of the fastest growing epidemics in the world. Since its entry into the region, every country has been new infections. In south Asia, 7400,000 people living with HIV where 990,000 people were newly infected in 2005. HIV prevalence is also rising rapidly in many parts of the South Asia. Prevalence rate of HIV is 7 percent of adult infected in South Africa. Around 480,000 people was died due to AIDS in 2005 in South Asia (PRB, 2006).

The SAARC countries have distinct characteristics such as different ethnic groups with distinct characteristics such as distinct cultures, low health development indicators, agrarian nature, low economic condition as well as low literacy rate, high infant, child and marital mortality rate, high fertility and poor consumption pattern. The society is being free due to the influence of western culture, norms and values. The influence of urbanization, industrialization and following of European culture is significant in bringing the change in social and cultural pattern (Aryal, 2000). Pre-marital sex , poverty , illiteracy , income inequalities, social transition, gender inequalities, violence, sexual abuse, powerlessness, trafficking of girls and women and so on compel girls and women of reproductive age to be involved in unsafe sexual activities. Consequently, they have greater risk of being infected by HIV/AIDS (UNFPA, 2001). The young girls are more vulnerable because of inability to refuse unwanted or unsafe sex. In the case of Bangladesh around 95 percent of 15-19 years of age do not know even a single preventive method of HIV/AIDS (UNFPA, 2001).

The given information in the table below shows that India has the highest prevalence rate (0.8) among other south Asian countries. Bangladesh and

Bhutan has less prevalence as compared to others. In Nepal, HIV prevalence rate is 0.5 percent of the total population.

Table 2.1: HIV/AIDS infection in South Asian Region

Country	Reported AIDS case	% of prevalence among adult with HIV *	Estimated HIV infection
Bangladesh	17	<0.1	13000
Bhutan	13	<0.1	< 100
India	48933	0.8	3970000
Maldives	9	<0.1	< 100
Nepal	634	0.5	58000
Pakistan	-	0.1	-
Sri-Lanka	405	0.1	4800
Afghanistan	-	-	-

Source: *HIV/AIDS in Asia 2005*

* SAARCE Tuberculosis Center Thimi, Bhaktatu , Nepal 2003.

Three out of every five South Asian women are illiterate, including three quarters of Pakistani women and nearly two-fifths of Nepali women. The school dropout percentage in India is significant (UNFPA, 2001). The first case of HIV positive was detected in 1980 in Bangladesh. Due to strengthening the awareness programs, information education and communication campaign about disease, the HIV infection is low in Bhutan. India is highest infected county. Within short period, it has emerged as one of the most serious health problems in India. The first case of HIV was reported in 1991 in Maldives. In this country the prevention and control programs are lunched from grass root level to control the disease. Continuous spread among injecting drug users, trafficking of female for prostitution, changing values among youth people, high rates of migration and mobility and open border and similarly, low awareness among male who have sex with male are the major risk factors of HIV/AIDS infection in south Asian region (<http://web.worldbank.org>).

2.6 Status of HIV and AIDS in Nepal

HIV and AIDS have become a major public health problem in Nepal. Surveillance information about AIDS is scarce in Nepal. However limited data

indicate that HIV is currently around 0.3 percent in general population. Nepal is one of the developing country as well as medeterrian country because of the low economic status, high level of illiteracy, high level of poverty etc. The large number of population being at high risk of HIV and AIDS.

In Nepal, there were only 4 HIV positive in 1988. But the rate of HIV positive is increasing continuously. In 1996 this number reached to 135. After one year 1997 this number is rapidly rose to 489. Around 1282 people were infected with HIV positive in 2004. By the end of March 2007, this number of AIDS infection rose to 1293 out of 9043 number of people living with HIV around the country (NCASC, 2007). The new case of infection by HIV in March 2007 is 155 and 25 out of total HIV (NCASC, 2007). UNAIDS estimated that 75,000 people were living with HIV at the end of 2005. According to the official record, 384 had died by the end of 2nd March 2007. The HIV/AIDS infection varies by sex, working behaviours, personal attitudes towards sex and so forth. The infection by HIV/AIDS of male population is two times higher then female population in Nepal (NCASC, 2007).

2.6.1 National Response to HIV and AIDS

Government and Institutional Effort:

In 1988 the government of Nepal launched the first National AIDS Prevention and Control Program. In 1995, a nation policy was formulated emphasizing the importance of multisectoral involvement, decentralized, implementation and partnership between the public non-governmental organizations and the private sector including NGOs.

Towards this effects Nepal established a multi-sector National AIDS co-ordinating Committee (NAC) chained the minister of health in 1992. More recently, a National AIDS council (NAC) chained by the prime minister was established to raise the profile of HIV/AIDS. The NAC was meant to set

overall policy, lead national level advanced, and provide overall guidance and direction to program.

The main governmental agencies are responsible for HIV/AIDS and AIDS control in under the ministry of health and population, National Center for AIDS and AIDS control (NACSC). The NCASC has developed a National Strategy on HIV/AIDS, which has subsequently been translated into a five year HIV/AIDS operational plan for 2006-07. the strategy and operational plan seek to address management needs and define the response requirement for an expanded response to HIV/AIDS in the country.

2.6.2 Non- Governmental Organizations and Community: Based organizations (NGOs and CBOs)

According to state of world population report the United Nations Population Fund UNFPA in 1997, an estimated 100,000-200,000 Nepalese women have been sold to brothels in India and the police and local authorities in some of this trafficking has been reported.

Women are recruited from village and urban areas of Nepal where they have to work in the carpet and garment industries. Some women are sold by their families, whereas others are delivered by false marriage and promise of economic opportunities. Once a sex worker is found to be forced to remain in the sex industry as means of survival (Synergy project, 1999).

For instance, the cumulative HIV/AIDS situation 1996/97 was recorded to be 790 cases where 61.6 percent were female. This situation in 1998/99 has sharply increased to 1108 cases or increase 1.4 percent times as HIV positive in 1996/97, 152 cases recorded have had AIDS. This figure for 1997/98 was recorded at 25 cases (Khanal, 2005).

2.7 Knowledge of HIV and AIDS

In Nepal, knowledge of AIDS is higher. The Nepali Family Health Survey (NFHS) for first time included questions on the awareness of women about HIV/AIDS. This survey showed that only one fourth ever-married women had heard about HIV/AIDS. More than 67 percent of the urban women had heard about AIDS compared to only about 23 percent women heard about AIDS in rural areas. Similarly, knowledge of AIDS was found highest among women in the hill (35 %) then among women in terai (21 %) and mountains (18 %) women from the western regions were found more knowledge with (36 %) while women from the far – western development region were found least knowledge (10 %) about AIDS (NFHS, 1996),

NDHS showed that the knowledge of AIDS is much higher among male (72 %) than the female (50 %). It was indicated that the males have knowledge about AIDS (NDHS, 2001). According to UNFPS, majority (99 %)

In Nepal, knowledge of AIDS is much higher among male (72%) then among female (50%). Although the percentage of women who have heard of AIDS has nearly doubled in the last five years from 27 percent in 1996. Two fifth of women and two-thirds of men believe that there is a way to avoid HIV/AIDS (NCASC, 2004).As level of education increases, respondents' knowledge of AIDS also increase: knowledge of AIDS is almost universal among respondents who have passed SLC.

A Study by FPAN shows that 85 percent of respondents have knowledge of AIDS, two thirds of respondents reported HIV/AIDS as one kind of STDs, followed by syphilis (20%) and gonorrhoea (13%). Fifty two percent of respondents said that electronic media is the main source of information, followed by school (19%), print media (12%), friends and relatives (10%) and health worker (7%). The role of parents in making their children aware is negligible in the study area. The overwhelming majority (94%) has heard about

HIV/AIDS. Ninety three percent of the respondents perceive unsafe sexual intercourse as one of the chief way of HIV/AIDS transmission, followed by unsafe blood transfusion (78%) and sharing injection (74%) (Pathak, 2002).

