ISSN: 2362-1303 (Paper) | eISSN: 2362-1311(Online)
JOURNAL OF ADVANCED ACADEMIC RESEARCH (JAAR) July 2016

Predictors of the level of Knowledge, Attitude and Practices of HIV & AIDS

Dr. Tej Bahadur Karki
Research Coordinator
Southwestern Centre for Research and PhD Studies
drtej.karki@gmail.com

ABSTRACT

The study was conducted with the aim to explore the predictors of the level of knowledge, attitude, practices of HIV and AIDS. The study was conducted among the 404 respondents of 15-49 years in Kathmandu valley, Nepal. Quantitative technique was adopted during the data collection. Respondents were selected by using the simple random sampling. Linear regression model was used to find out the impact of demographic variables and social factors on level of knowledge, attitude and practices of HIV and AIDS. The result shows that the demographic variables only explain 10.80% of the variation in the knowledge, 39.40% of the variation in the attitude towards the HIV and AIDS and 33.10% of the variation in the practices of HIV and AIDS. Similarly, individual factors (IF), political factors (PF), educational factors (EF), economic factors (EcoF) and socio-cultural factors (SCF) only explains 17.7% of the variation in the knowledge, 12.40% of the variation in the attitude towards HIV and AIDS and 5.01% of the variation in the practices of HIV and AIDS. Individual should be sincere in his/her behavior and practices to reduce the risk of HIV transmission. Besides that, Government should take the responsibilities to address the other factors associated with risk of HIV and AIDS.

KEYWORDS

Attitude, HIV & AIDS, Knowledge, Practices, Predictors

INTRODUCTION

Knowledge, attitude and practices (KAP) are the individual factors which determine the personality of life. It is the universal phenomena that the value of all three characters may not be equal because knowledge and attitude is the mental construct and practice is the physical action. Our personality is fully guided by our socio-cultural orientation. Reasonably and intentionally people cannot go beyond the laws of Nation and socio-cultural rule of society. There is limitation in our action so how people think may not be replicated in every day action. Regarding the connection between KAP of HIV and AIDS; practices may not be equally effective as they have knowledge but variation should be acceptable which may not

cause the risk of HIV transmission. In this study, variation between the knowledge and practices is found high; around 70% (knowledge = 95% - safer sex practices = 25%) variation is found which may cause the high risk of HIV transmission.

HIV is the abbreviation for human immunodeficiency virus and AIDS is the abbreviated form for Acquired Immune Deficiency Syndrome (John Hubley, 1998, p. 1). AIDS is not a disease but a syndrome (Sharma, 2006, p. 18). AIDS is a condition in which body's immune system is impaired or becomes useless (Ahluwalia, 2005, p. 2). It is acquired because AIDS is an infectious disease caused by a virus which is spread from perosn to person through a variety of routes (John Hubley, 1998, p. 1). Regions, countries and groups that are already in disadvantage economically, politically, and socially are often the most vulnerable for HIV transmission.

The origin of the HIV viruses and AIDS is still a mystery. There have been many theories but none so far has been proven.

I. Isolated Community Theory
II. Green Monkey Theory
III. Germ warfare Theory
IV. Mutation Theory (John Hubley, 1998, pp. 31-33).

The HIV and AIDS epidemic started in the mid-80s with a few reported cases across the world and since then, hardly 20 years later, it has developed into a global crisis. It has been described as the most devastating pandemic in the history of modern civilization. Its spread across the globe has been rapid and its impact profound (UNAIDS, 2010). According to the Joint United Nations Programme on HIV and AIDS (UNAIDS) - Globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012. There were 2.3 (1.9–2.7) million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 (3.1–3.7) million in 2001. At the same time the number of AIDS deaths is also declining with 1.6 (1.4–1.9) million AIDS deaths in 2012, down from 2.3 (2.1–2.6) million in 2005 (UNAIDS, 2013)

The first case of AIDS was reported in Nepal in a foreign visitor in 1988. Since then prevalence has climbed steadily. The HIV epidemic in Nepal has evolved from a **"low prevalence" to a "concentrated epidemic"**. Nepal is categorized as a "Concentrated" epidemic country with some of the sub population groups likes: IDUs, MSM and FSWs and their clients, Labor migrants and house wives (Health Services Department, 2008/09).

As per economic situations, PLHIVs were categorized into three subgroups:

i) Destitute (poorest of all),

ii) Middle class and

iii) Best off (richest of all).

