

Sexual Behaviours and Awareness of HIV and AIDS among Migratory People

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Abstract

In the context of Nepal, where the epidemiological status of HIV&AIDS is presumed to be in its early stages, a growing body of evidence indicates that HIV is emerging as a significant public health concern in the country. In response, both governmental and non-governmental entities have formulated strategic plans and policies to combat the pervasive impact of HIV & AIDS. The imperative for educational institutions is to comprehensively disseminate information to both the youth and the broader community, fostering knowledge, motivational skills for self-protection against HIV & AIDS, and cultivating an attitude of non-discrimination and care for individuals living with HIV & AIDS. This field-based study focuses on exploring sexual behaviors and awareness regarding HIV & AIDS among migratory populations in the Khatyad Rural Municipality of the Mugu district, Nepal. Employing a descriptive and qualitative research design, the study underscores the examination of sex behaviors, knowledge levels, and attitudes prevalent among migratory individuals concerning HIV & AIDS. The findings of this research can serve as valuable insights for policymakers in devising strategic plans and for education specialists in crafting targeted HIV & AIDS education initiatives within educational frameworks. Primary data for the study were gathered directly from the field, with a study population comprising 80 migratory individuals aged 15-60 years. The majority of these individuals were found to be married but lacking formal education. Approximately half of the respondents were aware of HIV & AIDS, with education correlating to awareness of preventive measures. A subset of respondents (14%) reported engagement in pre-marital sexual practices. The study unveiled a general lack of awareness among migratory individuals regarding HIV & AIDS, with insufficient knowledge on the subject. Notably, a few educated respondents exhibited a positive attitude towards individuals living with HIV. Consequently, the study identifies HIV & AIDS as a critical public health issue requiring immediate attention.

Keywords: Migrants, HIV and AIDS, Knowledge, Perception, Awareness

Introduction

With the incidence of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) continuously growing globally, HIV and AIDS pose a huge global health concern. Over the more than four decades since the beginning of the HIV/AIDS epidemic, the worldwide count of infections has reached millions, resulting in over 20 million fatalities and a steady climb with more than ten new infections happening every minute. Notably, the majority of these new infections predominantly affect young adults, with developing countries experiencing higher HIV AIDS incidence rates compared to their developed counterparts.

The identification of the virus causing AIDS, initially discovered by Dr. Luc Montagnier in France in 1983 and subsequently by Dr. Robert Gallo in the USA, led to the nomenclature of the Human Immunodeficiency Virus (HIV) (WHO, 2018). Presently, approximately 33 million people live with HIV globally, and a staggering 95 percent of them reside in developing countries. The AIDS-related death toll since the onset of the epidemic has reached 2.0 million, with an additional 2.7 million people contracting HIV in 2018 alone, translating to about 1400 new infections daily (Ale, 2019).

While less than 1% of the adult population is estimated to be HIV-positive, the prevalence rate conceals a concentrated epidemic among vulnerable populations such as Female Sex Workers (FSWs), Injection Drug Users (IDUs), Men who have Sex with Men (MSM), and migrants. The illness is typically transmitted by intravenous drug usage and unprotected intercourse. Notably, new infections increased sharply after 1990, coinciding with civil turmoil, although recent research implies a leveling off with lower frequency and overall numbers.

The government of Nepal recorded 1,610 cases of AIDS and 10,546 HIV infections as of December 2007, whereas UNAIDS estimates from 2005 indicated that roughly 7,500 persons in Nepal were HIV positive. In December 2015, the National Center for AIDS and STD Control (NCASC) predicted a higher total of over 70,000 (Khanal, 2014).

In Nepal, the pandemic is mostly fuelled by IDUs, migrants, sex workers and their clients, and MSM. According to the 2007 Integrated Bio-Behavioral Surveillance Survey (IBBS), HIV prevalence rates among urban IDUs range from 6.8 percent to 34.7 percent. According to the 2006 Integrated Bio-Behavioral Survey (IBBS) among migrants, labor migrants account for the bulk of Nepal's HIV-positive population, with a remarkable 2.8 percent infection rate among migrants returning from Mumbai and Kolkata, India. In 2007, HIV prevalence among FSWs and their clientele was less than 2% and 1%, respectively, and 3.3 percent among urban-based MSM. The far west of the country, where migrant labor is more widespread, and metropolitan regions had higher HIV rates.

