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BEHAVIOR OF BADI COMMUNITY IN PREVENTING STIS

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Abstract

This research was limited to the Badi community in Namuna Basti, in the Dailekh area. The study's main goals were to evaluate respondents' understanding of the Badi community's preventive health behaviors, identify the community's STI prevention practices, and identify various STI information sources. For the aim of the study, the Badi people of Namuna Basti had been chosen as the researcher's subject. There were 274 people living in the Namuna basti out of the total of 60 households in the study area. Male and female subjects aged 14 to 59 made up the study's target population. Only 120 men and women were chosen by the researcher from each household. Only a closed interview schedule and a descriptive design were employed by the researcher to obtain data for the study. The major findings of this study were that the majority (53%) of respondents said communication, while 2% of respondents said other (workshop, seminar, etc.) is the means of learning about health behavior, almost all of the respondents (82%) said they were aware that HIV/AIDS is one type of sexual disease, only 38% of respondents applied preventative health behavior, while 62% did not, and the majority of respondents, or 58 percent, did not.

Keywords: *Preventive health, STI, Badi, HIV, Sex Education*

INTRODUCTION

Nepal is a developing nation that has experienced numerous health issues. Badi is a caste of Nepalese Dalits. In Nepal, there are 20,305 members of the untouchable Badi cast, who live in sporadic settlements in the Salayan, Rukum, Dailekh, Jajarkot, Dang, Banke, and Bardiya Districts in West Nepal. Badi man kills fish and crafts pipes and drums. which they market to nearby populations of Nepalese. Beginning at adolescence and continuing until they are too old to draw in new clients or get married, badi women engage in self-prostitution. The aim of this study is on Badi preventative health behaviors against STDs (STI). In the Badi community, in particular, we can experience a wide range of health issues, including poor health literacy, unsafe sex, STDs, HIV/AIDS, sexual activities, menstruation, women's reproductive health issues, communicable & non communicable diseases, etc.

Badi people are not aware about their preventive health behaviour against STI disease. They have spent their life in measurable conditions due to the lack of proper knowledge about preventive health behaviour and sexual health. If person is unhealthy he cannot able to do anything like; enjoy, read, teach, task etc. So every man, women and child should choose a healthy way of life. When person behaviour is good his health is also good. So it is said "Preventive health is better than care".

Dailekh is a district filled with diversity lying in Western development region, Bheri zone. It spread 28°35" North to 29°8" latitude & 81°25" east to 81°53" eastern longitude. The total area of the district is 1502 sq.km. It is divided in two regions Chure region and Bhawar region. Namuna Basti is in Dailekh District of Nepal. It is a part of Naya Bazar, located in the close proximity of the Ganesh Chok which is connected to Namuna basti by 40 miters. On my study the total population of Namuna Basti (Badi Community) is 274 (male 102 & female 167) & total no. of household is 60.

OBJECTIVES OF THE STUDY

The general objectives of the study was examined 'the preventive health behaviour of Badi Community against STI in Namuna Basti of Dailekh district.' The specific objectives of the study are as following:

i. To appraise the knowledge of preventive health behaviour in Badi community.
ii. To find out preventive health practice of Badi Community against STI.
iii. To identify various sources of information about STI among respondents.

SIGNIFICATION OF THE STUDY

The main significance of this study are followings:

i. This study will be helpful to solve the problems, to educare the people and to promote their life style.
ii. This study will be important to control the sexual disease in Badi community.
iii. This report helps to health member of government, non-government office, health organization to study the actual condition and problems of Badi community.
iv. It helps to organization for conducting various educational program in community level to aware the people.

DELIMITATION OF THE STUDY

This study has its own limitation due to certain time, financial resource and materials required. So, it is focuses only on particular area of Narayan Municipality , which could be within limit of the researcher's capacity. It can be listed as follow:

i. This study was confined among 14-59 ages group Badi of Namuna Basti in Dailekh dist
ii. Respondents of this study were both male and female of Namuna Basti.
iii. This study was based on primary sources of data that had collected through interview schedule.
iv. The study had conducted in ward no. 6 of Narayan Municipality .