A KAP survey among 1400 young people in seven different district of Nepal shows that Nepalese are highly aware in HIV risk, but this awareness does not necessarily translate into safe sexual behaviours. Although an overwhelming majority (92%) of teenagers has heard about HIV/AIDS, only 74 percent of teenagers knew that they should use condoms while having sex and only two third (69%) said that they should not have sex with commercial sex workers. The study also reveals that almost 20 percent teenagers considered pre-marital sex experience. The knowledge of HIV/AIDS is limited among adolescents: only 19-24 of married adolescent girls are reported to have heard of HIV/AIDS in Bangladesh and Nepal (UNFPA, 2006).

Roka (2002) has examined the knowledge of HIV/aid among school adolescents of Khotang district reveals that the knowledge of HIV/AIDS among students is significant. Majority (90%) of the students has heard about HIV/AIDS and some misconception is also observed mainly about the mode of transmission of HIV/AIDS. By sex female have less knowledge as compared to male students. The pre-marital sex occurs but very few percent of boys and girls use contraception during sex occurred outside marriage. Radio is the main source of information of HIV/AIDS. The sources of information vary by place of residence.

2.7.1 Knowledge Among the Major High Risk Groups

In the context of Nepal, there is no reliable source of drugs most of the injecting drug users are found in cities like, Kathmandu and Pokhara and other big and small cities. The awareness of HIV/AIDS is very high among drug users.

2.7.2 Female Sex Workers (FSWs)

The level of knowledge about HIV/AIDS among the female workers is very high. Almost all the FSWs and their clients, irrespective of their education, profession and the place of residence, have knowledge of condom. Most of the FSWs and their clients are also aware that use of condom can prevent the transmission of STDS and HIV/AIDS (New Era, 2003).

2.7.3 Migrant Workers

The findings of the study conducted in the districts of Kanchanpur, Kailali, Bardia and Dang, the related Indo-Nepal border points show that over three-quarters of the migrant workers had knowledge about HIV/AIDS. About half of them (48 %) also mention about symptoms of STDS and HIV/AIDS. Nearly 90 percent of migrant workers interviewed in the community and about 80 percent interviewed at the border points had knowledge about HIV/AIDS. The survey result was very low use of condom (UARG, 2001).

CHAPTER THREE

METHODOLOGY

3.1 Selection of Study Area

Panchthar district is one of the remote hilly districts situated in eastern region of Nepal. The area of this district is 1195 sq. km. and the political boundary is India in the East, Dhankuta, and Terathum districts in the west, Taplejung district in the north and Ilam and Morang districts in the west. Limbu is the main caste ethnicity and Kirant is the main religion of this district.

Yangnam is one of the VDCs of Panchthar district with the population of 3008 according to the census 2001. Limbus are the main inhabitants in Yangnam. About 400 Dalits (mainly, Kami, Damai and Sarki) live in this VDC.

3.2 Sampling Procedure

3.2.1 Sampling Technique

The respondents were selected based on systematic random sampling technique (SRST).

3.2.2 Sample Size

According to VDC profile (report), there are 197 male Dalits and out of this total number, 46 percent Dalit people are selected as respondents as a sample size. The total respondents are selected by using systematic random sampling technique. The respondents are selected from both married and unmarried of age above 15 years.

3.3 Designation of Questionnaire

The semi-structure questionnaire was designed for collecting data. Opinion questions were also used that helps to know their attitude about the given topic. Before going field, all the question were checked by supervisor. Some questions were modified 2 reorrected by following the the worthy suggestion of supervisor and finalized than for taking reliable information from the selected respondents for this specific and purposive study.

This following types of questionnaire schedule were developed:

- Individual questionnaire
- Household questionnaire
- Knowledge and attitude about HIV/AIDS

3.4 Data Collection Technique

This study uses both types of primary and secondary sources. Existing data were collected through primary source whereas literature is review is based on secondary sources. Quantitative technique was used as major approach in collecting information; however, qualitative technique was also used as supplement of quantitative method.

Mainly, this study focuses on people of Dalits community (Kami, Damai and Sarki). Data was collected by taking interview to all respondents.

3.5 Data Processing

The completed questionnaire was entered into the computer immediately after editing and coding. Computer Software dBase IV was used for data entry. After cleaning, data was transferred into Statistical Package for Social Science (SPSS) for further processing and analysis. Frequency distributions, cross Tables are the main output of the analysis.

3.6 Data Analysis

The data analysis is simply based on descriptive form. The frequency Tables, cross tabulations and other necessary information were extracted from the SPSS edited data. On the basis of Tables, extracted information as well as other necessary information the analysis and interpretation have been made.

3.7 Selection of Variables

There are two types of variables namely;

- Independent Variable
- Dependent Variable

3.7.1 Selection of Independent Variables

- Age of respondents
- Sex of respondents
- Marital status of the respondents
- Religion of the respondents
- Family size of the respondents
- Education of the respondents
- Occupation of the respondents

3.7.2 Selection of Dependents Variable

- Knowledge about HIV and AIDS
- Knowledge about mode of transmission of HIV and AIDS
- Behaviours to the infected persons of respondents

Operational Definition of the Variable

- **Knowledge:** It refers to the understanding, idea and concepts of the respondents especially about infection, causes and routes of transfusion, symptoms, prevention and control of HIV/AIDS and pre-marital sex.
- **Attitudes:** It refers to the way of thinking and perception of the respondents towards HIV/AIDS and those who are suffering from STS, HIV/AIDS and pre-marital sex towards positive or negative, favorable or unfavorable response of the respondents defines the attitude.
- **Age of Respondents:** The completed age of respondents. This study is limited to the adolescents. There are two in questionnaire for ages where respondents were suggested to fill up the given boxes with the complete age with two digits.
- **Marital Status:** Including this questions, there are two options they are married and unmarried.
- **Education of Parents:** For the highest level of educational attainment of respondents mother and father, respondents could report it.
- **Occupation of Parents:** This question refers the current and major occupation of parents. For this purpose, question has been divided into six categories, when respondents could choose.
- **Nuclear Family:** The family where only one generation live under one roof together is called nuclear family.
- **Joint Family:** The family where more than one generation live under roof and share kitchen, bedroom, property ect. commonly is called joint family.
- **Knowledge AIDS:** Under this question, to know the knowledge of respondents on AIDS, a question was asked.
- **Knowledge on Symptoms of AIDS:** The major symptoms were categorized and pre-coded where respondents were free to choose any one, more than one (multiple response).

- **Knowledge on Mode of Transmission of AIDS:** The major mode of transmission was pre-coded. There were three major modes of transmission and some more modes were found after data collection. Respondents were categorized on the basis of their choice of mode of transmission.
- **Knowledge on Preventive Measures of AIDS:** On the basis of various preventive measures, respondents have been categorized according to their background characteristics.
- **Knowledge on HIV and AIDS:** To know the knowledge on HIV and AIDS, some questions were asked. They were categorized into various background characteristics according to their response.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO – ECONOMIC CHARACTERISTICS OF RESPONDENTS

4.1 Demographic Characteristics of the Respondents

There are different types of dependent and independent variables used to examine the socio-economic characteristics of the respondents and it is also tried to examine the relationship between these two mentioned variables. The defining variables are properly used in collecting data for this purpose of this study.

4.1.1 Age of the Respondents

It is one of most and important independent variables. As per this variable it has been tried to find out the ages of respondents, which is presented in the below table 4.1.

Table 4.1: Distribution of age of respondents

Age	Number	Percent
15-19	11	12.1
20-24	14	15.4
25-29	8	8.8
30-34	15	16.5
35-39	8	8.8
40-44	9	9.9
45-49	8	8.8
50-54	6	6.6
55-59	5	5.5
60+	7	7.7
Total	91	100.0

Source: Field Survey, 2007

In table 4.1, most of respondents are from 30-34 years age (16.5%) followed by 20-24 years with (15.4%) followed by 15-19 years with 0.11 respondents.

There is very similar number of respondents from other age group except above mentioned groups.

4.1.2 Marital Status of Respondents

It is also another an important variable which has become very much concerned to get reliable information on attitude of the respondents. The result of this variable is given in following table.

