

**Comparative Study of Awareness regarding HIV /AIDS among
Transportation Workers and
Female Sex Workers of Sunsari and
Morang Districts**

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EXECUTIVE SUMMARY

This is a descriptive cross-sectional study among female sex workers and transportation workers of Sunsari and Morang districts. Mainly it is a quantitative study. For qualitative information focus group discussion was also carried out among transportation workers. Source of data is primary. Data were collected with the help of the trailed interview schedule.

The main purpose of the study was to compare level of awareness on HIV/AIDS among transportation workers and female sex workers of Sunsari and Morang districts of Nepal. This is a study that studied the awareness of transportation workers and female sex workers simultaneously. Two highly risky groups were taken as study population. The fieldwork was started on March 2007 and was completed on June 2007.

The present study report is organised under five chapters, the first chapter defines and introduces the study, the second chapter presents the data analysis and interpretation on demographic characteristics, knowledge and practice regarding HIV/AIDS among female sex workers. The third chapter shows data analysis and interpretation on demographic characteristics, knowledge and practice regarding HIV/AIDS among transportation workers. The forth chapter presents the association of level of awareness and demographic characteristics of the respondents, comparison of the level of awareness between female sex workers and transportation workers and identify the risky group in terms of knowledge and practice between the female sex workers and the transportation workers. And the last chapter, fifth (chapter) presents the conclusion and recommendations of the research. Executive summary and the major findings are herein the preliminary parts of the report. Similarly research tools and other more useable contents are enlisted at the end of the report, namely appendix.

Methodology

The study design was cross-sectional. The sample size was chosen based on the estimated level of awareness (knowledge and practice). This study tries to reveal awareness and the sexual practice among the respondents.

A simple random sampling technique was followed to select the sample of the transportation workers. At first name (number) list of the transportation means was taken from the Zonal Transport Management Office and Municipalities, then samples were selected randomly (applying lottery method). Similarly sample of the female sex workers were selected with snowballing (non-probability) sampling procedure.

Interview schedule was used to collect information from the respondents. Along with interview schedule focus group discussion was also used to collect the information from the transportation workers. Data collection tools/ instruments included questions related to the socio- demographic characteristics of the respondents as well as their awareness regarding HIV/AIDS. The interview schedule was administered by the same sex interviewers. An informed consent was taken from all the respondents before interview.

Major Findings

- Comparing the awareness of female sex workers (48%) and transportation workers (52.3%), transportation workers are found a bit more aware than the female sex workers.
- Out of 256 respondents 27.6% transportation workers had sexual intercourse with a female sex worker within 24 hours. And 42% of female sex workers admitted sex within 24 hours.
- Similarly 7% transportation workers and 29.7% female sex workers have same kind of sexual problems.
- About 56% transportation workers support to use condom is preventive measure of HIV/AIDS and in case of female sex workers about 60 % are aware to use condom.
- Least age for first sex among female sex workers was 10 years while the maximum age for first sex was 25 years. The mean age for first sex was 16.25

years and mode was 16. In case of transportation workers the mean age for first sex was 18.89 year. The data from the study of transportation workers further presents that 13.8 per cent had first sex before 15 years, while 40.5 per cent had their first sex between 15 to 18 years.

- In the same way, 22.4 per cent had it inbetween 19 to 20 years, 18.5 per cent had first sex inbetween 21 to 25 years and rest of other (4.7 %) had first experience of sexual intercourse after 25 years.
- Cent per cent female sex workers are having sex whereas nine out of ten transportation workers (90.6%) have had sexual contact in any time of the life, while 9.4 per cent did not have sexual experience.
- Transportation workers are much more aware on HIV/AIDS then the female sex workers.
- Female sex workers are much more risky to acquire HIV/AIDS then the transportation workers.

Female Sex Workers

- The least age was 14 year, the highest age was 40 years and average age was 24.5 year. Two per cent respondents were Bhutanese and 2.7 were Indian. About eight out of ten used to follow Hindu religion. The majority of the FSW were Janajati (59%). The unmarried per cent was 27 percent, 8.2 per cent were divorced and 6.3 per cent get converted into single male and female. The early age for marriage was seven years and the maximum age for marriage was 25 year. The average age for marriage was 16.8 years. 32.8 per cent hotel and restaurant owners were found as sex workers. Out of those who had desired to be migrated, 38.7 per cent had desired to migrate within the areas of eastern development region.
- The average age for first sex was 16.25 year. Four out of ten (37.5%) had first sex between 10-15 years and about six out of ten (61.3%) had first sex between 16-20 years. The last sexual intercourse of the female sex workers of 42.5 per cent took place within 24 hours.
- The average income of the respondents was Rs.1447.66 per week. The major costumers were transportation workers (37.9%), police/army (25.4%) and industrial workers (19.1%).
- Three out of ten (29.7%) female sex workers had sexual health problems. Out of them majority (48.7%) had itching, wound and leucorrhoea.

- About three fourth (76.6%) took sexual contact as a mode of transmission. 7.8 per cent respondents did not know about the mode of transmission.
- More than half (56.3%) did not know about the causative agent of HIV and AIDS and 35.5 per cent respondents did not know the symptoms of HIV and AIDS.
- 4.2 per cent respondents used to take Anvil, Brown sugar, Drugs, Etogen tablet, Nitrite, Codeine, Proxinban brown sugar and sleeping tablet each and 41.4 per cent respondents believed that there is higher possibility of occurring HIV to alcoholic and smoking persons.

Transportation Workers

- The least age of the respondents was 14 years and highest age was 57 years. The mean age was 29.52 years. Cent per cent were male. Only 1.6 per cent were Indian and rest were Nepalese. The majority of the respondents were Hindu. Majority of the people working in transportation sectors were from Janajati (44.1) followed by Chhetri (18.8 %) and Tarai Dalit and Hill Dalit (17.6%). About eight out of ten was married and below one per cent were widower and separated. The average age for the marriage among the respondent was 21.12 years.
- Only 2.7% respondents have their second main occupation. About eight out of ten (81.3%) could read and write. Out of 256, majority of respondents passed class 8 to 10 passed followed by five to eight class (22.6%) passed. About one out of ten (9%) had cultural effect or barrier due to their occupation.
- About three out of ten (33.3%) respondents have been staying in the present location for one to five years. 29 respondents wished to leave the present location. Out of those who had desired to go out from the present location, about seven out of ten (72.4%) had desired to go to overseas, while 13.8% did not fix place to go and 13.8 per cent desired to go to the different part of the country.
- About one out of ten (9.4%) had no sexual experience and the average age for first sex was 18.89 year. Study further found that 13.8 per cent had first sex before 15 years, while 40.5 per cent had their first sex between 15 to 18 years. In the same way, 22.4 per cent had it in between 19 to 20 years. About three out of ten (27.6%) had within a day (24 hour).
- Seven per cent respondents had sexual problems. Out of them 44.4 per cent had chancre and genital warts whereas 27.8 per cent had itching problem around genitals and 16.7 per cent had wounds and pus formation in penis.

- Cent per cent respondents have heard about HIV/AIDS. About nine out of ten (88.7%) knew that the HIV and AIDS can transfer from one to another and three out of four (75.8%) had 'Unsafe Sex' as mode of HIV/ AIDS transmission.
- About two and half per cent believed that HIV/AIDS is caused due to the spirits, ghost, result of sin etc.
- About half of the total respondent (47.7%) did not know symptoms of HIV and AIDS.
- 16.4 per cent respondents believed that it is not curable and 16.8 per cent didn't know whether it is curable or not.
- About two out of ten (21.5%) respondents did not know how HIV and AIDS can be prevented and 16.8 per cent respondents did not know how HIV and AIDS can not transfer.
- Only 8.2 per cent respondents knew that HIV damages human immune system.
- Only two per cent respondents had knowledge about the window period.
- Out of 79 respondents, 15.2 per cent believed that HIV and AIDS is less often to be transmitted to STDs positive.
- 17.6 per cent respondents did not know about who are most risky groups for HIV/AIDS infection.
- Radio is the most common source for HIV and AIDS related information
- About nine out of ten (8.2%) had habit of taking drugs and most common drugs were ganja and fensidyl.

CHAPTER 1: INTRODUCTION

1.1 Background of the Study

AIDS is a great plague upon all humanity that has already claimed the lives of more than 23 million men, women and children worldwide. Here are some of the alarming facts of this tragedy:

- About 3.1 million People lost their lives in 2004.
- Number of 39.4 million People around the world are living with AIDS/HIV in 2004;
- Approximately 11 of every 1,000 adults (ages 15 to 49) are HIV infected.
- More than 25 million children will be orphans by 2010 because of AIDS
- Over 27 million people have died since the first AIDS case was identified in 1980.¹

The first case of AIDS in Nepal was reported in 1988. By the mid-1990s, Nepal had entered a 'concentrated' epidemic, with HIV prevalence consistently over five percent in some sub-populations such as injecting drug users and female sex workers. Infection rates have increased rapidly in recent years. Current data indicate that HIV prevalence is around 0.55 per cent in the adult population (15-49 years). The estimated number of people (adults and children) living with HIV in Nepal to the end of 2005 was around 70,000. As in many countries, HIV prevalence is estimated based on reported cases, surveillance data and study findings. Of these 70,000, about half are living in districts along the highways, and quarters are women. Among high-risk groups, seasonal labour migrants contribute almost 40 percent of HIV cases, followed by clients of sex workers (18 per cent) and injecting drug users (14 per cent). Rural women accounted for 15 per cent of all HIV cases.²

HIV/AIDS Epidemiological Situation: National Commitment & Action

Percentage of most-at-risk populations who received HIV testing in the last month and who know the results were as follows: FSWs - 3.1%, IDUs - 5.2 %, Migrants - 0.03%, MSMs - 0.04% and Others (FSWs clients) - 0.21%. (FHI VCT centre programme report 2007)³

- Percentage (most-at-risk populations) reached by prevention Programmes
FSWs - 35.2%, IDUs - 8.6%, Migrants - 0.04%, MSMs - 5.4%
Knowledge & Behaviour.³
- Percentage of (most-at-risk population(s)) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission were found as follows:
- FSWs: Kathmandu - 6.8% , 22 Terai high way districts - 22.8%, Pokhara - 10.4% (who know ABC prevention ways)³ , MSMs -Kathmandu - 33.6%, Migrants - 93%⁴· Young People - 82.5% (who know at least 3 prevention ways)⁵
- Percentage of female sex workers reporting the use of a condom with their most recent client were as follows: Kathmandu - 74%, 22 Terai hwy districts - 53.3%, Pokhara - 64.5%.³
- Percentage of men reporting the use of a condom the last time they had anal sex with a male partner was as follows: Kathmandu - 63.4%.³
- Percentage of IDUs who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid using non-sterile injecting equipment and use condoms, in the last month were found as follows: Kathmandu - 42%, Pokhara - 43.9%, Eastern Terai - 26.5%, Western Terai- 28.8%.³
- Percentage of (most-at-risk population(s)) who are HIV infected (for capital city). FSWs - 2%, IDUs - 51.6%, MSM - 3.9%, others (spouses of MAR)12.4 per cent.⁶

The results of the IBBS conducted so far clearly indicate that the HIV epidemic in Nepal is in the early concentrated stage and is driven by injecting drug use, commercial sex, and migration. Findings from the last rounds of the IBBS conducted in 2005 among IDUs show that about 30 per cent of male IDUs in Kathmandu, Pokhara, Eastern terai and Western and Far Western terai sub regions reported having sex with FSWs, and more than half do not use condoms when they have sex with FSWs. Similarly, migrants who have sexual intercourse with sex workers in India have a higher risk of HIV infection and only a few use condoms when they have sex with their spouses.⁶

Recognizing the importance of a timely response, the Government of Nepal is committed to the prevention and control of AIDS and other STDs in Nepal through a multi-sectoral approach. In 1988, the Government initiated the National AIDS Prevention and Control Project, with financial and technical support from the World Health Organization. The project aimed at preventing HIV transmission through sexual contact and blood transfusion, preventing prenatal transmission, and reducing the impact of HIV/AIDS on individuals and families. The National AIDS Coordination Committee (NACC) was established in 1992 and was made up of representatives from key ministries and non-governmental organizations. The NAPCP became a focal point for NACC and was responsible for coordinating HIV/AIDS prevention and control programs with the various ministries. The activities of the NAPCP were coordinated through the NCASC established in 1993. A national policy was formulated in 1995, which emphasized the importance of multi-sectoral involvement, decentralized implementation, and partnership between the public and private sectors, including local NGOs.⁷

Table No. 1 Cumulative HIV Infection by Sub-group and Sex
Cumulative HIV Infection by Sub-group and Sex⁸

Sub-groups	Male	Female	Total	New Cases Until 17 Sept. 2007
Sex Workers (SW)	-	696	696	8
Clients of SWs/STD	4571	104	4675	59
Housewives		2098	2098	52
Blood or Organ recipients	18	6	24	1
Injecting Drug Users	1993	35	2028 **	31
Men having Sex with Men (MSM)	30		30	6
Children	313	187	500	12
Sub-group NOT identified	50	17	67	0
Total	6975	3143	10118	169

** Mode of Transmission - IDU or Sexual

Cumulative HIV and AIDS Situation of Nepal⁸

Condition	Male	Female	Total	New Cases in Bhadra (17 Sept. 2007)
HIV Positives (Including AIDS)	6975	3143	10118	169
AIDS (Out of total HIV)	1103	425	1528*	34

Nepal is categorized as a concentrated epidemic because HIV prevalence estimates for the general population are around 0.7%, but may be as high as 52% amongst some of the groups identified as being most-at-risk. In this country context, most-at-risk groups include intravenous drug users, female sex workers and migrants. The country's vulnerability to HIV and AIDS are further exacerbated by:

- Geographic and ethnic diversity
- Its landlocked location between India and China
- Poverty, inequality and underdevelopment
- Civil conflict and political instability
- Varied levels of knowledge about HIV transmission among most-at-risk groups and young people
- Insufficient risk reduction behaviours among most-at-risk groups and young people

These factors as well as the limited coverage and utilization of HIV-related health services have also made projecting the course and impact of epidemic a challenging task. Indications are that the epidemic will increase without effective interventions, and the Millennium Development Goal six and its target of halting and beginning to reverse the spread of HIV/AIDS by 2015 will not be achieved.³

The first case of AIDS in Nepal was reported in 1988. The National Centre for AIDS and STD Control (NCASC) of the Ministry of Health and Population has estimated an average of 70,000 adult HIV-positive people in Nepal. As of September 2006, a total of 1,171 AIDS cases among the 7,894 cases of HIV infection were reported to NCASC. However, these figures are probably grossly underestimated given the existing medical and public health infrastructure and limited HIV/AIDS surveillance system in Nepal.⁹

Nepal's vulnerability to HIV/AIDS is fueled by poverty, gender inequalities, low levels of education and literacy, denial, stigma, and discrimination. Though the absolute number of HIV/AIDS cases is still low, there are already "concentrated" epidemics within certain high-risk behaviour groups in Nepal. Immediate and vigorous action must be taken now to prevent further spread of HIV among groups at high risk and stop the infection from taking a foothold in the larger population.¹⁰

1.2 Regional Research Grant 2006

The **Comparative Study of Awareness regarding HIV / AIDS among Transportation workers (TWs) and Female Sex workers (FSWs)** is a cross sectional study and the comparison of the findings between FSWs and TWs, in reference of current as well as previous findings. The information was gathered, consisting of interview schedule, administered periodically to samples (besides focus group discussion among transportation workers) of target groups in Morang and Sunsari districts.

Some more studies were conducted by FHI/ New Era in Nepal is of scattered areas such as in high way route of the East- West high way in 2002. Still there is a grate deal of lickings of the required information for the local level planners and programmers as well as it is not being possible to make comparison of HIV/AIDS epidemic with one specific place to the another. The objective of the study was to compare current level of awareness on HIV/ AIDS among Transportation workers and semale sex workers of Sunsari and Morang. The study consists of cross sectional study of specific target groups and measure of awareness on HIV/AIDS and sexual behaviors.

1.3 Objectives

The general objective of the study was to compare level of awareness on HIV/ AIDS among Transportation workers and Female sex workers of Sunsari and Morang district, Nepal.

The specific objectives of the study were as follows:

- To access the level of knowledge on HIV /AIDS among TW.
- To explore the level of knowledge on HIV/ AIDS among FSW.

- Investigate the association between awareness and demographic factors among TW and FSW.
- To analyze the comparison of knowledge on HIV/ AIDS between FSW and TW.
- To identify who is in more risk to acquire HIV/AIDS between TW and FSW.

1.4 Statement of the Problem

There are many risk factors that put Nepal in danger of experiencing a widespread epidemic if immediate and vigorous action is not taken.⁷

- **Commercial Sex Industry:**

Nepal runs the risk of an increased epidemic due to an active sex trade and high rates of girl trafficking to India for sex work. It is estimated that approximately 100,000 Nepalese are engaged in commercial sex work in India.⁷

- **Transportation Workers**

There are 135,000 transport workers in Nepal, among which 130,000 are male. The males are mainly drivers and conductors. The drivers, conductors and cleaners plying vehicles are highly susceptible to HIV infection because they establish sexual relationship with commercial sex workers and hotel and restaurant girls/women at their night halt stations. Cash at hand collected on regular basis from the passengers increases their ability to pay for sex. Their sexual relationship at one station will carry HIV to the next that is why they are considered as breeding people. They are HIV susceptible to their wives as there is no practice of using condom during sex.⁸

- **Young People:**

Increasing vulnerability of young people is mainly due to a widening generational and cultural gap between adolescents and the older generation. In many cases, even if girls and women have knowledge of STDs and AIDS their access to protection is restricted as a result of their lower status.⁷

- **Migration and Mobility:**

Seasonal and long-term labour migration to neighboring countries, such as India, is necessary for the economic survival of many households in both rural and urban areas. Thousands of women and men live away from their families as migrant workers. Removal from traditional social structures, such as family, has been shown to promote

unsafe sexual practices, such as engaging in multiple sexual partners and in commercial sex.⁷

By the end of this decade, the HIV may have become the number one killer of Nepalese of 15-49 age groups. Nepal's HIV prevalence is 0.5 per cent, which ranks the second highest in South Asia after India's 0.7 per cent. The spread of HIV and AIDS reaches a generalized epidemic level when more than 1 per cent in the total population is infected. Among reported cases, nearly 60 per cent were under the age of 30.¹¹

Since prevention is the key to AIDS control, empowerment of youth with knowledge of high-risk behaviour and its ominous relation with HIV is the most effective tool to prevent pandemic. Planning an appropriate HIV awareness programme for a specific target group must be relevant to its needs, and can be designed only after determining the existing awareness of that particular group.¹¹

Without effective interventions, it is predicted that there may well be a generalized epidemic by the end of this decade.⁷ From the above background "**Comparative Study of Awareness regarding HIV / AIDS among Transportation Workers (TW) and Female Sex Workers (FSW) of Sunsari and Morang District,**" was an appropriate subject of study.

1.5 Research Questions

Following research questions were tried to answer through the study.

- What was the situation of awareness on HIV/AIDS among Transportation Workers and FSW?
- Was any association between level of awareness on HIV/ AID and Socio-demographic factors?
- What was the situation of sexual practice/ sexual behaviour among TW and FSW?
- What were the consequences of sexual practices?

1.6 Research Design and Methodology

Descriptive Cross-sectional study was carried out to find out the awareness regarding HIV/AIDS among FSW and TW. It was done on the basis of quantitative data collection

through interview schedule and quantitative information collected through focus group discussion.

1.7 Type of Study

It was a descriptive - cross sectional study. It was the study based on single time data collection from the TW and FSW.

1.8 Study Site and its Justification

The study area, Morang district is one of the districts of Koshi zone, situated in the eastern development region. It occupies an area of 1,885 Sq Kilometer. The Longitude and Latitude of Morang District is 26⁰ 20" to 26⁰ 53" in the east and 87⁰ 16" to 87⁰ 41" North in the respectively. This district is surrounded by Jhapa district to the east, Ilam, Panchthar district to the north, Sunsari to the west and Bihar state of India to the south. ¹ Sunsari District is a district of eastern Nepal. This district is surrounded by Morang to the east, Dhankuta, Udayapur, district to the north, Udayapur and Saptari to the west and, Moran and Bihar state of India to the south. ¹ There are three municipalities and other VDCs. (Dharan, Inarwa, and Itahari Municipalities and Duhabi, Chatara, Jhumka are the slums of this district.)

1.9 Target Population

All Female Sex Workers and Transportation Workers who have the residence of Sunsari, Morang and whose rickshaw and other transportation means are registered in Sunsari and Morang district Nepal. They may be either permanent or temporary inhabitants of Sunsari and Morang Districts.

The total target population of the transportation workers was 11868. Altogether 256 transportation workers were taken as study sample. The study population of the transportation workers was selected by following the simple random sampling technique.

Incase of female sex workers it was a tough job to identify female sex workers. The research team made several discussions with experienced enumerators and program implementers of this locality, some of them were from New Era, AMDA Nepal, World Vision International and United Mission to Nepal and also with the peer education groups of female sex workers. Finally 256 female sex workers were identified from different cities of Sunsari and Morang districts. Details of the samples by area and type of respondents are

given below in the Table No. 2.

Table No. 2 Distribution of Samples by Location

S.N.	Place/ site	Sample Size of TWs	Sample Size of FSWs	Grand Total
1	Dharan (Sunsari)	44	40	84
2	Itahari (Sunsari)	30	53	83
3	Jhumka (Sunsari)	9	11	20
4	Inaruwa (Sunsari)	18	14	32
5	Duhabi (Sunsari)	15	16	31
6	Tarahara (Sunsari)	12	8	20
7	Biratnagar (Morang)	58	72	130
8	Biratchok(Morang)	23	12	35
9	Urlabari(Morang)	27	21	48
10	Belbari (Morang)	20	9	29
Total		256	256	512

1.10 Sampling Methods

Study area was selected purposively. Non probability sampling and snowball technique was followed for the sample selection of the female sex workers (FSW). Probability sampling, simple random sampling was used for transportation workers (TW).

At first the researcher (with the help of enumerators) prepared a list of transportation means collected the number list of the transportation means form the transportation authority and the municipality. There were 11868 transportation means registered in the study area. The numbers of transportation means were kept in serial number basis. The researcher put the number of the transportation means in to a hat and selected the appropriate number of names blindly. The study population of the transportation workers was selected by following such as a lottery method. The selected number of transportation means was identified and its owner was interviewed. Some of the transportation means were found useless and destroyed so these transportation means were excluded and new numbers were taken instead of the excluded transportation means.

Incase of FSW, researcher got some information from the United Mission to Nepal Sunsari that already there was a committee including all types of female sex workers (multi-sectoral female sex workers) even PLHAs (people living with HIV/AIDS). The research team invited the female sex workers for a meeting but there was strict

confidentiality of their privacy. Altogether 13 FSWs were presented in the meeting. The active and literate members of the FSWs' committee were taken as enumerators of the regional research grant 2006 EDR. The enumerator FSWs identified some numbers from their own initiation and rest from the information from their peer groups and identified FSWs. Then the identified female sex workers made possible to identify entire study population of the female sex workers.