REVIEW OF RELATED LITERATURE

Many researchers have studied regarding this issue. Aryal (2007) conducted a researcher A Study Determines of Condom use among injection drug users in relations to HIV/AIDS. The main objective of the study were to identify and compare socio demographic characteristics HIV/AIDS related knowledge, injections and sexual practice of condom using and non condom using Idus, to explore the condom utilizing behaviour and causes of no condom use among HIV +ve and HIV -ve Idu and to quantify the effects general characterists, injections and sexual practice and knowledge for delineating the determines of comdom use among injection drug users.

Chaulagain (2008) conducted research on knowledge and perception of adolescent student of secondary school on HIV/AIDS in Kathmandu Metropolitan City. The main finding was the vast majority of respondents (84.1%) studies in secondary level were aging from 13-16 years. The female respondents were 55.8 percent and male were 44.2 percent in table. More than 90 percent respondents perceived that moral and spiritual support, case and love of people to HIV positive people could minimize their psychological and sociological discrimination. The study also revealed that 22.5 percent respondents a healthy HIV and AIDS and 10 percent respondents perceived that HIV and AIDS is caused due to the wrong activities in the past life.

Rayamajhi (2056) studied about A Case Study on AIDS Awareness and Diciest Badi Commercial Sex Workers for HIV Infections and Transmission at Chandani Chok Community in Bardiya District. The major finding of the study were out of 65 respondents a majority 35.40 of the respondents belonged to the age group of 26-30 years and ale of them are female prostitutes, the mean ages of the respondents and their children are 23.61 years and 2.2 years respectively, out of the 27 children of CSWS, a majority 37.01 percentage belongs 37.01 percentage of children belong to the age group of

0-1 year and the older respondents have been found having higher knowledge about HIV/AIDS age compared to younger respondents.

Sanjel (2007) had studied Socio-Economic and Health Status of Female Sex Workers in Hetuda Municipality . The main objectives of the study were to find out the socio-economic and health status of female sex workers to find out knowledge of STDS and HIV/AIDS and use of condom and to find out the contextual factors leading them to find out the contextual factors leading them to entered in to the commercial sex.

Thapa (2007) studied about STI HIV/AIDS among Married Couple of Tamang Community at Pokhari Narayansthan VDC Gorkha District. The objectives of the study were to identify the various source of information about STI & HIV/AIDS, to examine the knowledge on the mode of transmission and preventive method of STI HIV/AIDS, to find out the factors affecting the knowledge about STI HIV/AIDS. The researcher had applied descriptive design and sample random sampling was used. The main tool of data collection was interview Schedule. The major finding of the study were about 59% of the respondent were from the age group 15.35 years, in the study area 66.70% respondents health were fully involve in agriculture 4.40 civil service, 13.90% were involved in daily wage labour and 15% respondents were in business, 84% male and 69% female respondents had heaı
STI and remaining 16% male and 31% had not heard about it.

The afro-mentioned researcher had studied the different aspects but nobody has touched the issue of Badi community about preventive health. So, to fulfill the gap, the researcher has raised the new issue in this research.

RESEARCH METHODOLOGY

The study was based on quantitative data primary sources. The research was descriptive type. The detail methodology for the data collection, sampling procedures and other materials are given below:

RESEARCH DESIGN

This study was follows descriptive research design which attempts to study "Preventative health behavior of Badi community against sexual transmitted infection" in Badi community of Dailekh District. This study was based on primary data through the interview schedule.

SOURCE OF DATA

This study was conducted on married and unmarried both male and female of Badi community people having at least 14 to 59 years age of Namuna Basti of Dailekh District. Therefore the main sources of information were primary data. Interview schedule was use throughout the structure interview schedule, furthermore relevant secondary data also applied in this study including club profiles, VDC report study reports, records, book etc.

POPULATION OF THE STUDY

The total population of the Namuna Basti are 274. Where 167 are female and 102 are male. There are total 60 households. The study was centered 14 to 59 years age both male and female the population of the study. The researcher was selected only 120 male and female from each households.

SAMPLING PROCEDURE AND SAMPLE SIZE

A descriptive research design was based on the basically census sample. Where, sample was taken through census method from the total households. The observed facts, conditions and wants regarding" preventative health behavior of Badi community against STI" were explored. The respondents of the study were married and unmarried both male and female who 14 to 59 years old is. Research was adjusting one respondent from each household.