It was estimated from various sources, that among entire PLHIVs, 85% were destitute, 25-30 % were middle class and rest 10-15% belonged to best off group (Ahmad M, 2009, p. 30).

As the annual report of MoHP, in 2011, national estimates indicate that approximately 55600 adults and children are infected with HIV virus in Nepal. A total of 18,396 cases of HIV out of them 7437 advanced HIV infection cases had been reported as of Asar 2068. The estimated prevalence of HIV in the adult population is ***0.33***% (GOVERNMENT OF NEPAL MINISTRY OF HEALTH AND POPULATION, 2012, p. iv). According to the data of NCASC, 2013, total estimated number of HIV infection was 48600 and among them adult (15-49) HIV prevalence is 0.28% in 2012 (NCASC, 2013) which is decreased than 2011.

Regarding the multiple effect of HIV in change and development of society and country, we should be aware about the root cause of HIV transmission. One should be aware about it and their attitude should be positive and practices should be safe. From this study, researcher tries to explore the impact of demographic and socio-cultural variables on knowledge, attitude and practices of HIV and AIDS. Impact of these independent variables is explored as predictor of dependents variables (KAP).

METHODOLOGY

Cross sectional data was collected from the 404 respondents comprising garment factory workers, brick factory workers, transport workers and health workers of Kathmandu valley, Nepal. A simple random sampling technique was applied to select the respondents. Self-reported structured questionnaires were administered to collect the data. Linear Regression model was used to analyze the impact of independent variables (demographic variables and other social factors; individual factors, socio-cultural factors, economic factors, educational factors and political factors) on knowledge, attitude and practices of HIV and AIDS. Around 10-12 questions were asked under the each variables; knowledge, attitude and practices then by using the compute command, all single questions were computed to find out the total value. Sex, age, case, marital status, education and occupation were taken for demographic variables. Ethical approval was taken from the Nepal Health Research Council (NHRC) before collecting the data. Individual consent form was filled out from the each respondent in field.

RESULTS AND DISCUSSIONS

Out of total 404 respondents, equal numbers of participant; around 33.33% was selected from the four groups. 70.54% male followed by 29.46% were females in this study. Among them, 57% respondents were married and rest was unmarried. As per ethnicity 53.2% of respondents were Janjati (ethnic group) followed by 30.44% Chhetri and Brahmin, 11.38% Dalit and 5% Muslim/Yadav were participated in research. The mean age of the respondents was 27.31 years, which ranges from 15 years to 49 years. As data of education level of respondents shows that majority (25.50%) of respondents had primary level of education followed by 27.48% respondents from the Higher secondary level and above, 21.29% from lower secondary level, 13.12% from secondary level, 7.92% from literate and 4.7% were illiterate respondents.

1. Predictors of Knowledge of HIV and AIDS

There are various factors which effects the knowledge, attitude and practice of people related to the various activities. Prevalence of HIV and AIDS is the public health problem; it is behavioural disease which depends on the demographic factors of people. Individual, social and professional characteristics of people determine the level of risk of HIV transmission.

1.1 Regression Analysis of demographic variables and Total knowledge of HIV and AIDS

Individual knowledge is directly influenced by the demographic characteristics; age, sex, occupation, education … of people. So, researcher has used the regression model to measure the impact of different demographic variables on knowledge of HIV and AIDS among the respondents.

From the discussion, it is found that the R2 value is .108 which means that demographic variables only explain 10.80% of the variation in the dependent variable. The adjusted R^2 value is .094 which means that the different demographic variables contributed only 9.40% of total value of knowledge of HIV and AIDS. The remaining 90.60% were contributed by other factors which are not included in this study.

Table 1: Regression Analysis of demographic variables and Total knowledge of HIV and AIDS

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.328[a]	.108	.094	59.579
a. Predictors: (Constant), Educational status of respondents, sex of respondents, Marital status of respondents, Caste of respondents, Occupation of respondents, Age of respondents				

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	169052.441	6	28175.407	7.937	.000[b]

	Residual	1402119.572	395	3549.670		
	Total	1571172.012	401			
a. Dependent Variable: Total value of Knowledge						
b. Predictors: (Constant), Educational status of respondents, sex of respondents, Marital status of respondents, Caste of respondents, Occupation of respondents, Age of respondents						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	117.363	32.613		3.599	.000
	Occupation of respondents	-8.645	3.116	-.154	-2.774	.006
	sex of respondents	-9.278	7.018	-.068	-1.322	.187
	Caste of respondents	-2.306	3.994	-.029	-.577	.564
	Age of respondents	-.297	.531	-.036	-.559	.577
	Marital status of respondents	11.901	8.050	.094	1.478	.140
	Educational status of respondents	-14.498	2.307	-.344	-6.284	.000
a. Dependent Variable: Total value of Knowledge						