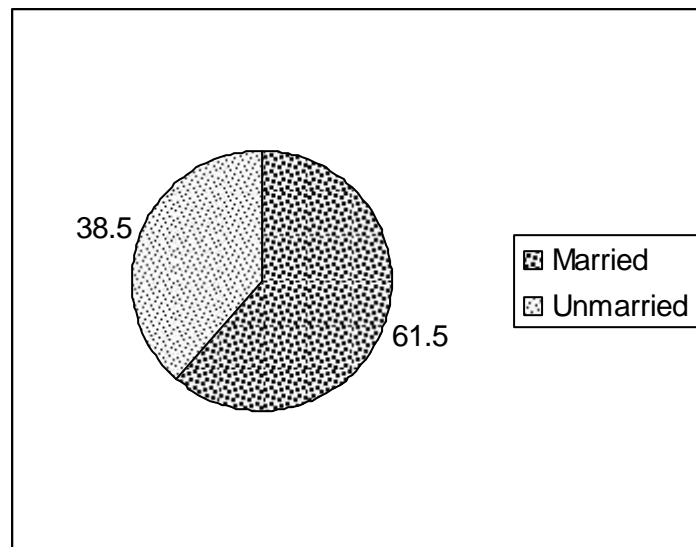
Table 4.2: Distribution of Respondents by Marital Status

Marital Status	Respondents	
	Number	%
Married	56	61.5
Unmarried	35	38.5
Total	91	100.0

Source: Field Survey, 2007

Table 4.2 shows that, out of total majority of respondents from married with (61.5%) and (38.5%) of the respondents are unmarried.

Fig 1: Distribution of Respondents by Marital Status



4.1.3 Type of Family Size

Generally, there are two types of family they are joint and nuclear. The situation of it is given table 4.8.

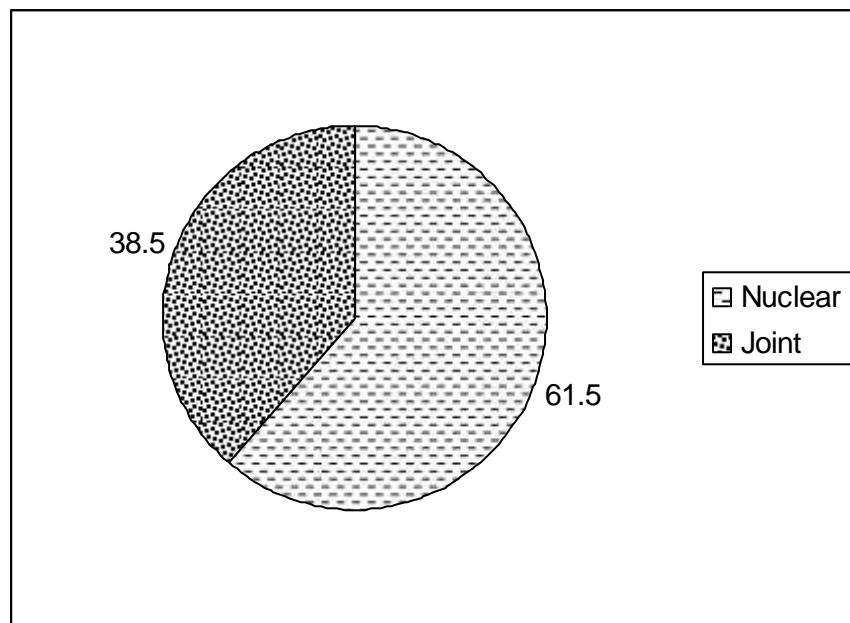
Table 4.3: Distribution of Respondents by Family Size

Family size	Respondents	
	Number	%
Nuclear	56	61.5
Joint	35	38.5
Total	91	100.0

Source: Field Survey, 2007

Table 4.3 shows that most of the respondents from nuclear family with (61.5%) and joint are (38.5%).

Fig 2: Distribution of Respondents by Type of Family Size



Socio-economic Characteristics

4.2.1 Caste of Respondents

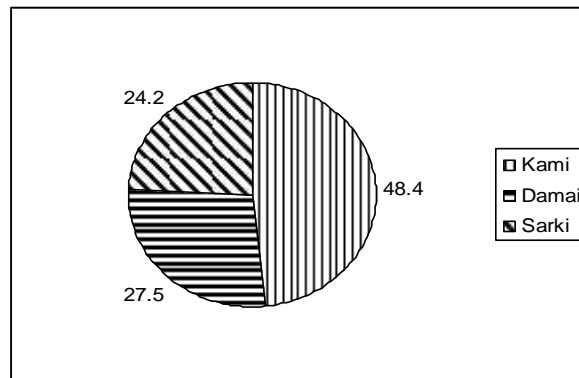
This variable has been categorized into different divisions, such as; Kami, Damai, and Sarki in this study. And the majority of the responders reported they are Kami, situation of the respondents by caste is given below.

Table 4.4: Distribution of Respondents by Caste

Caste	Respondents	
	Number	%
Kami	44	48.4
Damai	25	27.5
Sarki	22	24.2
Total	91	100.0

Source: Field Survey, 2007

Fig 3: Distribution of Respondents by Caste



4.2.2 Religion of Respondents

On the basis of this variable, it had been tried to identify the religion of the respondents, but the all selected respondent reported they follow Hindu religion.

4.2.3 Occupation of Respondents

This variable has been categorized into different parts and holding situation of occupation by respondents in given table 4.5.

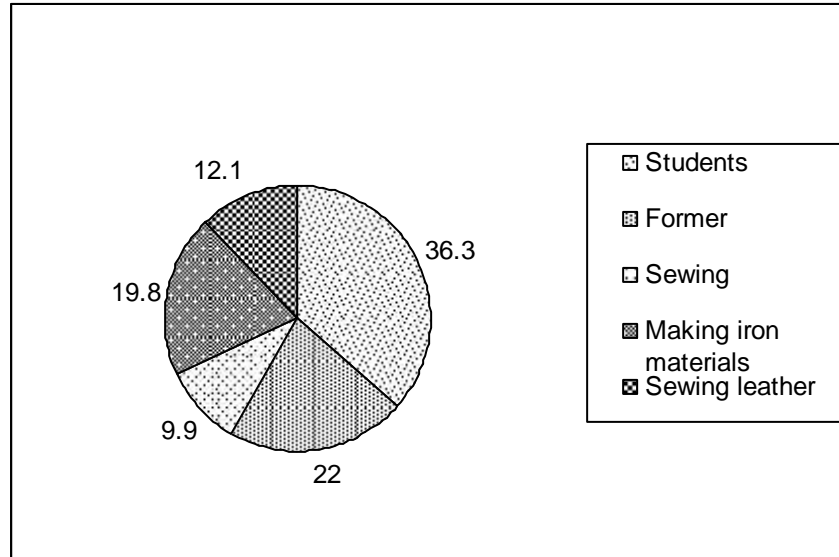
Table 4.5: Distribution of Respondents by Occupation

Occupation	Respondents	
	Number	%
Students	33	36.3
Former	20	22.0
Sewing	9	9.9
Making iron materials	18	19.8
Sewing leather	11	12.1

Source: Field Survey, 2007

According to the table 4.5, most of responders are students followed by farmer and the least number of respondents hold sewing occupation.

Fig 4: Distribution of Respondents by Occupation



4.2.4 Literacy Status of the Respondents

On the basis of the this variable question was asked like "can you read and write?" And the respondents who do it, those are presented below table by age groups. Majority of the respondents are from 20-24 years with 14 persons followed by 15-19 years with 10 persons. All are literate from 20-24 years and 25-29 years age groups.

