

Knowledge, Behavior, and Attitude towards HIV/AIDS among Street Vendors in Nepalgunj, Banke

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Article History: Received: March. 21, 2023 Revised: April. 4, 2023 Received: June 23, 2023

Abstract

This research article aims to investigate the existing knowledge, behavior, and attitude towards HIV/AIDS among street vendors in Nepalgunj, Banke. Street vendors are an informal sector of the economy, and their vulnerability to HIV/AIDS is a growing concern. The study seeks to fill the gap in research on this specific group and shed light on their understanding of HIV/AIDS, prevention methods, and socio-economic background. The research methodology includes a combination of primary and secondary data collection methods. Data was collected through ethnographic methods, including case studies, individual surveys, participant observation, and focus group discussions. A total of 50 street vendors were randomly selected for the survey, along with case study participants and focus group discussion informants. The collected data was analyzed using thematic analysis to identify patterns and trends. The findings indicate that street vendors in Nepalgunj, Banke, are predominantly from India and have a wide age range, with the majority falling between 31-35 years old. The study reveals that most street vendors have heard about HIV/AIDS through various media sources, primarily radio programs. However, their knowledge about HIV/AIDS is limited, with some misconceptions and biases prevailing. Condom use among street vendors is low, contributing to their vulnerability to HIV transmission. The research also highlights the challenges faced by street vendors, such as lack of social security, poor living conditions, and occupational hazards. Despite being well-informed about HIV/AIDS, translating knowledge into behavioral practices remains a significant challenge for street vendors. The study concludes that interventions are needed to improve the knowledge, behavior, and attitudes of street vendors towards HIV/AIDS. These interventions should focus on raising awareness, promoting condom use, and addressing socio-economic vulnerabilities. Additionally, efforts should be made to integrate street vendors into social security programs and provide better working and living conditions. Overall, this research contributes to the sociological understanding of HIV/AIDS among street vendors in developing countries like Nepal and emphasizes the importance of tailored interventions for this vulnerable population.

Keywords: HIV/AIDS, street vendors, knowledge, attitude, behaviour

Introduction

A virus called HIV exists. Viruses reproduce (create new copies of themselves) inside the cells of living organisms. One of the ways a virus might cause illness in an infected organism is

by harming human cells. Acquired Immune Deficiency Syndrome (AIDS) is a highly dangerous disorder in which the body has very little immunity to infection at this point (aidsmp.com).

The first case of HIV infection among the three oldest cases was found in a Congolese adult man's plasma sample from 1959; the second case was found in a teenage American girl's tissue sample from 1969; and the third case was found in a Norwegian sailor's tissue sample from approximately 1976. Despite the fact that AIDS first appeared in 1981, a 1998 examination of a plasma sample from 1959 revealed that HIV has been present in humans since the 1940s, early 1950s, or maybe much earlier. However, a disease pattern went unnoticed and rapidly spread before 1981 because the numbers of affected people were tiny and the virus was undetectable (UNDP, 2012).

The Human Immunodeficiency Virus (HIV) can enter a person's bloodstream through anal, vaginal, or oral intercourse, blood transfusions, sharing intravenous drug injecting equipment, mother-to-child contact before, during, or after delivery, or breastfeeding. Acquired Immune Deficiency Syndrome (AIDS) is not a given just because a person has HIV in their blood. Once HIV has entered the bloodstream, it begins to assault the immune system, the body's natural protection against infection and illness. Immune system suppression renders a person more susceptible to catastrophic illnesses, and virtually any symptom might appear throughout the HIV infection phase. When the immune system ceases to function and acquires particular infections, which signify the final stage of immune system breakdown, the latter stages of HIV are referred to as acquired immune deficiency syndrome (AIDS). AIDS is caused by HIV, but the time it takes to develop varies depending on a number of variables, including treatment regimens and infections the individual is exposed to. Although this is a fatal illness, medical treatment helps those with HIV live longer. A significant fraction of AIDS-infected individuals pass away after 5 to 10 years of infection (WHO, 2005).