TOOLS OF DATA COLLECTION

To collect necessary tools regarding the objectives of the study interview schedule was constructing for data collection. Interview schedule was constructing on the basis of preventative health behavior of Badi community against STI. The interview schedule was almost structure with which covers the major components of preventative health behavior against STI.

METHOD OF DATA ANALYSIS AND INTERPRETATION

After collecting the desire information or data through interview schedule they was checke d by manually to reduce possible error and categorized in different relevant heac d subheadings. Similarly, the data will tabulate in a master chart, table and figure (bar diagram, pie and column chart etc). Then, the raw data was processed with the help of data base and excel. It kept on the sequential order based on the nature of the objectives. Finally, the data had been analyzed and interpreted.

ANALYSIS AND INTERPRETATION

The main purpose of this study was to appraise the knowledge of preventive health behaviour in Badi community, to find out preventive health practice of Badi Community against STI and to identify various sources of information about STI among respondents. The closed ended questions in the interview schedule were constructed being based on the objectives of the study. The data was collected from 120 Badi people of 14-59 ages from Namuna Basti ward no. 6 of Dailekh district.

The data were collected from the field survey through interview schedule. The different sources of data are tabulated and kept in sequential order according to the need of the study. Then they were analyzed on the basis of percentage. Essentials tables, diagrams and figure have been used to make the statement more clear and simplest. This analysis is found on main components concerning preventive health behaviour against STIs. This chapter had been classified into two main parts to meet the intended objectives of the study. The collected data were analyzed and interpreted under the two main headings; Demographical information and other related questions. The respondents were asked 25 close-ended requiring the awareness in their own words and opinions. The analysis of the collected data has been carried out as accurately as possible. The analysis and interpretation has been done both statistically and descriptively.

AGE COMPOSITION

The age of interviewed Badi people (respondents) ranges from Fourteen to Fifty Nine years. The majority of 20-30 ages respondent were found in Namuna Basti of wards 5. The respondents of the study are divided into Five (5) groups based on their age. The following table shows the age structure of respondent male and female of Badi Community. The response has been presented in the below table:

Table 1: Age Composition of Respondents

Age Group	No. of Respondents	Percentage
10-20	23	19.16
20-30	57	47.5
30-40	20	16.66
40-50	16	13.33
50-60	4	3.33
Total	**120**	**100**

The above table 1, shows that most of the respondents i.e. 48 percent are in the 20-30 age groups. Similarly, 19.16 percent respondents are selected in 10-20 age groups, 16.66 percent respondents are selected in 30-40 age groups, 13.3 percent respondents are selected in 40-50 age groups, 3.3 percent respondents are selected in 50-60.

To analyze the above mentioned statistical data, it is found that the majority of the respondents are in 20-30 ages groups which are shown by the study. It shows good result because that age period is knowledgeable and capable for doing preventive health behaviour. But here is also shown in this given table the 45 respondents of less than 20 and more than 30 ages are not able to do applying preventive health behaviour against STIs. Generally, these age groups are not educated, capable, and practicable.

TYPES OF FAMILY

In this research, the context of family structure the respondent responses are drawn in given table:

Table 2: Types of Family

Types of Family	No. of Respondents	Percentage
Joint family	33	27.5
Nuclear family	87	72.5
Total	**120**	**100**

According to the above table 2, shows that out of 120 respondents, 27.5 percent participant had related in Joint family and most of the respondents i.e. 72.5 percent were living in Nuclear family.

EDUCATION STATUS

Table 3 shows the educational status of respondents of Namuna Basti which is helps to find out the educational status of the respondents.

Table 3: Educational Status

Level	No. of Respondents	Percentage
Illiterate	75	62.5
Literate	45	37.5
Total	**120**	**100**

Above table 3, heading is educational status of the respondent's denotes that out of 120 respondents, 62.5 percent respondents were Illiterate and Literate respondents are also 37.5 percentages in this study.