1.11 Sample Size

According to FHI About 80% of transportation workers reported consistent condom use with FSW in the past year (FHI, HIV/AIDS Prevention and Control, 2002)

The following formulae have been applied for sample size estimation.

On the basis of 80% prevalence, we can calculate sample size as follows:

$$n = Z^2pq/d^2$$

Where,

Z = Confidence limit

p = prevalence of awareness

q = 1-P (or proportion of not having knowledge)

d = acceptable standard error

n = required sample size

Therefore,

$$= (1.96)^2(0.80)(1-0.80)/(0.05)^2$$

$$= 3.84 * 0.80 * 0.20 / 0.025$$

= 254+2 =256 (256 female sex workers were identified through snowballing so the research team decided to take same number (256) of transportation workers as sample)

Altogether 256 samples of FSW were identified through snowballing. And same number of transportation workers was taken as study sample. Therefore total sample size was $256*2 = 512$.

1.12 Tools and Techniques for Data Collection

- Interview Schedule was used for both groups (FSW and TW).
- Focus Group Discussion (FGD) Guideline was used only for transportation

workers.

1.13 Pre-testing the Data Collection Tools

According to the objectives and variable of the study data collection tools (interview schedule) was trialed within two different groups of target population namely TW and FSW of the area. FGD guideline and interview schedule was trialed. The interview schedule was trialed with 2 % of FSW sample and 5% of transportation workers sample. After trial of the interview schedule and FGD guidelines it was modified on the basis of pretest and trial feedback.

1.14 Validity and Reliability of the Research

Following precautions were followed to increase the validity and reliability of the research.

- Selection biases were reduced by following simple random sampling technique.
- Tools were pre-tested.
- Further correction was followed by conducting discussion among research team.
- Continuous and effective supervision and monitoring was done.
- Recall related questions were discouraged as much as possible.
- Interviewers were trained for data collection.
- Five percent error was accepted during sample size determination.

1.15 Limitations and Delimitations of the Study

This study was limited and delimited as follows.

- This study was only to investigate the awareness on HIV/AIDS (Knowledge and practice related to HIV/ AIDS and Sexual behavior)
- Transportation workers and female sex workers were taken as target population of the study.
- Sunsari and Morang districts were selected for the study.
- Married and unmarried both transportation workers (rickshaw pullers, truckers, bus drivers and helpers of the bus drivers were supposed as transportation workers for this study) were taken as study sample.
- Married and unmarried both female sex workers were included in the study.
- Transportation workers and female sex workers who were staying for more than 1 month in the study area were selected as sample.
- In the study only male transportation workers were found.

1.16 Data Management/ Data Analysis

Data was edited, coded, recoded and tabulated. Tabulated data was presented by the charts, diagrams, pie charts and figures. All interviewed questions were checked for its completeness, correctness, and internal consistency to exclude missing or inconsistent data that was discarded. Coding, classification and tabulation was done for facilitating analysis and interpretation. Data was entered in computer software program and the data was recoded and computed for examining the level of awareness. Data analysis was done with descriptive method with the use of cross table and statistical tools in SPSS (Statistical Package for Social Sciences) software win 12 versions, a data processing version for windows. Chi-square test was used to find out possible association between dependent and independent variables. Level of confidence was 95 percent.

1.17 Recruitment and Orientation of the Enumerators

The enumerators for the transportation workers were the students of health education, who were studying bachelor and master level of health education. The enumerators for the female sex workers were female sex workers themselves. Initially the researcher got some information from the United Mission to Nepal Sunsari that already there was a committee including all types of female sex workers (multisectoral female sex workers) even PLHA (people living with HIV/AIDS). The research team invited the female sex workers for a meeting but there was strict confidentiality of their privacy. Altogether 13 FSW were presented in the meeting. The active and literate members of the FSWs' committee were taken as enumerators of the regional research grant 2006 EDR. They collected data from the female sex workers. All enumerators were trained for data collection. The enumerators were trained with two days orientation. The orientation was conducted in the training hall of the hotel Jaya Nepal, Itahari. The orientation for the two types of enumerators was conducted differently and separately. In case of female sex workers data was collected from the following cities 1) Sunsari district - Dharan, Itahari, Jhumka, Inaruwa, Duhabi, Tarahara and 2) Morang district- Biratnagar, Urlabari, Biratchowck, Belbari, where FSW were found. During collecting data from the FSW it was difficult because the enumerators kept a long duration to complete data collection. If female sex workers got customers, they would not found to be continued for data collection. Some times they took a week to complete a dozen questionnaires. During the field supervision the supervisors felt a bit difficult to interact with female sex workers but their privacy was maintained.

1.18 Definition of the Terms Used

Appropriate Awareness: The level of awareness of the respondents, who scored equal to or higher than median (average) value of the total knowledge related questions of the interview schedule is defined as appropriate awareness.

Awareness: Clear and certain mental perception, understanding the facts, know the facts, acquaintance or familiarity with the information related to the study questions. In this study, awareness refers to the level of awareness on HIV and AIDS.

Inappropriate Awareness: The level of awareness of the respondents, who score less than median (average) value of the total knowledge related questions of the interview schedule, is defined as inappropriate awareness.

Marital Status: The status of individuals with regard to marriage is a fundamental aspect and is widely presented in information derived from censuses, surveys and registration systems.

CHAPTER - II

DATA ANALYSIS OF FEMALE SEX WORKERS

This study was a cross sectional descriptive study, carried out to find out the level of awareness regarding HIV/AIDS among transportation male workers and female sex workers of Morang and Sunsari District, Nepal. This chapter includes the statistical presentation of the data (results) achieved from the female sex workers. So that this gives the result of the study. The overall results of the study have been presented under the following sub-headings.

- 3.1 Socio–Demographic Characteristics (FSW)
- 3.2 Sexual Practices and Its Consequences (FSW)
- 3.3 Awareness (Knowledge) on HIV/AIDS (FSW)
- 3.4 Advocacy, Assess and Exposure to HIV/AIDS Related Information (FSW)

2.1 Demographic Characteristics (FSW)

Table No. I Demographic Characteristics of Female Sex Workers

Table No. 1 Age of the Female Sex Workers

Age	Frequency	Percent
14-19 yrs	59	23.0
20-24 yrs	79	30.9
25-40 yrs	118	46.1
Total	256	100.0

Table No. 2 Nationality of the respondents (FSWs)

Nationality	Frequency	Percent
Nepali	244	95.3
Bhutanese	5	2.0
Indian	7	2.7
Total	256	100.0

Table No. 3 Religion Followed by Female Sex Workers

Religion	Frequency	Percent
Hinduism	205	80.1
Buddhist	32	12.5
Christianity	7	2.7
Islam	5	2.0
Others	7	2.7
Total	256	100.0

Table No. 4 Ethnicity of the FSWs

Ethnicity	Frequency	Percent
Brahmin	23	9.0
Chhetri	66	25.8
Janajati	151	59.0
Muslim	5	2.0
Dalit	11	4.3
Total	256	100.0

Table No. 5 Marital Status of the FSW

Marital Status	Frequency	Percent
Married	150	58.6
Divorced	21	8.2
Widow/Widower	16	6.3
Unmarried	69	27.0
Total	256	100.0

Table No. 6 Age at First Marriage of Respondents

Age at first marriage	Frequency	Percent
7-19 yrs	162	87.1
20-25 yrs	24	12.9
Total	186	100.0

Table No. 7 Number of Sons & Daughters of Married Respondents (FSW)

Number	Sons		Daughters	
	Frequency	Percent	Frequency	Percent
1	76	65.5	62	57.9
2	35	30.2	43	40.2
3	4	3.4	2	1.9
4	1	.9	0	0
Total	116	100.0	107	100.0

Table No. 8 Main Second Occupation of FSW

Second Occupation	Frequency	Percent
Hotel/Restaurant	84	32.8
Waiter	87	34.0
Shop	17	6.6
labour	9	3.5
Other	11	4.3
No	48	18.8
Total	256	100.0

Table No. 9 Educational Status of Literate FSW

Education	Frequency	Percent
Non formal Ed.	23	14.6
Primary	66	42.0
Secondary	65	41.4
Higher S	3	1.9
Total	157	100.0

Table No. 10 Living Duration in the Present Location

Time	Frequency	Percent
Up to five yrs	203	79.3
6-10 yrs	30	11.7
11-15 yrs	7	2.7
16-20 yrs	10	3.9
21-25 yrs	3	1.2
26-30 yrs	3	1.2
Total	256	100.0

Table No. 11 Place to be Migrated by FSW

Place	Frequency	Percent
Within EDR*	24	38.7
Ktm./Pkr./Htd.**	10	16.1
Marry	4	6.5
Abroad	13	20.9
Not fixed	11	17.8
Total	62	100.0

* Eastern Development Region, ** Kathmandu/ Pokhara/ Hetauda

2. 1. 1 Age (FSW)

The study shows that the least age was 14 years whereas the biggest age was 40 years. The study further shows about half of the respondents (46.1%) were adult who were at the age from 25 to 40 years and about three out of ten (30.9%) were youth at the age from 20-24 years. Similarly 23 per cent of total FSWs were adolescents at the age from 14-19 years. The most repeated age was 18, the median age was 23 and the mean age of the respondents was 24.5 years.

New Era (BSS5) conducted similar type of study in 2003. According to the study, findings of the BSS5 median age of the female sex workers was 26 years. About 7% were

under the age of 16 years.²⁶ Comparing the findings it is shown that median age and age under 16 is higher in the present study. In the present study, the majority of the respondents were from 25 to 40 years, it shows that most of the respondents were under the risk of HIV/AIDS. Median age of the female sex workers of the present study was 3 years less than the previous study (BSS5). It means that young females trend of engaging in prostitution sector is increasing day by day. Present study revealed that majority of young female are increasing in the prostitution related job as female sex workers. This is a very easy job to earn money. It does not need any academic qualification and skill, so easy to adopt and also provide pleasure and money. It is a big challenge that the median age of female sex workers is decreased by three years of median age with in three years duration. It is not a considerable fact. It shows the increasing trends of adolescents admitting prostitution.

2. 1. 2 Nationalities of Respondents (FSW)

The findings show that FSWs involving in commercial sex in Morang and Sunsari were not Nepali only. They were from other countries too. Out of total respondents, two per cent were Bhutanese and about equal (2.7%) were Indian. It means that the Bhutanese and Indian female sex workers were also found in Nepal earning through the prostitution. Besides this they might be infected and might be spreading STI related problems in Nepal, which they brought from their own mother land. The result regarding nationality is shown below in table no 2. The result shows the mobility of the female sex workers too. Other more Indian and Bhutanese FSW can come to Nepal and also can go to their own country because of the open boarder and easy entrance. Coming from India and Bhutan they can bring STIs/HIV and AIDS and transfer to Nepali clients. Some of the Bhutanese might be the refugees of the eastern Nepal. It was advocated that Nepalese girls go to Indian and involve in prostitution and girls trafficking from Nepal to India is happening. But here, a bit different fact is also diagnosed by the present study that Indian women also come to Nepal for the prostitution, the number is more than two out of fifty.

2. 1. 3 Religion Followed by Respondents (FSW)

Table no 3 states that there were respondents following different religions. According the figure, about eight out of ten used to follow Hindu religion followed by Buddhist

(12.5%). The respondents following Christianity were 2.7 per cent and Muslims were two percent. The figure further shows that 2.7 per cent respondents reported that they used to follow other kinds of religion like Kirant; some of them did not follow religion as they did not have belief over religion. Almost all the women from each religion were engaged in the prostitution, the number of female sex workers were believe in Hindu religion is quite high. It is nearly similar to the social composition by the religion.

2. 1. 4 Ethnicity of Respondents (FSW)

The table no 4 shows that the majority of the FSWs were from Janajati community (59%) followed by Chhetri (25.8%). Moreover, the third highest composition of respondents was from Brahmin community. The per cent of Brahmin was nine. In the same way, the table explains that only 4.3 per cent respondents were Dalit and two per cent were Muslim. It shows that most of the FSWs were from Janajati community. The Janajati and Dalit were the backward ethnic community from educationally, politically and economically. Many more FSW found from those ethnic groups of the society. The per cent of Brahmin is low in the ratio of the population structure of the study site. The women from each community were found involving in prostitution.

2. 1. 5 Marital Status of Respondents (FSW)

Table no 5 mentions that minority of the respondents were unmarried. The unmarried per cent was 27, while rest of other were married but 8.2 per cent respondents were divorced and 6.3 per cent get converted into single male and female. More than one -fourth female sex workers were found unmarried. About three fourth respondents found married among them one fifth were either divorced or widower. It shows that large numbers of women involved in prostitution are married but this number is increased by seven per cent than the study of New Era.¹⁹ It is also proved that the female sex workers from youth stage/ adolescents age group unmarried girls are increasing. Adolescents' attraction towards prostitution is increasing. It may cause of unemployment, girl trafficking and lack of legal management and rehabilitation strategies.

According to BSS5 study, more than 80% of the female sex workers were married. 29.8% of the female sex workers were either divorced or widowed. More than one-third of the female sex workers were married before they reached the age of 15.²⁶

2. 1. 6 Age at first Marriage (FSW)

The study revealed that the least age in which the respondent got married was seven years, while the biggest age was 25 years. The mean age for marriage was 16.8 years. The figure further shows that about 9 out of ten (87.1%) got their marriage from seven to 19 years i.e. in adolescence period and rest of other got their marriage during youth stage of life i.e. from 20 to 25 years. (Mean = 16.8 yrs Mode = 16 yrs) Study result is shown in table no 6. Some FSW told they got married in the age of 17 years. Marital age preferred to women is above 20 years but there is early marriage trend yet. Most of the women involved in the job of FSW. It shows that the FSW are involved in such a job because of the economic crisis. So that majority of married women are working as FSW, therefore their job can be the prostitution.

2. 1. 7 Number of Sons & Daughters of Married Respondents (FSW)

Table no 7 shows that only 116 respondents out of 186 were son. Out of total respondents who had son, 65.5 per cent had one son, 30.2 per cent had two sons, 3.4 per cent had three sons and 0.9 per cent had four sons. Similarly out of 186 married respondents, only 107 respondents had daughters. Out of total respondents who had daughter, 57.9 per cent had one daughter, 40.2 per cent had two daughters, and 1.9 per cent had three daughters. Result shows that respondents prefer to sons. Calculating the sons and daughters ratio, number of son is greater.

2. 1. 8 Second Main Occupation of Respondents (FSW)

The table no. 8 presents second main occupation of the respondents. According to data plotted in table, the majority of the respondents (34%) were working as waiter in hotel and restaurant, while 32.8 per cent were involved hotel and restaurant as owner. In the same way, 6.6 per cent were engaged in shop i.e. selling as sells person. Furthermore, 3.5 per cent worked as labour and 4.3 per cent were engaged in different other jobs. They had beauty parlor, they used to sell alcohol, they were housewife, and they were agricultural workers and garment workers.

Besides sex work, half of the FSWs reported that they do other jobs as well to support themselves. The types of other works include working in hotels, restaurants and bhatti

pasals (wine shop), working as labours, selling firewood, running shops retail as well as working as maids and nurses. The mean weekly earning from work other than sex work (calculated among those who do other works besides sex work) is Rs. 655.²⁶ The number of female sex workers working in restaurants has increased from 9.9% in 1998 to 30.5% in 2002. This can be attributed to the opening of more cabin and dance restaurants all over the highway routes. There are about 20,000 female sex workers in Nepal. Out of them 7000 are in the Kathmandu valley (MEH and REGHED, 2000) and 500-1500 in other major regional towns.²⁶ These FSWs are engaged in twelve types of professions in places such as cabin restaurants, massage parlors, dance restaurants, discos, business offices, factories, street-based prostitution, and so forth. The FSWs engaged in other professions get nominal salaries so they engage in sex works for extra money.²⁴ Second main occupation of the present female sex workers is nearly similar the past study of the female sex worker. Two third were distributed in shops, labour works and not having any second job except the prostitution. Among the total number of the respondents, nearly one fifth have not any second occupation. It is different than the past study,²⁶ that agriculture workers and house wives were also found as FSW but like as past study media workers and nurses were not found as FSW at present. From past study to the present the hotel and restaurant employees were the major groups involved in prostitution.

2. 1. 9 Educational Status (FSW)

Out of 256 respondents only 157 (61.32%) respondents could read and write. Out of the respondents who could read and write, 14.6 per cent had non-formal education. They did not get formal education, while 42 per cent got primary education, 41.4 per cent got secondary level education and 1.9 per cent had higher secondary or intermediate level education. The literacy status of FSWs is shown in table no 9.

In BSS5 study of New Era nearly half of the female sex workers were illiterate.¹⁹ Present result shows that the literacy status among female sex workers is in increasing trend because the per cent of literate female sex workers is 61.32 per cent. More than three fifth FSW are found literate. Most of the literate FSW have completed primary education.

2. 1. 10 Time Duration for Living in the Area where They are Living (FSW)

The table no. 10 shows about time duration of respondents living in the selected area. From the table, it is seen that about eight out of ten (79.3%) respondents were living there for five years, while 11.7 per cent were living there for 6-10 years.

2.7 per cent were living there for 11-15 years and 3.9 per cent were living there for 16-20 years. The table also shows that 1.2 per cent were living there for 21-25 and 26-30 years each.

More than half of the female sex workers were in the sex business for longer than two years in the present location. About the same per cent of female sex workers reported that they had worked as female sex workers in other locations besides the present locations in the last two years, indicating that the female sex workers on the highway route were highly mobile.¹⁹ About four fifth FSW were staying in the same location since five years ago. Rest about one fifth FSW were staying in the same location since more than five years.

2. 1. 11 Place to be Migrated (FSW) (Yes =62 / 24.22%)

The table no 11 explains that only 62 respondents out of 256 had desired to migrate to other places. Out of them, 38.7 per cent FSWs had desire to migrate within the areas of eastern Development region like Dharan, Kakadvitta, Biratnagar, Itahari etc. Likewise, 16.1 per cent respondents wanted to migrate to different cities of county like Kathmandu, Pokhara and Hetauda, 6.5 per cent had desire to go to any place after marriage. The table further shows that 20.9 per cent FSWs had desired to go to abroad and 17.8 per cent had desire to be migrated but place was not fixed.

About one fourth respondents want to leave the present location. More than two fifth FSW found planning to go aboard and to the next country than Nepal. They were not being satisfied from their job in the present location. About three fifth were found planning to transfer in the next cities of the country. Like Kathmandu, Pokhara and Hetauda. It is revealed that FSW felt Hetauda, Kathmandu and Pokhara as high income places and favourable cities for the prostitution than the present location. In these cities they received customers and also received good amount regularly. The argument of the FSW and the facts of the New Era ¹⁹ provide evidences that the earning of the FSW is higher in the New Era study than the present study.

2. 2 Sexual Practices among FSW

Table No. II Sexual Practices of Female Sex Workers

Table No. 12 Age for First Sex of FSWs

Age	Frequency	Percent
10-15 yrs	96	37.5
16-20 yrs	157	61.3
21-25 yrs	3	1.2
Total	256	100.0

Mean =16.25 yrs Mode= 16 yrs

Table No. 13 Weekly Income of FSWs

Income (Rs.)	Frequency	Percent
Up to 500	17	6.6
501-1000	89	34.8
1001-1500	57	22.3
1501-2000	36	14.1
2001-2500	20	7.8
2501-3000	17	6.6
3001-5000	11	4.3
5001-8000	9	3.5
Total	256	100.0

Mean = 1447.66 Mode= 1000

Table No. 14 Costumers for Sex

Costumers	Frequency	Percent
Transportation Workers	97	37.9
Police/Army	65	25.4
Teachers	6	2.3
Industrial Workers	49	19.1
Government job holder	25	9.8
Person working in NGO/INGOs	8	3.1
Others	6	2.3
Total	256	100.0

Table No. 15 Name of Sexual Problems among FSW

Problems	Frequency	Percent
Offensive leucorrhoea	4	5.3
Gonorrhoea	6	7.9
Itching, wound and leucorrhoea	37	48.7
Lower abdomen pain and swelling	9	11.8
Syphilis	7	9.2
Wound	8	10.5
Other (burning micturation, burning urination and Haematuria)	5	6.7
Total	76	100.0

2.2.1 Age for First Sex (FSW)

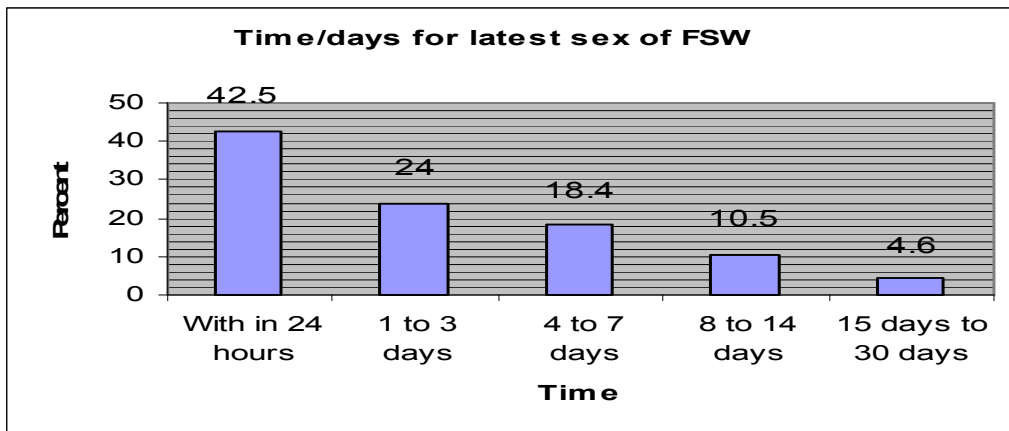
The table no 12 reveals the age for first sex of respondents. From table it is seen that the least age for first sex was 10 years while the maximum age for first sex was 25 years. The mean age for first sex was 16.25 years and mode was 16. Moreover, the table shows that about four out of ten (37.5%) had their first sex between 10-15 years and about six out of ten (61.3%) had first sex between 16-20 years and only 1.2 per cent had their first sex between 21-25 years.

According to the BSS5 study of New Era (2003), 70.5% of the female sex workers had their first sexual experience by the time they reached the age of sixteen.¹⁹ In the present study the per cent of the FSW who have had sexual experiences before the age of sixteen years (37%) is lower than the study of New Era. It can be the cause of late marriage trend which is increasing in the later years and also the access of education and high level of literacy in the present study so that age for first sex is increasing at present.