Labor migrants account for 41% of all known HIV infections in Nepal, according to a 2007 United Nations General Assembly Special Session (UNGASS) study, followed by clients of workers (15.5%) and IDUs (10.2%) (Chudhary, 2017).

The latest available report (US Census Bureau/NCASC/IBBS and USAID-Nepal-2007) indicates an HIV prevalence below 0.5 percent in Nepal, with only 13 percent of the total infected population receiving Antiretroviral Therapy. Among women aged 15-49, an estimated 25 percent have been affected by HIV by the end of 2007, with predominant modes of transmission being heterosexual sexual contact and injection drug use.

HIV is predominantly transmitted through unprotected sexual activities, with semen and vaginal fluids serving as the primary carriers. Globally, sexual transmission is most frequently observed between heterosexual partners, although in some developed countries, homosexual activity remains a significant mode of transmission. In addition to sexual intercourse, HIV can be transmitted through drug-related practices, such as the sharing of contaminated needles, as well as through the transfusion of infected blood or blood products. Transmission can also occur from an infected mother to her child, either before birth or shortly after delivery. Notably, HIV is more

readily transmitted from men to women. The profound danger of AIDS lies in its universal susceptibility, leading to inevitable fatality. Consequently, exercising caution in selecting safe sexual partners is imperative to avoid severe consequences (Khanal, 2014).

The global discourse on AIDS has intensified, with a plethora of articles and books dedicated to its study, despite its relatively recent emergence within the past 25 years. The HIV & AIDS threat is escalating worldwide, with an estimated 40.3 million people living with the virus globally. In 2005 alone, approximately 5 million individuals were newly infected, resulting in a total of 4.1 million AIDS-related deaths that same year (UNAIDS, 2005).

Nepal is not exempt from this global challenge. The first case of HIV & AIDS was reported in July 1988, and the figures have been steadily increasing. Present estimates by the World Health Organization (WHO) suggest around 5,000-6,000 HIV-positive cases in Nepal (WHO, 2004). Surveillance data from the National Center for AIDS Control (NCASC) indicates a cumulative total of 6,128 HIV-positive cases, including AIDS, by the end of February 28, 2006 (NCASC, 2006). Roughly 50 percent of these cases involve Nepalese returning from India, with the number of HIV-positive individuals increasing steadily. The primary contributors to HIV transmission in Nepal are identified as illiteracy, limited healthcare access, a deteriorating socio-economic pattern, open borders with India facilitating girls trafficking to Indian brothels, cultural values, and seasonal migration. Adult heterosexual interactions account for 25 percent of total infections (NCASC, 2006).

Sexuality, an intensely personal experience shaped by individual perspectives derived from private experiences and societal influences, has been a subject of fascination throughout history. Art, literature, religion, philosophy, and legal systems have sought to establish sexual values and norms to shape human behavior (Khanal, 2014).

Migratory populations often grapple with questions surrounding sexuality, including concerns about normalcy, body changes, fantasies, sexual attraction, and satisfaction. Curiosity about heterosexuality, bisexuality, masturbation, and sexual relationships with individuals of the same or opposite sex is common. Young people, in particular, are vulnerable to HIV infection due to early engagement in sexual behaviors and experimentation with drug use, including the use of infected needles. Many lack awareness about HIV & AIDS, making them susceptible to the risks associated with uninformed behavior.

This study is grounded in the premise that HIV & AIDS is a social problem stemming from deviant sexual behavior. The environment and livelihood patterns shape human behavior, influencing knowledge systems, attitudes, and practices toward HIV & AIDS. These factors may vary across different social and cultural settings, ultimately influencing behavior and responses to the epidemic.

Objectives of the Study

The study was undertaken with specific objectives, which are outlined as follows:

- a) To assess the awareness of migratory people towards HIV & AIDS.

b) To investigate the sexual behavior patterns among migratory individuals.

Delimitation of the Study

Like any research endeavor, this study encountered certain limitations and delimitations due to constraints such as financial, temporal, and human resources. The researcher, in this case, faced similar limitations. The delimitations of this study are articulated as follows:

- i. The geographic focus of the study was primarily on Ward No. 5 of Khatyad Rural Municipality in Mugu District.
- ii. The study exclusively targeted migratory individuals within the age group of 15 to 60 years.
- iii. The scope of the study was confined to examining knowledge toward sexual behavior concerning HIV & AIDS.
- iv. The research design employed in this study was descriptive in nature.