Hawkers small business people who fulfill their ends by selling goods, commodities or products in the open air rather than in a shop, store or any closed setting Hawker always occupy strategic location where potential buyers pass through. The strategic locations can be like unused public or private lands encroaching public spaces, the side walk of the, corners, busy lanes or outlets or residential areas. The Street Vendors survive on these public spaces for decades with ever growing numbers. Women are no exception-like the involvement in any other sector women's involvement in this informal occupation in tremendously rising. (Timalsina, 2013)

Statement of the Problem

It is significant to emphasize that all of these groups are made even more vulnerable by the danger of HIV/AIDS. Workers in the prime of their productive years are susceptible to HIV/AIDS. High-risk populations include migratory and mobile workers, female sex workers, IDU users, and increasingly, child laborers. People with HIV/AIDS are susceptible to social isolation and economic marginalization, and they frequently deal with misunderstandings about their illness and unfavorable views. Governments, employers, and workers' organizations are obligated by the ILO's "HIV/AIDS and the World of Work" Code of Practice to take all reasonable measures to ensure that workers with HIV/AIDS and their families receive all benefits and levels of protection provided by social security programs and other occupational schemes.

Sociology mainly focuses its study on the social relation among human and on various cultural traits and processes. It often focuses its studies on how such issues and groups of people get **infected** with HIV, it basically focuses on migrant workers and their infection rates of **HIV**. There are few or very nominal studies that focus on hawker and their knowledge, attitude and behavior towards HIV and AIDS. Therefore, the main concept of this research is to identify, describe and explain the existing knowledge, behaviour and attitude towards HIV and AIDS among the Street Vendors Nepalgunj Kitipur.

The following questions are relevant to our problem statements

- i. What is the socio-economic background of Street Vendors?
- ii. What is the existing knowledge, behaviour and attitude of Street Vendors towards HIV and AIDS?
- iii. How do the Street Vendors prevent themselves from HIV infection?

This study would provide information to anyone interested to know about the vulnerability towards HIV among Street Vendors Nepalgunj Banke. This study provides substantive facts to the sociological study of behaviour and attitude towards HIV and AIDs among Street Vendors Likewise, this study also works as a good source for understanding to the world the issues and situations of Street Vendors attitude towards HIV and AIDS in developing countries like Nepal.

Literature Review

HIV/AIDS in Nepal

A virus is HIV. Viruses reproduce (create new copies of themselves) inside the cells of living beings. One of the ways a virus might cause illness in an infected organism is by harming human cells. People can get HIV from others who already have it, and if they do, they can then spread the infection to others. In essence, this is how HIV spreads. 'Human Immunodeficiency Vims' is what HIV stands for. A person who has been identified as having HIV is referred to as being "HIV+" or "HIV positive" (aidsmap.com).

Since HIV/AIDS is a global pandemic, Nepal cannot escape this illness. HIV/AIDS cases are increasing; hence it is imperative that we create efficient strategies to address this issue. It is crucial to approach this issue from a social standpoint in order to comprehend and resolve it.

Cox and Subedi (1994) studied Nepalese sex workers and compared some of their findings to those from other Asian nations. Although the Pandemic has affected Nepal comparatively slowly compared to its neighbors, there remains a great potential for infection to spread quickly. Primary pathways for numerous threats to hold sway over the general populace include the trafficking of Nepalese women and girls to service the sex industry in India and migrant male involvement with commercial sex workers in both India and Nepal. High rates of illiteracy, taboos against discussing sex in public, and inadequate health infrastructure are frequently cited as contributing causes to the infection's development.

Jessa Shaw Battista (2003) made an effort to elucidate the problem of HIV/AIDS and its sociocultural setting. She looked at how HIV education and prevention activities were affected by Nepal's cultural, political, economic, and social context. Economic hardship and a failing healthcare and education system, in Jessa Shaw Battista's opinion, are obstacles to HIV education and awareness.

HIV/AIDS was discovered in Africa and spread around the world as a result of globalization. The danger of HIV transmission is exacerbated by a mobile global population. According to Recovering Nepal (2010), an increase in worldwide travel is a factor in the spread of HIV and other STDs.

Street Vendors and HIV

A little more than 85% of Mozambique's labor force is employed in the unofficial sector. Poor working conditions, low pay, little or nonexistent social protection, and typically no means of representation or public voice make life difficult. They lack information, options, and resources, making them more susceptible to HIV. For informal sector merchants, HIV is a big problem, particularly the consequences of stigma and discrimination. Hawkers frequently abandon their stalls in the marketplaces because they can no longer take the marginalization and prejudice from their fellow vendors. They and their families deal with a lot of issues when they don't have a job or money. Because there is no food and they have no money for transportation, kids frequently drop out of school to live on the streets. It is common to hear insults directed towards them. (ILO)

Physiologically speaking, women are more vulnerable to contracting HIV than males. In South Africa and Uganda, respectively, 57% and 55% of adults with HIV are female. Despite the fact that there is no evidence connecting women's employment in the informal sector with HIV infection, certain studies indicate that women traders are an especially vulnerable population. For instance, research conducted in Uganda revealed that young women who live and work in urban trade districts and earn modest salaries are at significantly higher risk of infection than the general population. According to prevalence rates revealed by a study done in Zambia (FHI, 2003), even if they use condoms when having sex with FSW, they won't use them with their husbands. It finds that just 18.5% of the 686 street vendors reported condom usage with partners. The street vendors don't believe it's necessary (55%), some have tried alternative birth control methods (13%), and others don't like condoms (12%) since, in their opinion, using them makes sex less enjoyable.