2.2.2 Time/days for latest sex (FSW)

The Figure no 2 shows the last sexual intercourse of the female sex workers. From the data, 42.5 % had had sexual intercourse with in 24 hours, 24 % had sexual intercourse in between 1 to 3 days, 18.4 % had sexual intercourse in between 4 to 7 days. Similarly, 10.5 % had sexual intercourse in between 8 to 14 days; rest of 4.60 % had sexual intercourse with in 15 to 30 days. Similarly, 10.5 % had sexual intercourse in between 8 to 14 days; rest of 4.60 % had sexual intercourse with in 15 to 30 days. More than two fifth FSW have had sexual intercourse with in 24 hours later from the interview. Two third of the FSW have had sexual intercourse within 3 days later of interview. The female sex workers who have had sexual intercourse with in 3 days were mostly those who don't have any second main occupation and involved in the hotels and restaurants.

Figure No. 2 Time/Days for Latest Sex of FSW



2. 2. 3 Weekly Income of FSW

From the table no 13, it is seen that the main income of the respondents was Rs. 1447.66 and most of the respondents used to earn Rs 1000 in a week. The result further shows that 6.6 per cent had upto Rs. 500 income within a week, while 34.8 per cent had Rs 501 to 1000, 22.3 per cent had Rs. 1001 to 1500 and 14.1 per cent had Rs.1501 to 2000. Moreover, the table presents that 7.8 per cent FSWs had Rs. 2001 to 2500 income in a week, 6.6 per cent had Rs. 2201 to 3000, 4.3 per cent had Rs. 3001 to 5000 and the least respondents had Rs 5001 to 8000 income in a week. Such respondent's per cent was 3.5. One fifth FSW were found earning more than 3 thousand per week. It means that they earn more than 12 thousand per month. About three fourth female sex workers were found earning more than four thousand per month through the prostitution. It shows that they were earning much more than other common women employees of the society. So it is seemed difficult to change their job. Half of the female sex workers are either illiterate or only having non formal education but earning more than four thousand per month. So they could not earn this much from the next occupation that's why there is less chances of job replacement by the FSW. It shows that they will continue their job. About one seventh of FSW were found beginners, so they were not found engaging in the prostitution frequently. So sometimes, they failed to earn any money even within a week. But sometimes they earn about 500 and more rupees weekly. Weekly income of the present study of the female sex workers was lower than the BSS5 Study of New Era,²⁶ because present study was limited with in Sunsari and Morang district and hidden female sex workers were also identified. But incase of New Era study female sex workers of Hetauda, Pokhara like cities were also included and these cities were found highly

earning cities for female sex workers. Among the FSW, some of them were willing to go to new cities like Pokhara, Hetauda and Kathmandu where they can receive more.

In a similar study conducted by New Era, the average weekly earning from the sex trade is reported to be around Rs. 2,200. Compared to the previous rounds of the BSS, the female sex workers' weekly earning from the sex trade has increased in this round. The female sex workers' reported charge for a sex act ranged from Rs. 10 to Rs. 10,000.²⁶ In the present study, it is seen that the earning of the female sex workers is slightly lower than the BSS5 study.

2.2.4 Costumers for Sex (FSW)

Table no. 14 presents main costumers for FSWs. According to the data, the major costumers were transportation workers, police/army and industrial workers. The per cent of them were 37.9, 25.4 and 19.1 per cent respectively. The table further shows that government jobholder were also main costumers for FSWs. The per cent of it was 9.8. Similarly, 2.3 per cent were teachers, 3.1 per cent were persons working in NGO/INGOs and 2.3 per cent were other like businessmen.

According to BSS5 study, about 65% of the female sex workers reported having on average only one client per day. A majority of the clients of the female sex workers were transport workers. Other major clients groups reported were businessmen/contractors, police/army, wage/ migrant laborers and industrial workers.²⁶ The majority of the clients of the female sex workers were same (transportation workers) in the both studies. The second majority group is found army, police in the present study whereas businessmen involvement is lower in the present study than the study of New Era.²⁶ More than one third respondents reported transportation workers as most common clients of female sex workers.

2. 2. 5 Name of RTIs/STIs & Sexual Problems (FSW)

With the connection to the sexual health problems among the respondents, sum of 180 respondents (70.3%) did not have sexual health problems, while 70 respondents (29.7%) had sexual health problems. Out of those who had sexual health problems, the majority of them had itching, wound and leucorrhoea. The per cent of respondents facing this problem was 48.7 percent. Furthermore, the table shows that 5.3 per cent had offensive leucorrhoea, 7.9 per cent had Gonorrhoea, 11.8 per cent had lower abdomen pain and swelling, 9.2 per cent had syphilis and 10.5 per cent had wound around genitals.

Similarly, 6.7 per cent respondents were found having other type of sexual health problems like burning micturation, burning urination and Haematuria. Among 29.7 per cent respondents who have sexual problems more than one third have itching, wound and leucorrhoea. One out of five have syphilis or gonorrhoea. So most of them have wound and itching as well as syphilis, gonorrhoea and leucorrhoea. Therefore the FSW who have such sexual problems have a grate chance of the transmission of HIV/AIDS. The prevalence of STIs and sexual problems among the female sex workers is 297 per thousand.

2.3 Awareness on HIV /AIDS

It is estimated that about 60 per cent of the Nepalese female sex workers at the brothels in Mumbai were infected with STI/HIV/AIDS. The brothel owners release them when they were infected, after which they return to Nepal to spread new infection among young adults. Similarly, the cabin girls were highly susceptivle in group sex. Army personnel and drivers usually involve in group sex. Similarly, many kinds of sexual business can be seen in different parts of Nepal. Various forms and their main concentration could be found on highway routes, bus parks, hotels, lodges, parks etc. ²⁴

Above mentioned statements suggest that it should be a major concerned of the authorities to prevent and control HIV/AIDS. So female sex workers should hear and know about HIV/AIDS related matters.

Table No. III Awareness on HIV /AIDS Among Female Sex Workers

Table No. 16 Meaning of HIV/ AIDS (Multiple Response) (FSW)

Description	Frequency	Percent of Response	Percent of Cases
A disease transferred by sexual contact	196	50.0	76.6
A cause of any disease	55	14.0	21.5
Appearance of symptoms of diseases at a same time due to lack of immune system.	38	9.7	14.8
A means to transfer disease	54	13.8	21.1
An effective disease preventive measure	14	3.6	5.5
Others	35	8.9	13.7
Total	392	100.0	153.1

0 missing cases; 256 valid cases

Table No. 17 Knowledge on Transmission of HIV/AIDS

Response	Frequency	Percent
Yes	243	94.9
No	12	4.7
Don't know	1	0.4
Total	256	100.0

Table No.18 Mode of HIV Transmission

Mode	Frequency	Percent of Response	Percent of Cases
Unsafe sex	225	43.8	87.9
Mosquito's bite	40	7.8	15.6
HIV and AIDS infected Mother	70	13.6	27.3
HIV and AIDS infected Blood, Tissue, Organ	78	15.2	30.5
HIV and AIDS Infected Syringe, Needle, Blade	77	15.0	30.1
Others	4	0.8	1.6
Do not know	20	3.9	7.8
Total	514	100.0	200.8

0 missing cases; 256 valid cases

Table No. 19 Causative Organism of HIV/AIDS

Causes	Frequency	Percent
Bacteria	29	11.3
Virus	78	30.5
Protozoa	3	1.2
Others	2	0.8
Do not know	144	56.3
Total	256	100.0

Table No. 20 Symptom of HIV/AIDS

Symptoms	Frequency	Percent of Response	Percent of Cases
One month long diarrhoea	98	22.2	38.3
One month long fever	81	18.4	31.6
One month long coughing	72	16.3	28.1
Weight loss without any cause	89	20.2	34.8
Others	10	2.3	3.9
Do not know	91	20.6	35.5
Total	441	100.0	172.3

0 missing cases; 256 valid cases

Table No. 21 Preventive Measures Against HIV/AIDS (FSW)

Description	Frequency	Percent of Response	Percent of Cases
No unsafe sex	129	26.2	50.4
Use of condom at sex	153	31.1	59.8
No common use of skin piercing things	55	11.2	21.5
No use of blood, tissues, organs without test	41	8.3	16.0
Avoid multiple sex	53	10.8	20.7
Others	5	1.0	2.0
Do not know	56	11.4	21.9
Total	492	100.0	192.2

Table No. 22 Activities by which HIV and AIDS do not Pass

Description	Frequency	Percent of Response	Percent of Cases
Mosquito/Insect bite	124	21.2	48.4
Coughing	47	8.0	18.4
Hand shaking	149	25.5	58.2
Use of public phone	49	8.4	19.1
Use of common utensils	96	16.4	37.5
Use of common toilet and tap	63	10.8	24.6
Others	13	2.2	5.1
Do no know	43	7.4	16.8
Total	584	100.0	228.1

0 missing cases; 256 valid cases

Table No. 23 Knowledge on Cure about HIV / AIDS

Response	Frequency	Percent
Yes	78	30.5
No	177	69.1
Do not know	1	0.4
Total	256	100.0

Table No. 24 Knowledge on Vaccination of HIV/AIDS

Response	Frequency	Percent
Yes	21	8.2
No	78	30.5
Do not know	157	61.3
Total	256	100.0

Table No. 25 System Affected by HIV/AIDS

Response	Frequency	Percent
Nervous	11	4.3
Blood Circulation	28	10.9
Muscular	21	8.2
Immune System	25	9.8
Skeleton	4	1.6
Others	3	1.2
Do not know	164	64.1
Total	256	100.0

Table No. 26 Knowing about Window Period of HIV/AIDS

Meaning	Frequency	Percent
HIV entry in the blood, HIV is positive but no AIDS	34	97.1
HIV entry in the body but no test can identify it HIV appears after 3 month of it's entry	1	1.9
Total	35	100.0

Table No. 27 Knowledge on Incubation Period

Response	Frequency	Percent
Yes	49	19.1
No	207	80.9
Total	256	100.0

Table No. 28 Cell Damaged by HIV/AIDS

Response	Frequency	Percent
Red Blood Cell (RBC)	24	9.4
White Blood Cell (WBC)	39	15.2
Platelets	8	3.1
Do not know	185	72.3
Total	256	100.0

Table No. 29 Name of STIs Other than HIV / AIDS

STIs	Frequency	Percent
Burning micturation	2	2.2
Syphilis	32	34.4
Gonorrhoea	15	16.1
Gonorrhoea and Syphilis	20	21.5
Herpes	7	7.5
Itching	6	6.5
Leucorrhoea	4	4.3
Wound in vegina	7	7.5
Total	93	100.0

Table No. 30 Possibilities of HIV, Persons Having STDs

Possibility	Frequency	Percent
Yes	64	68.8
No	29	31.2
Total	93	100.0

Table No. 31 Risky Group for HIV and AIDS Infection

Risky group	Frequency	Percent of Response	Percent of Cases
Sex workers	170	36.7	66.4
Transportation workers	119	25.7	46.5
IDUs	110	23.8	43.0
Others	10	2.2	3.9
Do not know	54	11.7	21.1
Total	463	100.0	180.0

0 missing cases; 256 valid cases

Table No. 32 Live with Positive Behavior

Responses	Frequency	Percent
Yes	141	55.1
No	44	17.2
Sometimes	71	27.7
Total	256	100.0

Table No. 33 Number of People Living with HIV/ AIDS

Responses	Frequency	Percent
Up to 20000	31	47.7
20001-40000	9	13.8
40001-60000	12	18.5
60001-80000	11	16.9
Above 80000	2	3.1
Total	65	100.0

Table No. 34 Ways of Rehabilitating HIV Positive People

Ways of rehabilitating	Frequency	Percent
Awareness	12	4.7
Help, encourage, love and care	81	31.6
Engage in organization	6	2.3
Provide employment	13	5.1
Regular check up, treatment and nutrition	16	6.3
Others (Avoiding smoking/drinking, isolation, being neat and clean and rehabilitation)	8	3.2
Don't know	120	46.9
Total	256	100.0

Table No. 35 Ways for Positive Life Living

Ways	Frequency	Percent of Response	Percent of Cases
Taking enough nutritional food and light exercise	90	19.9	35.2
Taking necessary counseling from medical personals	132	29.1	35.2
Giving up alcohol, smoking and drug	73	16.1	28.5
Free from tension and worry	110	24.3	43.0
Others	46	10.2	18.0
Do not know	2	0.4	0.8
Total	453	100.0	177.0

0 missing cases; 256 valid cases

2. 3 .1 Hearing about HIV/AIDS (FSW)

Cent per cent respondents reported that they heard about HIV and AIDS. There were no respondents who did not hear about HIV and AIDS. From the various sources, they heard or collected information about HIV and AIDS. Only hearing the word HIV and AIDS is not a good level of knowledge so it is important to know that how much they were known about HIV and AIDS. They were known about the signs and symptoms of HIV and AIDS or not. They were know about preventive measure or not, they were known about the modes of transmissions of HIV therefore these titles were also explained below. According to BSS5 study,²⁶ 98.5% of the female sex workers reported hearing of an illness called HIV/AIDS in 2002 whereas in 1998, it was 88.5%.¹⁹ In the present study the respondents hearing HIV is increased. It is cent percent.

2. 3. 2 Meaning of HIV /AIDS (Multiple response) (FSW)

Table no 16 shows that about three-fourth of total respondents (76.6%) reported, HIV and AIDS is a disease that can be transferred by sexual contact. While 21.5 per cent respondents said that HIV and AIDS is a cause of any diseases. Furthermore, 14.8 per cent respondents said that HIV and AIDS is the appearance of symptoms of diseases at a same time due to lack of immune system, 21.1 per cent said that it is a means to transfer diseases from one to another. Similarly, it can be seen in the table that 5.5 per cent

reported that HIV and AIDS is an effective disease whereas 13.7 per cent did not accept the above statements as HIV and AIDS. They said HIV and AIDS as something other than stated statement like it is result of curse. About two third FSW take HIV and AIDS as a disease that transfer sexually. So these two third respondents have a minimum level of knowledge of sexually transmitted problem as HIV/AIDS. One third respondents are confused on even a simple concept of HIV and AIDS. These groups were under more risk of HIV transmission through the mode of sexual contact.

2. 3. 3 HIV/AIDS Can Transfer or Not (FSW)

According to the table no 17, it is found that HIV and AIDS can transfer from one person to another in the knowledge of 94.9 percent, while it does not get transfer from one person to another in the knowledge of 4.7 percent. Only 0.4 per cent respondent said that they did not know whether it could transfer from one person to another. About 95 per cent FSW were found knowing HIV and AIDS as a transferable problem but only about two fourth were known about the sexual contact as a way of transmission. Rest of the respondents had different guesses about the mode of transmission of the HIV.

2. 3. 4 Mode of HIV Transmission (Multiple Response) (FSW)

As per the table no 18 showing below, it is known that unsafe sex was one of the modes of transmission for 87.9 per cent respondents, while mosquito's bite was mode of transmission for 15.6 per cent respondents. The table further shows that 27.3 per cent respondents told HIV and AIDS infected blood, tissues and organs as mode of transmission, 30.5 per cent told HIV and AIDS infected syringe, needle and blade and 1.6 per cent told other mode of transmission like long kiss and breastfeeding. Similarly, 7.8 per cent respondents were not given response, as they did not know about the mode of transmission. It was found that respondents (95%) were agreed with HIV as transferable problem but some times only two third were known about sexual transfer of HIV and here some of them (10%) guesses unsafe sex as a way of HIV transmission but they were not confirmed about its transmission through unsafe sexual contact.

According to BSS5 study²⁶, almost all the female sex workers (99%) said they knew of ways of transmitting and avoiding HIV/AIDS. The number of female sex workers saying

that the mode of transmitting HIV/AIDS was 'sex without condom' remained the highest one as in the other rounds of the BSS. More than 95% of the respondents have perceived that using condoms was one of the ways to avoid HIV/AIDS. In previous rounds of the BSS also, this was the most common response of the FSWs. The percentage of such respondents has increased from 85% in 1998 to 97% in 2002. However, the percentage of FSWs saying 'Abstain' from sex (63.8%) and 'Be faithful' (avoid multiple sex partners: 37.7%) is relatively lower than the percentage saying 'Condom' use as the way of avoiding HIV/AIDS.¹⁹ In the present study only 87.9 per cent female sex workers who knew unsafe sexual intercourse (with out condom and intercourse with multiple partners) was a main cause of HIV transmission, this was a improved knowledge then the previous BSS5 study (66.35%). In the present study four fifth FSW replied using condom and being faithful and avoiding multiple partners as safe sex.

2. 3. 5 Causative Agent of HIV (FSW)

From the table no 19, stated below, more than half of the respondents (56.3%) did not know about the causative agent of HIV/AIDS whereas 30.5 per cent said virus as cause of HIV/AIDS. In the same way, 11.3 and 1.2 per cent respondents said bacteria and protozoa were causative agent of HIV and AIDS and only 0.8 per cent respondents said other thing as causative agent like blade, blood, needle and sex. Less than one third FSW were known virus as causative agent of HIV/AIDS.

2. 3. 6 Symptoms of HIV/AIDS (Multiple Response) (FSW)

In response to the symptoms of AIDS, 38.3 per cent respondents said that one month long diarrhoea was a symptom, while 31.6 per cent told one month long fever was symptom. The table further shows 28.1 per cent were in support of one-month of long coughing as symptom and 34.8 per cent reported that weight loss without any cause was the symptom of AIDS. Similarly, 35.5 per cent respondents did not know the symptoms of HIV and AIDS. About one third respondents have knowledge on main four ways of HIV transmission. Whereas majority of them were aware about one month or longer diarrhoea and weight loss without causes.

2. 3. 7 HIV/ AIDS: Preventable Disease (FSW)

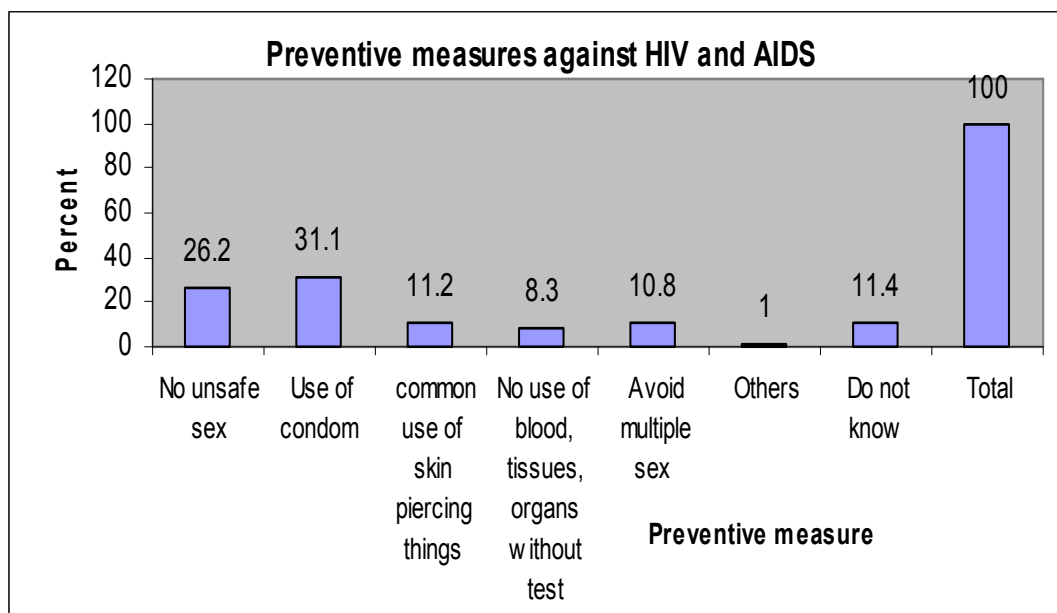
Study revealed that more than half of the total respondents (55.5%) took HIV /AIDS as preventable disease, while 23 per cent said that it was not preventable disease and about two out of ten (21.5%) told that they did not know whether it was preventable disease or not. More than half of the respondents (five out of nine) were known HIV/AIDS as a preventable problem.

2. 3. 8 Preventive Measures Against HIV /AIDS (Multiple Response) (FSW)

In the table no 21, it was described that 50.4 per cent of total respondents said that if there was no unsafe sex with partners or other people, HIV/AIDS can be easily prevented. The table also shows that 59.8 per cent said use of condom at the time of sexual intercourse can also prevent HIV and AIDS. In the same way, 21.5 per cent said no common use of skin piercing things like blade, syringe, needle, 16 per cent told no use of blood, tissues, and organs without test, 20.7 per cent said avoiding multiple sex and two per cent said other like not to have long kissing among sexual partner and no reproduction of a baby from infected mother. From the table, it was also seen that 21.9 per cent respondents did not know how HIV and AIDS can be prevented. Five out of nine were aware about HIV/AIDS as preventable problem. Where as only about three out of ten are aware on four ways of HIV prevention.

According to BSS5 study knowledge of ABC for avoiding HIV/AIDS was still low among the male respondents. Knowledge of A (abstinence from sex) was reported by about 44% of the transport workers and 30% of the male laborers. Knowledge of B (being faithful or avoiding multiple sex partners) was reported by 29% of the transport workers and 21% of the male laborers. However, more than 96% of the male respondents reported knowledge of C (use of a condom during all sex acts).²⁶ The awareness about three ways of preventing HIV and AIDS was nearly five per cent high in the study of New Era than the present study. Because present study represent the broader sub-sectors of FSW and large number of FSW were identified in the narrower geographical area. But in the study of New Era there was broader geographical area and only the road side FWS were identified but in the present study street FSW and hidden FSW were also identified.

Figure No. 4 Preventive Measure against HIV/AIDS



2. 3. 9 Activities by which HIV /AIDS Do Not pass/ Transmit (FSW)

As per the table no 22 given below, it is found that about half of the respondents (48.4%) had knowledge that mosquito and insect biting can not transfer HIV and AIDS. The table is also showing that coughing (18.4%), hand shaking (58.2%), use of public phone (19.1%), use of common utensils (37.5%) and use of common toilet and tap (24.6%) were activities that can not transfer HIV and AIDS from one person to another. The table further explains that 16.8 per cent respondents did not know whether these activities could transfer it or not however 5.1 per cent respondents thought that HIV and AIDS can not pass from one person to another by other activities like playing together. Nearly one-fourth of FSW have had misconception regarding HIV transmission they supposed mosquito biting, coughing, shaking hands, using same toilet as the ways of HIV transmission.

2. 3. 10 HIV/AIDS is Curable (FSW)

Out of total respondents, three out of ten reported HIV/AIDS as curable disease when about seven out of ten reported that HIV and AIDS was not curable disease and 0.4 per cent respondent did not know about it. Data is shown in table no. 23. Thirty per cent respondents were found unknown about the cure of HIV and AIDS. Three out of ten take

HIV and AIDS as a minor and a curable problem. Such a poor knowledge was pushing them toward the risky behaviour and possibility of acquiring HIV and AIDS.

2. 3. 11 Vaccines Against HIV/AIDS (FSW)

In connection to the vaccination against HIV and AIDS, the above table describes that 8.2 per cent respondents said a vaccine against HIV and AIDS was developed in one-hand. On the other hand, 30.5 per cent said that there was no any vaccine against HIV /AIDS. From the same table, it was also seen that 61.3 per cent respondents did not know about the vaccine. More than eight per cent respondents take HIV as a preventable problem from the vaccine and more than six out of ten don't know about any vaccine of HIV. About seven out of ten have misconceptions regarding vaccine against HIV.