Review of Related Literature

Ali (2019) notes that AIDS was first discovered in June 1981, and the initial cases involved young homosexual men with a rare lung infection. The disease originated in Zaire, Africa, but was first discovered in the United States. In October 1987, AZT was introduced as the first AIDS treatment. Preliminary trials for an experimental AIDS vaccine on HIV-positive volunteers began in 1999. These events are included in the chronology of AIDS discoveries. Men are reported to be more likely than women to believe that AIDS can be avoided by using condoms, and perceptions of preventive measures vary between genders.

The Ministry of Health (2012) highlights migratory data in Nepal, indicating that a significant number of men migrate annually to India for work, particularly to cities like Mumbai and Kolkata, where HIV prevalence is high. Nepali migrants are shown to frequent sex work establishments in these cities, and evidence suggests that some migrants return home to rural areas of Nepal infected with HIV. High rates of migration and mobility in Nepal contribute to unsafe sexual practices, including multiple sexual partners and engagement in commercial sex. The study underscores the need for understanding the economic and social factors influencing migrants' behavior and the potential transmission of HIV.

The aforementioned theoretical perspectives set the stage for the study, emphasizing the dynamics of HIV and AIDS among migratory populations. The complexities of migration, economic survival, and the impact on traditional social structures are crucial considerations for understanding the vulnerability of migrants to HIV/AIDS and its potential transmission to their spouses.

In light of the circumstances surrounding migrants and their spouses, there is a noticeable gap in available knowledge regarding the awareness of HIV and AIDS among the spouses of migrant workers. The existing literature supports the identification of the problem addressed in this study. Drawing upon various methods used in previous studies, the current research aims to provide a comprehensive understanding of the awareness levels of spouses of migrant workers

regarding HIV and AIDS. The insights gained from the literature review contribute to the study's methodology and assist in painting a clear picture of the overall community awareness levels.

Khanal (2014) conducted an examination of awareness regarding HIV & AIDS, drawing on data from the Nepal Family Health Survey (1996), which surveyed 8,430 ever-married men aged 15-49. Within this cohort, 982 respondents belonged to the 15-19 age group. The findings revealed that 44 percent of late adolescent females were ever married, yet only 6.5 percent were currently using family planning. In the overall reproductive age group (15-49), the current use of family planning stood at 28.5 percent. The survey highlighted a positive correlation between age and knowledge of AIDS, with approximately 29 percent of 15-year-olds being aware of it. Moreover, education played a significant role, with 69 percent of those with no formal education having limited knowledge, compared to 72 percent among those with secondary education or higher.

Josi (2002) explored the knowledge and behavior of STDs and HIV & AIDS among tempo drivers in the Kathmandu Metropolitan City. Among the 87 surveyed tempo drivers, 2.3 percent believed that HIV & AIDS could be transmitted through casual contact, such as shaking hands, hugging, and kissing, while the majority (85 respondents) disagreed with this notion. Additionally, only one respondent out of 87 believed that sharing clothes and toilets could transmit HIV & AIDS through unprotected sexual intercourse. Furthermore, only 32.2 percent of respondents believed that HIV & AIDS could be transmitted from an infected mother to her child. Knowledge on transmission via transfusion of infected blood and sharing infected needles was notably low, with only 34.5 percent aware that HIV & AIDS could be transmitted through transfused blood.

While the existing literature provides valuable insights into the dynamics of HIV and AIDS among migratory populations, particularly focusing on migrants heading to urban areas for work, a significant research gap is evident concerning the awareness of HIV and AIDS among the spouses of migrant workers. The reviewed studies emphasize the economic and social factors influencing migrants' behaviors, their vulnerability to HIV/AIDS, and its potential transmission to spouses. However, there is a noticeable lack of information regarding the awareness levels of spouses regarding HIV and AIDS. The available literature addresses the issue indirectly by exploring the migratory patterns, sexual practices, and knowledge levels among different demographic groups, but a focused investigation into the awareness levels among spouses is lacking. This gap underscores the need for targeted research to understand and address the specific challenges faced by this demographic group in the context of HIV and AIDS awareness. The current research aims to bridge this gap by providing a comprehensive understanding of the awareness levels of spouses of migrant workers, contributing to the overall community awareness landscape.

Research Methodology

Design and Method of the Study

The research methodology employed in this study aimed to delineate activities directed toward achieving the primary objective. To enhance the value and reliability of the study, various research methods were incorporated. The study adopted a descriptive type of quantitative

research design, commonly employed in research endeavors. The investigation focused on migratory individuals in Ward No. 5 of Khatyad Rural Municipality in the Mugu District, utilizing both primary and secondary sources of data.