In virtually every nation, there is a completely unfavorable attitude toward someone who is HIV positive. Only 25.3% of the 1200 young people who participated in a Lahore survey to evaluate their attitudes, knowledge, and behavior around AIDS had the accurate understanding of its etiology. They had negative opinions regarding AIDS patients, with 76.7% of them believing that they ought to be kept apart (Raza, C. 2005). According to data gathered through the individuals Living with HIV Stigma Index (UNAIDS, 2012), 10% of individuals with HIV in Myanmar were physically attacked and around 18% of those with HIV experienced verbal insults because of their HIV status.

However, a number of social variables that are impacted by women's precarious and disadvantaged economic status also dictate risk. For instance, gender inequality and women's poverty may compel women merchants to rely on men for financial stability, limiting their capacity to take charge of protective measures and to exit potentially dangerous partnerships. Furthermore, women may be more likely to engage in "paid" relationships with wandering males if they have a dependent on other people's money and work in hazardous environments like truck stops, trade towns, or at night. (Lee, 2004)

Significant effects of HIV/AIDS are also felt by women, their businesses, and homes. The collapse of women's small businesses and further deterioration of the economic and social stability of their homes can be brought on by the added financial and physical load of HIV/AIDS. The loss of the primary breadwinner and an increase in dependents brought on by AIDS have frequently resulted in persistent poverty among women merchants. (Lee, 2004)

Manderson credits the professionalization of anthropology as an applied science, the interest of other public health scholars in anthropological methods and theories, and the participation of anthropologists in bilateral and multilateral aid programs and international health programs for the discipline's interest in disease. The social science study of AIDS in Africa has necessitated the efforts of both anthropologists sensitive to public health, biomedical, and non-Western healing issues, as well as anthropologists who seek to analyze the AIDS epidemic as they would any other phenomenon in the field. This builds on anthropologists' earlier work with public health issues. Manderson asserts that anthropological engagement has guaranteed that some account is taken of local knowledge, cultural effect on the patterns of disease, and structural impediments to good health, evoking a common topic of both schools of anthropology (Anderson 2000)

Globalization and HIV/AIDS in Nepal

In the East, South, and West, Nepal has a 1,700 km long open border with India. In the North, Nepal shares a 1,200 km long restricted border with China's Tibet Autonomous Region. The permanently snow-covered Himalaya range separates Nepal from China, and the border regions are sparsely inhabited, therefore Nepal's residents must travel (overland) nearly exclusively through India to reach any other nation. Furthermore, since ancient times, these two nations have had close cultural, religious, social, and economic links. Given that Nepal depends on India for everything, it may be claimed that Nepal is primarily globalizing through India. It is customary to do cross-border trade with India as a result of globalization. Truckers stop at the border crossing for a day or more every day as hundreds of trucks traverse there. Since sex is a biological necessity and street vendors frequently travel because of their line of business, their wives cannot always satiate their sexual needs; hence they frequently solicit casual sex during this time. They acquire sexual services from sex workers who operate formally in India's red light districts, cabin eateries, and hotels as well as clandestinely in Nepalese communities. They could have several fixed partners along the road or at rest stops or food stops, including female sex workers (FSWs) who work the highways. Because of this, truck drivers have a greater frequency of STDs than the overall population.

Research Methodology

Rationale for Selection of the Study Area

One of the most important concerns of the research is the selection of the study site. For this purpose, I had selected Kritipur area for this research. Banke is located towards the west-southern part of Kathmandu district in the central development region of Nepal. Banke has a huge density of population residing in the area. It is one commercial business area. The Street Vendors come from different parts of Nepal to do the business. Banke has become a sub point

for business, transportation into and around the city, connects with the remote villages and the first destination for students and villages. So, this area was selected for the study.

Nature and Sources of Data

They could have several fixed partners along the road or at rest stops or food stops, including female sex workers (FSWs) who work the highways. Because of this, truck drivers have a greater frequency of STDs than the overall population. Primary data were gathered from the field through ethnographic method that includes case study, individual survey participant observation and focus group discussion tools. Likewise, secondary data were gathered from various published and unpublished documents, records, journals, books, articles dissertations etc.