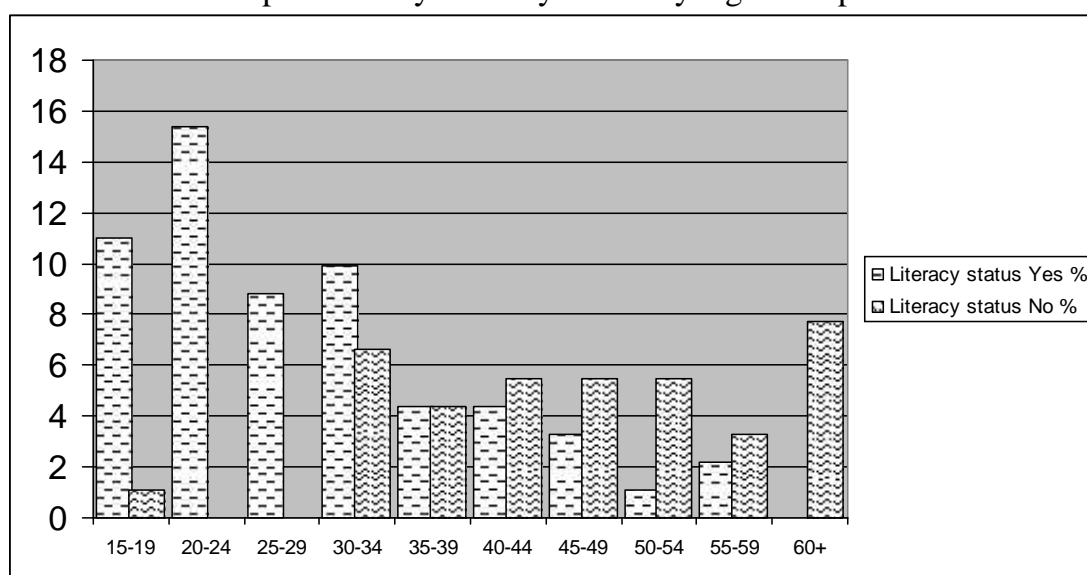
Tale 4.6: Distribution of Respondents by Literacy Status by Age Groups

Age groups	Literacy status				Total	
	Yes		No			
	N	%	N	%	N	%
15-19	10	11.0	1	1.1	11	12.1
20-24	14	15.4	0	0.0	14	15.4
25-29	8	8.8	0	0.0	8	8.8
30-34	9	9.9	6	6.6	15	16.5
35-39	4	4.4	4	4.4	8	8.8
40-44	4	4.4	5	5.5	9	9.9
45-49	3	3.3	5	5.5	8	8.8
50-54	1	1.1	5	5.5	6	6.6
55-59	2	2.2	3	3.3	5	5.5
60+	0	0.0	7	7.7	7	7.7
Total	55	60.4	36	39.6	91	100.0

Source: Field Survey, 2007

N- Number

Fig 5: Distribution of Respondents by Literacy Status by Age Groups



4.2.5 Education Level of Respondents

This variable has also been categorized into different divisions and the situation of educational level of respondents is given below.

Table 4.7: Distribution of Respondents by Level of Education

Educational level	Respondents	
	Number	%
Literate respondents		
Primary	12	13.2
Lower secondary	13	14.3
Secondary	18	19.8
SLC and above	12	13.2
Total	55	60.4
Illiterate respondents	36	39.6
Total	91	100.0

Source: Field Survey, 2007

Above Table shows that 55 respondents reported that they are literate and 36 said they can not read and write.

4.2.6 Cause of Being Illiterate

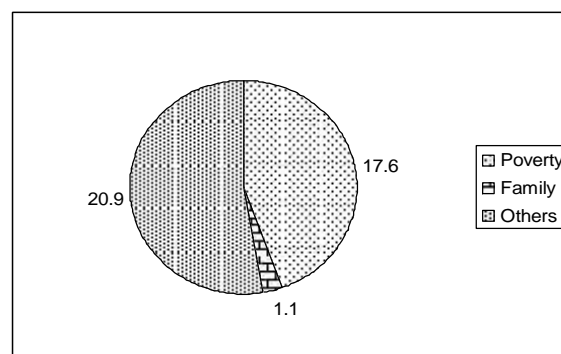
There are various types of cause which are seen responsible for not giving school and such responsible have been categorized into three types that is presented below. Majority of the respondents don't go due to poverty.

Table 4.8: Distribution of Respondents by Cause of not Going School

Causes	Respondents	
	Number	%
Poverty	16	17.6
Family	1	1.1
Others (specify)	19	20.9
Total	36	39.6

Source: Field Survey, 2007

Fig 6: Distribution of Respondents by Cause of not Going School



4.2.7 Living of Parents of Respondents

According to this option, 45 respondents reported that they don't have parents and the further questions and limited only on this situation that who reported that they have parents.

Table 4.9: Distribution of Respondents by Living Parents

Parents alive	Respondents	
	Number	%
Yes	45	49.5
No	46	50.5
Total	91	100.0

Source: Field Survey, 2007

Table 4.9 shows that there is similar number of respondents said Yes and No with (49.5%) and (50.5%) respectively .

4.2.8 Education Status of Parents

The level of educational attainment of the parents of the selected respondents is an important socio-economic factor because this factor has played a great role on the level of knowledge. The following Table shows that the combined result of both father and mother's attainment level of education.

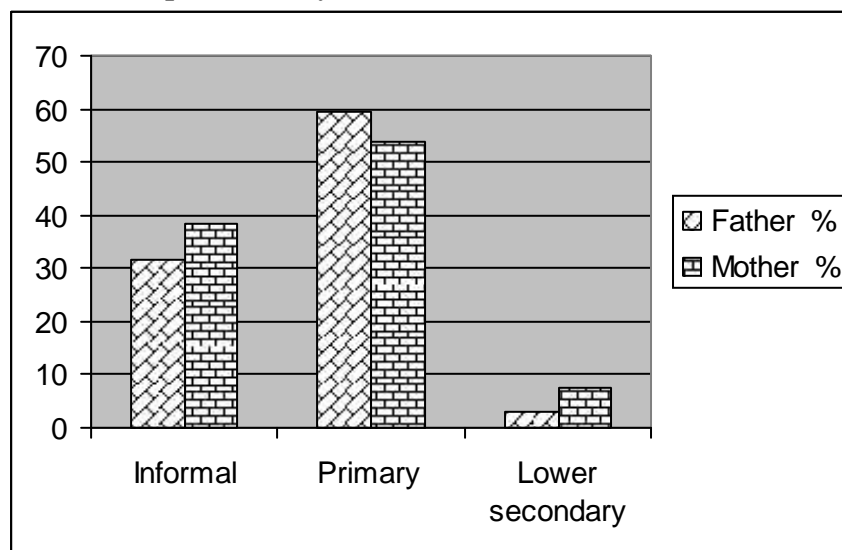
Table 4.10: Distribution of Respondents by Parent's Educational Attainment

Level	Father		Mother	
	Number	%	Number	%
Informal	12	31.5	5	38.5
Primary	19	59.4	7	53.8
Lower secondary	1	3.1	1	7.7
Total	32	100.0	13	100.0

Source: Field Survey, 2007

From the above Table (4.10), most of the father have primary level and only one of total has lower secondary whereas, seven out of 13 literate mothers have primary level and similarly, there is only one mother has lower secondary level of education.

Fig 7: Distribution of Respondents by Parents Educational Attainment



4.2.9 Occupational Status of Parents

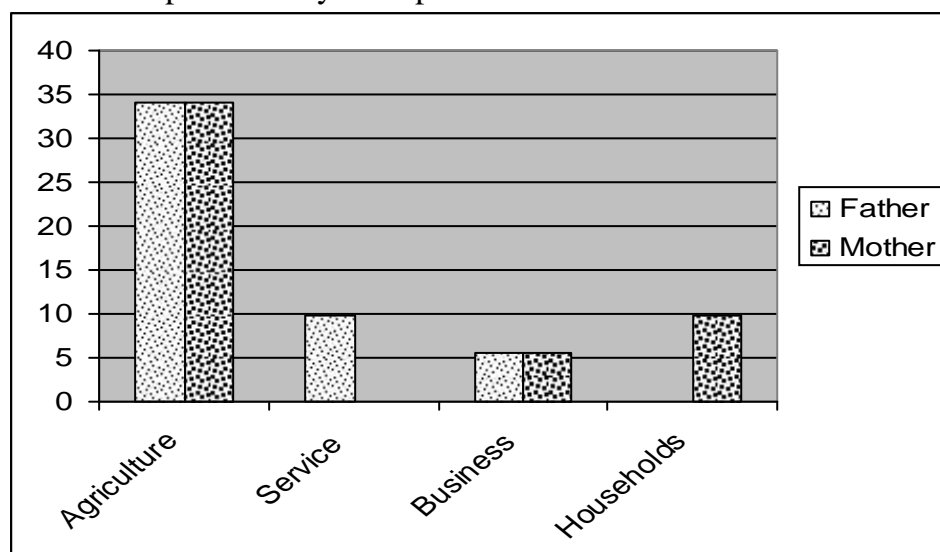
Here, parent's occupation is divided into three divisions.