Sampling Procedure and Sample Size

Referring to the village profile of Ward No. 5 in Khatyad Rural Municipality, it was identified that the total population in this area is 2500. The specific population targeted for this study encompasses migratory individuals aged 15-60, with a sample size of 50 males and 30 females.

Study Areas

The study was conducted in the Karnali Province, specifically in the Mugu District within Khatyad Rural Municipality's Ward No. 5. This region, situated in the western part of Nepal, is characterized by remoteness. The rural municipality comprises 495 households with a total population of 2500, consisting of 1365 females and 1135 males. The area is marked by low education and economic status, falling below basic needs.

Data Collection Tools & Techniques

The primary tool for collecting necessary information in this study was the interview schedule. The researcher developed the interview schedule by consulting related references and materials. The schedule comprised both structured and semi-structured questions. Feedback and recommendations from supervisors and experts were considered during its development. A trial test involving 80 migratory individuals refined the interview schedule, ensuring its validity and reliability. Suggestions from advisors and experts were incorporated to enhance the applicability of the research.

Data Collection Procedure

This study predominantly relied on primary data, complemented by necessary secondary data. The primary data source was the entire migrant community. The data collection procedure involved securing authorization from the chairman of Khatyad Rural Municipality through an official request letter from the Department of Health Education. The researcher, equipped with the letter, explained the purpose of the study and its objectives to each respondent. Data was then collected through the administration of the interview schedule.

Data Analysis Procedures

Upon completion of data collection, the filled interview schedules underwent a meticulous check to rectify errors and inconsistencies. The raw data was edited, tabulated, and organized as per the research requirements. The Microsoft Word program facilitated the presentation of data in tables and figures, including bar diagrams and pie charts. Finally, a summary, conclusions, and recommendations were drawn based on the processed data.

Analysis and Interpretation of the Results

The primary objective of this study was to explore sexual behavior and awareness regarding HIV & AIDS among migratory individuals. Following data collection, a meticulous tabulation, analysis, and presentation process ensued, employing tables, graphs, and charts for enhanced clarity. The findings are interpreted across five distinct sections, namely:

1. Demographic and Socioeconomic Characteristics
2. Awareness on HIV & AIDS
3. Attitude on HIV & AIDS
4. Sex Behavior of Respondents
5. Access to Communication Media

Demographic and Socioeconomic Characteristics

Respondents were deliberately selected from diverse representative groups comprising spouses of migrant workers who had received partial benefits from implemented programs by organizations.

Ethnic Composition of the Respondents

The sample population was categorized into three major ethnic groups: Brahmins, Chhetris, and Dalits. The ethnic composition of the sample population is detailed below.

Table 1
Distribution of the respondents by Ethnic Composition

| Groups | No. of Respondents | Percentage |
|--------------|--------------------|-------------|
| Brahmins | 3 | 3.75 |
| Chhetries | 59 | 73.75 |
| Dalit | 18 | 22.50 |
| Total | 80 | 100% |

Among the selected respondents, the majority, comprising 73.75 percent, hailed from Chhetri families, representing the highest proportion at 22.50 percent. Dalit families constituted the second-largest group, accounting for 3.75 percent, while Brahmin families ranked third in terms of representation.

Economic Condition of the Respondents

The economic condition serves as a catalyst for the prevailing migration trend, as individuals across all societal strata are invariably reliant on their economic status for sustenance.

The economic dimension stands as a pivotal component across communities, providing a metric to gauge the social and behavioral aspects of individuals' circumstances. In the context of HIV and AIDS, understanding the economic backdrop becomes crucial for analyzing the risk behavior associated with contracting HIV.

Table 2
Distribution of Respondents by Economic Condition

| Income Source | Respondents | Percentage |
|-------------------------------|--------------------|-------------------|
| Agriculture/ Animal husbandry | 64 | 80 |
| Casual works | 8 | 10 |
| Family members job/ pension | 3 | 3.75 |
| Business | 5 | 6.25 |
| Total | 80 | 100% |

Income Sources of Respondents' Families

As per the income source data, the families of respondents (spouses of migrants) exhibit a reliance on multiple income streams, navigating through challenging economic conditions. Nearly all respondents acknowledged that their husbands migrate to other countries in pursuit of earning financial resources for the betterment of their own and their children's future. Out of the 80 respondents, the remittances received from their spouses were identified as a significant pillar of financial support, complementing other avenues such as income derived from regular agricultural and animal husbandry activities, as well as miscellaneous casual incomes. Although specific details regarding the amount and frequency of remittances were not explicitly disclosed, a majority of respondents affirmed that the business support provided by their spouses played a pivotal role in managing household affairs with relative ease.