Sampling Procedure

Street Vendors is a non-recognized sector of economy in Nepal and therefore reliable data on the numbers of Street Vendors is rare to be found. Therefore, a field work observation for three weeks was done to get a picture of the estimated Street Vendors Nepalgunj, Banke area. The researcher has made full day observation for continuously one weeks in different timing of the day and has estimated around 150 vendors to be found Nepalgunj, Banke area.

Universe

There is an estimation of 150 Vendors and Nepalgunj, Banke

Sampling

Out of an estimated 150 Banke 50 individual Street Vendors were selected using simple random sampling methods of probability sampling. Similarly, from the 50 individuals, 2 individuals for case study and 6-8 informants/group for 4 FGD were selected using the purposive sample method.

Study Unit

50 individual Street Vendors were selected for garnering quantitative and qualitative information. Among the 5 selected cluster areas, 10 respondents from each cluster were selected. Gender selection was based on their availability and willingness to participate in the interview schedule. However, their proportion in participation was tried to maintain as far as possible. The selecting for FGD was done through purposive method. For case study, 2 individuals were selected purposively to harvest pertinent qualitative information about the individual's socio-economic situation and understanding towards HIV and AIDS.

Tools and Data Collection Methodologies

In order to get primary data from the subjects, many tools and techniques are employed, such as participant observation, focus group discussion questionnaire approach, and case studies.

Questionnaire

The study's objectives were the emphasis of the questions that were created to gather pertinent data from the respondents. This approach made it easier to collect data that was both qualitative and quantitative, such as name, address, income, and knowledge.

A Case Study

It helps us to understand the multiple aspects of the Street Vendors their socio-economic demography, their daily challenges and difficulties on the s and their knowledge and understanding towards HIV and AIDS. These case studies helped contextualize the collected information of Street Vendors and analyze the micro-situation of an individual Street Vendors. According to Raj (1981), who quotes Young, "case study method may be defined as an all-inclusive and intensive study of an individual, in which the investigator brings all of his skill and methods to bear, or as a systematic gathering of enough information about a person to pursue one and understand how he or she functions as a unit of society."

A couple of the respondents were also asked additional questions, and case studies were created using the information they provided in response to the additional questions and during the interviews.

Focus Group Discussion

Focus Group Discussion (FGD) is one of the traditional sociological data collection. FGD has its own significant role to garner the qualitative data. FGD techniques was applied for both the men and women Street Vendors to discuss on their existing knowledge and behaviour towards HIV and AIDS, on the modes of transmission means of prevention, discussion on existing myths and perceptions towards HIV and AIDS and their vulnerability in transmitting HIV. A checklist was prepared and used for guiding and conducting the FGD.

Participant Observation

Participant observation was the foundation of anthropological research to involve establishing rapport building in a new community (Bernard, 1988:148) participant observation in this research helped to collect significant qualitative and quantitative data on socio-demographic and economical situations of hawker, their ways of dealing with customers, the challenges faced by them during their business hours and the physical status of the study site. The direct observation of the different activities of the hawker were also useful to cross-check/triangulate the data gathered.

Method of Data Analysis

To categorize, arrange, manipulate, and summarize data in order to find the answers to research questions is analysis. According to Derlinger (1978, cited in Uprety (2008): 88), the goal of analysis is to transform data into understandable and interpretable forms so that the relationships between research topics may be examined and evaluated. The qualitative raw data were divided into three categories for analysis. First, by carefully reviewing them for thematic categorization, all qualitative data from the field, descriptive texts, notes, and recordings were grouped under several themes or sub-themes.

Limitation of the Study

Despite the importance of the topic, the research underwent some limitations. They are as follows:

- i. Street Vendors were seen all over cities of Nepal. From the busy lanes to crowded corners they are scattered not only in Kathmandu but in all the urban area of Nepal. However, this study was confined only to Nepalgunj Banke area due to limited time and economic constraints.
- ii. Due to the limited time and economical constraint, researcher could not make a large sample size that would otherwise ensure more reliable, valid and broadly applicable result.
- iii. This study was mainly based on survey method due to the time constraint with the Street Vendors. It was quite difficult for the Street Vendors to allocate more time to draw qualitative information and data.
- iv. The findings of this research might not be equally applicable in other sectors of informal economy workers.

Socio-Demographic and Economic Situation Of Street Vendors

The socio-demographic and economic situation have been dealt with the indicators like district, age, sex, education status, marital status, ethnicity, estimated income, family relations.