Table 4.11: Distribution of Respondents by Parent's Occupation

Occupation	Father		Mother	
	Number	%	Number	%
Agriculture	31	34.1	31	34.1
Service	9	9.9	0	0.0
Business	5	5.5	5	5.5
Households	0	0.0	9	9.9
Total	45	49.5	45	19.5

Source: Field Survey, 2007

Fig 8: Distribution of Respondents by Occupation of Parents



4.2.10 Main Occupation of Households

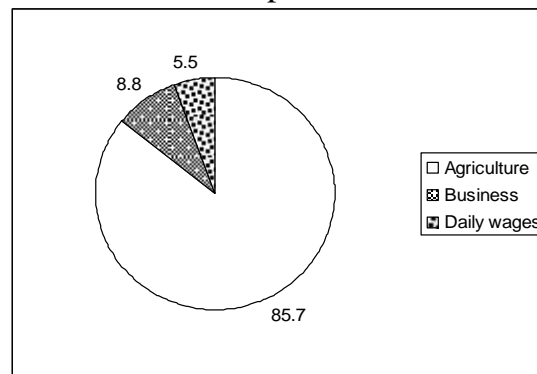
This variable has been divided into three types and the situation is given below. Majority of the household reported they involve in agriculture with 85.7 percent of total.

Table 4.12: Distribution of Respondents by occupation

Occupation	Household	
	Number	%
Agriculture	78	85.7
Business	8	8.8
Daily wages	5	5.5
Total	91	100.0

Source: Field Survey, 2007

Fig 9: Distribution of Households Occupation



4.2.11 Sufficiency of food

This question had been observed on the basis of occupation of household only those who had agriculture. This is indirectly related to household agriculture occupation. As per this question, it has been tried to examine sufficiency of food throughout the whole year. This situation is given below respondents by sufficiency of food.

Table 4.13: Distribution of Respondents by sufficiency of food

Sufficiency of food	Throughout the year	
	Number	%
Yes	54	69.2
No	24	30.7
Total	78	85.7

Source: Field Survey, 2007

4.2.12 Household Facility

All the selected respondents for this purposive study were asked a question in order to know the various household facilities and the distribution of facilities is given below.

Table 4.14: Distribution of Respondents by Household Facility

Facility	Respondents			
	Number	%	Number	%
Radio	85	93.4	6	6.6
Television	24	26.4	67	73.6
Total	91	100.0	91	100.0

Source: Field Survey, 2007

Note: The total percentage may exceed because of multiple responses.

CHAPTER V

KNOWLEDGE AND ATTITUDE TOWARDS HIV AND AIDS

5.1 Knowledge on HIV and AIDS

In this regarding, some questions were made to ask the respondents to know their level of knowledge on HIV and AIDS. Respondents were asked at first "Have you heard about HIV and AIDS?" or not in the aspect 54 out of total 91 respondents reported as 'Yes' and 31 of total reported 'No'. And the further questions were asked only these who reported 'Yes'.

Table 5.1: Distribution of Respondents by Heard about HIV and AIDS by various demographic, socio-economic variables

Variables	Respondents hearing about HIV /AIDS					
	Yes		No		Total	
Age-group	N	%	N	%	N	%
15-19	10	18.5	1	2.7	11	12.1
20-24	14	25.9	0	0	14	15.4
25-29	7	13.1	1	2.7	8	8.8
30-34	7	13	8	21.6	15	16.5
35-39	3	5.6	5	13.5	8	8.8
40-44	4	7.4	5	13.5	9	9.9
45-49	3	5.6	5	13.5	8	8.8
50-54	2	3.7	4	10.8	6	6.6
55-59	3	5.6	2	5.4	5	5.5
60+	1	1.9	6	16.2	7	7.7
Total	54	100.3	37	99.9	91	100.1
Marital Status						
Married	27	50.0	29	78.4	56	61.5
Un-married	27	50.0	8	21.6	35	38.5
Total	54	100.0	37	100.0	91	100.0
Occupation						
Student	29	53.7	4	10.8	33	36.3
Fennor	7	13.0	13	35.1	20	22.0
Sewing	6	11.1	3	8.1	9	9.9
Making Iron materials	6	11.1	12	32.4	18	19.8
Sewing leather	6	11.1	5	13.5	11	12.1
Total	54	100	37	99.9	91	100.1
Caste/Ethnicity						
Kami	21	38.9	23	52.2	44	48.4
Damai	18	33.3	7	18.9	25	27.5
Sarki	15	27.8	7	18.9	22	24.2
Total	54	100.0	37	100.0	91	100.0

Source: Field Survey, 2007

From the above Table 5.1, from age-group perspective, there is majority of the respondents of age-group 20-24 years of total 54 reported 'yes' followed by 15-19 years age group with 10 respondents. There are similar number of respondents from 25-29 and 30-34 years with of respondents of total. There is only one respondents from 60 years and above age group who said yes. in case of not hearing, there are 8 respondents of total 37 respond 'No' from 30-34 years age group and the similar number of respondents reported 'No'. There is one from 20-24 years age group. There is one respondent from both 15-19 and 25-29 years age group who said 'No' means they have not heard about HIV and AIDS. From the marital status point of view, there is 56 respondents who are married and out of this total number of reported 'yes' and 29 respondents said 'No'. Whereas in case of unmarried, there are 35 and out of this total unmarried number, 21 respondents 'yes' and 8 reported 'No'. By occupation there are 29 respondents who are the students 1,6, 6 and 6 respondents of total for former, sewing making iron materials and sewing leather respectively all said 'yes'. out of total,, 13 and 12 respondents from former and making iron materials reported 'No' and the least number of respondents from students reported 'No' with respondents. By ethnicity perspective, there is nearly similar number of respondents reported 'yes' from all, ethnicity and in case of not nearing there is majority from kami with 23 out of 31 respondents.

5.2 Symptoms of HIV and AIDS

In this sub section, it has been tried to examine the symptoms of HIV and AIDS by various variables. Table 5.2 shows the distribution of respondents

Table 5.2 Distribution Knowledge of Respondents by Symptoms of HIV and AIDS

Background Characteristics	Respondents who have knowledge on symptoms of HIV and AIDS					
	L		B		S	
Age-group	N	%	N	%	N	%
15-19	8	28.6	2	7.7	10	18.5
20-24	12	42.9	2	7.7	14	25.9
25-29	3	10.7	4	15.4	7	13.0
30-34	2	7.1	5	19.2	7	13.0
35-39	1	3.6	2	7.7	3	5.6
40-44	1	3.6	3	11.5	4	7.4
45-49	0	0.0	3	11.5	3	5.6
50-54	0	0.0	2	7.7	2	3.7
55-59	1	3.6	2	7.7	3	5.6
60+	0	0.0	1	3.8	1	1.9
Total	28	100.1	26	99.9	54	100.2
Marital status						
Married	8	28.6	19	73.1	27	50.0
Un-married	20	71.4	7	26.9	27	50.0
Total	28	100.0	26	100.0	54	100.0
Occupation						
Student	23	82.1	6	23.1	29	53.7
Farmers	0	0.0	7	26.9	7	13.0
Sewing	1	3.6	5	19.2	6	11.0
Making iron	2	7.1	4	15.4	6	11.1
Sewing leather	2	7.1	4	15.4	6	11.1
Total	28	99.9	26	100.0	54	99.9
Ethnicity						
Kami	9	32.1	12	46.2	21	38.9
Damai	10	35.7	8	32.8	18	33.3
Sarki	9	32.1	6	23.2	15	27.8
Total	28	100.0	26	100.0	54	100.0

Source: Field Survey, 2007

Note: The total percentage may exceed because of multiple responses.