Age Distribution of the Respondents

The topic concerns with the number of respondents of different age group living in study area. The study was conducted in migratory people. The following table percents the age distribution of the respondents.

Table 3
Distribution of the Respondents by Age

| Age group | No. of Respondents | Percentage |
|------------------|---------------------------|-------------------|
| 15-25 years | 22 | 27.50 |
| 26-45 years | 40 | 50 |
| 46-60 years | 18 | 22.50 |
| Total | 80 | 100% |

Table 3 shows that forty percent of the respondents were between the ages of 26 and 45, twenty-seven percent (22) were between the ages of 15 and 25, and eighteen percent (18) were between the ages of 46 and 60. According to the research, the age group of 26–45 years old accounted for the largest number of respondents (52 percent), while the age group of 46–60 years old accounted for the lowest percentage (20 percent).

Educational Status of the Respondents

Education is one of ways to the development of Social and economic status of the community. Without proper education people cannot progress and sustain in this modern world. The following table presents that educational status of the respondents

Table 4
Distribution of the Respondents by Educational Status

| Educational status | No. of Respondents | Percentage |
|---------------------------|---------------------------|-------------------|
| Literate | 40 | 50 |
| Illiterate | 14 | 17.50 |
| Secondary Level | 20 | 25 |
| Higher Secondary Level | 6 | 7.50 |
| Total | 80 | 100% |

Table 4 how that out of 80 respondents 50 percent (40) of the respondents were literate followed by 19.75 percent (14) respondent who had just acquired secondary level, 25 percent (20) respondents had primary level and only 7.50 percent (6) respondent of the who had completed higher secondary level, education.

Education has a strong potential to make a different to fight against HIV & AIDS Hence, on the basis of the table, highest number (40 percent) of respondent are found to be literate and any few (7.50 percent) number of the respondents have acquired higher secondary level of education.

Knowledge Regarding HIV & AIDS

The understanding of respondents regarding HIV & AIDS holds paramount significance as it serves to instill awareness about the transmission and preventive measures associated with the disease. This knowledge, in turn, has the potential to influence individual health behaviors, providing essential guidance for the prevention and control of HIV & AIDS. This section delves into the various levels of knowledge regarding HIV & AIDS among the respondents, constituting a pivotal aspect of the study. The key components include:

Familiarity with HIV & AIDS

In urban settings, a substantial portion of the population is familiar with HIV & AIDS through diverse communication channels and media. Conversely, when considering rural communities, the ensuing table elucidates the extent to which rural individuals are acquainted with HIV & AIDS.

Table 5
Hear of HIV & AIDS

| Response | No of Respondents | Percentage |
|-----------------|--------------------------|-------------------|
| Yes | 65 | 81.25 |
| No | 15 | 18.75 |
| Total | 80 | 100% |

Table 8 show that out 65 respondents 81.25 percent of the respondent had heard of HIV & AIDS and 18.75 percent didn't hear about HIV & AIDS.

Source of Information about HIV & AIDS

Communication media Mays admiral are in disseminating HIV & AIDS message to the people. The role of channels through different media of communication in providing message to the migratory people, people cannot be neglected. The respondent's response about the source of information from which they heard about HIV & AIDS, the following table presents the source of information about HIV & AIDS.

Table 6
Distribution of Respondents by Sources Information about HIV&AIDS

| Source | No. of Respondents | Percentage |
|-----------------------|---------------------------|-------------------|
| Radio/ TV | 28 | 35 |
| Doctor/ Nursing staff | 12 | 15 |
| School/ Campus | 21 | 26.25 |
| News papers | 2 | 2.50 |
| Health post | 3 | 3.75 |
| Friends | 6 | 7.50 |
| Don't know | 8 | 10 |
| Total | 80 | 100% |

Table 6 shows that responses of 180 respondents, 35 percent respondents had heard about HIV & AIDS by Radio/TV, 15 percent respondents heard by Doctor/ Nursing, 26.25 percent heard by School/ Campus, 2.50 percent respondents Know from newspapers, 3.75 percent respondents by Health post and 7.50 percent respondents hear from their friends and 10 percent respondents Don't know.