2. 3. 12 Human System Damaged by HIV and AIDS (FSW)

The table no 25 explains that, the majority of the respondents i.e. 64.1 per cent did not know about human body system that can be damaged by HIV and AIDS in one-hand. On the other hand, 4.3, 10.9, 8.2, and 9.8 per cent respondents said that HIV and AIDS can damage nervous system, blood circulation, muscular and immune system respectively. The table also shows that very few respondents i.e. 1.6 and 1.2 per cent of them said that HIV and AIDS can damage skeleton and other body system like urinary system. About one out of ten FSW were known about the system damaged by HIV and AIDS was the immune system. Nine out of ten did not have correct knowledge on HIV that damages immune system.

2. 3. 13 Knowing about Window Period of HIV and AIDS (FSW)

It is revealed from the study, only 13.7 per cent respondents were known about window period of HIV/AIDS whereas 86.3 per cent were unknown about it.

2. 3. 14 Meaning Window Period (FSW)

Out of those (35/256) who were known about window period of HIV and AIDS, it was shown in the above table no. 26 that 97.1 per cent conceptualized window period as the

period appearing after HIV entry in the blood, HIV was positive but no AIDS. The table also presents that very few respondents i.e. 1.9 per cent told that window period is the period in which there was HIV entry in the body but no test can identify it HIV appears after 3 month of it's entry. FSW could not provide meaning of window period correctly.

2. 3. 15 Knowing about Incubation Period of HIV /AIDS (FSW)

In connection to the incubation period, most of the respondents were known about the incubation period of the HIV but there were still about one fifth of total respondents who didn't know about the incubation period of the HIV/AIDS. Information regarding incubation period is shown in table no 27. The respondents who said incubation period can become of some months to ten years and more years, it was taken as the gapping between entry of the virus to the first appearance of the signs and symptoms. It was taken as the correct answer of the incubation period of HIV/AIDS.

2. 3. 16 Blood Cell Damaged by HIV (FSW)

In the table no 28 presented below, about three forth of the respondents were not known which cell can be damaged by HIV and AIDS however rest of other gave their knowing differently. Only 9.4 per cent said that HIV can damage RBC and 15.2 per cent said that WBC can be damaged and 3.1 per cent had knowledge that HIV and AIDS can platelets. Only 15.2 per cent FSW said that the white blood cell damage by the HIV Rest of the respondents were found unknown to answer the blood cell damaged by HIV correctly.

2. 3. 17 Knowing about STDs other than HIV and AIDS (FSW)

More generally, STIs and HIV/AIDS interact at various levels: firstly, there was a strong correlation between sexually transmitted diseases (STDs) and the risk of acquisition and transmission of HIV; secondly, STDs may influence the progress of immunodeficiency in HIV positive individuals; thirdly, HIV may change the natural history of the STI in a patient as infectivity may be increased or prolonged, and response to the treatment may be impaired. At present, the four most common STIs that can be easily cured by antibiotics were syphilis (12 million cases worldwide), gonorrhoea (67 million cases), Chlamydia infections (89 millions cases) and Trichomoniasis (170 million cases).²⁶

According to the result, it was found that only 36.3 per cent respondents were known about STDs, while majority reported that they did not know STDs.

2. 3. 18 Name of STIs Other Than HIV /AIDS (FSW)

The table No. 29 below shows that more than one third of the respondents were known syphilis as STD and more than one-fifth were known gonorrhoea and syphilis as the STD. The rest of the respondents were known the burning micturation, Herpes, itching, leucorrhoea, wound in vagina were the names of STDs.

According to BSS5 study, nearly 30% of the female sex workers reported that they experienced symptoms of STI. Of the female sex workers who reported STI, 77% said that they sought treatment, for the problem. Of those, who did seek treatment, most of them went to the FHI supported clinic named AMDA (23%) followed by private clinics (15.9%), hospitals (15%) and pharmacies (15%).¹⁹

According to study of New Era (1999) study 9. per cent Terai FSWs were found infected with gonorrhoea and 19% infected with syphilis .²⁶ In the present study the prevalence was higher than the previous study. Out of the total FSW, more than one third have any kind of STIs/STDs related problems. More than seven out of ten were known about gonorrhoea and syphilis. Knowledge prevalence per hundred was found 36.32 among the FSW.

2. 3. 19 Possibility of HIV and AIDS to STDs Infected People (FSW)

The table no 30 shows that more than two third respondents were reported that HIV and AIDS is more likely to occur among the STDs infected person and the rest about the one third respondents reported that HIV/AIDS was not transmitted to the STDs infected persons. In the opinion of the FSW more than two-third were found known about the higher possibility of HIV/AIDS to the persons who were infected with STDs/STIs.

Now, it is clear that there was a strong correlation between the spread of conventional STIs and HIV transmission. Both ulcerative and non-ulcerative STIs increase the risk of sexual Transmission of HIV. STIs continue to be a major and growing public health problem in many parts of the world, especially in developing countries, with an estimated annual incidence of 330 million cases of curable STIs. Scientific evidence suggests that

80 per cent of HIV infections were spreaded by a sexual route. For example, in Sub-Saharan Africa, 70 per cent of HIV infection was found in STI patients and, likewise in Thailand, 15–30 per cent of STI patients were found to be HIV positive.²⁵

Informed and responsible sexual behaviours can, therefore, play a major role in limiting the risk, while lack of awareness and irresponsible sexual practices greatly contribute to the epidemic. Nearly one third FSW were unknown about the high possibility of HIV infection to the STI infected persons.

2. 3. 20 Risky Groups for HIV Infection (FSW)

Among the total respondents, two-third (66.4%) respondents were responded for the sex workers as a most risky group for the transmission of HIV and AIDS whereas 46.5 per cent responded for the transport worker and 43 per cent responded for the IDUs as risky group but the 3.9 per cent respondents were replied that the others like alcoholic as risky groups and 21.1 per cent respondents were reported that they didn't know about the risky group of HIV transmission. The data is shown below in table no 31. Two-third FSW said themselves as the most risky groups for HIV and AIDS. Although they are practicing prostitution continuously. The most client as well as second most risky clientele groups of the FSW was the transportation workers. The third most risky groups was answered IDUs. These IDUs are only the IDUs these were except the IDUs FSW and TW. More than one fifth FSW were found unknown about the risk of HIV so this group was under the very risky group to acquire HIV and AIDS.

2. 3. 21 Longevity of Life due to Our Love, Affection, Help and Positive Behave (FSW)

The table no. 32 shows that majority of the respondents i.e. 55.1 per cent were known that life of HIV positive can be prolonged due to the love, affection and positive behave to the HIV positives, while 27.7 per cent respondents were assumed that such doings of human kind can make the longer life in some of the cases; not in all situation. The table was also showing that 17.2 per cent believed that life can not be prolonged due to such behave.

2. 3. 22 Knowing about Number of HIV Positive People in Nepal (FSW)

With regard to the knowledge of the respondents to the number of the HIV positives in Nepal, only one fourth of total respondents (25.4%) were known about it while three fourth didn't know about it.

2. 3. 23 Number of People with HIV (FSW)

The below table no 33, shows that majority i.e. 47.7 per cent respondents were assumed that there were up to 20000 HIV positive people in Nepal, while about one fifth (13.8) believed there were 40001-60000 HIV positive people in Nepal. In the same way 16.9 and 13.8 per cent respondents were believed that there were 60001-80000 and 20001-40000 respectively. Only 3.1% assumed there were more than 80000 HIV positive people in Nepal.

According to the estimation of the UNAIDS Global AIDS Report 2006 there are 75000 people infected with HIV in Nepal.²⁸ So only 16.9% answer was found nearly correct.

2. 3. 24 Ways of Rehabilitating HIV Positive People (FSW)

While asking the ways of rehabilitating HIV positive people, the table no 34 shows that about one third of the respondents (31.6%) were reported encouragement, love and care as essential steps for rehabilitation, and the majority i.e. 46.9 per cent didn't know about it. Rest of others i.e. 4.7, 2.3 and 6.3 per cent were replied that awareness, engaging in organizations, regular check up, treatment and nutrition were essential component for rehabilitation respectively. There were 3.2 % respondents who believed avoiding smoking/drinking; being neat and clean and isolation were some ways for rehabilitation. More than half respondents keep vote for the rehabilitation of HIV positives and nearly one third feel need of help, love and care of HIV positives.

2. 3 25 Ways for Positive Life Living (FSW)

In regard to the ways of positive life living, the above table shows that 43.0 per cent respondents were reported that being free from tension was the proper way. In the same way, 35.2 and 35.2 per cent respondents were reported for taking enough nutritious food

and light exercise and taking necessary counseling from medical personnel were the best ways of positive life of living respectively. Furthermore, 28.5 per cent respondents were reported that giving up alcohol, smoking and drug was proper way and 18.0 per cent reported others like maintaining hygiene, enough sleep, religious life etc. as a proper way of living life. The table no 35 also shows that 0.8 per cent did not know about it.

2. 4 Advocacy and Exposure on HIV/AIDS Related Information

This heading deals about the access of information and communication regarding HIV/AIDS in the community. This topic answers the question that what kind of media is used by the female sex workers. Also explains about their communication practices related to HIV/AIDS. Peer discussion information sharing and asking to others are also taken as the ways of advocacy and exposure on HIV/AIDS related information.

Table No. IV Advocacy and Exposure of HIV/AIDS related Information

Table No. 36 Information Sources of Information

Source	Frequency	Percent of Response	Percent of Cases
Radio	174	26.8	68.0
Television	135	20.8	52.7
Paper	37	5.7	14.5
Pamphlet/Poster	30	4.6	11.7
Health Workers	71	10.9	27.7
Teacher/School	5	0.8	2.0
Friends and Family	79	12.2	30.9
Training	69	10.6	27.0
NGO/INGOs	36	5.5	14.1
Film/Drama/Commix	8	1.2	3.1
Others	5	0.8	2.0
Total	649	100.0	253.5

Table No. 37 Asking about HIV/ AIDS

Responses	Frequency	Percent
Yes	158	61.7
No	98	38.3
Total	256	100.0

Table No. 38 Knowledge about HIV/AIDS

Contents	Frequency	Percent of Response	Percent of Cases
HIV and AIDS introduction and history	32	11.0	20.3
Causes of AIDS	56	19.2	35.4
Symptoms of AIDS	49	16.8	31.0
Transmission of HIV and AIDS	105	36.0	66.5
HIV and AIDS Prevention	45	15.4	28.5
Others	5	1.7	3.2
Total	292	100.0	184.8

0 missing cases; 158 valid

Table No 39 Taking Counseling Service

Taking/ Giving counseling	Frequency	Percent
Yes	114	44.5
No	142	55.5
Total	256	100.0

Table NO. 40 Knowing about VCT Services

Responses	Frequency	Percent
Yes	126	49.2
No	130	50.8
Total	256	100.0

Table No. 41 Getting VCT Services

Responses	Frequency	Percent
Yes	93	73.8
No	33	26.2
Total	126	100.0

Table No. 42 Response on HIV AIDS Knowledge

Responses	Frequency	Percent
Yes	34	13.3
No	94	36.7
Sometimes	128	50.0
Total	256	100.0

Table No. 43 Good Activities Performed by HIV/AIDS Positive

Activities	Frequency	Percent
Spreading public awareness about HIV and AIDS	114	44.5
Suicide	8	3.1
Waiting death without doing something	8	3.1
Taking treatment	45	17.6
Others	6	2.3
Do not know	75	29.3
Total	256	100.0

Table No. 44 Program Rising Public Awareness in Community

Public awareness raising program	Frequency	Percent
Yes	157	61.3
No	37	14.5
Yes, in the past	62	24.2
Total	256	100.0

Table No. 45 Involvement of Respondent in Public Awareness Activity

Responses	Frequency	Percent
Yes	126	49.2
No	130	50.8
Total	256	100.0

Table No 46 Habit of Taking Drug

Responses	Frequency	Percent
Yes	24	9.4
No	232	90.6
Total	256	100.0

Table No. 47 Name of the Drugs Taking by FSW

Responses	Frequency	Percent
Anvil	1	4.2
Brown sugar	1	4.2
Drugs	1	4.2
Etogen tablet	1	4.2
Fensidyl	3	12.5
Ganja	4	16.7
Nitrite	1	4.2
Nitrozopam	4	16.7
Codeine	1	4.2
Proxinban brown sugar	1	4.2
Sleeping tablet	1	4.2
Smoking and alcohol	5	20.8
Total	24	100.0

Table No. 48 Habit of Taking Alcohol

Responses	Frequency	Percent
Yes	151	59.0
No	105	41.0
Total	256	100.0

Table No. 49 Possibility of HIV/AIDS among People Who Take Alcohol & Smoking

Responses	Frequency	Percent
Yes	106	41.4
No	46	18.0
Do not know	104	40.6
Total	256	100.0

2. 4. 1 Source of Information (FSW)

While discussing the source of information of the HIV and AIDS, it was revealed in the table no 36 that the majority of the respondents' i.e.68 per cent and 52.7 per cent were obtained the information from radio and television respectively, while 14.5 per cent were collected information from paper and 11.7 per cent were got it from pamphlet and poster. In the same way, the table is showing that only two per cent collected information from teachers, 27.7 per cent had obtained necessary information from health workers, 30.9 per cent were obtained information from friends and family members. In the table it is also seen that training, NGOs/INGOs, film/drama/commix was source of information for 27, 14.1 and 3.1 per cent respondents respectively. More than one third and half respondents were known HIV/AIDS through radio or television. Third main source of knowledge or information was the friends and the family of the respondents.

Radio and TV were reported as the most common sources of knowledge about HIV/AIDS. Other sources were included billboard/signboard, pamphlet/poster, cinema hall, street drama, and video van. All of these sources were reported by the female sex workers increased significantly. The overall percentage of FSWs who had ever heard of an illness called HIV/AIDS was 98.5% in 2002, whereas in 1998 it was 88.5%. Radio and TV were reported as the most common sources of knowledge of HIV/AIDS. ¹⁹ It was nearly same fact from past to the present that female sex workers were knowing about HIV/AIDS from the radio, television and sometimes from other sources too.

2. 4. 2 Asking to Anyone about HIV /AIDS (FSW)

The table No. 27 shows that the six out of ten respondents had ever asked about the HIV and AIDS to any one person senior to them or known to HIV and AIDS and the rest 38.3% didn't asked about it. The above tabular result shows that the six out of ten respondents had ever asked about the HIV and AIDS to any one person senior to them or known to HIV and AIDS and the rest 38.3% didn't asked about it.

2. 4. 3 Contents to be Asked (FSW)

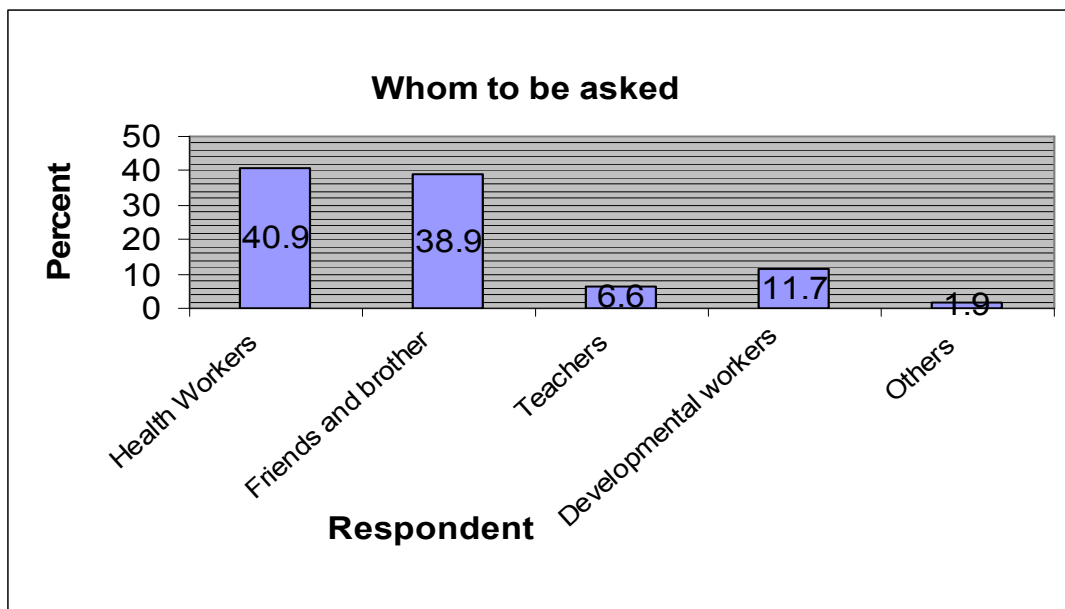
While asking the subject matter to which they used to ask, the above table shows 66.5 per

cent respondents used to ask about mode of transmission, about one third (35.4%) used to ask about causes and 31 per cent were asked about symptoms of HIV and AIDS. Moreover, 28.5 and 20.3 per cent respondents were used to ask about prevention and introduction/history of HIV respectively, while 3.2 per cent respondents were frequently asked about others matters like cure, vaccination etc. Ways of transmission, causes of HIV/AIDS, sign and symptoms and preventive measures were the commonly discussed subject matters regarding HIV/AIDS.

2. 4. 4 Whom to be Asked (FSW)

The below figure (Figure No. 4) shows that most of the respondent 66.5% ask on HIV/AIDS, among them 63.5 per cent were asked to the health worker and friends and brother respectively. Rest 19.0 per cent were asked to the development workers, 10.8% to the teachers and 3.2% to the others. Friends and family members, health workers were the persons who are helping to make FSW aware on HIV and AIDS. Similarly fourth main source of the information of FSW were found the development workers in the study.

Figure No. 4 Discussion and Asking Habit regarding HIV/AIDS



2. 4. 5 Taking Counseling (FSW)

Among the total 256 respondents, the table shows that 44.5% engaging themselves in the process of taking counseling of HIV/AIDS. But the majorities 55.5% were not engaged in such process.

2. 4. 6 Knowing about Voluntary Counseling and Testing (FSW)

In connection to the knowledge about the voluntary counseling and testing the result showed that half of the respondents had knowledge about it while half don't have.

2. 4. 7 Having Voluntary Counseling and Testing (FSW)

The table No. 31 shows that the most of the respondents had had the VCT while still one forth of the respondents didn't have so.

2. 4. 8 Discussions about HIV/AIDS (FSW)

Out of the total 256 respondents, half of the respondents have some time discussion about the HIV and AIDS among their friends, only 13% have the usual discussed about it while 36.7% don't have discussion about it. It shows that very less numbers of FSW have discussion habit regarding HIV/AIDS.

2. 4. 9 Respondents' Recommendations for HIV Positive

The findings shows in the table no 43 that the 44.5% respondents were reported that the major good work performed by the HIV positives were spreading the awareness of HIV and AIDS, and 17.6% responding that taking the treatment. There were still 3.1% respondents who replied that the suicide by the HIV positives was the good activity. It means still there is poor knowledge on rehabilitation of HIV positives. Large numbers of people are still recommending for suicide of the HIV positives.

2. 4. 10 Program Related to Public Awareness Raising in Community (FSW)

In respect to the programme, which is currently implemented in community to raising public awareness about HIV and AIDS, 61.3 per cent were reported that there is such type of program in their community, while 14.5 per cent said that there is no any program related to awareness rising. The table No 44 was also showing that such type of program was lunched in the community of 24.2 per cent respondents in the past however it was not in the present. Six out of ten FSW were found aware about the awareness raising programs available in the community.

2. 4. 11 Involvement of Respondents in Public Awareness Raising Programme (FSW)

With regard to the involvement, about half of the respondents (49.2%) were involving in such public awareness raising program while half of them did not. Table no 45 shows that awareness-raising programs were not lunching sufficiently in the community. So that less than half (50%) of respondents was to be participated. Six out of ten found aware about the present awareness raising programs available in the community and others about one-fourth were found aware on past awareness raising programs. So 85 per cent were found aware on HIV/AIDS related program of the community. Among them only about half of them found involved in the awareness raising programs. More than one third people were found aware but not participated in the awareness raising program on HIV and AIDS in the community.

2. 4. 12 Habit of Taking Drugs (FSW)

The table no 46 shows that one tenth of the respondents have the habit of taking drug while rests nine tenth don't have it.

2. 4. 13 Name of Drugs Used (FSW)

Out of total respondents, 20.8 per cent used to take smoking and alcohol as drugs. The table no 47 shows that there were not many respondents who used to take drugs. From the table it was seen that 4.2 per cent respondents were used to take Anvil, Brown sugar, Drugs, Etogen tablet, Nitrite, Codeine, Proxinban brown sugar and sleeping tablet each. The table describes that 12.5 per cent were used to take Fensidyl, 16.7 per cent were used to take Ganga and Nitrozepam each and 20.8 per cent used to take smoking and alcohol as drugs. About 46 per cent FSW were use Ganja, Nitrozepam of Fensidyl as drugs. Other 54 per cent were out of 24 drugs users were use different drugs including alcohol and smoking.

2. 4. 14 Habit of Taking Alcohol (FSW)

It was found that majority of the respondents i.e. 59.0 per cent respondents had habit of alcohol consumption and the rest didn't have such habit.

2. 4. 15 Higher Possibilities of HIV/AIDS Among People Taking Alcohol, Smoking

Some respondents were still unknown about the effects of drugs, alcohol and smoking. So they were not agree with the higher possibility of HIV/AIDS among the people who were taking alcohol and smoking. The data is shown in table no 49.

The above table shows that 41.4 per cent respondents believed there was higher possibility of occurring HIV to alcoholic and smoking persons, while 18.0 per cent didn't believe so and rest 40.6 per cent didn't know whether alcoholic and smokers have higher possibilities to be infected by HIV/ AIDS or not.

CHAPTER III

ANALYSIS AND INTERPRETATION OF THE DATA (TW)

This chapter is mainly concerned with the analysis and interpretations of data collected from the TW. This chapter also includes the statistical presentation of the data so that it gives the result of the study. The overall results of the study have been presented and explained under the following sub-headings:

- 3.1 Socio–Demographic Characteristics of Transportation Workers (TW)
- 3.2 Sexual Behaviour and Its Consequences (TW)
- 3.3 Awareness (Knowledge) on HIV/AIDS (TW)
- 3.5 Advocacy, Assess and Exposure to HIV/AIDS Related Information (TW)

3.1 Socio-Demographic Characteristics (TW)

Socio demographic characteristics are important to analyse because these variables are the recognition of the respondents. These characteristics refer to age, sex, marital status, education status, mobility and migration, age at first marriage etc. of the respondents. Following socio-demographic characteristics are analysed under following sub-headings:

3.1.1 Age of the Respondents (TW)

By far the largest numbers of reported HIV infection come from men who have been clients of sex workers (53.02 per cent). HIV infection in Nepal mainly occurs among the age groups of 15 -19 to 40-49. Most of the infected people are in the age group of 20 to 39 years reflecting the highest reported number of HIV infection at the age group of 30-39 years. Very few infections have been recorded among the very young or the very old people.²

Age of the respondents is an important demographic characteristic that helps to understand the age group involved in the study. Sometimes sexual behaviour can be differing among different age groups. Age groups of the respondents are shown in the Table No. 3.