INCOME LEVEL OF RESPONDENTS

Economic condition of the respondents also plays major role on preventative health behaviour against STIs. People from higher income group can adopt different preventive measure of health as compare to people from lower income groups. Regarding the economic condition, income level of the respondents of the study area has been presented in following table:

Table 4: Income level of Respondents

Monthly Income	Frequency	Percentage
Less than 1000	29	24.16
1000 – 3000	73	60.83
3000 – 6000	10	8.33
6000 & above	8	6.66
Total	**120**	**100**

Above table shows that majority of the respondents (i.e. 60.83 percent) have the income level around from R.S. 1000-3000 per months, followed by 24.16 percent of the respondents with income level less than 1000 percent, 8.33 percent of the respondents with income level ranging from Rs. 3000-6000. 6.66 percent of the respondents with income level ranging from Rs. 6000 and above.

GETTING KNOWLEDGE ABOUT HEALTH BEHAVIOUR

Badi community is poor, illiterate and hazardous problem can be seen. In this community how and

which equipment's helped to get the knowledge about the health behavior was asked and the answers of respondents are given below table.

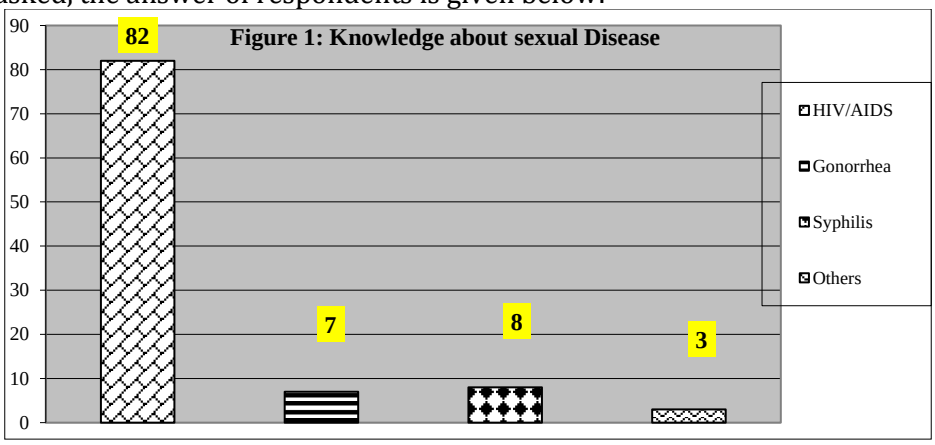
Table 5: Getting Knowledge about Health Behaviour

Channel	No. of Respondents	Percentage
Communication	64	53.33
People and Community Discussion	28	23.33
Awareness Programme	26	21.66
Other (workshop, seminar)	2	1.66
Total	**120**	**100**

According to above table, majority of the respondents having knowledge about the health behavior was 53.33 percent in communication, 23.33 percent in people and community discussion, 21.66 percent in awareness programme and 1.66 percent other (workshop, seminar) had been shown.

KNOWLEDGE ABOUT SEXUAL DISEASE

In this community when the view about sexual disease and what are the sexual diseases do you know about were asked, the answer of respondents is given below:



From the above table, most of the respondents known about HIV/AIDS is 82 percent, Gonorrhea 7 percent respondents only know, Syphilis 8 percent respondents only know, other disease is 3 percent respondents doesn't know about any STI disease.

UNDERSTANDING ABOUT STI

Table 6: Understanding about STI

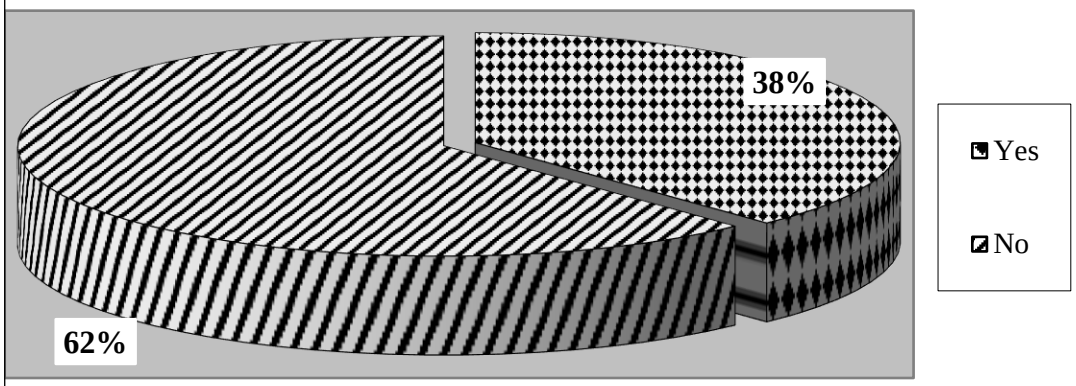
Understanding	Frequency	Percentage
Problematic Period	8	4.46
Sexual Transmitted Diseases	54	30.16
HIV/AIDS	60	33.51
Any Other (Fatal, communicable, etc.)	57	31.84
Total	**179**	**100**