N – Number of Respondents

L – Lower abdominal pain during sexual intercourse

B – Bleeding other than menstruation period

S – Sores/abrasion around vagina itching

The table 5.2 shows that by age-group perspective, out of total 14 respondents of age group 20-24 years, 12 reported 'yes' and respondents of the same age group said 'No' followed by 15-19 years age group with 14 respondents of total 54 respondents who know the symptoms of HIV and AIDS. There is no

one who knows the symptoms of this disease from age-groups 45-49, 50-54 and 60+ years. Similarly, there is only one who know about it in each age groups such as; 35-39, 40-44 and 55-59 years. Out of total 54 respondents, 26 respondents don't know the symptoms of HIV and AIDS, but they've heard of it. Out of total 54 respondents, 26 respondents don't know the symptoms of HIV and AIDS, but they've heard of it. Out of total who don't know the symptoms of HIV and AIDS, there are 5 respondents from age group 35-39 years age group. And the similar number of respondents are from all age groups. By marital perspective out of 27 married respondents 8 reported 'yes' and 19 respondents reported hat hey don't know the symptoms of it. Whereas, out of 27 unmarried respondents, 27 reported, they know it while 7 reported 'No'. By occupation point of view, out of 29 students, 23 know the symptoms of HIV and AIDS. All farmers don't know it. There is similar number of respondents from both making iron materials and semi leather with 2 who know symptoms. Out of 6 by ethnicity perspective, out of 21 Kami respondents, 12 said 'No' in case of Damai, 10 out of 18 respondents reported 'yes' similarly, in case of Sarki, 9 respondents out of 15 said 'Yes' and 6 sarki reported 'No'.

5.3 Knowledge on Transmission of HIV and AIDS

Respondents were asked the question about transmission of HIV and AIDS in order to assess their level of knowledge. Firstly, all the selected respondents for this purpose were asked whether they know the mode of transmission HIV/AIDS are not.

Table 5.3 Distribution of Respondents by Knowing on Mode of Transmission of HIV and AIDS

Knowledge	Respondents	
	Number	Percent
Yes	33	61.1
No	21	38.9
Total	54	100.0

Source: Field Survey, 2007

Above 5.3 Table clears that 33 out of 54 respondents reported that they know about its transmission.

Table 5.4: Distribution of Respondents on Knowledge about Mode of transmission

B	Respondents by mode of transmission									
	S		L		T		H		Total	
Age group	N	%	N	%	N	%	N	%	N	%
15-19	7	81.5	6	75.0	6	75.0	7	87.5	8	100.0
20-24	11	84.6	10	76.9	11	84.6	12	92.3	13	100.0
25-29	4	80	3	60	4	80.0	3	60.0	5	100.0
30-34	4	100.0	4	100.0	3	75.0	4	100.0	4	100.0
35-39	1	100.0	1	100.0	0	0.0	1	100.0	1	100.0
40-44	1	100.0	1	100.0	0	0.0	1	100.0	1	100.0
45-49	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
50-54	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
55-59	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0
60+	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Marital Status										
Married	12	100.0	10	83.3	11	91.6	9	75	12	100.0
Un-married	15	71.4	17	80.9	2	57.9	13	61.9	21	100.0
Occupation Status										
Student	25	92.5	26	96.2	23	85.1	25	82.5	27	100.0
Farmers	3	75.0	2	50.0	0	0.0	3	75.0	4	100.0
Sewing	3	75.0	4	100.0	3	75.0	2	50.0	4	100.0
M.I.M.	4	80.0	3	60.0	5	100.0	3	60.0	5	100.0
Sewing leather	3	75.0	2	50.0	0	0.0	3	75.0	4	100.0
Ethnicity										
Kami	10	76.9	12	92.3	9	69.2	10	76.9	13	100.0
Damai	11	91.6	10	83.3	11	91.6	8	66.6	12	100.0
Sarki	7	87.5	8	100.0	6	75	7	87.5	8	100.0

Source: Field Survey, 2007

Note: The total percentage may exceed because of multiple responses.

B – Background characteristics

N-54 (Respondents who know mode of transmissions).

M.I.M.-Making Iron Materials

S – Sexual Contact with infected person

L – Living together with infected person

T – Taking infected blood

H – Having sex with commercial sex workers

From the above table, we can say that from the age variable, there are maximum number of students from 20-24 years age group with 13 respondents

followed by 15-19 years age group with 8 respondents. There is similar number of respondents from age groups 25-29 and 30-34 years with 4 respondents who said sexual contact is the leading cause of transmission of HIV/AIDS. There is similar number of respondents who said sexual contact is the main cause from age groups 35-39, 40-44 and 55-59 years. Most of the respondents are not aware about taking infected blood. There are twelve respondents from thirteen reported that the having sex with commercial sex workers the main cause of HIV/AIDS transmission. From the marriage perspective hundred percent married respondents who reported sexual contact is the main cause of HIV and AIDS transmission followed by taking infected blood with 11 respondents. In case of unmarried there is overwhelming with 17 out of 21 respondents followed by 15 respondents by saying sexual contact with multiple partners. In case of occupation, there is majority of the respondents from student occupation with 27 out of 33 respondents. And the similar number of respondents from farmer and working occupations. By ethnicity, nearly the similar number of respondents from Kami and Damai with 13 and 12 respondents respectively and 8 respondents from Sarki ethnicity.

5.4 Knowledge on Preventive of HIV and AIDS

Preventive measure is another important variable. In order to know the preventive measure of HIV/AIDS a question was asked to all the respondents providing various alternatives whether they know it or not.

Table 5.5 Distribution of Respondents by Preventive Measure of HIV and AIDS

Knowledge	Respondents	
	Number	Percent
Yes	30	55.56
No	24	44.44
Total	54	100.0

Source: Field Survey, 2007

According to table 5.5 clearly the 30 out of respondents reported that they know about its transmission.

Knowledge on prevention of HIV and AIDS by various variables is given in the Table 5.6.

Table no 5.6: Distribution of Respondents by Level of Knowledge on preventing ways of HIV and AIDS by Background Characteristics

B	Respondents by level of knowledge on preventing of HIV/AIDS									
	U		S		A		A 1		Total	
	N	%	N	%	N	%	N	%	N	%
Marital Status										
Married	9	90	6	60	3	30	3	30	10	100
Un-married	14	70	11	55	9	45	13	65	20	100
Occupation Status										
Student	24	100	21	87.5	19	79.1	20	83.3	24	100
Farmers	1	100	0	0.0	0	0.0	0	0.0	1	100
Sewing	1	100	1	100	0	0.0	1	100	1	100
M.I.M.	1	50	1	50	1	50	1	50	2	100
Sewing leather	2	100	1	50	1	50	0	0.0	2	100
Ethnicity										
Kami	9	90	7	70	5	50	3	30	10	100
Damai	9	81.8	8	72.7	6	54.5	5	45.4	11	100
Sarki	7	77.7	5	55.5	7	77.7	4	44.4	9	100

Source: Field Survey, 2007

Note: The total percentage may exceed because of multiple responses.