Table No. 3 Age of the Respondents (TW)

Age	Frequency	Per cent
15 to 19 years	25	9.8
20 to 24 years	46	18.0
25 to 40 years	158	61.7
41 to 57 years	27	10.5
Total	256	100.0

Mean=29.52 Mode=25 Median=28

In the Table No. 1, it is observed that the minimum age of the respondents was 14 years, while the maximum age was 57 years. The mean age was 29.52 years and the most repeated age was 25 years. The table further shows that the majority of the respondents (61.7%) were of pre adult stage i.e. 25 to 40 years. Similarly, 9.8 per cent were adolescent. Their age was 15 to 19 years. In the same way, 18 per cent respondents were youth aging from 20 to 24 years and rest of other i.e. 10.5 per cent were of middle adult stage. Their age was 41 to 57 years.

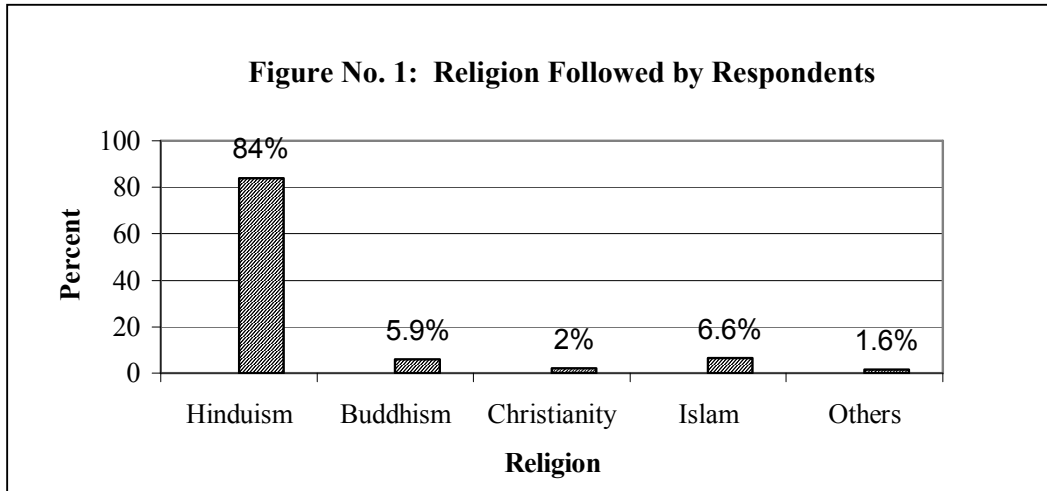
3.1.2 Sex of the Respondents (TW)

Sex of the respondent is also an important demographic characteristic in the researches. Some sexual and HIV and AIDS related problems and results can make difference on the basis of sex. With regard to sex of the respondents (TW), no respondent was female. Cent per cent of the respondents were male. In the present study no female respondent was found because there is very low number of female involvement in the transportation sector in Nepal. Most of the female who are involved in this sector are in Kathmandu Valley. It represents an example of gender discrimination in the in job transportation sector.

3.1.3 Religion Followed by Respondents (TW)

Religion and culture are important demographic characteristics. In case of sexual behaviour related matters is too important. The Figure No. 1 exhibits that the high majority of the respondents were Hindu (84%) followed by Muslim (6.6%). The figure further shows that 5.9 per cent were Buddhists, 2 per cent were Christians and 1.6 per

cent were others like Kirant. Majority of the inhabitants of this region are Hindu and other cast are the minority groups of the study site. So, this researcher feels the representation of the religion in the study.



3.1.4 Ethnicity of Respondents (TW)

Each ethnic culture helps to determine behaviour pattern of the individuals. People from the Janajati community are different from the Muslim community. Similarly, people from the Dalit community are very much different from the Muslim, Bramins/Ksahtri and Janajati. Badi people of western Nepal are free for sexual business by their culture. HIV and AIDS can transmit through sexual intercourse that's why ethnicity is also an important socio-demographic characteristics of the respondents.

Table No. 4 Ethnicity of the Respondents

Ethnicity	Frequency	Per centage
Brahmin	33	12.9
Chhetri	48	18.8
Janajati	113	44.1
Muslim	17	6.6
Others	45	17.6
Total	256	100.0

By the table presented above (Table No. 4), it is explained that majority of the people working in transportation sectors were from Janajati. The per centage of Janajati was 44.1, while second highest coverage was given by Chhetri. Its per cent age was 18.8. In the same way, the Brahmin was 12.9 per cent; Muslim was 6.6 per cent and other like Tarai Dalit and hill Dalit were 17.6 per cent. The result revealed the large number of Janajati and Dalit involvement in the transportation sector job. These groups are backward groups from political, economic and educational point of view and this occupation (TW) is considered very low a rank in the society. Mostly backward groups are found in the transportation sector job. Population of the Janajati is proportionally higher than the social distribution of their population.

3.1.5 Marital Status of Respondents (TW)

Sexual behaviour of an individual is directly related with HIV and AIDS transmission. Sexual behaviour and other life styles of the married and unmarried people are different. It can affect to HIV and AIDS related awareness and sexual behaviour. So it is also taken as an important demographic characteristic.

Table No. 5 Marital Status of the Respondents

Responses	Frequency	Per cent
Married	194	75.8
Divorced	2	0.8
Widower	1	0.4
Unmarried	58	22.7
Seperated	1	0.4
Total	256	100.0

According to the Table No 5, it is found that majority of the respondents were married. Out of them, 77.3 per cent were married, while 22.7 per cent were unmarried. Among the total respondents, only 0.8 per cent respondent were divorced, 0.4 per cent respondent was widower and separated each.

According to a study, 60.3% of the transport workers were married. Of the married transport workers, 94.2% were staying with their wives. The married number of transportation workers is slightly higher in the present study than the BSS5 study of New Era. It is 17 per cent more than the previous BSS5 study. According to the finding of the study of New Era married transportation workers were 85.7 per cent, divorced/ separated 0.3 per cent, widower 0.3 per cent and never married 13.3 per cent.²⁶

More than three fourth transportation workers were found married. Among the married respondents, some of them were divorced or separated from the spouses. The number of divorced and separated transportation workers is slightly higher in present study. The society is getting legal flexibility in terms of marriage and divorce day by day. It is being easier at present than in past so higher number of divorced and separated transportation workers were found. Less than one-fourth transportation workers were found unmarried.

3.1.6 Age at First Marriage of the Respondents (TW)

We can assume that earlier the marriage, less possibility of risky sexual behaviour. Age at marriage can also affect the sexual behaviour. It is also included under demographic characteristic.

Table No. 6 Age at First Marriage of the Respondents

Response	Frequency	Per cent
Less than 14 years	2	1.0
14 to 19 years	64	32.3
19 to 24 years	94	47.5
24 to 40 years	38	19.2
Total	196	100.0

Mean =21.12 years, Mode = 20 years

According to the Table No. 6, one per cent respondent was found getting married before 14 years, while 32.3 per cent got married in adolescent period of life i.e. 14 to 19 years and the majority of them got married in their youth stage of life i.e. 19 to 24 years. The table further shows that 19.2 per cent got married in pre – adult stage of the life i.e. 24 to

40 years. The mean age for the marriage among the respondent was 21.12 years and the most of the respondents got married at 20 years of age.

There is very high number of transportation workers who got married before 20 years of age because this group is less educated and following the traditional early marital trend of Nepal.

3.1.7 Number of Sons of the Married Respondents (TW)

Number of sons of the married respondents is taken as the demographic characteristic. It is useful for seeking reproductive pattern of the respondents. It also shows the gender discrimination and son preference trend of the Nepali society.

Table No. 7 Number of Sons of the Married Respondents

Son	Frequency	Per cent
1	77	51.7
2	54	36.2
3	12	8.1
4	3	2.0
5	3	2.0
Total	149	100.0

Out of 196 married respondents, only 149 had sons. According to Table No. 7, half of them i.e. 51.7 per cent had only one son followed by two sons (36.2%). Furthermore, 8.1 per cent had three sons, 2 per cent had four and five sons each. In Nepali society son preference trend is still in existence. In case of less educated groups such as transportation workers, it is found a lot. This study also proves the fact that most of the respondents have sons. People often suppose sons as the person who only can open the door of heaven but daughters could not fulfill the need of sons because they don't stay with parents for a long time. Nepali society is not still free from the male-centered concepts. This trend of preferring sons is also found in the present study.

3.1.8 Number of Daughters of the Married Respondents (TW)

Number of daughters of the married respondents is also taken as the demographic characteristic. It is useful for seeking reproductive pattern of the respondents.

Table No. 8 Number of Daughters of the Married Respondents

Daughters	Frequency	<i>Per cent</i>
1	66	52.4
2	37	29.4
3	16	12.7
4	6	4.8
5	1	0.8
Total	126	100.0

From the Table No. 8, it is to know that only 126 out of 196 married respondents had daughters. According to the tabulated data, half of respondents (52.4%) had only one daughter, while 29.4 per cent had two daughters, 12.7 per cent had three daughters and 4.8 per cent had four daughters. The table also shows that 0.8 per cent respondent had five daughters. From the result of the study, we can find that the sex ratio of the daughters and sons of the married respondents is 1.18 as transportation workers give preference to sons. Daughters are taken as a burden for the family. Parents become anxious about the marriage and the future of their daughters. Such a effect is much more found among the less educated people and the family having low economic status. Such a trend is also followed by the present study groups, namely transportation workers.

3. 1.9 Main Second Occupation of Respondents (TW)

With connection to the main second occupation of the respondents, about cent per cent respondents reported that they did not have second occupation. They were totally dependent upon their first occupation, i.e. driving and other works of transportation sector like conductor, helper, rickshaw pulling etc. But some of the respondents i.e. 2.7 per cent respondents said that they had agriculture as their main second occupation.

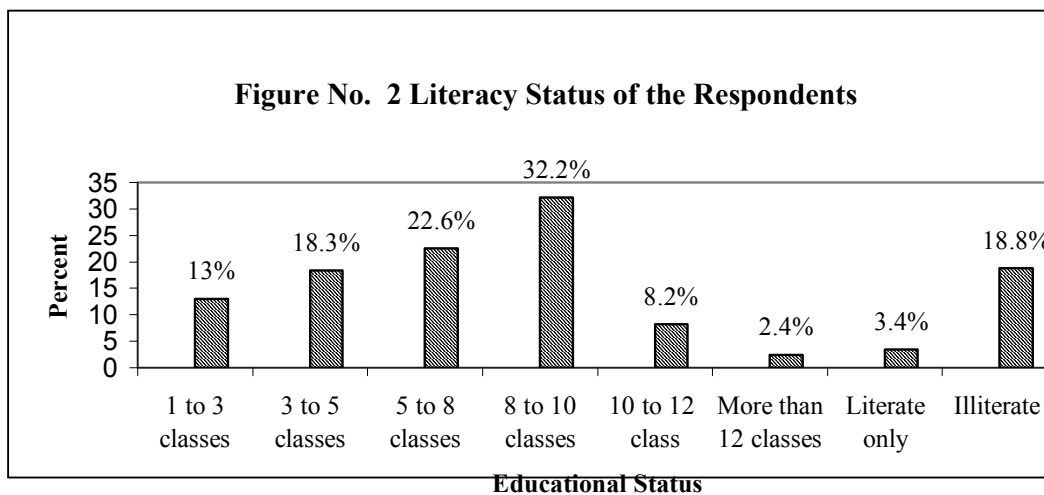
Most of the Nepali people depend on agriculture. But here very low number of respondents were found involved in agriculture as agriculture labourers. Transportation workers are economically low earning occupational of the society, although they are earning and solving daily needs from their first occupation, transportation works.

3.1.10 Ability to Read and Write (TW)

Literacy and education can upgrade the knowledge level of the people. So it can affect the knowledge and behaviour regarding HIV and AIDS, too. It is found that only 208 out of 256 respondents (81.3%) could read and write and minority of respondents could not read and write. The per centage of such respondent was found to be 18.8. This data shows the higher literacy rate than the national literacy rate because transportation workers are from low to medium class (economically) family backgrounds. However, they are only literate, not well educated.

3.1.11 Class Studied by the Respondents (TW)

The above title tells us about the education level of the literate respondents. This is shown in Figure No 2. It presents the data of those respondents, who could read and write.



Out of total, majority was found having class 8 to 10 passed followed by five to eight class (22.6%) passed, three to five class (18.3%) passed., one to three class (13%) passed and ten to 12 class (8.2%). Least of the respondents (2.4%) had passed 12 class and more then 3.4 per cent were only literate (however, they could read and write. Majority of the

respondents were found having less than secondary level of education, nearly nine out of ten were found to have studied less than secondary level of education.

According to BSS5 study about 8% of the truckers were found illiterate. But the percentage of SLC passed and above is a little higher among the labourers (5.6%) compared to the transport workers.²⁶

Comparing the present study result with the study of New Era, BSS5 2003, only literate are lower in the present study, 3.4 per cent were only literate (not studied any formal education) in the present but it was 8.3 per cent in the BSS5. The TWs selected in the study were more literate in the present study than the BSS5. It can be assumed that higher the literacy, higher the level of knowledge. So it can be found that knowledge status of the present respondents was found less than the study of New Era.²⁶

3.1.12 Cultural Effect on Present Occupation (TW)

Analyzing the perception of the respondents, about one out of ten (9%) respondents thought that there were cultural effects or barriers due to their occupation, while about nine out of ten did not feel so.

3.1.13 Obstacles by Culture on Occupation (TW)

Obstacles felt by the respondents because of their culture was analysed which is shown in the Table No 9.

Table No. 9 Feeling Obstacles by Culture on Occupation

Effects on Occupation	Frequency	Per cent
Domination and Low prestige	9	39.1
Missing festival	4	17.4
Poor economic condition, credit work	3	13.1
Depart from work in home, Quarreling, Unhealthy family	5	21.7
Other (strike)	2	8.7
Total	23	100.0

Among those respondents who thought their occupations have given effect to their culture, majority felt domination, having low prestige, while 21.7 per cent were not able

to manage time to work in their home, and also had quarreling and unhealthy family. The table further shows that 17.4 per cent missed their feasts and festivals due to occupation, 13.1 per cent did not improve their economic status and could not get money in time and 8.7 per cent had other effects like strike. Transportation workers get irritation from the low prestige of their jobs. By the nature of their jobs they are very busy, sometimes they can not stay in family even in the feast and festivals so they miss their family a lot. Low prestige of the job, quarreling and unhealthy family environment, and poor economic condition of the employees and frequent strikes in the transportation sectors are making the jobs condition of the transportation workers irritating and further worse.

3.1.14 Duration of Living in the Present Area (TW)

Population of the transportation workers is highly mobile because of the nature of their job. They can not stay within a certain place for a long time. So their mobility can affect their sexual behaviour and awareness. Sometimes they can involve in a certain awareness raising programmes, such programmes are limited with in a certain areas, so their mobility can be a good subject of the study.

Table No. 10 Duration of Living in the Present Place by the Respondents

Duration	Frequency	Per cent
1-5 Yrs	86	33.6
6-10 Yrs	42	16.4
11-15 Yrs	38	14.8
16-20 Yrs	28	10.9
21-25 Yrs	27	10.5
25-30 Yrs	16	6.3
30 and Above	19	7.4
Total	256	100.0

The Table No. 10 reveals that about three out of ten (33.3%) respondents have been staying in the present location for one to five years followed by 6-10 years (16.4%), 11-15 years (14.8%), 16-20 years (10.9%) and 21-25 years (10.5%). The table also shows that 6.3 per cent respondents have been staying at the same location for 25-30 years and

7.4 per cent for 30 and above years. Respondents of the present study shows that transportation workers are mobile population It increases the chances of spreading communicable diseases from one place to another place. Present study population are going to move in and out of the country so they can be responsible to spread STIs/HIV and AIDS like infections. Awareness and sexual behaviour of the transportation workers can play a vital role to spread STIs and the infections. One-third respondents are changing their job site within less than five years. This fact shows that mobility trend of the transportation workers is very high.

3.1.15 Places to be Migrated (TW)

The transportation workers are mobile, having low earning occupation of society. People always want to earn more so it may affect their mobility. Sometimes they can change their occupations whereas sometimes they change only the job site.

Table No. 11 Places to be Migrated

Destination	Frequency	Per cent
Abroad	21	72.4
Not fix	4	13.8
Other (any place within county)	4	13.8
Total	29	100.0

From the data given in the Table No. 11, it is found that only 29 respondents had desire to leave the present location for staying farther. Out of those who had desire to go out from the present location, about seven out of ten (72.4%) had desire to go abroad, while 13.8 did not have a fixed place to go. The table also shows that 13.8 per cent had desire to go to other places within the country.

Mobility has complex causes, ranging from economic and/or political reasons to “forced” displacement (e.g. conflict, trafficking). Each of these mobile groups and their respective families are vulnerable to HIV and AIDS/STI in different ways. Economic migration, both internal and external is not a new phenomenon in Nepal. Estimates range from 1.5 to 2 million Nepali nationals who work outside the country; 1 million are estimated to be in different parts of India alone. Although information is limited about the behaviour of

labour migrants in their respective host countries, the assumption is that during their long absence from their families, a considerable number of them become clients of FSW.²⁵

During the absence from the families, a considerable number of transportation workers become clients of FSW. So on in the present study the 11 per cent respondents found interested to leave the present job site. However their behaviour found responsible to spread STIs/HIV/AIDS. About seven out of ten transportation workers (72.4%) are willing to migrate abroad. During working in the abroad they can expose themselves to unsafe sexual partners. There is no quarantine and surveillance system in the borders of Nepal, so going abroad and returning from the abroad they can bring some kinds of sexual problems, HIV infection etc then they can transmit to their partners.

3.2 Sexual Behaviour and Its Consequences (TW)

A study shows that amongst the 135,000 transport workers in Nepal, 130,000 are male. The males are mainly drivers and conductors and female work at ticketing stations. The drivers, conductors and cleaners plying vehicles on long routes are highly susceptible to HIV infection because they establish sexual relationship with commercial sex workers and hotel and restaurant girls/women at their night halt stations. Cash at hand collected on regular basis from the passengers increases their ability to pay for sex. Their sexual relationship at one station will carry HIV to the next that is why they are considered as breeding people. They are HIV susceptible to their wives as there is no practice of using condom during sex. In the same study about 50 per cent of women and 72 per cent of men have heard about HIV and AIDS.

3. 2.1 Having Sexual Contact (TW)

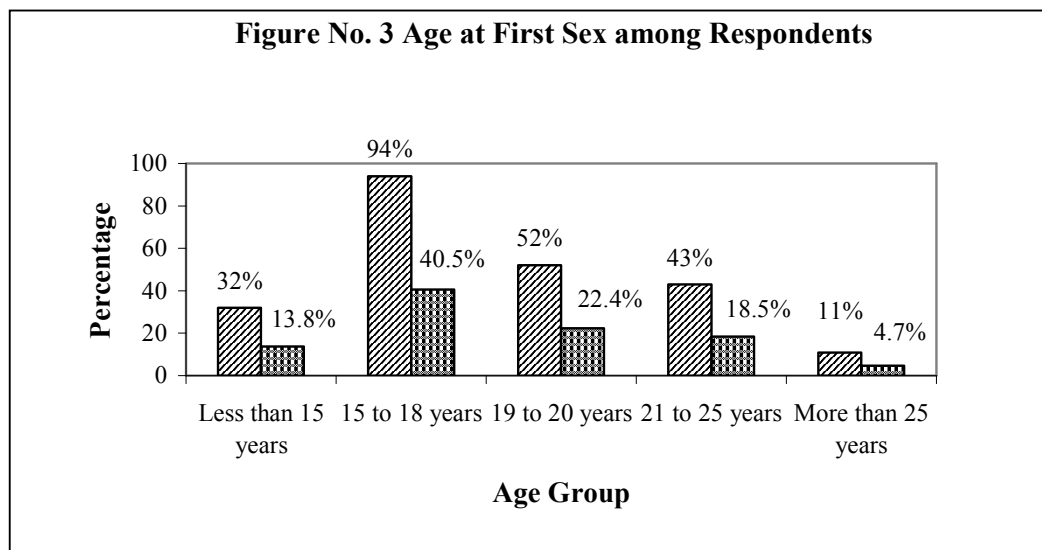
Sexual contact is a main source of transmission of STIs/ HIV and AIDS. Transportation workers are highly susceptible to acquire STIs and HIV infections because they are mobile and stay for a long time away from family. Prostitutions and sex trades are available in the road/ highway site hotels. By the nature of their jobs they obtain cash anytime at hand, so they can pay to the sex workers and have sexual intercourse. Such a

probability shows the high chances of multiple and unsafe sexual contact of these occupational.

The study presents the fact that nine out of ten (90.6%) had sexual contact of least once in their lives, while 9.4 per cent did not have sexual intercourse. According to study of New Era, 94.1 per cent of transportation workers ever had sexual intercourse with women; similarly 5.9 per cent never had sexual intercourse with women (New Era BSS5, 2003). Three fourth of the respondents were married but even unmarried respondents were found to have kept sexual intercourse. Among the total, nine out of ten had had sexual intercourse. The partners of the unmarried respondents who had sexual intercourse may be the sex workers.

3. 2.2 Age at First Sex (TW)

Sex is a biological need of human beings. Most of the people are found to have sexual intercourse in the adolescent stage of life. In relation to HIV and AIDS and sexual behaviours, it is important to analyse age at first sex. The study reveals the fact that the mean age for first sex was 18.89 years. The figure no.3 further presents that 13.8 per cent had first sex before 15 years, while 40.5 per cent had their first sex between 15 to 18 years. In the same way, 22.4 per cent had it in between 19 to 20 years, 18.5 per cent had first sex in between 21 to 25 years and rest of others (4.7 %) had first experience of sexual intercourse after 25 years.