From the above table shows that 33.51 percent was more to answer about HIV, AIDS, whereas STD, Problematic period, and any other (Fatal, communicable, etc.) is 30.16 percent, 4.46 percent, 31.84 percent respectively as found.

APPLYING PREVENTIVE HEALTH BEHAVIOUR

Many people are applying different types of direct and indirect methods to get free from disease, that's how to save from the disease weather people are applying preventive health behavior or not that affect the community was given in the below figure .

Figure 2: Applying Preventive Health Behaviour

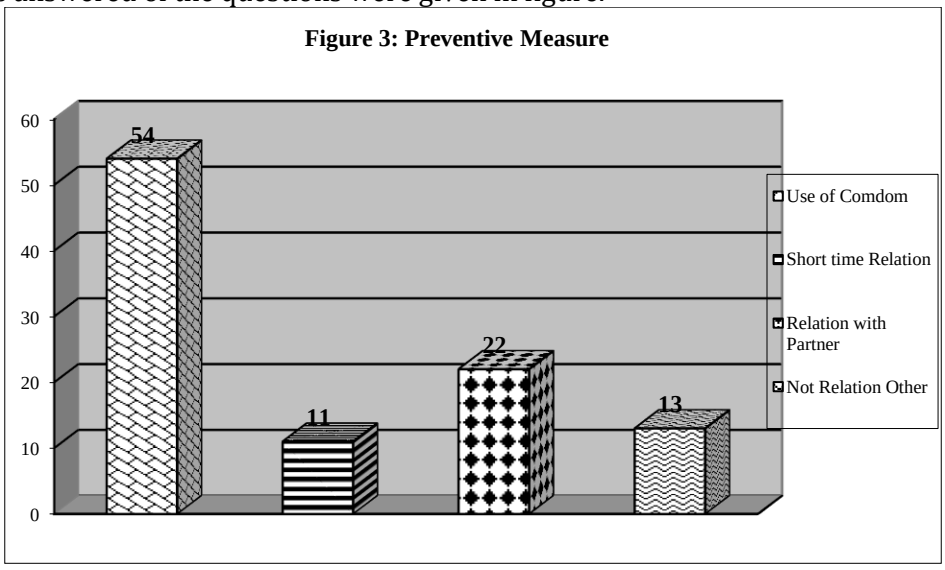


Above figure present 38 percent respondent, were applying preventative health behavior 62 percent were not applying preventative health behavior and doing sex randomly without presentation. The reason behind the people being sick in this community was because of the carelessness in applying preventative health behavior.

PREVENTIVE MEASURE

"Prevention is better than cure" now a day in situation sexual disease has seen as hazardous throughout the country. Especially sexual diseases are transferred through sexual activities. In this community, what is the preventative measures applied to save from disease was asked and the respondents answered of the questions were given in figure.