B – Background characteristics

N-54 (Respondents who know mode of transmissions)

M.I.M.-Making Iron Materials

U – Using condom during sexual intercourse

S – Sex with only one partner

A – Abstinence during infection period of partner

A1 – Always clean own sexual organ

From the above table, we can see that majority of the respondents said using condom during sexual intercourse. In the context of marital status, ninety percent married said using condom during sexual intercourse as a preventive method of HIV and AIDS followed by sex with only one partner with 60 percent. Whereas, seventy percent un-married reported using condom during sexual organs with 65 percent. By occupation cent percent students, farmers, sewing, leather swing reported using condom during sexual contact is the beaching preventive method of HIV and AIDS. From the above table, students share more knowledge than other people having different occupations. By

ethnicity, 90 percent Kami said using condom during sexual intercourse as a major preventive method of HIV/AIDS followed by sex with only one partner with 70 percent, whereas more than 81 percent Damai and more than 77 percent Sarki also said using condom during sexual contact. and only a few respondents from these mentioned ethnicities reported always clean own sexual organs (30,45 and 45) percent Kami, Damai and Sarki respectively.

5.5 Knowledge on Place of Health Checking

All the selected respondents were asked about the place of going for treatment. Various alternatives were provided them for closing. On the basis of choose, they have been categorized by various background characteristics.

Table 5.7: Distribution of Respondents by Place of Health Checking by Various Background Characteristics

Background characteristics	Respondents by place of health education							
	H		H.C.		H.P		Total	
	N	%	N	%	N	%	N	%
Age-group								
15-19	3	14.3	4	25.0	2	28.6	9	20.5
20-24	4	19.0	7	43.8	2	28.6	13	29.5
25-29	2	9.5	1	63.3	1	14.3	4	9.1
30-34	5	23.8	0	0	2	28.6	7	15.9
35-39	2	9.5	0	0	0	0	2	4.5
40-44	1	4.8	0	0	0	0	1	2.3
45-49	0	0	2	12.5	0	0	2	4.5
50-54	0	0	2	12.5	0	0	2	4.5
55-59	3	14.3	0	0	0	0	3	6.8
60+	1	4.8	0	0	0	0	1	2.3
Total	21	100.0	16	157.1	7	100.1	44	99.9
Marital status								
Married	13	61.9	5	31.3	2	28.6	20	45.5
Un-married	8	38.1	11	68.8	5	71.4	24	54.5
Total	21	100.0	16	100.1	7	100.0	44	100.0
Occupational status								
Student	11	52.4	12	75.0	4	57.1	27	61.4
Farmers	3	14.3	1	6.3	0	0	4	9.1
Sewing	3	14.3	1	6.3	0	0	4	9.
Making iron material	2	9.5	1	6.3	2	28.6	5	11.4
Sewing leather	2	9.5	1	6.3	1	14.3	4	9.1
Total	21	100.0	16	100.2	7	100.0	44	100.0
Ethnicity								
Kami	8	38.1	6	37.5	3	42.9	17	38.6
Damai	8	38.1	5	31.3	2	28.6	15	34.1
Sarki	5	23.8	5	31.3	2	28.6	12	27.3
Total	21	100.0	16	100.0	70	100.0	44	100.0

Source: Field Survey, 2007

H – Hospital

HC – Health Centre

HP – Health Post

From the 5.7 table shows that by age group perspective out of total 5 (23.8%) respondents of age group 30-34 years choosing hospital followed by age group 20-24 years with 4 respondents. Similarly majority of the respondents of age group 20-24 choosing health center. 4 (25-0%) respondents of age group 15-19 choosing health center. There is no respondents from 30-34, 35-39, 40-44, 55-59 and 60+ years age group were choosing health center. Age group 15-19, 20-24 and 30-34 years with 2 respondents choosing health post and only are respondents of age group 25-29 years choose health post. Rest of all age groups, there were no respondents.

By marital status, 13 respondents of married choosing hospital and only 8 respondent of unmarried choosing hospital. Similarly, majority of unmarried respondents choosing health center and health post. By occupational perspective, majority of the respondents of students chosen hospital, health post and health center. By ethnicity, majority of Kami choosing hospital, health center and health post followed by Damai respondents.

5.6 Attitude Towards HIV and AIDS

It was also tried to assess the attitudes of respondents towards HIV and AIDS infected persons and the question was asked about behaviour towards HIV and AIDS.

5.6.1 Attitude on cure of HIV and AIDS

Table 5.8: Distribution of Respondents by Cure of HIV and AIDS by Background Characteristics

Background	Respondents by cure of HIV/AIDS									
	Yes		No		Other		Not stated		Total	
Age groups	N	%	N	%	N	%	N	%	N	%
15-19	2	20.0	5	20.0	2	28.6	0	0	9	16.7
20-24	3	30.0	5	20.0	2	28.6	4	33.3	14	25.9
25-29	1	10.0	5	20.0	0	0	1	8.3	7	13.0
30-34	1	10.0	2	8.0	1	14.3	4	33.3	8	14.8
35-39	0	0	3	12.0	0	0	0	0	3	5.6
40-44	0	0	4	16.0	0	0	0	0	4	7.4
45-49	0	10.0	0	0	1	14.0	1	8.3	3	5.6
50-54	1	10.0	1	1.0	0	0	0	0	2	3.7
55-59	1	10.0	0	0	1	14.3	1	8.3	3	5.6
60+	0	0	0	0	0	0	1	8.3	1	1.9
Total	9	100.0	25	97.0	7	99.8	12	99.8	54	100.2
Marital status										
Married	6	60.0	13	52.0	4	57.1	5	41.7	28	51.9
Un-married	4	40.0	12	48.0	3	42.9	7	58.3	26	48.1
Total	10	100.0	25	100.0	7	100.0	12	100.0	54	100.0
Occupational status										
Student	5	50.0	16	64.0	3	42.9	4	33.3	28	51.9
Farmers	1	10.0	2	8.0	1	14.3	3	24.0	7	13.0
Sewing	1	10.0	3	12.0	1	14.3	1	8.3	6	11.1
Making iron material	1	10.0	1	4.0	2	28.6	3	25.0	7	13.0
Sewing leather	2	20.0	3	12.0	0	0	1	8.3	6	11.1
Total	10	100.0	25	100.0	7	100.1	12	98.9	54	100.1
Ethnicity										
Kami	2	20.0	9	36.0	4	57.1	6	50.0	21	38.9
Damai	2	20.0	10	10.0	3	42.9	3	25.0	18	33.3
Sarki	6	60.0	6	24.0	0	0	3	25.0	15	27.8
Total	10	100.	25	70.0	7	100.0	12	100.0	54	100.0

Source: Field Survey, 2007

Note: The total percentage may exceed because of multiple responses.

Table 5.8 shows that the attitudes of selected respondents towards HIV and AIDS by various characteristics and variables. In this regard by age group perspectives out of total 3 respondents reported 'yes' ad curative from age group 20-24 group 25-29, 30-34 40-44, 45-49, 50-54 years out of total 5 respondents reported that it is not curative from age group 15-19, 20-24, 25-29

years followed by age group 40-44 and 35-39 years with 4 and 3 respondents respectively. Likewise, out of total 2 respondents reported that it is either curative or not. Similarly, some of the respondents reported that they don't want to say anything about it. By marital status out of total 6 respondents of married reported that it is curative and 4 respondents of unmarried reported. Similarly, out of total 13 respondents of married reported 'No' or it is not curative and 12 respondents of unmarried also reported out of total there is similar number of respondents from both married and unmarried reported that it is either curative or not. By occupational status, out of total majority of the respondents from students reported that it is not curable. Similarly majority of students reported that it is also curable and other occupation reported that either it is curable or not some of the respondents, they don't want to say anything about it. By ethnicity, out of total 6 respondents from Sarki reported 'yes' and it is curable followed by Kami and Damai (40.0 percent) reported that it is not curable followed by Kami (36.0%) with 9 respondents. Similarly, out of total, there is similar number of respondents from all ethnicity reported that it is either curable or not.

5.6.2 Behaviour of Respondent's Towards HIV and AIDS Infected Person

It was tried to know the respondents behaviour towards HIV and AIDS infected person which is given below.