It was found out that almost all the respondent had same sources of information on HIV & AIDS but source of the information was found to be different on the basic of this information, it can be said that radio is the most common source of information. So, It may be concluded that Radio/TV and School/Campus are the main sources of the knowledge regarding HIV & AIDS.

Meaning of AIDS

AIDS is as a fatal illness caused by a retrovirus known is the human immune deficiency virus. HIV & AIDS is counted as serious social problem in the world which affects immune system of the human body, giving rise to wide range of sign and symptoms of AIDS. The following table presents the definition of AIDS as stuffed by the respondents.

Table 7

Distribution of Respondents by Definition about AIDS

| Definition | No. of Respondents | Percentage |
|------------------------------|---------------------------|-------------------|
| It is fatal Disease | 5 | 6.25 |
| Sexually transmitted disease | 50 | 62.50 |
| Decrease immune power | 18 | 22.50 |
| Don't know | 7 | 8.75 |
| Total | 80 | 100% |

Table 7 show that, 6.25 percent respondents have responded that HIV & AIDS is as a fetus disease, 62.50 percent responded disease answered that HIV & AIDS is a Sexual transmitted disease, 22.50 percent respondent answered that HIV & AIDS decreases immunity power and 8.75 percent respondent's didn't answer about HIV & AIDS.

Knowledge of Symptoms of HIV & AIDS

Generally, people have a common feeling that the person infected with HIV is identified through other symptoms. However, the reality is that a person infected with HIV will become sick only when he/ she enters into AIDS stage. To study the knowledge of sign and symptoms of HIV & AIDS, one open question is asked to respondents. Who had heard about HIV & AIDS. The following table presents the respondent's response.

Table 8

Distribution of Respondents by Knowledge of Sign and Symptoms about HIV & AIDS

| Response | No. of Respondents | Percentage |
|-----------------|---------------------------|-------------------|
| Loss of weight | 15 | 18.50 |
| Diarrhoea | 5 | 6.25 |
| Fever | 15 | 18.75 |
| All of above | 30 | 37.50 |
| Don't know | 15 | 18.75 |
| Total | 80 | 100% |

Table 8 shows that 80 respondents among the knowledge on symptoms of AIDS, 18.75 percent respondent said as loss of weight, 6.25 percent respondents said as diarrhea, 18.75 percent respondents said as Fever, 37.50 percent respondents said the all causes and symptoms of AIDS and 18.75 percent respondent didn't know symptoms of AIDS. The above information reveals that is very low level of awareness on symptoms of AIDS.

HIV & AIDS Curable or Not

AIDS is not a curable disease. It is not yet a curable disease but the scientists are trying to find out drugs for its cure public awareness about AIDS is an important aspect of behavioral change. The following figure presents the response.

Table 9

Distributions of Respondents about HIV & AIDS as a Disease Curable or Not

| Response | No. of Respondents | Percentage |
|-----------------|---------------------------|-------------------|
| Don't know | 20 | 25 |
| Curable | 5 | 6.25 |
| Not curable | 55 | 68.75 |
| Total | 80 | 100% |

Above table show that out of 80 respondents 25 percent of the respondents think that AIDS is don't know where 68.75 percent Not curable and 6.25 percent respondent is a curable disease. The study showed that only 42 percent of the respondent had known that AIDS is not curable disease.

Mode of transmission of HIV& AIDS

The major ways that HIV and AIDS are spread are through sexual contact, blood transfusions, contaminated syringe needles, and sexual contact between an HIV-positive mother and her child. There is no proof that regular contact, kissing, hugs, food, drink, or bug or

mosquito bites may spread the HIV virus. The replies from the respondents are shown in the following table.

Table 10

Distribution of Respondents by Knowledge on mode of Transmission of HIV & AIDS

| Response | No. of Respondents | Percentage |
|------------------------------|---------------------------|-------------------|
| Sexual Transmission | 23 | 35 |
| HIV infected blood | 7 | 8.75 |
| Contaminated syringes | 10 | 12.50 |
| HIV infected mother to child | 10 | 12.50 |
| All of the above | 25 | 31.25 |
| Don't know | 5 | 6.25 |
| Total | 80 | 100% |

Table 10 show that, 35 percent of the respondents answered that the sexual transmission is the main routes of transmission of HIV & AIDS. Similarly, 8.75 percent answered HIV infected blood, 12.50 percent answered contaminated syringes, 12.50 percent answered HIV infected mother to child, 31.25 percent answered the all of the above routes and 6.25 percent of the respondents didn't give any answers.