Figure 3: Preventive Measure

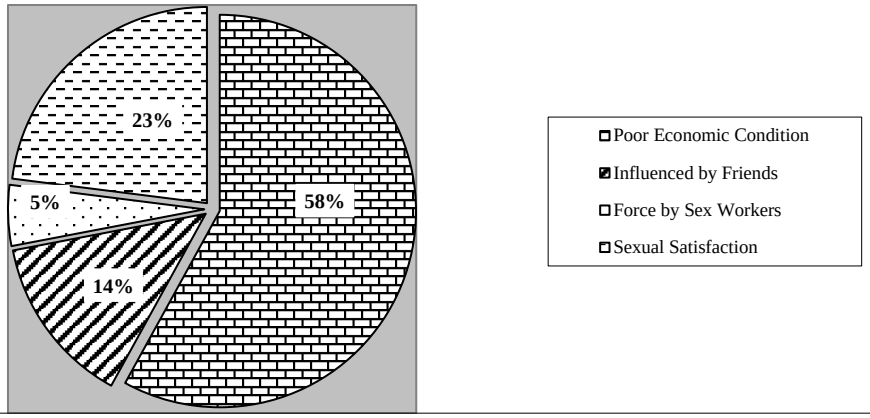


From above table to save from sexual disease 54 percent respondents answered the use of condom, 11 percent respondents had answered the short time relation, 22 percent respondents were answered the relation with partner and 13 percent other specify.

CONDITION OF THE SEX

When it is asked to the respondents that what are the condition arise in your and our life for the sex, is show in below figure.

Figure 4: Condition of the Sex

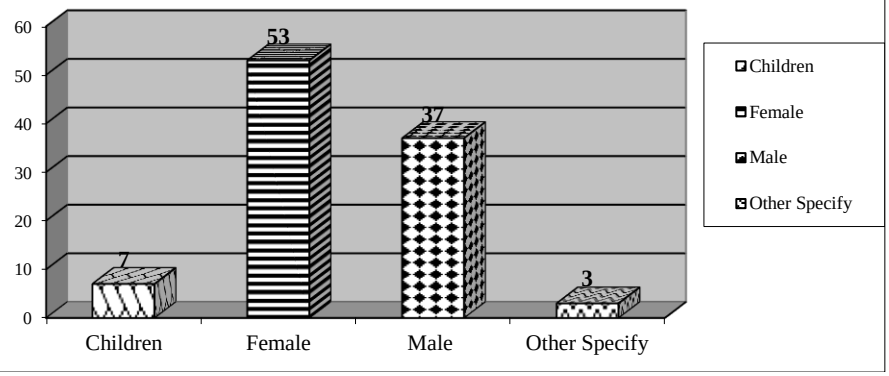


From the above table show that more of 58 percent people involve in sex due to poor economic condition, 23 percent people are involve for the sexual satisfaction, so that due to Influenced by friends and force by sex respondents were 14 percent and 5 percent respectively.

AFFECTED GROUPS BY STIS

In this community, which is the affected group by STIs to prevent from STI was asked and the respondents answered of the questions were given in figure.

Figure 5: Affected Group By STIs



From the above table, from 120 respondents most of the female group is found to be affected by 53 percent male is 37 percent is affected where as children and aged people were affected by 7 percent and 3 percent respectively.

CONTROL THE DISEASE

When people are affected by disease they consult various methods for the treatment and control the disease. To save from the diseases what types of measure are applied by the community people to control the disease is shown in below table.

Table 7: Conducting Programme

Statement	Frequency	Percentage
Health Examination	88	62.41
Superstation	25	17.73
Use of Condom	18	12.76
Other (Drugs, Vaccine, Immunization)	10	7.09
Total	**141**	**100**

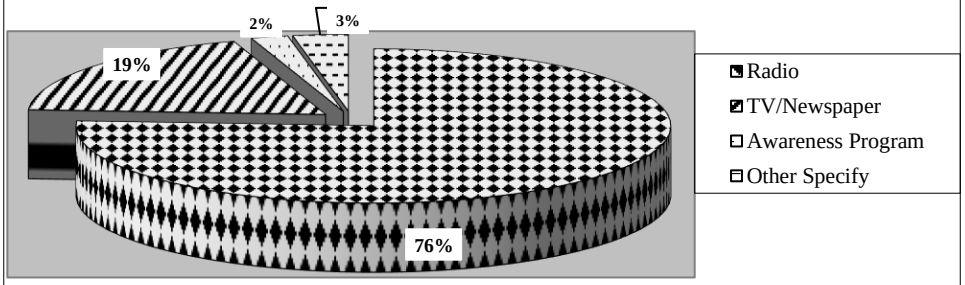
According to the above table, 62.41 percent people doing health examination to control diseases where as 17.73 percent people believed in superstition for the control and cure of the disease, 12.76

percent people found the use of condom is best measure to control the STIs disease than other and 7.09 percent respondents said that others (Drug, vaccine, immunization etc.) are the way of controlling STI.