Data source: Field survey, 2013

The regression analysis on all six demographic variables were found significant at p ≤0.05 (.000), at F = 7.937 to total value of knowledge of HIV and AIDS. However, it was found out that only two variables were significant which have p-value ≤ 0.05, namely occupation of respondents and educational status. Rest four variables i.e. Sex, caste, age and marital status of respondents were not significant to total value of knowledge of HIV and AIDS since the p-value of each was .187, .564, .577 and .140 respectively. We may conclude by saying that at least two demographic variables, namely occupation and educational status of respondents has impact on total knowledge of HIV and AIDS.

The study conducted by Cristina de la Torre et al. in Namibia found that marital status has significant effect on the knowledge of HIV and AIDS. According to their findings, being separated, divorced or widowed significantly increased the likelihood of being HIV positive, among both men and women. Additionally, it also found that rural residents were significantly more likely to be HIV positive than urban individuals in this sample (Cristina de la Torre, May 2009).

1.2 Regression Analysis of factors and total knowledge

A multiple regression analysis is used to test hypothesis. Multiple regression tells how much of the variance in the dependent variable can be explained by the independent variable. From the model summary indicated in Table 1, we can see that the R2 value is .177 which means that individual factors, political factors, educational factors, economic factors and socio-cultural factors only explains 17.7% of the variation in the total knowledge. The adjusted R2

value is .105 which means that the different factors contributed only 10% of total value of knowledge of HIV and AIDS. The remaining 90% were contributed by other factors not included in this study.

Table 2: Regression Analysis of factors and total knowledge

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.342[a]	.117	.105	59.258	
a. Predictors: (Constant), Total_IF, Total_PF, Total_EF, Total_EcoF, Total_SCF					
ANOVA[a]					
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	181947.508	5	36389.502	10.363	.000[b]
	Residual	1376524.291	392	3511.542		
	Total	1558471.799	397			
a. Dependent Variable: Total value of Knowledge						
b. Predictors: (Constant), Total_IF, Total_PF, Total_EF, Total_EcoF, Total_SCF						

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-61.127	18.147		-3.369	.001
	Total_ SCF	.786	.839	.051	.936	.350
	Total_ EcoF	3.195	1.745	.095	1.831	.068
	Total_ PF	15.170	3.892	.196	3.898	.000
	Total_ EF	4.413	2.745	.083	1.608	.109
	Total_ IF	4.427	1.899	.118	2.332	.020
a. Dependent Variable: Total value of Knowledge						

Data source: Field survey, 2013

The regression analysis on all five social factors were found significant at p ≤0.05 (.000), at F = 10.363 to knowledge of HIV and AIDS. However, it was found out that only two factors were significant which have p-value ≤ 0.05, namely political factors and individual factors. Another three factors i.e. Socio-cultural factors, economic factors and educational factors were not significant to total value of knowledge of HIV and AIDS since the p-value of each was .350, .068 and .109 respectively. We may conclude by saying that at least two factors, namely political factors and individual factors has impact on total knowledge of HIV and AIDS.

A study conducted among the garment factory worker of Dhaka, Bangladesh to examine determinant of HIV and AIDS awareness. The results of logistic regression analysis included regression coefficients (β-values), p- values and odds ratios (OR), and 95% level of confidence interval (CI). The study results showed that education has statistically positive significant effect (p<0.001) on awareness about HIV/AIDS. The regression coefficient is 0.56 and OR =1.75 (95% CI=1.241-2.474), which indicates that literate garment workers are 1.75

times more likely to have awareness about HIV/AIDS than that of illiterate counterpart (Md. Nazrul Islam Mondal, November 2010).

2. Predictors of Attitude towards the HIV and AIDS

2.1 Regression Analysis of demographic variables and attitude towards HIV and AIDS

The regression analysis of table no 3 revealed that the R Square (R2) value is .394 which means that demographic variables only explain 39.40% of the variation in the attitude towards the HIV and AIDS. The Adjusted R2 value is .143 which means that the different demographic variables contributed only 14.30% of total value of attitude of respondents towards the HIV and AIDS. The remaining 85.70% were contributed by other factors which are not included in this study.