Knowledge on Prevention and Control of HIV & AIDS

"Prevention is better than cure" This is applicable to both curable and non-curable disease. It is particularly in disease that non-curable disease. It is particularly in disease that once occurred cannot be cured at all. If the person knows about the method of prevention, they can prevent themselves from the disease. To identify the knowledge on method of protection against HIV & AIDS, question has been asked and responses are presented in the following table.

Table 11

Distribution of Respondents by Knowledge on Prevention and Control of HIV& AIDS

| Response | No. of Respondents | Percentage |
|----------------------------------|---------------------------|-------------------|
| Using condoms during intercourse | 25 | 31.25 |
| Avoid multiple Sexual contact | 16 | 20 |
| Not using unsterilized syringes | 9 | 11.25 |
| Not using HIV infected blood | 8 | 10 |
| All of the above | 20 | 25 |
| Don't know | 4 | 5 |
| Total | 80 | 100% |

Table 11 shows that, 80 respondents, 31.25 percent inter course, 20 percent respondents answered using condoms during intercourse, 20 percent respondents answered avoid multiple sexual contact, 11.25 percent respondents answered not using unsterilized syringes, 10 percent respondents answered not using HIV infected blood, 25 percent respondents answered all of the above as the preventive measures and 5 percent respondents answered that they didn't know about the prevention and control of HIV & AIDS.

Sex Behavior of Respondents

Sexual behavior is a private affair and people are not generally inclined to take outside researchers about their sexual behavior and experiences. However, changing of sexual behavior is not easy just like smoking and drinking, sex gives shorten satisfaction and because many people are basically hedonistic, possible consequences in the distant future do not night heavily.

People do different things with each other to express their sexual felling. They touch each other's body, head, hand, smooth, have intercourses and do other things that feel good to them as people grow up people begin to feel attracted to opposite sex want to express their feeling. The sexual behavior before marriage has been controlled in all societies by religious, ethnical, moral and ideological values that put restrictions on its expression, sexual mortality varies with respect to culture and social classes. This parts deals with different aspects, which are the most important part of this study. There are:

Use of Condom

Condom is safe guard for the prevention of HIV & AIDS. So, proper use of Condom during sexual intercourse reduces the risk of transmitting and acquiring HIV infection and STI.

Having viewing and knowing of availability of condom are not enough. In fact it is important to bring the knowledge into practices as it is important to know the methods of using condom. The data below shows the use of condom or not.

Table 12

Distribution of Respondents by Use of Condom or Not

| Response | No. of Respondents | Percentage |
|--------------|--------------------|-------------|
| Yes | 30 | 37.50 |
| No | 50 | 62.50 |
| Total | 800 | 100% |

Table 12 shows that, out of 30 respondents, 37.50 percent (married and involve in pre-marital sex) of respondents use condom during the sexual intercourse and 62.50 percent of the respondent did not use condom during sexual intercourse. The above information reveals that the majority of respondents didn't use

Key Findings

1. Demographic and Social Economic Characteristics:
 - 73.75% of respondents were from Chhetri families, indicating diverse vulnerability across all communities.
 - A majority belonged to the 20-39 age group, with 80% vulnerable to HIV due to limited awareness of their spouses' sexual activities abroad.
 - Many respondents had low education levels and inadequate income sources, driving migration to bridge financial gaps.
2. Awareness on HIV & AIDS:
 - Approximately 60.50% of respondents had heard of HIV & AIDS.
 - Radio/TV served as the primary source of information for 65% of those aware.
 - 45.01% were unaware of whether HIV & AIDS is curable.
 - 9.60% lacked knowledge about the modes of transmission.
3. Attitude and Sex Behavior:
 - 40% did not know the appropriate age for first sexual intercourse.
 - 62% engaged in pre-marital sexual activities, with 62% not using condoms.
 - 82% considered 20-23 years as the appropriate age for marriage.
4. Access to Communication Media:
 - Limited access to newspapers but prevalent access to radios (62% ownership).
 - Only literate individuals could identify HIV-infected people.
5. Healthcare Seeking Behavior:
 - A majority did not consult doctors for sexual problems.

This comprehensive study sheds light on the unique challenges faced by migratory populations in rural Nepal concerning HIV & AIDS awareness and sex behavior.