Street Vendors Distribution by District and Sex

Table 1

Street Vendors Distribution by District and Sex

District	Male	Female	Total	%
Pyuthan	1	-	1	2
Kapilbastu		1	1	2
Gulmi	2	-	2	4
Jumla	-	2	2	4
Kalikot	-	2	2	4
Jajarkot	-	-		-
Doti	2	2	4	8
Jajarkot	2		2	4
India	10	2	12	24
Baglung	1	-	1	2
Arghakachi	-	-	-	-
Siraha	-	-	-	-
Bardiya	2	1	3	6
Kailali	2	-	2	4
Salyan	2	-	2	4
Pyuthan	3	-	3	6
Achham	1	-	1	2
Dang	-	-	-	-
Surkhet	2	-	2	4
Dailekh	3	-	3	6
Banke	7	-	7	14
Total	40	10	50	100%

Source: Field work 2023

Table 1 shows the district from where the Street Vendors have come from and their sex wise distribution in the districts. Among the 50 respondents there were 40 male and 10 female Street Vendors. The majority of the Street Vendors were from India and they were 10 male and 2 female. Even the residents of Kathmandu were 2 male. Street Vendors from India are also there were 7 Street Vendors from India. However, the Street Vendors from India were all male only.

Respondents' Age and Sex

The table below shows the age and sex distribution of respondents.

Table 2

Age and Sex Distribution of Respondents

Age range	Male	Female	Total	Percent
0-20	4	1	5	10
21-25	4	2	6	12
26-30	7	3	10	20
31-35	15	2	17	34
36-40	5	1	6	12
41-45	5	1	6	12
Total	40	10	50	100

Source: Field Work, 2023.

The table shows that, of the 50 respondents, the majority were between the ages of 31 and 35, while the minority was between the ages of 0 and 20, where 10% of respondents were present.

Hawker Distribution by Caste

Table No. 3

Street Vendors Distribution by Caste

Caste	Male	Female	Total	%
Brahmin	2		2	4
Chettri	2		2	4
Limbu	3	2	5	10
Madeshi	10	3	13	26
Newar	4	4	8	16
Rai	3		3	6
Tamang	4	1	5	10
Magar	4	1	5	10
Others	8		8	16
Total	40	10	120	100%

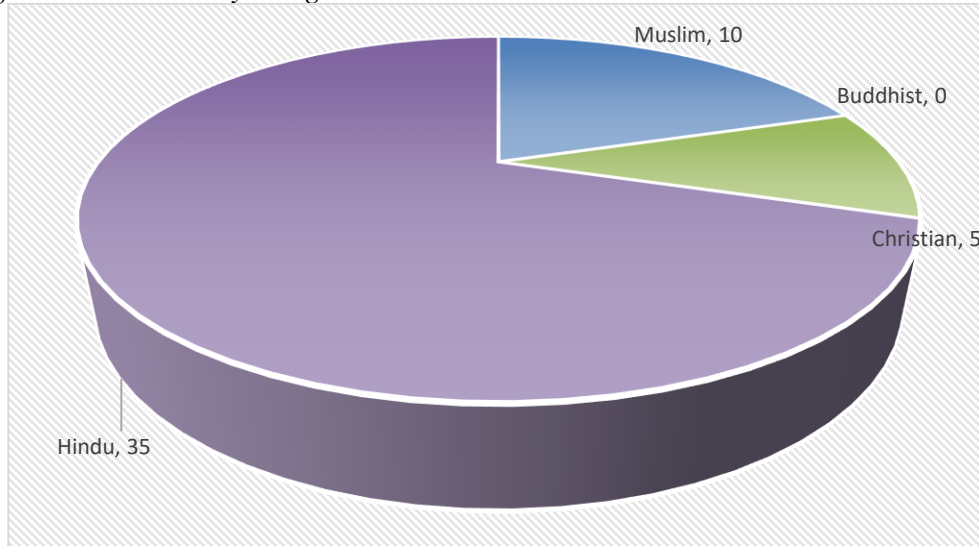
Source: Field Work, 2023.

The above table shows that 26% of the Street Vendors were Madeshi 16% of Newar and others. There were other ethnic groups like Rai, Tamang etc.

Distribution of Street Vendors by Religion

Figure 1

Number of Street Vendors by Religion



Source: Field Work, 2023.

The figure shows the distribution of Street Vendors by the religion they practice. It can be seen that among the 50 respondents majority of them i.e. 35 were Hindus. Among the remaining 10 Street Vendors 5 were Muslims and 5 were Christians. It is quite alarming that there is not a single Buddhist representation among the hawkers.