Table 3: Regression Analysis of demographic variables and attitude towards HIV and AIDS

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.394[a]	.155	.143	92.914

a. Predictors: (Constant), Educational status of respondents, sex of respondents, Marital status of respondents, Caste of respondents, Occupation of respondents, Age of respondents

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	628583.552	6	104763.925	12.135	.000[b]
	Residual	3418690.423	396	8633.057		
	Total	4047273.975	402			

a. Dependent Variable: Total value of attitude

b. Predictors: (Constant), Educational status of respondents, sex of respondents, Marital status of respondents, Caste of respondents, Occupation of respondents, Age of respondents

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	237.605	51.339		4.628	.000
	Occupation of respondents	-22.127	4.850	-.247	-4.563	.000
	sex of respondents	-28.375	10.956	-.129	-2.590	.010
	Caste of respondents	-5.491	6.223	-.043	-.882	.378
	Age of respondents	-.444	.831	-.034	-.534	.594
	Marital status of respondents	23.529	12.618	.116	1.865	.063
	Educational status of respondents	-27.325	3.596	-.406	-7.598	.000

a. Dependent Variable: Total value of attitude

Data source: Field survey, 2013

The regression analysis on occupation, sex, caste, age, marital status and educational status of respondents were found significant at $p \leq 0.05$ (.000), at F = 12.135 to total value of attitude of respondents towards HIV and AIDS. However, it was found out that only three variables were significant which have p-value $\leq$ 0.05, namely occupation, sex and

educational status of respondents. Rest three variables i.e. Caste, age and marital status of respondents were not significant to total value of attitude of respondents towards the HIV and AIDS since the p-value of each was .378, .594, and .063 respectively. We may conclude by saying that at least three demographic variables, namely occupation, sex and educational status of respondents has impact on total value of attitude of respondents towards the HIV and AIDS.

2.2 Regression Analysis of factors and attitude towards HIV and AIDS

From the regression analysis indicated in Table 2, we can see that the R2 value is .124 which means that individual factors, political factors, educational factors, economic factors and socio-cultural factors only explains 12.40% of the variation in the attitude towards HIV and AIDS. The adjusted R2 value is .113 which means that the different factors contributed only 11.30% of total value of attitude towards HIV and AIDS. The remaining 88.70% were contributed by other factors not included in this study.

Table 4: Regression Analysis of factors and attitude

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.352[a]	.124	.113	94.534	
a. Predictors: (Constant), Total_IF, Total_PF, Total_EF, Total_EcoF, Total_SCF					
ANOVA[a]					
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	496904.818	5	99380.964	11.121	.000[b]
	Residual	3521063.859	394	8936.710		
	Total	4017968.677	399			
a. Dependent Variable: Total value of attitude						
b. Predictors: (Constant), Total_IF, Total_PF, Total_EF, Total_EcoF, Total_SCF						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-118.342	28.936		-4.090	.000
	Total_SCF	2.481	1.338	.099	1.855	.064
	Total_EcoF	1.937	2.780	.036	.697	.486
	Total_PF	28.134	6.137	.230	4.584	.000
	Total_EF	4.069	4.343	.048	.937	.349
	Total_IF	7.613	3.028	.127	2.515	.012
a. Dependent Variable: Total value of attitude						

Data source: Field survey, 2013

The regression analysis on all five social factors were found significant at p ≤0.05 (.000), at F = 11.121with total value of attitude towards HIV and AIDS. However, it was found out that only two factors were significant which have p-value ≤ 0.05, namely political factors and individual factors. Another three factors i.e. Socio-cultural factors, economic factors and educational factors were not significant to total value of attitude towards HIV and AIDS since the p-value of each was .064, .486 and .349 respectively. We may conclude by saying that at least two factors, namely political factors and individual factors has impact on total attitude of HIV and AIDS.

3. Predictors of Practices of HIV and AIDS

3.1 Regression Analysis of demographic variables and practices of HIV and AIDS

The regression analysis of table no 5 revealed that the R Square (R2) value is .331 which means that demographic variables explain 33.10% of the variation in the practices of HIV and AIDS. The Adjusted R2 value is .316 which means that the different demographic variables contributed 31.60% of total value of practices of HIV and AIDS. The remaining 68.40% were contributed by other factors which are not included in this study.