INFORMATION SOURCES

Role of mass media on awareness of STI disease is the best part of communication. Different sources of communication like Radio, Television, and awareness programme were taken to inform the people about the disease. The respondents who are in the field of education take following methods which are shown in below table as the information sources.

Figure 6: Source of Informations



From the analysis of the given figure from the different types of information sources among 120 respondents 76 percent respondents was using radio which was main device of information than other, 19 percent respondents using T.V. / newspaper, whereas 2 percent had known about awareness programme and 3 percent informed by other devices (people to people, community member, by friends etc.)

REASONS OF NOT USING CONDOM

A large body of scientific evidence shows that male latex condoms have an 80 percent or greater protective effect against the sexual transmission of HIV and other STIs. Condoms are a key component of comprehensive HIV prevention. The respondents were asked about the reasons of not using condom. The responses responded by them are confined in table 8.

Table 8: Reasons of Not Using Condom

Reasons	No. of Respondents	Percentage
Due to expensive	33	21.53
Due to disagreeing of clients	76	49.67
Due to use of Inj. Dipo.	44	28.75
Total	**153**	**100**

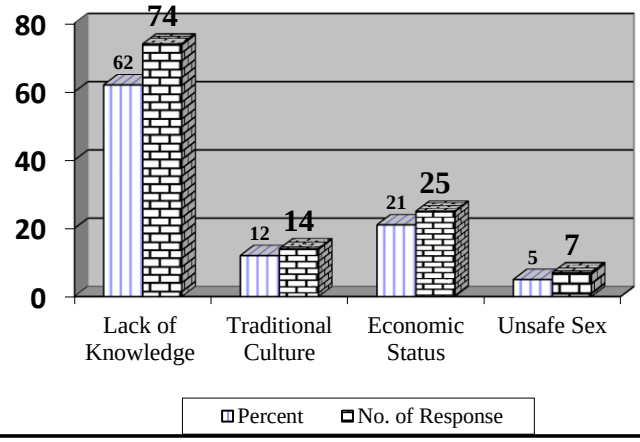
As show in the table 8, 21.53 percent of the respondents have been reported that they have not used condoms due to high expensive, 49.67 percent reported that they have not requested their clients to use condoms due to disagreeing of clients and the rest 28.75 percent reported that they have not used condom due to use of injection Dipo.

Hence, on the basis of above description, it has been concluded that a majority (49.67) of the responds have not used condom due to disagreeing of clients as compared to other respondents. It has been seen that disagreeing of clients has considered the principle cause of not using condoms.

UN-PREVENTATIVE HEALTH BEHAVIOUR

People are getting daily various types of disease due to their direct and indirect activities which affect their life. What are reasons behind the un-preventative health behavior among the people is shown below table according to the respondents.

Figure 7 : Un-preventative Health Behaviour

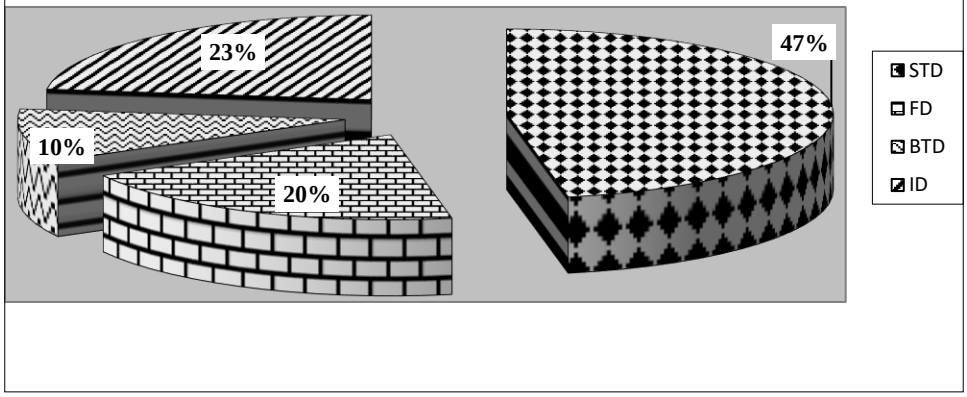


Above the figure 7 Shows that out of 120 respondents 62 percent of the respondents said that lack of knowledge about sex, 12 percent traditional culture, 21 percent lack of economic status and 5 percent respondents had said that unsafe sex affected the people causing un preventative health behavior respectively.