Respondents Reason for Choosing Hawking

Table No. 4

Respondents Reason for Choosing Hawking(Street Vending)

Reasons for Street Vendors	Male	Female	Total	%
For income	35	4	39	78
Low economic condition (specify)	4	2	6	12
Others	1	4	5	10
Total	40	10	50	100

Source: Field Work 2023

The above shows the different reasons or situations for the Street Vendors to adapt Hawking as their occupation for livelihood. 40 male 10 female have chosen Hawking as their occupation as a means of income for their living. This makes up 78% of the total 50 respondents. So here, it is the majority of the Street Vendors that chose Hawking for livelihood as they are the bread winners of the family 12% of the Street Vendors however, have chosen hawking to support the family due to their low economic conditions. Other Street Vendors chose Hawking because of the lack of skill and education to be engaged in other work sectors and for their own reasons.

Knowledge, Behaviour and Attitude

Respondents Informed About HIV and AIDS

Table No. 5

Respondents Informed About HIV and AIDS

Response	Male	Female	Total	Percent
Yes	40	8	48	96%
No	-	2	2	4%
Total	40	10	50	100%

Source: Field Work, 2023

Table 5 shows that 96% of the respondent's i.e. among the 50 respondents 40 male and 8 females are informed about HIV and AIDS and that gives a total of 48 respondents who are informed about HIV and AIDS at least by some means. The 4 % of respondents anything about it and have never heard about HIV and AIDS so far.

HIV and AIDs and Information sources for Respondents

Table 6

Respondents Source of Information on HIV and AIDS

Source	No. of Respondents	Percent
Radio	29	58%
T.V.	8	16%
School	7	14%
Others	6	12%
Total	50	100%

Source: Field Work 2023

There are various means of getting information and the figure shows the different sources from where the respondents were informed about HIV and AIDS. Radio is the leading source of information and can be seen that 58% of the respondents have heard about HIV and AIDs through radio programs. Television and School follow as the source of information by having 16% and 14% respectively.

Respondent Understands towards HIV and AIDS

The respondents have a varied understanding towards HIV and AIDS.

Table 8

Respondent Understands towards HIV and AIDS

S.N.	Options	Responses	Percent
1.	HIV is a virus	10	20%
2.	HIV is a disease	15	30%
3.	HIV is the results of sin from previous life	2	4%
4.	Disease that comes from having unprotected sex with many people	10	20%
5.	Disease that has not treatment	11	22%
6.	Others	2	4%
	Total	50	100%

Source: Field Work, 2023.

As can be seen in the table here there were 15 responses that consider HIV to be a disease. Likewise, there are 11 responses that consider HIV to be a disease that has no treatment. Again, 10 responses that consider HIV to be a various and also a disease that comes from having unprotected sex with many people. It cannot be ignored that 2 respondents hold the belief that HIV is still the result of sin from previous life. There is a case presented here that tried to show how a persons' knowledge and doubt is controlled by the fear associated to be HIV infected.

Respondent's assumptions about HIV and AIDS

Table No. 9

Respondent's Assumptions about HIV and AIDs

Assumptions	Yes	No	Don't know	Total
It a sin to be infected with HIV	7 14%	34 68%	9 18%	50 100%
HIV can be transmitted by sharing a meal with someone who is HIV infected	9 18%	34 68%	7 14%	50 100%
People can protect themselves from HIV transmission by abstaining from Sexual intercourse	38 76%	8 16%	4 8%	50 100%
A person can get HIV by holding his/her hand with a person who is infected by HIV	5 10%	38 76%	7 14%	50 100%
It is possible in your community for someone to get a confidential test to find out if they are infected with HIV	24 48%	9 18%	17 34%	50 100%

Source: Field Work, 2023

Table 9 clarifies the respondent's assumptions towards HIV and AIDS. Majority of the respondents have clear understanding regarding myths and assumptions. As can be seen, 68% do not consider it a sin to be infected by HIV where as 14% still regard it as a sin and the remaining 18% do not know. Similarly, majority of the respondents hold the opinion that HIV is not transmitted by sharing a meal, HIV can be prevented by abstaining from sexual intercourse, HIV

is not transmitted by holding hands. However, respondents do not know about the confidential testing of HIV within their communities as shown in the table 40% of the respondents fall in the group.

This information is further supported by the respondent's group response in Focus Group Discussion (FGD).