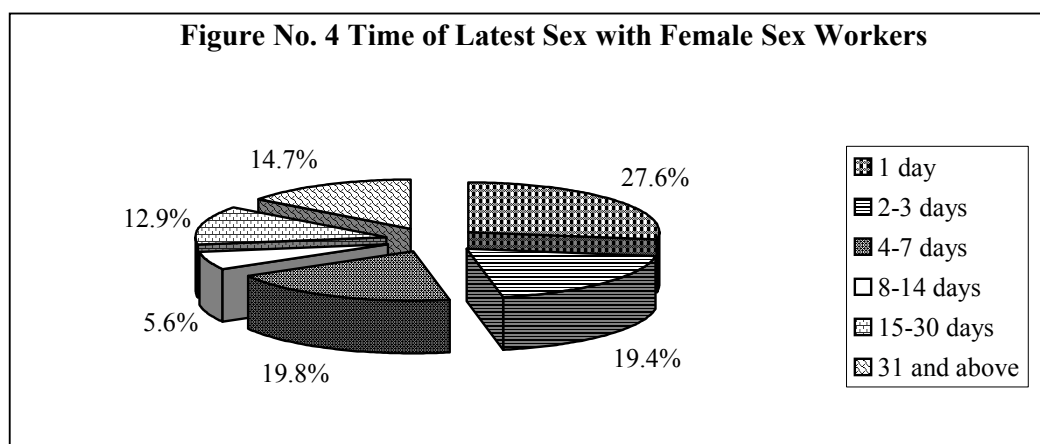
According to the BSS5 study age at first sexual intercourse up to 15 years was 7.3 per cent, 15 to 19 years was 53.6 per cent and 20 years and above was 39.2. The median age of the first sex of the transportation workers and male labourers was 18 years. More than half (54.3%) of the total respondents had sexual intercourse before the age of 18 years but only one third respondents had got married within 18 years. One out of five respondents had experience of sexual intercourse but they were unmarried. So this group might be having sexual intercourse with female sex workers. Obviously this one out of five transportation workers were practising risky sexual behaviours.

3. 2.3 Last Sex Time (TW)

Respondents can recall last sex time very easily. It also helps to analyse the sexually risky behaviour of the transportation workers. Last sex time can be useful to explain the sexual interest of the TW.

By the Figure No. 4, it is found that 27.6 per cent had their last sex within a day, while 19.4 per cent had it for two to three days. The study also reveals that 19.8 per cent had their last sex four to seven days ago, 5.6 per cent had it 8 to 14 days ago, 12.9 per cent had it 15-30 days ago and 14.7 per cent respondents had it more than one month ago.

More than one fourth (27.6%) respondents have had sex within 24 hours. Two third respondents have had sex for in 7 days. This data suggests that about two third TW falls in the high frequency groups for the sexual intercourse. This frequency shows that this group (two third) are in the risky zone because they are having intercourse with FSW.

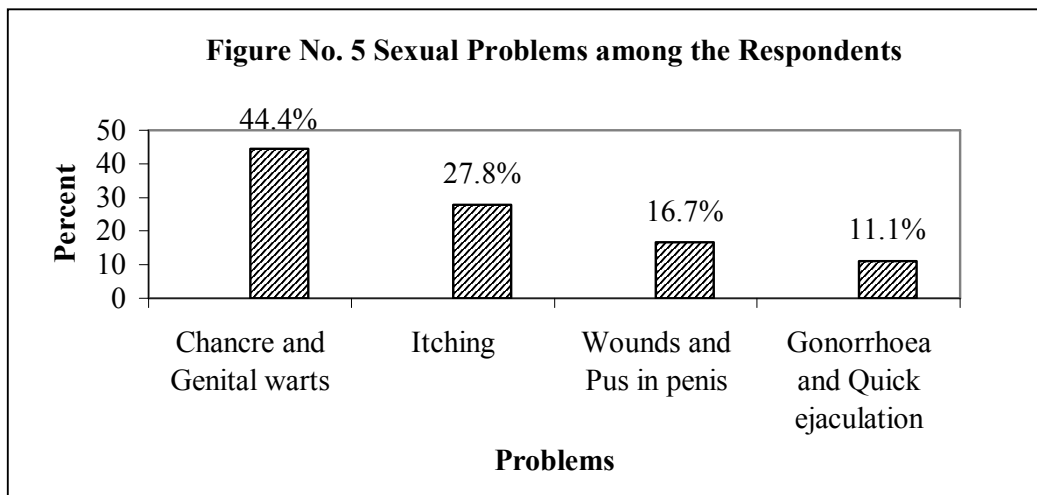


3. 2.4 Sexual Problems among Respondents (TW)

The study gives the data that only seven per centage of respondents reported to have sexual problems, while more than nine out of ten (93%) respondents did not report any sexual problems.

3. 2.5 Name of Sexual Problems (TW)

Out of those who had sexual problems, majority of respondents (44.4%) had chancre and genital warts whereas 27.8 per cent had itching around genital problems and 16.7 per cent had wounds and pus formation in penis. The fact is shown in Figure No. 5.



3.3. Knowledge on HIV and AIDS (TW)

In a study, almost all the male respondents reported that they had heard of AIDS. Moreover, the per centages of transport workers and male labourers who have ever heard of AIDS have remained high and more or less constant for the last five years (New Era, 2003).

3.3.1 Hearing HIV and AIDS (TW)

In present study cent per cent respondents reported that they heard about HIV and AIDS. There were no respondents who did not hear about HIV and AIDS. From the various sources, they heard or collected information about HIV and AIDS.

3.3.2 Transmission of HIV and AIDS (TW)

Transportation workers are highly risky group for HIV and AIDS transmission. Their knowledge can affect their behaviour so it is essential for the study.

Table No. 12 Transmission of HIV and AIDS

Response	Frequency	Per centage
Yes	227	88.7
No	29	11.3
Total	256	100.0

Table No. 12 shows that the most of the respondents (88.7%) knew that the HIV and AIDS can transfer from one to another, while about one-tenth respondents took HIV and AIDS as non transferable disease. This is an evidence of the poor knowledge on HIV and AIDS. This poor knowledge regarding transmission can push toward risky behaviour and increase the chances of HIV transmission. One out of ten respondents are under the risk zone. These respondents can become the victims of STIs and HIV and AIDS and also can transmit the HIV infection to the female sex partners and their spouses.

3.3.3 Mode of HIV Transmission (Multiple Responses)

Among the known respondents about mode of transportation of HIV and AIDS responses were as shown in the Figure No. 13.

Table No. 13 Mode of Transmission of HIV (TW)

Mode	Frequency	Percentage of Response	Percentage of Cases
Unsafe sex (Not using condom)	194	45.5	75.8
Mosquito's bite	6	1.4	2.3
HIV and AIDS infected Mother to her child	32	7.5	12.5
HIV and AIDS infected Blood, Tissue, Organ	62	14.6	24.2
HIV and AIDS Infected Syringe, Needle, Blade	75	17.6	29.3
Others	22	5.2	8.6
Do not know	35	8.2	13.7
Total	426	100.0	166.4

0 missing cases; 256 valid cases

The Table No. 13 mentioned above explains that 75.8 per cent respondents reported ‘Unsafe Sex’ as mode of HIV and AIDS transmission. The table further shows that mode of HIV and AIDS in the eyes of respondents were mosquito bite (2.3%), HIV and AIDS infected mother (12.5%), HIV and AIDS infected blood, tissues and organs (24.2%) and HIV and AIDS infected syringe, needle and blade (29.35). From the table, it is also revealed that 13.7 per cent respondents did not know how HIV and AIDS can transfer from one to another person and 8.6 per cent respondents thought that HIV and AIDS can transfer from one to another by different mode like kissing. Only three fourth respondents (78.8%) response that HIV and AIDS can transmit through unsafe sexual intercourse so that rest one fourth respondents are still unknown about the mode of transmission of HIV and AIDS as unsafe sexual intercourse. Very low per cent of the respondents are aware about the four ways of the HIV transmission and abstinence, be faithful and use condom. Therefore unaware transportation workers are the risky groups to acquire HIV infection and STIs.

3.3.4 Symptoms and Signs of HIV and AIDS (TW)

Transportation workers are risky groups for HIV transmission so it is important to analyse the knowledge on sign and symptoms of HIV and AIDS. Result of the study is shown in Table No. 14.

Table No. 14 Symptoms and Signs of HIV/ AIDS

Symptoms	Frequency	Percentage of Response	Percentage of Cases
One month long diarrhoea	27	8.3	10.5
One month long fever	53	16.3	20.7
One month long coughing	21	6.5	8.2
Weight loss	50	15.4	19.5
Others	52	16.0	20.3
Do not know	122	37.5	47.7
Total	325	100.0	127.0

0 missing cases; 256 valid cases

From the Table No. 14, it is to known that 10.5 per cent of the total respondents had knowledge about one month long diarrhoea as sign and symptoms of HIV and AIDS. According to the response of the respondents, one month long fever (20.7%), one month long coughing (8.2%) and weight loss (19.5%) are the symptoms of HIV and AIDS. Moreover, 47.7 per cent respondents did not know the symptoms of HIV and AIDS and 20.3 per cent respondents reported other symptoms like sweating, body pain as symptoms of HIV and AIDS. Very low number of respondents were aware about the signs and symptoms of HIV and AIDS. About one tenth know chronic diarrhoea as a symptom of HIV and AIDS, one fifth know more than one moth fever as a symptom of HIV and AIDS. Less than one know chronic coughing as the symptom of HIV and AIDS and only one fifth know weight loss as the symptom of HIV and AIDS. Generally, about 15 per cent transportation workers were aware on main signs and symptoms of HIV and AIDS. It is a very poor knowledge on sign and symptoms of HIV and AIDS.

3.3.5 HIV and AIDS is Preventable or Not (TW)

Respondent's perception regarding HIV and AIDS may affect their behaviour. Knowledge on preventive measures is very important for a risky group, so it was analysed in the study. It is shown in Table No. 15.

Table No. 15 HIV and AIDS is Preventable

Response	Frequency	Percentage
Yes	171	66.8
No	42	16.4
Do not know	43	16.8
Total	256	100.0

By the Table No. 13 it can be analysed that two third of the respondents believed that HIV and AIDS is preventable and 16.4% believed that it is not preventable. The rest 16.8% didn't know whether or not it is preventable. Only two third respondents had right knowledge regarding HIV and AIDS prevention. They suppose HIV and AIDS as preventable problem. One third respondents are wrong answering about the prevention of the HIV and AIDS.

According to a similar study report, 38 per cent of women and 66 per cent of men believe there was a way to avoid HIV and AIDS (DoH and New Era, 2002). Nearly similar result was found in the present study but slightly high level result is observed in the present study it may be the cause of inclusion of the multi- sector transportation workers at present. All types of TW were involved in the study whereas in the past only the truckers were focused.

3.3.6 Preventive Measures (TW)

‘Prevention is better than cure,’ this statement is popular in the field of preventive medicine. It is suitable in case of HIV and AIDS too. Knowledge regarding preventive measure is one of the major components of the awareness on HIV and AIDS. Awareness on the preventive measures can push and pull toward the HIV and AIDS preventive measures and sexual behaviour of the people.

Knowledge of respondents regarding preventive measures of HIV and AIDS is shown in Table No. 16.

Table No. 16 Preventive Measures of HIV and AIDS

Measures	Frequency	Percentage of Response	Percentage of Cases
No unsafe sex	116	25.9	45.3
Use of condom during sex	144	32.1	56.3
No common use of skin piercing things	37	8.3	14.5
No use of blood, tissues, organs without	14	3.1	5.5
Avoid multiple sex	63	14.1	24.6
Others	19	4.2	7.4
Do not know	55	12.3	21.5
Total	448	100.0	175.0

0 missing cases; 256 valid cases

The Table No. 16 describes about the preventive measures against HIV and AIDS. According to the table, the preventive measures were no unsafe sex (45.3%), use of condom during sex (56.3%), no common use of skin piercing instruments (14.5%), no use of blood, tissues and organs without test (5.5%), Avoid multiple sex (24.6%). The table

further shows that 21.5 per cent respondents did not know how HIV and AIDS can be prevented. It is also presented in the table that 7.4 per cent respondents mentioned other ways like no reproduction of baby from HIV and AIDS infected mother to prevent HIV and AIDS.

According to the findings of a study preventive measures of HIV and AIDS responded by the transportation workers were as follows: abstinence from sex 44 per cent, being faithful or avoiding multiple sex partners 29 per cent, avoid using infected needle 43.9 per cent and use of condom by 96 per cent of the respondents (New Era 2003).

3.3.7 Activities That Do Not Transfer HIV (TW)

Sometimes people are found unknown about the ways of HIV transmission. Such ignorance and misconceptions can push toward irresponsible and unsafe behaviour and create unwanted fear from the suspicious ways of transmission. So it is necessary to analyse the awareness on activities, which don't transfer HIV. It is better to expect the knowledge on the common activities that do not transfer HIV infection among the risky groups. It was done in the present study, which is shown in Table No. 17.

Table No. 17 Activities That Don't Transfer HIV

Activities	Frequency	Percentage of Response	Percentage of Cases
Mosquito/Insect bite	49	10.2	19.1
Coughing	33	6.9	12.9
Hand shaking	139	29.0	54.3
Use of public phone	32	6.7	12.5
Use of common utensils	86	17.9	33.6
Use of common toilet and tap	49	10.2	19.1
Others	49	10.2	19.1
Do no know	43	9.0	16.8
Total	180	100.0	187.5

0 missing cases; 256 valid cases

The Table No. 17 given above demonstrates about the activities by which HIV and AIDS cannot transfer. From the data, a total of 19.1, 12.9, 54.3 per cent respondents mentioned mosquito/insect bite, coughing and hand shaking respectively as activities by which HIV and AIDS can not transfer from one to another. The data in table further shows that 12.5, 33.6 and 19.1 per cent respondents assumed use of common phone, use of common utensils and use of common toilet and tap respectively as activities by which HIV and AIDS can not transfer. In the same way, it is seen in the table that 19.1 per cent reported other activities like use of common cloths, kissing etc that are not responsible for transferring HIV and AIDS. Furthermore, 16.8 per cent respondents did not know how HIV and AIDS can not transfer from one to another.

More than half of the respondents were unaware about the activities that don't transfer HIV and AIDS. In such a situation, people live with fear and can feel unsafe from those suspected activities. It is alarming that more than half of the respondents (54.3%) believe HIV can transfer from shaking hands, One third believe on mosquito bite as a way of transmission of HIV and AIDS. It shows the very poor level of knowledge of the respondents. In the respect of these above activities, never transfer HIV and AIDS.

3.3.8 HIV and AIDS Curable or Not (TW)

The study shows that about four out of ten respondents replied HIV and AIDS is curable while three-fifth replied that it is not curable. Four out of ten respondents could not follow preventive measures of HIV and AIDS because they thought HIV and AIDS as a curable and a minor problem, not a fatal problem.

3.3.9 Vaccine against HIV and AIDS (TW)

Some people found confused about vaccination against HIV and AIDS. It presents their poor knowledge on the topic. It is shown in Table No. 16.

Table No. 18 Vaccine against HIV and AIDS

Response	Frequency	Per cent
Yes	40	15.6
No	56	21.9
Do not know	160	62.5
Total	256	100.0

Table No. 18 shows that about two out of ten respondents knew that there was no vaccine against the HIV and AIDS, whereas 15.6% replied that there was vaccine. But most of the respondents i.e. 62.5% didn't have knowledge about it. Nearly half of the respondents were confident on the vaccine of HIV and AIDS so, they had poor knowledge and were under the risk of HIV transmission.

3.3.10 Knowing about STDs Other than HIV and AIDS (TW)

The study revealed that 68.4 per cent respondents didn't know about any other STDs except HIV and AIDS. However 31.6 per cent respondents reported to be known to other STDs except HIV and AIDS. It shows that nearly seventy per cent respondents knew STIs. But this study only reveals the superficial learning regarding STIs. The respondents who have heard of STIs other than HIV and AIDS include syphilis, gonorrhoea, and itching in the genitals.

3.3.10.1 Name of STDs Other Than HIV and AIDS (TW)

STIs/ STDs are those diseases that can transfer through sexual intercourse. The persons who have many more chances of STIs infection those are also susceptible to HIV infection. Males who have STIs and ulceration in the genitals are highly risky to acquire infection. There is high chance of HIV infection to the people who have multiple and unfaithful sexual partners. There is higher possibility of multiple sex partners of transportation workers because they are highly mobile by the nature of their job. This information was taken from the respondents who replied that they have known about other STIs except HIV and AIDS. The result is presented in the Table No. 17.

Table No. 19 STDs/STIs Other Than HIV and AIDS

STDs	Frequency	Per cent
Itching in genitals	3	3.7
Syphilis	57	70.4
Syphilis and Gonorrhoea	21	25.9
Total	81	100.0

Table No. 19, shows that seven out of ten respondents knew about Syphilis. Moreover, one forth i.e. 25.9 per cent respondents knew about Syphilis and Gonorrhoea and 3.7 per cent respondents knew itching as sexually transmitted diseases. Most of the respondents knowledge on STIs was Syphilis, Gonorrhoea, and Itching in the genitals.

3.3.11 Most Risky Group (TW)

Most risky groups to HIV and AIDS are generally sex-workers, injecting drug users, transportation workers, army and police personnel, and so on. Awareness of these risky groups determine the behaviour of the people, so this study reveals the facts regarding knowledge on risky groups of HIV and AIDS. It was asked about risky groups of HIV and AIDS. The result found in the study is shown in the Table No. 20.

Table No. 20 Most Risky Groups for HIV and AIDS

Risky Groups	Frequency	Percentage of Response	Percentage of Cases
Sex workers	171	42.8	66.8
Transport workers	97	24.3	37.9
IDUs	51	12.8	19.9
Others	36	9.0	14.1
Do no know	45	11.3	17.6
Total	400	100.0	156.3

0 missing cases; 256 valid cases

It is revealed from the data presented in the Table No. 20 that the most risky group was sex workers. The percentage of respondent giving this response was 66.8. Similarly, other

most risky groups for HIV and AIDS infection are transport workers (37.9%), IDUs (19.9%) and others (14.1%) like police and army etc. and 17.6 percentage respondents did not know the most risky group. According to the study result, the respondents supposed themselves (TW) as the second most risky group to acquire HIV and AIDS. It is not the real fact obviously. The respondents over-estimated themselves as the most risky groups than IDUs and others. But it is in fact right that most of the respondents supposed sex workers as the most risky groups to acquire HIV and AIDS.

3.3.12 Sources of Information (TW)

Recent programmes regarding awareness on HIV and AIDS are essential for the risky groups. These data also help to select the appropriate and most commonly cited source of information so that the programme planning and implementations can be effective.

Table No. 21 Sources of Information

Information Sources	Frequency	Percentage of Response	Percentage of Cases
Radio	190	35.3	74.2
Television	123	22.9	48.0
Paper	54	10.0	21.1
Pamphlet/Poster	17	3.2	6.6
Health Workers	17	3.2	6.6
Teachers/Schools	18	3.3	7.0
Friends and Family	77	14.3	30.1
Training	3	0.6	1.2
NGO/INGOs	14	2.6	5.5
Film/Drama/Commix	9	1.7	3.5
Others	16	3.0	6.3
Total	538	100.0	210.0

0 missing cases; 256 valid cases

The Table No. 21 exhibits the sources from where the respondents received information, knowledge and experience related to HIV and AIDS. From the data, it is revealed that radio was the most commonly cited source of information. The percentage of the respondents who were commonly exposed to the information about HIV and AIDS was

74.2 per cent. In the same way, television, paper and pamphlet/poster were sources of information for 84.0, 21.1 and 6.6 per cent respectively. The table further shows that 6.6, 7.0 and 1.2 per cent respondents were dependent on health workers, teachers/schools and training. Similarly, other sources of information were friends/family (30.1%), NGO/INGOs (5.5%), film/drama/commix (1.7%) and others (6.3%) like books.

According to BSS5 study, among those who have heard of AIDS, radio was the most popular media source for transport workers. Sources of knowledge on HIV and AIDS were as follows: 98.5 per cent heard through radio, 92 per cent through TV, 45.5 per cent through health workers, 28.6 per cent through schools/ teachers, 89.2 per cent through friends and relatives, 42 per cent from NGOs and 87.2 per cent through papers. 96.5 per cent from billboard/signboard was the next popular source of information on AIDS (New Era, 2003). About three fourth respondents preferred to cite radio as the prime source of knowledge, whereas nearly half (48%) cited T.V. This percentage of citing radio and T.V. is lower than the previous findings of New Era. Cause of this variation can be the increasing availability of alternative sources of knowledge in the community. In fact, sources like awareness raising programmes, dramas, peer education and information, education and communication activities are increasing day by day.

3.3.13 Asking to Anyone about HIV and AIDS (TW)

Awareness does not increase spontaneously. Participant needs to be exposed to any source of information. That's why in this title the researcher tried to know discussion and asking habits of the respondents on HIV and AIDS. For the panning purpose it needs to be known that from whom the respondents got information and more and less.

From the data, it was found that about one fourth of respondents had asked about the HIV and AIDS while the rest didn't ask about it to any other person.

4.3.13.1 Contents to be Asked (TW)

Among the respondents who asked to others on HIV and AIDS, the Table No. 21 shows which contents were asked by the respondents.

Table No. 22 Contents to be Asked

To be asked on:	Frequency	Percentage of Response	Percentage of Cases
HIV and AIDS introduction and history	14	12.2	20.9
Causes of AIDS	25	21.7	37.3
Symptoms of AIDS	24	20.9	35.8
Transmission of HIV and AIDS	38	33.0	56.7
HIV and AIDS Prevention	12	10.4	17.9
Others	2	1.7	3.0
Total	115	100.0	171.6

0 missing cases; 67 valid cases

Table No. 22 shows that out of 67 respondents who used to ask about HIV and AIDS, the majority (56.7%) used to ask about transmission of HIV and AIDS followed by causes of AIDS (37.3%), symptoms (35.8%) and HIV and AIDS introduction and history (20.9%). The table further describes that 17.9 per cent respondents used to ask about how to prevent HIV and AIDS, while three per cent respondents used to ask about other things like VCT and treatment of HIV and AIDS. Out of total respondents 67 per cent asked about HIV and AIDS. Among them, most of the respondents preferred to ask about the transmission, causes, and signs and symptoms of HIV and AIDS, whereas less people asked about introduction, history, and preventive measures of HIV and AIDS, it shows that curiosity of the respondents was appreciative.

3.3.13.2 Asked to Whom (TW)

Asking right information to the right person is always good but asking some information to the unknown person doesn't keep any significant and positive meaning. So, it is necessary to know who is responsible for which subject matter and who can be the best source of information regarding HIV and AIDS. Among the respondents who asked to others on HIV and AIDS, the Table No. 21 answers how many respondents asked to whom.

Table No. 23 Asked to Whom

Asked to	Frequency	Percentage of Response	Percentage of Cases
Health Workers	28	30.8	41.8
Friends and brothers	36	39.6	53.7
Teachers	13	14.3	19.4
Developmental workers	7	7.7	10.4
Others	7	7.7	10.4
Total	91	100.0	135.8

0 missing cases; 67 valid cases

Table No. 23 shows that out of those who used to ask about different aspects of HIV and AIDS, majority (53.7%) asked friends and brothers followed by health workers (41.8%), and teachers (19.4%). Among the rest, 10.4 per cent used to ask developmental workers and next 10.4 per cent used to ask other people like neighbours. Rest of other 10.4 per cent used to ask to developmental workers and next 10.4 per cent used to ask to other persons like neighbour.