Table 5.9 shows that the behaviour of selected respondents towards HIV and AIDS by various variables. By age group perspective, out of total respondents from age group 20-24 years reported that they love who is infected followed by age group 15-19 years with 9 respondents. Similarly lower number of respondents hate an keeping separate place these person who is infected. By marital status majority of the unmarried (6.0%) respondents want to love and 14 respondents from married want to love those person who is infected. Similarly, out of total 4 respondents of married hate the infected person. Majority of the respondent from both married and unmarried were unknown

either infected person keep love or not by occupational view majority of the student want to love. Likewise, out of total 13 respondents from Damai want to love those person who is infected and similar number of respondents want to love. There is similar number of respondents were unknowns from all ethnicity.

Table 5.9: Distribution of Respondents by Behaviour Towards HIV and AIDS infected person

Background Characteristics	Respondents by behaviour towards HIV/AIDS infected person									
	Love		Hate		Keeping in separate place		Unknown		Total	
	N	%	N	%	N	%	N	%	N	%
Age groups										
15-19	9	25.7	0	0	0	0	0	0	10	18.5
20-24	11	31.4	1	20.0	1	100.0	1	8.3	14	25.9
25-29	3	8.6	1	20.0	0	0	3	25.0	7	13.0
30-34	5	14.3	1	20.0	0	0	1	8.3	7	13.0
35-39	1	2.9	0	0	0	0	2	16.7	3	5.6
40-44	1	2.9	2	40.0	0	0	1	8.3	4	7.4
45-49	1	2.9	0	0	0	0	2	16.7	3	5.6
50-54	1	2.9	0	0	0	0	1	8.3	2	3.7
55-59	2	5.7	0	0	0	0	1	8.3	3	5.6
60+	1	2.9	0	0	0	0	0	0	1	1.9
Total	35	100.2	5	100.0	1	100.0	12	99.9	54	100.2
Marital status										
Married	14	40.0	4	80.0	0	0	8	66.7	27	50.0
Un-married	21	60.0	1	20.0	1	100.0	4	33.3	27	50.0
Total	35	100.0	5	100.0	1	100.0	12	100.0	54	100.0
Occupational status										
Student	24	68.6	2	40.0	1	100.0	1	8.3	29	53.7
Farmers	3	8.6	0	0	0	0	4	33.3	7	13.0
Sewing	2	5.7	2	40.0	0	0	2	16.7	6	11.1
Making iron material	3	8.6	0	0	0	0	3	25.0	6	11.1
Sewing leather	3	8.6	1	20.0	0	0	2	16.7	6	11.1
Total	35	100.1	5	100.0	1	100.0	12	100.0	54	100.0
Ethnicity										
Kami	12	34.5	4	80.0	0	0	4	33.3	21	38.9
Damai	13	37.1	1	20.0	0	0	4	33.3	18	33.3
Sarki	10	28.6	0	0	1	100.0	4	33.3	15	27.8
Total	35	100.2	5	100.0	1	100.0	12	100.0	54	100.0

Source: Field Survey, 2007

Note: The total percentage may exceed because of multiple responses.

5.6.3 Attitude of Respondents by Responsibility of Rising Awareness about HIV and AIDS

There were various responsibility of rising awareness mentioned in the questionnaire and the resulting case is mentioned below.

Table 5.10: Distribution of Respondents by Responsibility of rising awareness about HIV and AIDS

Variables	Respondents			
	Yes		No	
	Number	%	Number	%
Individual	28	70.0	12	30.0
Community	20	51.5	19	48.7
Government	30	75.0	10	25.0
NGOs/INGOs	17	43.6	22	56.4
Others	8	20.0	32	80
Not stated	4	10.0	36	90.0

Source: Field Survey, 2007

Table 5.10 shows that out of total 30 respondents reported that government is responsible to rising awareness followed by individual and community with 28 and 20 respondents respectively. Out of total 4 respondents were said nothing about the responsibility of rising awareness about HIV and AIDS. Similarly, out of total only 12 respondents reported 'No' for responsibility of rising awareness about HIV and AIDS.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study analyzed the knowledge and attitude of HIV and AIDS among Dalits of Yangnam VDC. Data for the study were collected from field. The main findings conclusion and recommendation of the study were presented in this section.

6.1 Summary of the Findings

A small research was carried out at Dalits communities in Yangnam VDC. The 91 respondents were selected as a sample of this specific study.

6.1.1 Individual Characteristics

- Highest number of respondents from Kami with 44 (48.4%).
- Most of the respondents were married 56 (61.5%)
- Dalits refers Kami, Damai and Sarki in this study.
- There was (100%) of respondents from hindu religion with 91%.
- The proportion of married and unmarried was different.
- The proportion of married and unmarried was different that is (61.5%) married and (38.5%) unmarried.
- Most of the respondents from Kami community.
- The large number of respondents from students (48.4%)

6.1.2 Household Characteristics

- Most of the respondents reported that their family size is nuclear (61.5%)
- Majority of respondents father and mother educational level was primary with (59.4%) and (53.8%) respectively.
- Agriculture was the main occupation of respondents father and mother with (3.4%) and (34.1%) respectively.

- There was only (9.9%) of mothers occupation was housewives.
- Agriculture was the main occupation of respondents towards HIV and AIDS.

6.1.3 Knowledge and Attitude of Respondents Towards HIV and AIDS

- More than (59%) of the respondents has heard HIV and AIDS.
- Radio was the main source of listening HIV and AIDS with (96.3%).
- About (26%) of age group 20-24 years heard about HIV and AIDS.
- There was similar number of married and unmarried respondents (50.0%) heard HIV and AIDS.
- About (26%) of the student heard about HIV and AIDS.
- Majority of the respondents from Kami community heard about HIV and AIDS with (38.9%).
- More than (71.0%) unmarried and (28.6%) married respondents know the symptoms of HIV and AIDS.
- More than (82.0%) of the students respondents know the symptoms of HIV and AIDS.
- More than (61%) of respondents reported that they know the transmission ways of HIV and AIDS.
- About (55.6%) of the respondents reported that they know the preventive ways of HIV and AIDS.
- About (67.0%) unmarried and (8.0%) respondents f students reported that they know the preventive ways of HIV and AIDS.
- About (44%) respondents of age group (20-20) years reported that they want to check in health center.
- About (62%) of the married respondents reported that they want to check at the hospital.
- About (26%) of the respondent reported that it is not curable.
- About (69%) of the students respondent want to cover those person who is infected.

- About (80%) of the married respondents hate the HIV and AIDS infected person.
- About (75%) respondents reported that government is the main responsible to rising awareness about HIV and AIDS.

6.2 Conclusions

The study is totally based on community. So, respondents are difference age group who are aware about HIV and AIDS. They know this disease general form, but in specific form. They know just it is sexually transmitted disease. Majority of the respondents have heard about HIV and AIDS from radio. Including attitudes towards HIV and AIDS, most of the respondents want to love those persons who is HIV and AIDS is infected. Majority of the respondents reported that government (75%) has main responsibility to rising awareness about HIV and AIDS and followed by individual and community with (70.0%) and (51%) respectively. About (52%) of the respondents know the symptoms of HIV and AIDS. Majority of the students (82%) reported that they know the symptoms of HIV and AIDS. Most of the respondents are married. Therefore, consequences of this small study is not much more substantial. Despite lack of knowledge about symptoms aspects of the respondents, it is very much good through various perspective and knowledge and attitude on HIV and AIDS. In case of transmission of HIV and AIDS (61.1%) respondents know this events.

6.3 Recommendations

- There is less discussion on HIV and AIDS in the family, community and society because of various obstacles such as; religious beliefs, social norms. Therefore, it is necessary to provide education related to HIV and AIDS.

- Literacy level of parents is not satisfactory and discussion about this topic is not substantial with their children relatives as well as others, it should be implemented HIV and AIDS programme.
- Field survey 2007 showed that the source of hearing HIV and AIDS are radio, teachers, health persons, textbook, TV and others. It should be provided regularly in preventing HIV and AIDS.
- There is lack of health facilities so, it is necessary to establish more hospital, health center and health post, which directly helps to reduce its level.
- It is necessary to formulate Dalits oriented programs from the government and lunch them.

6.4 Further Research Issue

Here, I have made the study only of males. So, if females concerns are also studied, it will obviously be more effective and near to the goal.

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