Table 5: Regression Analysis of demographic variables and practices of HIV and AIDS

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.575[a]	.331	.316	102.386	
a. Predictors: (Constant), Educational status of respondents, sex of respondents, Age of respondents, Caste of respondents, Occupation of respondents, Marital status of respondents					
ANOVA[a]					
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1393480.681	6	232246.780	22.155	.000[b]
	Residual	2819871.522	269	10482.794		
	Total	4213352.203	275			
a. Dependent Variable: Total value of practices						
b. Predictors: (Constant), Educational status of respondents, sex of respondents, Age of respondents, Caste of respondents, Occupation of respondents, Marital status of respondents						

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	172.592	66.046		2.613	.009
	Occupation of respondents	-6.627	6.373	-.060	-1.040	.299
	sex of respondents	-42.554	15.036	-.152	-2.830	.005
	Caste of respondents	11.920	8.589	.073	1.388	.166
	Age of respondents	-2.002	.984	-.117	-2.035	.043
	Marital status of respondents	148.321	18.462	.466	8.034	.000
	Educational status of respondents	-8.570	4.847	-.102	-1.768	.078

a. Dependent Variable: Total value of practices

Data source: Field survey, 2013

The regression analysis on occupation, sex, caste, age, marital status and educational status of respondents were found significant at p ≤0.05 (.000), at F = 22.155to total value of practices of HIV and AIDS. However, it was found out that only three variables were significant which have p-value ≤ 0.05, namely sex, age and marital status of respondents. Rest three variables i.e. Occupation, caste and educational status of respondents were not significant to practices of HIV and AIDS since the p-value of each was .299, .166, and .078 respectively. We may conclude by saying that at least three demographic variables, namely sex, age and marital status of respondents has impact on total value of practices of HIV and AIDS among the respondents of different groups.

A study conducted by Ministry of Health and Social Services, Namibia found that age was an important predictor of testing positive for HIV after controlling for other variables. Among women, the odds of testing positive were highest for those between the ages of 30 and 39, whereas for men the odds were highest at slightly older ages (35 to 45). Age differentials in HIV status were much more marked among men than among women (Cristina de la Torre, May 2009).

3.2 Regression Analysis of factors and practices of HIV and AIDS

From the regression analysis indicated in Table 3, we can see that the R2 value is .051 which means that independent variable only explains 5.01% of the variation in the practices of HIV and AIDS. The adjusted R2 value is .033 which means that the different factors contributed only 3.03% of total value of practices of HIV and AIDS. The remaining 96.97% were contributed by other factors not included in this study.

Table 6: Regression analysis of factors and practices

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.226[a]	.051	.033	121.831	
a. Predictors: (Constant), Total_IF, Total_PF, Total_EF, Total_EcoF, Total_SCF					
ANOVA[a]					
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	214258.890	5	42851.778	2.887	.015[b]
	Residual	3977867.041	268	14842.787		
	Total	4192125.931	273			
a. Dependent Variable: Total value of practices						
b. Predictors: (Constant), Total_IF, Total_PF, Total_EF, Total_EcoF, Total_SCF						
Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	88.993	43.633		2.040	.042

	Total_SCF	5.073	2.045	.168	2.480	.014
	Total_EcoF	-.764	4.181	-.012	-.183	.855
	Total_PF	-4.181	9.402	-.028	-.445	.657
	Total_EF	12.345	6.359	.123	1.941	.053
	Total_IF	-1.722	4.902	-.023	-.351	.726
a. Dependent Variable: Total value of practices						

Data source: Field survey, 2013

The regression analysis on all five social factors were found significant at p ≤0.05 (.015), at F = 2.887 to practices of HIV and AIDS. However, it was found out that only two factors were significant which have p-value ≤ 0.05, namely Socio-cultural factors and educational factors. Another three factors i.e. Economic factors, political factors and individual factors were not significant to total values of practices of HIV and AIDS since the p-value of each was .855, .657 and .726 respectively. We may conclude by saying that at least two factors, namely Socio-cultural factors and educational factors have impact on practices of HIV and AIDS.

The above discussion shows that there is no impact of economic factors in case of Nepalese context on the practices of HIV and AIDS but in general various previous literatures have revealed that significant impact of economic activities on risk of HIV and AIDS so that the findings gives the different result than the previous study.

On the basis of analysis of various previous study, Stelios H. Zanakis, Cecilia Alvarez and Vivian Li has developed their hypothesis that 'The relationship between wealth or economic development of a nation and the nation's HIV/AIDS epidemic is negative' (Stelios H. Zanakis, 2007). According to Piot et al., because AIDS kills people as well as economic activity, the AIDS's influence on the GDP underestimates the AIDS impact on humanity. The HIV/AIDS impact on household not only reverses the capacity to accumulate savings, but also reduces consumption, generating lower earning capacity, productivity, and greater medical, funeral and legal costs (2001).