According to BSS5 study, 89.2 per cent knew about HIV and AIDS through the friends and relatives, similarly 45.5 per cent asked health workers, 28.6 per cent knew from teachers, and 11.6 per cent knew from other social workers (New Era, 2003). In Nepali society, sexuality and HIV and AIDS related information is still taken as subject of shyness. So most respondents of the previous New Era research and the present study, both were found asking their friends. (89.2% in the past and 53.7% in the present). But in the present study, the percentage asking friends as well as health workers is decreased. Respondents are also found to be asking other persons such as teachers, development workers. So, these are also being the source of awareness of the respondents.

3.3.14 Knowing about Voluntary Counseling and Testing (VCT) (TW)

We know from the literature that, there are some programmes being implemented by different organisations in the study site. There is also the VCT service. It is better to know how many of the respondents know VCT.

Table No. 24 Knowing about VCT

Response	Frequency	Percentage
Yes	38	14.8
No	218	85.2
Total	256	100.0

According to the data shown in Table No. 24, a total of 14.8 per cent respondents said that they knew about VCT whereas very vast majority of the respondents did not know about VCT. Only one out of every eight knows about the community level VCT service. But some NGOs/ INGOs/GOs are providing VCT service to the risky groups. The study proves that there is lacking of information flow in reach of TW. Still TW are out reach groups of VCT services and VCT related information.

3.3.15 Having Voluntary Counselling and Testing (VCT) (TW)

Very low numbers of people of the study population know about VCT. Talking about VCT, how many of them have had VCT is also necessary to be known. Among the known respondents, following were involved in and experienced VCT. The information is shown in Table No. 25.

Table No. 25 Having VCT

Response	Frequency	Percentage
Yes	26	68.4
No	12	31.6
Total	38	100.0

It is found that out of those who knew about VCT, the majority i.e. 68.4 per cent took voluntary counselling and testing but only three out of ten, i.e. 31.6 per cent did not have voluntary counselling and testing. The response is shown in Table No. 24. Very low numbers of respondents had heard of and had VCT. Out of the 14.8 per cent respondents, only 68.4% had had VCT. It is necessary to increase and promote the VCT related

information and services.

3.3.16 Discussion about HIV and AIDS (TW)

Discussion is a way of increasing awareness. Information regarding HIV and AIDS can be obtained and upgraded through the discussion. It is also a way of teaching and learning. Sometimes discussion with friends, guardians etc. on HIV and AIDS can affect on knowledge and behaviour of a person so, it is preferred to observe in the study. It deals with the discussion habit of the transportation workers on HIV and AIDS.

Study found that a total of 22.7 per cent respondents used to have discussion about HIV and AIDS from time to time, while majority of total i.e. 58.6 per cent never had discussion, whereas 18.8 per cent of total used to have discussion sometimes. Most of the people don't have such a discussion habit on sexuality and HIV and AIDS in Nepal. However, in the study, more than one fourth respondents discussed on HIV and AIDS frequently and other nearly one fourth discussed sometimes. It is easily known that those who discuss frequently and sometimes are much more aware than the TW who don't discuss.

3.3.17 Programme Related to Public Awareness Raising in Community (TW)

We know from the literature that, there are some programmes being implemented by different organisations in the study site. There are also the public awareness raising programmes. It is better to know how many of the respondents know about such programmes.

Table No. 26 Knowledge on Public Awareness Raising in Community

Response	Frequency	Percentage
Yes	117	45.7
No	73	28.5
Do not know	66	25.8
Total	256	100.0

It is found that about half of the respondents, i.e. 45.7 per cent had in knowledge that there were programmes in their community about raising awareness about HIV and AIDS, while 28.5 per cent respondents were confident that there was no any programme about the same. The Table No. 26 also presents that 25.8 per cent respondents were not

known whether or not there were such programmes. This is also an example of lacking of the information, education, and communication activities regarding HIV and AIDS. Even when such programmes are being held in the community, the respondents did not know about them. It is revealed from the study that the organisations should also carry the programmes for the TW and programmes could be advertised through the radio or TV.

3.3.18 Involvements of Respondents in Public Awareness Raising Program (TW)

From the literature we know that there are the public awareness raising programmes. It is better to know how many of the respondents participated in such programmes. The result is shown in the Table No. 27.

Table No. 27 Involvement of Respondents in Awareness Raising Programmes (TW)

Response	Frequency	Percentage
Yes	60	23.4
No	195	76.6
Total	256	99.6

As per the data of Table No. 27 given above, it is carried out that about one fourth of total respondents, i.e. 23.4 per cent respondents used to involve in various activities carried out in their community and rest of other i.e. the vast majority respondents did not involve in the activities. The number of respondents involved in awareness raising programmes is slightly higher than one fourth. Very low numbers of people are involved in awareness programmes and a few respondents have discussion habit on HIV and AIDS. It proves their inappropriate awareness and sexual behaviour regarding HIV and AIDS.

3.3.19 Ways of rehabilitating HIV Positive People (TW)

Testing the knowledge on rehabilitation of the HIV positives, following result was revealed. The result is shown in Table No. 28.

Table No. 28 Ways of rehabilitating HIV Positive People

<i>Ways</i>	Frequency	Percentage
Awareness	14	5.5
Counselling them	13	5.1
Help, encouragement, love, and Care	75	29.3
Engage them in organisations	16	6.3
Regular check up, treatment and nutrition	30	11.7
Unknown	108	42.2
Total	256	100.0

Table No. 28 demonstrates that the majority of the respondents i.e. 42.2 per cent respondents did not know the ways to rehabilitate HIV and AIDS positive people, while the second highest per cent of respondents said that HIV and AIDS positive people should be helped, encouraged, loved, and cared to rehabilitate them. The table further shows that 6.3, 5.5 and 5.1 per cent respondents preferred to engage them in different organisations raising awareness in the community, and counselling them respectively for the prevention and rehabilitation of HIV and AIDS positive people. Regular check up, treatment and nutrition programmes can also be a good way to rehabilitate them. Such view was given by 11.7 per cent respondents. Most of the respondents did not know about the rehabilitation of the HIV positives. The respondents who know about the rehabilitation of HIV and AIDS keep different opinions in this regard. So, transportation workers were found confused about the positive role of HIV positive people.

3.3.20 Ways for Positive Life

We read, listen, and see the reality of the HIV positive people. They are contributing by spreading awareness, involving in social works and so on. On the other hand some of them are in frustration and some even commit suicide. Besides this HIV positives also can contribute to the society. People who are awake always become positive and can be leading and guiding people and community. People who are less aware always answer frustration, and suicide. So it is analysed in the present study. Knowledge regarding positive life of HIV positive among the respondents is shown in Table No. 29 below.

Table No. 29 Ways of Positive Living of HIV Positive

Ways of Positive Living	Frequency	Percentage of Response	Percentage of Cases
Taking enough nutritious food and light exercise	42	11.1	16.4
Taking necessary counselling from medical treatment	137	36.1	53.5
Giving up alcohol, smoking and drug	21	5.5	8.2
Free from tension and worry	90	23.7	35.2
Others	90	23.7	35.2
Total	380	100.0	148.4

0 missing cases; 256 valid cases

As regards the ways for positive life among HIV and AIDS positive people, taking enough nutritious food and light exercise was the best way for 16.4 per cent respondents, while taking necessary counselling and medical treatment was the way for the majority of respondents, i.e. 53.5 per cent. Similarly, 35.2 per cent respondents thought that HIV and AIDS positive people should be free from mental tension and 8.2 per cent held that they have to give up alcohol, smoking, and drug if any for positive life. The table also exhibits that 35.2 per cent respondents agreed that HIV and AIDS positive people should do other things for their positive life. The study reveals that more than one third replied negative answers such as frustration, suicide etc. These respondents who did not give positive answers were other than those who answered nutritious diet, exercise, counseling, medication and free from tension and giving up alcohol smoking and drugs. The fact proves the low level of awareness on rehabilitation of HIV positive people and also helps to identify the need of good awareness programmes.

3.3.21 Habit of taking drug among respondents

From the result it is found that nine out of ten had no habit of taking drugs while 8.2 per cent had such habit.

3.3.21.1 Name of drug if taking

Drinking alcohol and drug addiction are also taken as the predisposing factor of transmission of the HIV and AIDS. Injecting drug use can transmit HIV infection through syringe and needles. Alcohol can make TWs senseless to keep safe sexual relation with female sex workers and also can go to multiple sex partners. They don't follow the abstinence, be faithful and condom use for the preventions of HIV and AIDS. Here one out of ten respondents is under the risk of HIV infection. Among the transportation workers, those who take drugs are shown in Table No. 30.

Table No. 30 Name of the Drugs Being Taken by the Respondents

Drug	Frequency	Per cent
Alcohol	12	57.1
Ganja	8	38.1
Fensidyl	1	4.8
Total	21	100.0

According to the data shown in the Table No. 30, more than half of the respondents who were taking drugs had habit of taking alcohol, while 38.1 per cent used to take ganja and 4.8 per cent used to take fensidyl.

According to BSS5 study, nearly 60 per cent of respondents (transportation workers and male labourers) admitted that they consumed alcohol. Moreover, 18.5 per cent of the transportation workers said they drank alcohol everyday; similarly nearly 2 per cent respondents were using drugs except alcohol such as ganja (hashish), bhang (hemp) and injecting drugs etc (New Era, 2003). Out of 256 respondents, 21 respondents were found using any type of drugs. Most of the respondents who used drugs except alcohol were nearly nine out of ten whereas a respondent was found using Fensidyl. No injecting drugs were found. Most of the TWs who use hashish (ganja).

3.3.22 Habit of Taking Alcohol among the Respondents

It was found that seven out of ten used to take alcohol, while about three out of ten did

not have such habit. According to the BSS5 study of New Era, 18.5 per cent transportation workers (out of 400) drank alcohol everyday, 15 per cent drank at least once a week, and 18.3 per cent less than once a week and 38.3 per cent never used to drink (New Era, 2003). In the present study, nearly two third respondents used to take alcohol. Alcohol addicts have very high chances of unsafe sexual intercourse. So, large number of TW are under the risk to acquire HIV infection.

3.3.23 Possibility of HIV and AIDS among People Taking Drugs Alcohol and Smoking

There is high possibility of STIs/ HIV infection to the people who use alcohol and drugs. So, it is tried to study here. In the present study, there were different responses regarding drugs and alcohol. The Table No. 31 describes about higher possibility of HIV and AIDS among people having the habit of taking alcohol and smoke.

Table No. 31 Possibility of HIV and AIDS among People Taking Drugs and Alcohol

Higher possibility	Frequency	Percentage
Yes	148	57.8
No	48	18.8
Do not know	60	23.4
Total	256	100.0

As per the data shown in the table, it is revealed that a total of 57.8 per cent respondents agreed with the statement stated above, whereas rest of others either disagreed or did not know about the statement. It is a good result that more than half of the TW are found aware on possibility of HIV and AIDS to the people who use alcohol and drugs frequently. Nearly fifty per cent respondents are not aware on possibility of HIV positive among the people who are using alcohol and drugs.

3. 4 Major Findings / Results of the Focus Group Discussion

The record of focus group discussion is summarised. Major findings are listed below:

- Most risk groups are the hotel employees, who have unsafe sex, most of the FSWs are from low economic class of the society.
- HIV can transmit through the sexual intercourse, most risky groups are the

drunkards because they could not control themselves to keeping safe sexual relation

- Prostitution should be managed, kothi (trade house of the sex) should be legalized, and we should treat well and positively with the HIV positives.
- FSWs are found in the age range of 13 to 50 years.
- Transportation workers go to FSWs (2 to 3 times in a month).
- It is a history of a transportation worker that some FSWs taught transportation workers to use condom during the intercourse. Some times transportation workers told FSWs that TW would pay 10 Rs more, if she kept intercourse without condom, but at last TW kept intercourse with condom, at the same time FSWs were found in the rate of 20-50 Rs.
- There are more than 50 FSWs in Itahari; they don't pay to rickshaw charge to recognized rickshaw pullers. Most troublesome groups are the drivers/rikshawalas/contractors etc.
- There are much more hidden cases of HIV/AIDS in Nepal because here is hidden sex. In Itahari there are more than 10 infected persons, one already died.
- FSWs are found in hotels, but I have seen FSWs even in the high class family of Dharan.
- Most risky groups are the police/army/drivers.
- FSWs take 250 to 300 Rs per intercourse.
- Itching problem in the genital, syphilis gonorrhea, are the most common problems.
- Boys are more infected; transportation workers told that the symptom of HIV/AIDS there may be pus discharge through the penis.
- It is easy to know HIV/AIDS infected people, because they seem lean and thin by the appearance, transportation workers don't ask anybody about HIV/AIDS.
- There is a woman who tells her husband to wash cloths in house and she goes to hotel and work as sexual worker.
- Once a TW meet a girl she was like daughter (13/14 years) by the age but she told him that if the TW could not pierce in her vagina then she will return double money, she replied to the TW in his question of satisfaction.
- All people should stay within the boundary of the Hindu religious ethics, abstain and sexual relation in between husband and wife may save from HIV/AIDS, 5-10% of total population who is infected with HIV/AIDS, bus drivers, truck

drivers, migrated people are most risky group of HIV/AIDS, to launch effective HIV related program government should support to NGOs and provide the working environment.

- The people who come from out of country should be checked whether they are infected of HIV/AIDS or not. Sometimes FSWs ask for lift in the bus/ vehicle at the night time. Some NGOs distribute condom freely but quality is not so good, it might be risky.
- Truck and bus driver are in most risky zone. There are so many licensed prostitution centers in India/ there is red area in India.
- Symptom is the skin infection and the wound in the face.
- The people who come from out of country can bring such disease (HIV/AIDS). So they should be tested before coming to Nepal because they involve in such an occupation like prostitution, large number of infected people are found in Dharan.
- One of known khalashi (helper of the bus driver) was infected with Syphilis that cured after the treatment, should not feel shame to ask. Adults should be safe and make others safe too. Counseling, interaction and testing of the people who come from next country is very much necessary.
- There are 3-4 thousands FSWs at Biratnagar, condom may burst so free sex (sex without condom) is better.
- HIV may transmit through injection & sexual intercourse, FSWs are mainly found in restaurant, also found in street to street, HIV/ AIDS is much more in transportation workers, Condom should use to be safe from the HIV infection.
- Some real stories of TWs are as follows:
 - * Kumal Koirala, (Biratnagar) 47 years, night bus driver expressed his opinion in this way "Radio, TV encourage and stimulate to do sex, the message relay through Radio "yon samparka garnupare condom paryog garera garumn/ keep intercourse with condom," itself is wrong because instead of it there should be the statement keep intercourse only between husband and wife not with others."
 - * Dilli, (Name Changed) 35 years, taxi driver, he has own taxi at Ithari, he is very much interested with HIV/AIDS, he further told that sexual intercourse should not keep randomly, further he added his story of FSWs at Dhangadhi, he was aware through FSW at the time of sexual intercourse she told him to use condom, when he told to add 10 Rs more if he got contact without condom, but at last she made him agree to use condom, he got knowledge from FSW.

CHAPTER- IV

LEVEL OF AWARENESS, ASSOCIATION AND RISK OF HIV TRANSMISSION AMONG THE RESPONDENTS

This chapter is mainly concerned with the analysis, interpretations and discussion of data collected from the FSW and TW. This chapter also calculates the level of awareness and searches the answers of the comparison of the awareness among the two different groups and also identifies the much more risky group between TW and FSW. It also examines the association between level of awareness and the different demographic characteristics of the respondents. This chapter also shows the statistical presentation of the data so that it gives the result of the study with interpretation. The overall results of the study have been presented and explained under the following sub-headings:

4.1 Level of Awareness

4.2 Association between Level of Awareness and Demographic Characteristics of Respondents

4.4 Comparison of Level of Awareness between Female Sex Workers and Transportation Workers

4.5 Who Is In More Risk to Acquire HIV/AIDS

4.1 Level of Awareness

The level of awareness is categorised on the basis of the correct answer given by the respondents. In one question, there were one, two or more than two correct answers. In such cases all correct answers were counted.

4.1.1 Level of Awareness among Female Sex Workers

Table No. 32 Level of awareness among FSW

Description	Frequency	Percent	Cumulative Percent
High (Appropriate)	123	48	48
Low (Inappropriate)	133	52	100.0
Total	256	100.0	

Mean=37.16, Median=36, Mode=25 SD=17.832

It is shown in the Table No. 32 that the knowledge level of female sex worker was found low. It was calculated from the interview schedule cited in the study. Among the 265 respondents, only 48 per cent respondents replied correctly (answered higher than the average value) rests of the respondents (52%) were wrong (answered less than average value). The study shows that less than half (52.3%) respondents have higher than average standard of awareness. Nearly half (47.7%) have lower than average standard of the awareness. It shows the very poor knowledge status on HIV and AIDS.

4.1.2 Level of Awareness among Transportation Workers

Table No. 33 Level of Awareness among Transportation Workers

Description	Frequency	Percentage	Cumulative Percentage
High (appropriate)	134	52.3	52.3
Low (inappropriate)	122	47.7	100.0
Total	256	100.0	

Mean=33.43, Median=32, Mode=26 SD=15.954

It is shown in the Table No. 33 that the transportation workers' knowledge level was found low. It was calculated from the interview schedule cited in the study. Among the 265 respondents, only 52.3% respondents replied correctly (answered higher than the average value) rests of the respondents (47.7%) were wrong (answered less than average value). The study shows that slightly higher than half (52.3%) respondents have higher than average standard of awareness. Nearly half (47.7%) have lower than average standard of the awareness. It shows the very poor knowledge status on HIV and AIDS.

4.2 Association between Level of Awareness and Demographic Characteristics of Respondents

Sometimes, age, literacy, occupations, and religion of the individual can affect the level of the awareness. Elderly people did not have good access to education but recent youths have many more opportunities of education. So age of the respondents and education level of the respondents can differentiate the level of awareness on HIV and AIDS.

Similarly religious and traditional beliefs are also different in between tow different religions. So it is observed.

4.2.1 Association between Level of Awareness and Demographic Characteristics of FSW

Association between awareness on HIV and AIDS and age, education, nationality, religion, occupations etc. of the respondents are shown with chi-square test in the Table No 34, 36, 36, 37 and 38 respectively.

Table No. 34 Awareness on HIV/AIDS and Age of the Respondents (FSW)				
Age	Awareness		Total	Statistics
	Inappropriate	Appropriate		
14 to 19 years	28 (47.5%)	31(52.5%)	59 (100%)	Chi square = 1.438 df = 2 P = .487
20 to 24 years	39(49.4%)	40 (50.6%)	79(100%)	
24 to 40 years	66(55.9%)	52(41.1%)	118(100%)	
Table No. 35 Awareness and Nationality of the Respondents (FSWs)				
Nepali	127 (52%)	117 (48%)	244 (100%)	Statistics Chi square = .363 df = 2 P = .834
Indian	4 (57.1 %)	3 (42.9%)	7 (100%)	
Bhutanese	2 (40%)	3 (60%)	5 (100%)	
Table No. 36 Awareness and Literacy Status of the Respondents (FSWs)				
Able to Read and Write	Awareness		Total	Statistics
	Inappropriate	Appropriate		
Yes	71(45.2%)	86 (54.8%)	157 (100%)	Chi square= 7.367 df = 1 P = .005
No	62 (62.6%)	34 (34.4%)	99 (100%)	

Table No. 37 Awareness of HIV/AIDS and Religion of the Respondents (FSWs)				
Religion	Awareness		Total	Statistics
	Inappropriate	Appropriate		
Hindu	106 (51.7%)	99 (48.3%)	205 (100%)	Chi square= 2.749 df= 4 P=.601
Buddhist	17(53.1%)	15 (46.9%)	32 (100%)	
Christianity	2 (28.6%)	5 (71.4%)	7 (100%)	
Islam	3 (60%)	2 (40%)	5 (100%)	
Others	5 (71.4%)	2 (28.6%)	7 (100%)	
Table No. 38 Association between awareness and Main Occupation of the Respondents (FSWs)				
Occupation	Awareness		Total	Statistics
	Inappropriate	Appropriate		
Agriculture	2 (66.7%)	1 (33.3%)	3 (100%)	Chi square =8.941 df=10 P=.538
Bhatti (wine Shop)	0 (0%)	1 (100%)	1 (100%)	
Beauty Parlors	1 (100%)	0 (0%)	1 (100%)	
Business	2 (66.7%)	1 (33.3%)	3 (100%)	
Garment	1 (100%)	0 (0%)	1 (100%)	
Hotel	44 (52.4%)	40 (47.6%)	84 (100%)	
Labor	3 (33.3%)	6 (66.6%)	9 (100%)	
No Occu.	30 (62.5%)	18 (37.5%)	48 (100%)	
Shop	10 (58.8%)	7 (41.2%)	17 (100%)	
Waiter	39 (44.8%)	48 (55.2%)	87 (100%)	
Total	133 (52%)	123 (48%)	256 (100%)	

From the result it is observed that there is strong (significant) association between education level and awareness level of the respondents (FSW, $p > .005$) but no association

between the awareness and other demographic factors e.g. between awareness and religion and awareness and age of the respondents.

4.2.2 Association between Level of Awareness and Demographic Characteristics of TW

Sometimes, age, literacy, occupations, and religion of the individual can affect the level of the awareness. Elderly people did not have good access to education but recent youths have many more opportunities of education. So age of the respondents and education level and occupations and other demographic characteristics of the respondents can differentiate the level of awareness on HIV and AIDS.

4.2.2.1 Association of Awareness on HIV and AIDS and Age of the Respondents (TW)

Sometimes, age factor can affect the awareness of the respondents, because elderly people did not have good access to education but recent youths have many more opportunities of education. So age of the respondents can differentiate the level of awareness on HIV and AIDS. Association between awareness on HIV and AIDS and age of the respondents is shown with chi-square test in the Table No. 31.

Table No. 39 Association of Awareness on HIV and AIDS and Age of the Respondents

Age	Awareness		Total	Statistics
	Inappropriate	Appropriate		
14 to 19 years	19 (76%)	6 (24%)	25 (100%)	Chi square = 6.658 df = 3 P = .084
20 to 24 years	22 (47.8%)	24 (52.2%)	46 (100%)	
24 to 40 years	78 (49.4%)	80 (50.6%)	158 (100%)	
40 years above	15 (55.6%)	12 (44.4%)	27 (100%)	

There is no significant association between average level of awareness on HIV and AIDS and the age of the respondents.

3.3.24.2 Association of Awareness with Education Level and Religion (TW)

Education level of an individual helps to upgrade the level of awareness regarding most of the subject matters. Educated people are found much more aware than the illiterate ones. Such an educated people can analyse, interpret, read, and keep interest on a subject like HIV and AIDS. So it is better to associate education level with the awareness level of the respondents. Some religion, culture, and tradition affect the behaviour of awareness and understanding of a person, so it is also concerned in the present study. Association between religion and the level of awareness of the respondents is also important to test. Association of Awareness with education level and religion is shown in Table No. 40.