Groups' understanding of HIV and AIDS in FGD

Among the participants taken for FGDs, half of the participants shared that HIV is a disease and is transmitted through unprotected sex. The other half also expressed that it is a disease that has no treatment and people die quickly once they are infected with it. They have heard that HIV is not transmitted by shaking hand or sharing a meal but still have doubt to trust the information and are bias towards it. So they believe that staying away from HIV infected people is the best possibility because it is a disease and anything can happen.

Respondent's Understanding on HIV Transmission

Table 10

Respondent Understands on HIV Transmission

S.N.	Options	No. of Answer	Percent
1.	Through unprotected sexual intercourse	15	30%
2.	Sharing unsterilized needle and syringe	10	20%
3.	Blood transfusion	6	12%
4.	Sharing unsterilized blades/razors	5	10%
5.	From pregnant mother to child	5	10%
6.	Through breast feeding by infected mother	3	6%
7.	Transplantation of body parts	3	6%
8.	Others	3	6%
	Total	50	100%

Source: Field Work, 2023

Respondents have a varied understanding about the transmission of HIV from one individual to the other. The table below shows that in most of the cases HIV is transmitted through unprotected sexual intercourse as there are 15 responses that support it. 10 responses support the transmission through sharing of unsterilized needle and syringe. HIV transmission through blood transfusion, from pregnant mother to child, through breast feeding and by transplanting of body parts have all been quoted by the respondents. However, the base being 50 for all the responses, it can be seen that the understanding level is yet poor among the respondents.

There is a case presented here that reflects the differences in the knowledge people have and the behaviour they practice.

Respondent's Attitude towards Condom Use

Table 11

Respondent's Attitude towards Condom Use

Condom Use	Male	Female	Total	%
Yes	5	2	7	14%
No	35	6	41	82%
Don't know		2	2	4%
Total	40	10	50	100%

Source: Field Work, 2023

Condom use is considered to be the most popular means of prevention method for HIV transmission. The table gives a clear picture on the behavioral aspect of the Street Vendors towards condom use. As can be seen 41 respondents i.e. 82% of people report not always using condoms during sexual activity. Only the 14 who are still alive wear condoms throughout every sexual encounter. 4% of the 50 respondents in total do not know anything about using condoms. The above table on attitude towards condom use and the above shared case is further supported by the focus group discussion on Street Vendors vulnerability to HIV transmission which is presented below.

Focus group discussion of hawker' vulnerability to HIV transmission:

Among the participants taken for FGD, all female participants do not consider themselves to be direct vulnerable to being HIV infected but have the feeling that they may get infected through their husbands if they go out to others. They have the opinion that men cannot be trusted and anything can happen. However, majority of the men do not find themselves vulnerable to HIV transmission because they shared that they are not in contact with sex workers. However, some men shared that even though they have unprotected sex with their friend or partner they trust them and therefore there is no chance for HIV transmission.

Respondents' Knowledge on Confidential HIV Testing

Table 12

Respondents Knowledge on Confidential HIV Testing

HIV testing	Male	Female	Total	Percent
Yes	4	3	7	14%
No	36	4	40	80%
Don't know	-	3	3	6%
Total	40	10	50	100%

Source: Field Work, 2023

Among the total 50 respondent 40 of them i.e. 80% of them have never had a HIV test in any time of their lives. The 14% i.e. 7 respondents have had a HIV test for several reasons of their own. A 6% of respondents do not know anything about HIV testing.

Knowledge on HIV Prevention

Respondents Knowledge on HIV Prevention by Having One Uninfected Faithful Sex Partner

Table 13

Respondents' Knowledge on HIV Prevention by Having One Uninfected Faithful Sex Partner

Options	Male	Female	Total	Percent
Yes	35	7	42	84%
No	2	2	4	8%
Don't know	3	1	3	8%
Total	40	10	50	100%

Source: Field work 2023

The data shows that 84% of respondents believe that HIV may be avoided by having one faithful partner who is not affected, whereas only 8% of all respondents do not share this opinion. 8% of respondents said they were unaware of the situation.

Table 14

Respondents' Knowledge on Correct Use of Condom for HIV Prevention

Options	Male	Female	Total	Percent
Yes	35	6	41	82%
No	-	2	2	4%
Don't know	5	2	7	14%
Total	40	10	50	100%

Source field work 2023

It is seen from the table that majority i.e. 82% of the population have a clear understanding that correct use of condoms can prevent HIV transmission. On the other hand there is still 14% of the population that does not know or are not clear about the prevention of HIV transmission through the correct use of condoms.

A focus Group Discussion done with the respondents on the means of HIV prevention also supports the above findings for HIV prevention and is presented below.