Conclusions

This research, centered on sex behavior and awareness of HIV & AIDS among migratory individuals in Khatyad Rural Municipality, Mugu District, employed a census approach involving respondents aged 15-60. The primary aim was to discern sex behavior patterns and assess the level of awareness regarding HIV & AIDS. The study encompassed 100 migratory participants, with approximately 80 percent being married individuals. Educational profiles indicated that 6 percent were illiterate, while a mere 10.78 percent had completed higher secondary education.

Among the key findings, 60.50 percent of respondents demonstrated awareness of HIV & AIDS. Notably, radio and television emerged as the primary sources of information for migratory individuals. A noteworthy 75 percent acknowledged HIV & AIDS as a communicable disease, with 42 percent believing it to be incurable. Moreover, 65 percent lacked awareness of HIV & AIDS symptoms, while only 25 percent were knowledgeable about prevention and control measures.

In conclusion, this study underscores a prevailing low level of awareness concerning HIV & AIDS among migratory individuals. Additionally, the observed sex behavior trends do not align optimally with preventive measures for issues like HIV & AIDS and related concerns.

Recommendation

The study encompassed migratory individuals, primarily from ethnic minority communities, with varying educational and economic backgrounds. A significant majority (70 percent) belonged to Chhetri families, while Dalits and Brahmins constituted 25 percent and 5 percent, respectively. Migratory people demonstrated limited awareness, literacy, and economic resources, hindering their ability to comprehend and address the disease.

Policy Recommendations

1. **Broadened National Strategy:** Enhance the national strategy to reach grassroots levels, including Village Development Committees in places like Kawa village.
2. **Incorporate Sex Education:** Integrate comprehensive sex education into the school curriculum to disseminate crucial information.
3. **Evaluate Program Effectiveness:** Establish norms for evaluating the effectiveness of HIV & AIDS programs.
4. **Government-Led Programs:** Conduct government-led HIV & AIDS programs, emphasizing training and counseling for at-risk groups.

Practice Recommendations

1. **Raise Awareness through Mass Media:** Implement simple mass media techniques like street dramas and literacy education to educate the uneducated and illiterate migratory population.
2. **Mass Media Campaigns:** Launch mass media campaigns to create public awareness about HIV & AIDS.
3. **Promote Condom Use:** Encourage and educate individuals to use condoms consistently during sexual intercourse.
4. **Enhance Information Sources:** Strengthen radio and TV facilities, recognized as major sources of information on HIV & AIDS.

Further Research Recommendations

1. **Diverse Demographics:** Conduct research on different castes, ethnic groups, and marginalized societies.
2. **Analytical Studies:** Undertake analytical studies to deepen understanding and derive logical conclusions.
3. **Multi-Sectoral Initiatives:** Explore collaboration among government, NGOs, communities, and individuals for skill development, employment opportunities, and infection awareness.
4. **Local Participation:** Emphasize local participation in launching diverse awareness programs on HIV & AIDS.
5. **Promote Safe Practices:** Encourage safe sexual practices, advocating for monogamous relationships and the essential use of condoms when engaging with multiple partners to prevent HIV transmission.

References

- Ale, M.A (2019). *The knowledge and attitude towards HIV & AIDS among undergraduate student* North South University. Dhak-Bangladesh: An unpublished master of public health (MPH), Degree thesis, N.S.
- Chaudhary, R. (2017). *Knowledge and attitude towards HIV & AIDS among Tharu youth.* Nepaljung an unpublished master thesis, T.U.
- Joshi, S.D. (2002). *A Study on knowledge and behaviour of STDS and HIV & AIDS among Tempo Drivers in Kathmandu Metropolitan City.* An Unpublished Master's Thesis CDPS. T.U.
- Khanal, P.R, (2014). *Sexula behaviors and awareness on HIV & AIDS among migratory people in santada VDC.* Nepaljung an unpublished master unpublished thesis, T.U.
- Ministry of health, (2022). *Health Report of Nepal.*
- Updhaya, K.D. (2017). *A Study on knowledge and attitude towards HIV & AIDS among the student of secondary school in Bhartpur Municipality.* A Master's Thesis HPED. T.U.
- USAID-Nepal (2008).
- UNAIDS, (2008). *Report on the global epidemic, HIV & AIDS statistical sheet.*
- WHO, (2018). *HIV & AIDS strategic framework for South East reign.*