Migration is one universal phenomenon which was inexistence from the ancient periods to post-modern era. Everybody want to get better life so in search of job and opportunity, people migrate from one place to another place. From the various previous studies, it was explored that high frequency of movement is associated with the risk of HIV transmission. Jochelson et al. said that separation from their family for long periods coupled with low wages propitiates the prevalence of HIV infection among migrant labourers and prostitutes (1991). @

There is also some evidence that in Nigeria the working and associated social life of long distance truck drivers, coupled with economic difficulties of the female population has

contributed to the spread of sexual transmitted diseases including HIV (Orubuloye, 1993). The inability of economic development to offer everyone the opportunity to make a decent way of life triggers the development of parallel sexual economies of prostitution sometimes associated to HIV (Piot P. A., 1998). Similarly, it is also found that engaging in transactional sex also significantly increased the odds of testing positive for HIV among both men and women (Cristina de la Torre, May 2009).

CONCLUSIONS

Risk behavior of individual is directly determined from their knowledge, attitude and practices. What they know and how they perform are important to know their personality. From the various discussions, it is found that those people who have adequate knowledge of HIV transmission however their practice is poor. Demographic variables have comparatively significant impact on knowledge, attitude and practices than other social factors. Demographic variables contributed 31.60% whereas different factors contributed only 3.03% of total value of practices of HIV and AIDS. Political factors and individual factors have impact on total knowledge and attitude of HIV and AIDS. Similarly, Socio-cultural factors and educational factors have impact on practices of HIV and AIDS.

REFERENCES

Ahluwalia, V. A. (2005). *HIV/AIDS: Transmission, Prevention and Alternative Therapies.* New Delhi, India: Lotus Press.

Ahmad M, D. B. (2009, Sep). Situation of People Living with HIV/AIDS (PLHIV) in Jhapa District: A Qualitative Study. *Journal of GMC Nepal, 2*(3), 30-38.

Cristina de la Torre, S. K. (May 2009). *HIV/AIDs in Namibia: Behavioral and Contextual Factors Driving the Epidemic.* Namibia: Republic of Namibia: Ministry of Health and Social Services, MEASURE Evaluation, Macro International Inc., USAID/Namibia.

GOVERNMENT OF NEPAL MINISTRY OF HEALTH AND POPULATION. (2012). *Annual Report 2067/068 (2010/2011).* DEPARTMENT OF HEALTH SERVICES . Kathmandu: MINISTRY OF HEALTH AND POPULATION.

Health Services Department. (2008/09). *Annual Report.* Kathmandu: Government of Nepal. Ministry of Health and Population.

Jochelson, K. M. (1991). HIV and the immigrant labor in South Africa. *International Journal of Health Services, 21*, 157–173.

John Hubley, S. C. (1998). *The AIDS: Handbook A guide to the understanding of AIDS and HIV.* New Delhi, India: Popular Prakashan Private Limited.

Md. Nazrul Islam Mondal, N. H. (November 2010). Determinants of HIV/AIDS Awareness among Garments Workers in Dhaka City, Bangladesh . 1-13.

NCASC. (2013). *Factsheet N 1: HIV Epidemic of Nepal, As the Nov 2013.* Kathmandu, Nepal: Ministry of Health & Population, Government of Nepal.

Orubuloye, I. C. (1993). The role of high risk occupation in the spread of AIDS: Truck drivers and itinerant market women in Nigeria. *International Family Planning Perspectives, 2*, 43–48.

Piot, P. A. (1998). The global epidemic. *AIDS Care , 10* (2), S201–S208.

Piot, P. B. (2001). The global impact of HIV/AIDS. *Nature, 410*, 968–973.

Sharma, S. (2006). *HIV/AIDS and You.* New Delhi, India: A P H Publishing Corporation.

Stelios H. Zanakis, C. A. (2007). Socio-economic determinants of HIV/AIDS pandemic and nations efficiencies. *European Journal of Operational Research , 176*, 1811–1838.

UNAIDS. (2010). *Report on the Global AIDS Epidemic*. UNAIDS.

UNAIDS. (2013). *Global report: UNAIDS report on the global AIDS epidemic 2013.* Joint United Nations Programme on HIV/AIDS (UNAIDS).