Table No. 40 Association of Awareness with Education Level and Religion

Awareness and Class studied by the Respondents				
Class studied	Awareness		Total	Statistics
	Inappropriate	Appropriate		
1 to 3 classes	23 (85.2%)	4 (14.8%)	27 (100%)	Chi square= 40.392 df = 6 P = .000
4 to 5 classes	19 (50%)	19 (50%)	38 (100%)	
6 to 8 classes	24 (51.1%)	23 (48.9%)	47 (100%)	
9 to 10 classes	24 (35.8%)	43 (64.2%)	67 (100%)	
11 to 12 classes	0 (0%)	17 (100%)	17 (100%)	
More than 12 classes	1 (20%)	4 (80%)	5 (100%)	
Less than 1 class	6 (85.7%)	1 (14.3%)	7 (100%)	
Awareness of HIV and AIDS and Religion of the Respondents				
Religion	Awareness		Total	Statistics
	Inappropriate	Appropriate		
Hinduism	109 (50.7%)	106 (49.3%)	214 (100%)	Chi square= 14.547 df= 4 P=.006
Buddhism	6 (40%)	9 (60%)	15 (100%)	
Christianity	2 (40%)	3 (60%)	5 (100%)	
Islam	16 (94.1%)	1 (5.9%)	17 (100%)	
Others	1 (25%)	3 (75%)	4 (100%)	

It is observed from the Table No. 40 that there is strong and significant association ($P=.00$) between education level and awareness level of the respondents. But there is no significant association ($.006$) between the awareness and the religion of the respondents.

4.4 Comparison of Level of Awareness between Female Sex Workers and Transportation Workers

Comparing final knowledge among transportation workers and female sex workers (48%) transportation workers (52.3%) are found a bit more aware than the female sex workers. In both groups association of awareness and demographic characteristics is nearly similar. In both groups there is significant association of awareness and education level of the respondents; it means the awareness level is higher among the educated or literate respondents. But there is no significant association between awareness and other demographic characteristics.

4.5 Who Is in More Risk to Acquire HIV/AIDS? (TW or FSW)

- Comparing the awareness of female sex workers (48%) and transportation workers (52.3%), transportation workers are found a bit more aware than the female sex workers.
- Out of 256 respondents 27.6% transportation workers had sexual intercourse with a female sex worker within 24 hours. And 42% of female sex workers admitted sex within 24 hours.
- Similarly 7% transportation workers and 29.7% female sex workers have some kind of sexual problems.
- About 56% transportation workers support to use condom is preventive measure of HIV/AIDS and in case of female sex workers about 60% are aware to use condom.
- Least age for first sex among female sex workers was 10 years while the maximum age for first sex was 25 years. The mean age for first sex was 16.25 years and mode was 16. In case of transportation workers the mean age for first sex was 18.89 year. The data from the study of transportation workers further presents that 13.8 percent had first sex before 15 years, while 40.5 percent had their first sex between 15 to 18 years.
- In the same way, 22.4 percent had it in between 19 to 20 years, 18.5 percent had first sex in between 21 to 25 years and rest of other (4.7%) had first experience of sexual intercourse after 25 years.

- Cent percent female sex workers are having sex whereas nine out of ten transportation workers (90.6%) have had sexual contact in any time of the life, while 9.4 percent did not have sexual experience.

The above facts prove that the female sex workers are more risky groups than transportation workers to acquire HIV/AIDS. Transportation workers are also in high risk to acquire HIV infection. In both groups illiterate and uneducated are in much more risk to acquire HIV/AIDS. The per cent of condom using practice is little bit higher in transportation workers. Female sex workers are more frequently exposed group in sexual intercourse there fore they have four times more sexually transmitted infections than the transportation workers and four per cent less aware than the transportation workers so they are in much more risk to acquire HIV/AIDS.

CHAPTER – V

5.1 Conclusion

This is a descriptive cross sectional study entitled “**Comparative Study of Awareness regarding HIV / AIDS among Transportation Workers and Female Sex Workers of Sunsari and Morang Districts, Nepal.**” The study was conducted to assess the level of awareness and sexual behaviour on HIV/AIDS among female sex workers and transportation workers. The study was based on primary data collection, using interview schedule.

Many transportation workers were keeping sexual intercourse with sex workers. More than one fourth unmarried transportation workers were keeping sexual intercourse with female sex workers. About three per cent TW and four out of ten FSW keep sexual intercourse without spouses. Only fifty six per cent TW and half of the FSW prefer to use condom as a preventive measure of the HIV transmission. Seven per cent of total TW and 29.6 per cent of FSW were suffering from sexual problems. Most of the FSW were suffering from either syphilis or gonorrhoea. It is also the result of low level of awareness and irresponsible sexual behaviour. Very low number of respondents were found aware on unsafe sex as a way of HIV transmission. Very low number of participant have access of awareness raising programme (Less than one fourth TW and half FSW are participated in the awareness raising activities) available in the community.

Calculating final awareness from the cited questionnaire only 52.3 per cent transportation workers and 48 per cent FSW have appropriate awareness regarding HIV/AIDS. Majority of the Female sex workers have poor knowledge so it may increase risk for acquiring STIs/ HIV/AIDS. One third of total TW and eight out of ten FSW were found to be changing their inhabitants with in each one to five years. Out of total 8.2 per cent transportation workers and 9.4 per cent FSW used to take any types of drugs and seven out of ten TW and six out of ten FSW drink alcohol usually. Among total 42.2 per cent and sex out of ten FSW don't believe that habit of taking alcohol and smoking increases the chances of transmission of HIV/AIDS. Therefore these both groups (TW and FSW) were highly susceptible to acquire HIV/AIDS. These above facts regarding sexual problems & STIs, low level of awareness, using habit of alcohol and drugs and poor sexual practices (low number of respondents prefer to use condom) regarding HIV/AIDS,

and the rapid mobility trends of the respondents proves that TW and FSW both are risky groups to acquire HIV/AIDS. Female sex worker are found less aware and poorly practicing in relation to HIV/AIDS. So they were much more risky than transportation workers to acquire HIV/AIDS.

Radio is the most cited source of knowledge of HIV/AIDS and TV is the second most cited source of knowledge among both groups of the respondents. Along with radio and TV, other more sources, such as, news paper pamphlets/ posters, drama/ commix/ films were also the mode of information. Two third transportation workers think that HIV/AIDS is a preventable disease. About one thirds respondents have misconception regarding HIV/AIDS transmission; they think that HIV/AIDS can transmit through mosquito bite and sacking hands too. There is significant association between awareness and the educational level of the respondents (in both groups of respondents). Among both of the risky groups' friends/ peers and health workers are the most common sources of knowledge.

5.2 Recommendations

The recommendations are useful for the future researchers as well as for the students of the HIV/AIDS and local level policies makers. Based on above finding of the study some recommendations are provided that are as follows:

5.2.1 Recommendation for Improvement

- More than half of respondents don't have appropriate awareness regarding HIV/AIDS and large number of respondents are suffering from STIs, so that it should be a issue for the overall programmeme planning at local level.
- During the local level programme planning and implementations on HIV/AIDS, concentration should be put on awareness raising programmeme to the female sex workers and transportation workers.
- Only less than one third TW and half of FSW were participating in the awareness raising programmes. So there is need of out reach IEC activities on HIV/AIDS prevention and care for the transportation workers.
- High numbers of FSW and TW are planning to transfer from the present place to aboard and other cities of country. So migration trend should be observed and

managed timely. Even Indian people are also working as employees. Such people can spread STIs/ HIV in and out side of the country. So it would be better to establish a quarantine and surveillance system in the board side.

- Most of the transportation workers (66.8%) and female sex workers (68%) have been found to be cited radio and TV as source of knowledge. So effective radio and TV programme can provide knowledge effectively. Most of the respondents like to discuss with friends therefore peer group education and discussion habit regarding HIV/AIDS is needed to promote.
- Educated people are much more aware than uneducated respondents so education (formal, non-formal) can be useful to raise the awareness on HIV/AIDS.
- Vocational rehabilitation of FSW is necessary to promote.

5.2.2 Recommendation for Further Researcher

- Large numbers of respondents don't have appropriate awareness regarding HIV/AIDS and some of them are suffering from STIs, so that appropriate intervention/ programme to raise awareness and identification of the lacking of the current subject and service can be a good subject of the study.
- Similarly mobility and risky behaviors of sex workers is still high. Study regarding mobility trends of a specific FSW/ TW and their sexual behaviour such as hotel FSW, street FSW, rickshaw pullers, bus drivers can be a good subject of a study.
- Need analysis and impact study of the entire past programmes related to awareness rising and programme trends regarding orientations, trainings and counseling for the respondents can be a good subject of study.
- A study among migrants and foreign employees in relation to sex trade and awareness among police army personnel of the same location would provide other more recent information and help to identify risk ranking among these two groups.

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Appendix- A

DATA COLLECTION TOOLS

Interview Schedule

Namaste! My name is, I am here to collect data for Nepal Health Research Council, Research Grant 2006. During this data collection I will ask you some personal questions, that will be about HIV and AIDS, use and promotion of condoms and drugs. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk because your name will not be mentioned on this form. All the mentioned information will be used only for objectives of the study. This discussion will take about 30 to 45 minutes. It depends on your wish whether to participate in this study. You do not have to answer any questions that you do not want to, and you may end this interview at any time you want to. But I hope, you will participate in this study and make it a success by providing correct answers to all the questions.

➤ Would you be willing to participate?

1. Yes 2. No

Signature of Interviewer: _____ Date: 2063/___/___

No.	A. Personal Information	Code
A.1.	Age	
A.2.	Sex	
A.3.	Present living Address	Municipality/ VDC Ward No Village
A.4.	<u>Religion:</u> 1=Hindu; 2=Buddhist; 3=Muslim; 4=Christian; 5=Others	
A.5.	<u>Ethnicity</u> 1=Brahmin; 2=Chhetri; 3=Baishya, 4=Shudra; 5=Other. Specify	
A.6.	<u>Mother tongue:</u> 1=Nepali; 2= Hindi; 3=Other specify	
A.7.	<u>Marital status</u> 0=unmarried; 1=married; 2 Divorced 3= Widows	
A.8.	<u>Family type:</u> 1=Joint 2=Nuclear	
A.9.	What is your occupation?	1=Ricksha puller 2=Restaurant Employee 3=Transportation Worker 4=Industry Worker 5=others
A.10	Age at first Marriage. (in Yrs)	
A.11	Number of children. 1 =Son. 2 =Daughter	
B. Educational Status/occupation		

B 1	Can you read and write 1= yes 2 =No		
B1.1.	If yes, what is your education level??		
	Primary		
	lower secondary		
	secondary		
	higher education		
B 2	Do you feel any cultural barrier in occupation?1= Yes 2= No		
	If yes, what factor?		
B3	For how long are you in this place? Months /years		
B 4	Have you made any plan to leave this place? 1=Yes 2= No If yes, where and when?		
Sexual activity			
C.1	Have you had sexual intercourse (only for TWs) so far ? 1=No; 2=Yes.		
C.2	What was your age when you had sexual intercourse for the first time? (years)		
C.3	When did you have sex last? (days)		
C.4	What's your weekly income from prostitution?(Rupees) (only for FSWs)		
C.5	Who is your main client for your occupation? 1= TWs 2= police/Army 3=Teacher 4=Industrial worker 5= gov. employee 6= Others		
C.6	If yes, please mention the problem.		
KAP level on HIV and AIDS			
D.1	Have you ever heard about HIV and AIDS? !=No 2= yes		
D.2	What do you mean by HIV and AIDS? 1=Disease transmitted through sexual contact. 2=Cause of any disease 3= condition where the body immune system is being lost and 4= mode of transmission of disease. 5=Effective method for disease control 6= other		
D.3	Can HIV and AIDS transmit from one to an other? 1= Yes, 2= No		
D.4	What are the modes of transmissions of HIV and AIDS?		

	1= Unsafe sex 2= Mosquito bite 3= Infected mother to child 4= Infected blood derivatives, tissue and organ shearing. 5= Sharing Infected needles syringe or skin pickers 6=Others 7=Don't know		
D.5	What is the main symptom of HIV and AIDS? 1= Diarrhoea > one months 2= fever > one months 3= cough >one months 4= weight loss 5=Other 6= Don't know		
D6	Can HIV and AIDS be controlled? 1= Yes 2= No 3=Don't know		
D.7	If HIV and AIDS can prevent, how? 1=Safe sex 2=condom use 3= avoid sharing of syringe and other insurable things. 4=avoid sharing of blood and its derivative, tissue and organs 5= avoid sex with multiple sex partners 6= Other 7= don't know		
D.8	From what activities HIV and AIDS can not transmit to other.1= Mosquito bite 2= cough and sneezing 3= kissing and hand shake. 4= sharing of food and pots 5= sharing of toilet and bathroom. 6= other 7= Don't Know		
D.9	Is AIDS a curable a disease? 1= Yes 2= No		
D.10	Is there any vaccine of HIV and AIDS? 1= Yes 2 = No 3 = Don't know		
D.11	In which body system does HIV and AIDS effect? 1= Nervous system 2= Circulatory system 3=muscular system 4= Immune system 5= skeletal 6=other 7= Don' Can HIV and AIDS transmit from one to another? 1= yes, 2= don't know		
D.12	Do you know about window period of HIV and AIDS? 1=Yes 2= No (ref-q No 215)		
D.13	If yes, what do you know?		
D.14	Do you know about incubation of HIV and AIDS? 1= Yes 2= No		
D.15	If yes, how long it? 1= 6 months- 1 years 2= 1-2 yrs 3= 1-4 yrs 4= 1-10 yrs 5= other 6= don't know.		

D.16	Do you know which blood cell does HIV and AIDS destroy? 1=RBC 2= WBC 3= Platelets 4= Other 5= Don't know. Do you know about any STI other than HIV/AIDS? 1= Yes 2= No If yes (refer No 218.1 If no Q No 219)		
D.17	If you Know what are the names of STI you have heard?		
D.18	Do you know that chances of transmission of HIV are high to people who have STIs?1= Yes 2= No		
D.19	What is vulnerable group for HIV and AIDS? 1= Sex worker 2= Transportation workers 3= Drug abusers 4= Others 5= Don't know.		
D.20	Mostly from which medium /media do you know about HIV and AIDS? 1= Radio 2= TV 3= News pepper 4= Pamphlets/posters 5= Health workers 6= School teachers 7= family members and friends. 8= Trainings 9= NGO/INGO 10= Cinema drama or comics		
D.21	Do you discuss about HIV and AIDS with your friends/ partner?1= Yes 2= No (if y-No 22 If No- No 23)		
D.21.1	If yes, about what? 1= History and introduction 2= Causes 3= Clinical feature 4= Modes of transmission 5= Preventive measures 6= Others		
D.21.2	If yes, with whom? 1= Health workers 2= Friends 3= Teachers 4= Industrial workers 5= Others		
D.22	What should you do to prevent HIV and AIDS? 1= Abstinence 2= Avoid multiple sex partners 3= Use of condom during sexual intercourse 4= avoid use of infected blood 5= avoid addiction 6 others		
D.23	Should you get/provide any counselling about HIV and AIDS? 1= Yes 2= No		
D.24	Do you Know about VCT service? != Yes 2= No (if yes ref- Q No 27)		
D 25	Have you been taking VCT services? 1= Yes 2= No		
D 26	Would you like to discuss about HIV and AIDS? 1= Yes 2= No 3= Sometimes.		
D 27	In your opinion, what should they do if they are HIV infected, for their best? 1= Awareness activity on HIV and AIDS.2= End the life 3= Wait		

	for death 4= use of drug 5= don't know	
D 28	Is there any BCC programme in your locality/area? 1= Yes 2= No 3= don't Know	
D 29	If yes, did you participate? 1= Yes 2= No	
D 30	In your opinion, can HIV infected people get long life if they get our love and support? 1= Yes 2= No 3= Don't Know	
D 31	Do you know, how many people are infested with HIV and AIDS? 1= Yes 2= No	
D 32	If yes, how many?	
D 33	In your opinion, how can we help for rehabilitation of HIV infected persons?	
D 34	What should infected persons do for their positive living? 1= slight exercise with heavy nutritious diet 2= appropriate follow up and follow the health workers' suggestion. 3= avoid if any addition 4= avoid strain 6= others	
D 35	Do you take any drugs and alcohol? 1= Yes 2= No (if yes Rf- 36)	
D 36	If yes, what is the name of the drug?	1
D 37	Do you take alcohol?	
D 38	Do the people taking drugs and alcohol have higher chances of HIV infection? 1= Yes 2= No 3=Don't Know.	

The end

**मोरंग र सुनसरी जिल्लाका यातायात कर्मीहरु विच एच. आई. भि. एड्स सम्बन्धि
सचेतना अध्ययनको लागि Focus Group Discussion निर्देशिका**

Date:

Venue:

Time:

Time	Activities	Responsible person
	Welcome and remarks (confidentiality, consent from the participants)	
	Introduction	
	Objectives of the FGD	
	Team building - Pen and note book distribution to the participants	
	Discussion / sharing (encourage to write something any)	
	Serial wise discussion on the topics in the group	
	Recording of the discussion	
	Statement from the side of Participants (transport workers)	
	Break (Refreshment)	
	Roles and responsibilities of the participants	
	Identify top issues on their view point	
	Thanks for the participants	
	Closing	

१. परिचय (१५ मि.)

क. सबै सहभागीहरुले पालै पालोसँग आ(आफनो परिचय दिन्छन्)

ख. हामी यहां आउनाको उद्देश्य बताउने (यस एच. आई. भि. एड्स बारे तपाईंहरुको विचार, धारणा र सचेतना कस्तो छ भनी बुझ्ने)

ग. सामान्य नियमहरु :

- सबैजना छलफलमा सहभागी हुनुपर्दछ
- तपाईंहरुले दिएको जवाफ कुनै पनि गलत हुदैन
- तपाईंहरुले दिएको सबै कुरा गोप्य राखिन्छ
- आदर तथा सम्मानपूर्ण व्यवहार गर्नुपर्छ
- कसैलाई पनि दोषारोपण गरिन्दैन
- एक पटकमा एक जना मात्र पालै पालोसँग भन्नु पर्नेछ

घ. वर्णन गर्नुहोस् :(टेपरेकर्डरमा रेकर्ड गर्नु होस्)

- यो सूचना संकलन गरेपछि के गरिन्छ ?
- अन्दाजी समय ३० मिनेट जति लाग्छ ।

ड मनोरंजन : (टेपरेकर्डरमा रेकर्ड गर्नु होस्)

प्रत्येक सहभागीले एच. आई. भि. एड्स बारे भनेका महत्वपूर्ण कुराहरु टिप्पोट गर्दै जानु होस् ।

- आई. भि. एड्स सम्बन्धि कुनै हसाउने जोक सुनाउन सहभागीलाई भन्ने, सहभागी तयार नभएमा आफैले कार्यक्रमको उद्देश्य फल्कीने गरी बताउने ।

२. एच. आई. भि. एड्स भनेको के हो , कोही मानिस जब एड्सको रोगी बन्छ तब के हुन्छ? (२०-३० मि.)

उद्देश्य :

आई. भि. एड्स संक्रमण प्रतीको धारणा बुझ्नु

३. **कमै संग उनीहरुलाई तलका प्रश्नहरु गर्नुहोस :(कम्तीमा १ घण्टा ३० मिनेट लाग्छ)**

- Do you use condom during sexual intercourse?
- Do you know about FSWS?
- Have you had any intercourse with FSWS?
- Till now how may sexual intercourses you have had with FSWS?
- Have you ever got STIs, if yes what was the problem?
- When you have kept latest intercourse? How long time you spent with FSWS?
- How much money do you spent, last time?
- Do you carry condom with you at the time of intercourse?
- Do you reject your partner to have sexual contact c condom?
- Do fsws reject to have sexual contact c condom?
- With how many FSWS you have kept intercourse? Either with a signal or multiple, if multiple how many till now?
- Do you know about voluntary HIV testing and counseling?
- Do you have co wife with you?
- How much do you pay per intercourse?
- What advertisements/ information regarding HIV/AIDS do you hear from radio or TV?

What?

What? (Write more as much as possible)

४. एच.आई. भि. एड्स बाट बच्ने उपायबारे छलफल (२० मिनेट) :

५. एच.आई. भि. एड्स र महिला यौन कर्मिबारे अरु केही भन्नु छ की ।

प्रत्येक सहभागीले एच. आई. भि. एड्स बारे भनेका महत्वपूर्ण कुराहरु टिप्पोट गर्दै जानु होस् ।

सहभागीको विवरण यसप्रकार राख्नु होस् ।

Name of the administrators:

- 1.
- 2.
- 3.

Place of the FGD Conducted:-

Date and Time:-

Details of Participants

S. N.	Name	Address District/ VDC./ Ward No.	Type of the Transportation workers	Signature

Major outcomes of the discussion (Where as needed, please use the extra sheet for the recording): -

अन्त्यमा तपाईंहरुले अमूल्य समय दिनुभएकोमा धन्यवाद ।

Appendix-B

STATEMENT FOR INFORMED CONSENT

It is the study on the topic “**Comparative Study of Awareness regarding HIV / AIDS among Transportation Workers (TW) and Female Sex Workers (FSW) of Sunsari and Morang District,**” to identify level of awareness and sexual behaviour on HIV and AIDS. Therefore, you will be given an opportunity to take part in the study as respondents if you give consent.

It is highly assured confidential that your name including other personal and social information will not be disclosed. The information that you provide will be used for study purpose only and your participation will be highly confidential and safeguarded. In return of your participation in the study, you will not be benefited financially or you not will get any incentive.

Every respondent’s right to ask any question to be clear regarding the study is assured. You are also given full right to contact to researcher any time if you need to be clear about study. You hold full right to refuse at any time without any penalty if you do not like to take part in the study.

Do you want to take part?

1) Yes 2) No

Thank you very much for your help and co-operation.

Appendix-C

ABBREVIATION AND ACRONYMS

AIDS	- Acquired Immune Deficiency Syndrome
BCC	- Behaviour Change Communication
BCI	- Behaviour Change Intervention
BNMT	- Britain Nepal Medical Trust
BSS	- Behavioural Surveillance Survey
CBOs	- Community Based Organizations
FHI	- Family Health International
FSW / SW	- Female Sex Workers / Sex Workers
FY	- Fiscal Year
HIV	- Human Immuno Deficiency Virus
IDUs	- Injecting Drug Users
IEC	- Information Education and Communication
KAP	- Knowledge, Attitude, and Practice
KABP	- Knowledge, Attitude, Behaviour, and Practice
MoHP	- Ministry of Health and Population
NHRC	- Nepal Health Research Council
SPSS	- Statistical Package for Social Sciences
SRDC	- Society for Rural Development Centre
STDs	- Sexually Transmitted Diseases
STIs	- Sexually Transmitted Infections
TW	- Transportation Workers
VCT	- Voluntary Counseling and Testing