Focus Group Discussion on the Prevention from getting infected with HIV

Among the participants taken for FGD, all the participants held the opinion that being honest with husband/wife in the married case and friend in the unmarried case is the best possible way to prevent oneself from HIV infection. However, half of the participants also suggested that in case of having multiple partners for sexual intercourse then the correct use of condom for protected sex is the best possible means to prevent one from being infected form HIV.

Respondents Knowledge on HIV prevention by Abstaining/Avoiding Sexual Intercourse

Table 15

Respondents Knowledge on HIV prevention by Abstaining/Avoiding Sexual Intercourse

Response	Male	Female	Total	Percent
Yes	26	5	31	62%
No	9	2	10	20%
Don't know	6	3	9	18%
Total	40	10	50	100%

Source: Field work 2023

Majority of the respondents have the understanding that HIV can be prevented by abstaining /avoiding sexual intercourse. It can be seen that 62% of the respondents have this understanding. However, it cannot be neglected that 18% of the respondents that is 9 respondents out of 50 are still unaware or do not know the proper means of prevention form HIV.

Respondents' Knowledge on Mother to Child Transmission

Table 16

Respondents' Knowledge on Mother to Child Transmission

Response	Male	Female	Total	Percent
Yes	25	3	28	56%
No		3	3	6%
Don't know	15	4	19	38%
Total	40	10	50	100%

Source: Field work 2023

It is reflected in the table that 56% of the respondents hold the view that HIV is transmitted from a pregnant mother to the child. Minimal percentages i.e. 6% do not think that HIV is t transmitted through mother to child. Here again, a huge percentage i. e 38% of the respondents do not know whether HIV is transmitted from a pregnant mother to a child.

Respondents Knowledge on HIV Prevention by Taking HIV Tested Blood

Table 17

Respondents Knowledge on HIV Prevention by Taking HIV Tested Blood

Response	Male	Female	Total	Percent
Yes	35	6	41	82%
No		1	1	2%
Don't know	5	3	8	16%
Total	40	10	50	100%

Source: Field work 2023

82% of the respondents have the understanding that HIV can be prevented by taking HIV tested blood where as 2% of the respondents still doubt and do not hold the view that HIV can be prevented by taking HIV tested blood. Again here too, a huge percentage, i.e. 16% of the respondents still do not know that HIV can be prevented by taking HIV tested Blood.

Respondents Knowledge on HIV Transmission by Not Sharing Razors/Blades

Table 18

Respondents Knowledge on HIV Transmission by Not Sharing Razors/ Blades

Response	Male	Female	Total	Percent
Yes	30	5	35	70%
No	2	3	5	10%
Don't know	8	2	10	20%
Total	40	10	50	100%

Source: Field work 2023

The table clearly shows that 70% of the respondents have the understanding that HIV can be prevented by not sharing razors and blades. There still exists a substantial percentage of respondents who are still unaware or do not know about it.

Conclusion

The goal of this study was to learn more about the socio-demographic and economic condition, to comprehend street vendors' knowledge, behavior, and attitudes concerning HIV and AIDS, as well as their awareness of preventative strategies. Based on these objectives and research data, the following conclusions have been deduced:

- (i) Women's involvement in the informal sector economy is high in comparison to the male counterpart. Lack of education, inadequate skills speedy modernization and their poverty stricken present has compelled them to occupy the unrecognized sector further depriving them to their rights for social protection. Women with low levels of education and skills find it easier to enter Hanking as the means of income.
- (ii) Hawking has resulted as the ultimate solution for livelihood strategy among the rural and urban poor. Majority of the hawker are engaging in Hawking for the generation of income to carry on with their livelihoods.
- (iii) Prejudice perceptions towards HIV and AIDS are still rampant among the Street Vendors. Though informed about HIV and AIDS through any kind of media, they still hold their biasness towards HIV and AIDS.
- (iv) Condom use among the Street Vendors is apparently low that increases their vulnerability or HIV transmission. As internal migration is co-related to Street Vendors activities.
- (v) Hesitation, shyness, lack of openness still exists among Street Vendors talking about HIV and Aids.

- (vi) Transferring knowledge into behavioral practice is the key challenge among Street Vendors in the prevention of HIV. They are well informed and have the understanding about the transmission and prevention mechanisms but yet fail to adapt it in their personal behaviors.
- (vii) Street Vendors in the urban setting is highly vulnerable to various contexts like social security, health and sanitation and financial security. The Street Vendors live i rented rooms with low facility, their business being directly on the are always on the verge to road related accidents , the pollution and their working nature have even put them to high health hazards. Finally, their sector of work which is unrecognized has deprived them of all the rights and securities associated to them.

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