PERCEPTION REGARDING AIDS AND STIS

The diseases which are transmitted during sexual intercourse are STD, for e.g. AIDS, syphilis, gonorrhea etc. The questions that seeking the attitudes of respondents towards these diseases is presented below with their view.

Figure 8: Perception Regarding AIDS and STIs



According to above table, majority of the respondent i.e. 47 percent perceived that HIV/AIDS is sexual transmitted disease. Similarly, 20 percent respondent perceived that HIV/AIDS is fatal disease, 10 percent respondent perceived that HIV/AIDS is Blood Transmitted disease and 23 percent respondent perceived that HIV/AIDS is incurable disease.

CONDUCTING PROGRAMME

Sexual diseases are seen as deadly and great problem in the community. It is very necessary to

control and cure the sexual disease. To eliminate this disease different programmes should be conducted. When it is asked in Badi community. How types of programmes should be conducted to eliminate the sexual disease, the respondents' answers and given in below table.

Table 9: Conducting Programme

Conducting Programme	Frequency	Percentage
Awareness Programme	8	6.66
Providing Sexual Knowledge	45	37.5
Information through Communication	7	5.83
Health Programme	60	50
Total	**120**	**100**

From the above table, 50 percent respondents answered conducting health programme, 37.5 percent respondents answered providing sexual knowledge, 5.83 percent respondents answered information through communication, 6.66 percent respondents answered awareness programme is necessary to conduct the programmes.

FINDINGS OF THIS RESEARCH

The major findings of the research are given as follows:

a. Majority (53%) of them said communication and 2 percent of them said other (workshop, seminar etc.) is the means of getting knowledge about health behaviour.
b. Almost of them (82%) said they were aware of HIV/AIDS is the one kinds of sexual disease.
c. A total of them (45 %) respondents strongly agreed STI is the sexual transmitted disease but 55 % of them disagreed on the statements.
d. The 38 percent respondent, were applying preventative health behavior 62 percent were not applying preventative health behavior.
e. The Majority of respondent i.e. 58 percent people involve in sex due to poor economic condition and 5 percent respondents were doing sex force by sex worker.
f. In this research, most of the female respondents i.e. 53 percent were affected by STIs and 7 percent children also affected by STIs in this research.
g. The source of information, 76 % of them said it as 'Radio' where as 2 % of them defined it as 'Awareness program'.
h. Out of 120 respondents, 47 percent participant respondent perceived HIV/AIDS is the sexual transmitted disease and at the same time 10 percent respondent perceived that HIV/AIDS is Blood Transmitted disease.
i. Half of the i.e. 50 percent respondents answered in our community some health program conducting for gaining about STDs related knowledge and list of the respondent (7 percent) said they were listening about STIs by awareness programme.
j. Out of 120 respondents, 27 % participant had related in Joint family and majority of the respondents i.e. 73 % were living in Nuclear family.
k. Educational status of the respondent's denotes that out of 120 respondents, 62 percent respondents were Illiterate and 38 percent literate in this study.
l. Total 61 percent respondent have monthly income around Rs. 1000-3000. And 7 percent of the respondent earned Rs. 6000 and above.

CONCLUSION

According to the research done in this community, 38% of people practice preventative health behaviors, while the remaining 80% do not, demonstrating their awareness of their health. According to the study's data on literacy, more than 38% of people are literate. It has challenged in this time. Due to their poverty and lack of knowledge, the local government and NGO created a school to help them. People today learn about STI prevention practices through various forms of communication, such as radio, newspapers, awareness campaigns, etc. Communication in this locality is largely impacted by radio. Only 48% of people have little or no understanding of the STI condition, while the remaining 84% are still aware that such diseases exist, according to research

that the researcher conducted. According to my research, people do not practice preventative health behaviors because they are uninformed about STIs, poor, and illiterate. Therefore, formal and informal forms of instruction should be included in the curriculum. To improve their quality of life, the government should offer free health care, counseling, and jobs.

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