CHAPTER – ONE

INTRODUCTION

1.1 Background of the Study

Sexually Transmitted Diseases (STDS) and Acquired Immunodeficiency Syndrome (AIDS) have been appeared as a burning issue in all over the world. This is spreading at an alarming rate. STDS and HIV/AIDS become a global challenge both in developed and developing countries but the severe impact of this disease is in less developed countries like Africa, Nepal and India.

STDS are the diseases which are transmitted through sexual contact with infected person. STDS are caused by micro organism. There are at least 27 kinds of diseases caused by different viruses, bacteria and other micro-organism. Some of common STDS are Gonorrhea, Syphilis, Chancroid, Chlamydia, Trichomoiasis, Genital herpes and Genital Warts.

The word wide incidence of sexually transmitted diseases is high and increasing day by day. STDS are encountered frequently in those who are having sex with many different sexual partners, Prostitutes and couples.

The increasing occurrence of such as gonorrhea, syphilis and Chlamydia become a serious health problem of people.

STDS not only become a major public health problem in both developed and developing countries but also has been an issue of great concern for the policy makers, development planners in their countries concerned. The disease has great impact on human sexuality, morbidity and mortality. They largely affected external as well as internal organs of reproductive system. They cause various complications such as pelvic inflammatory diseases, ectopic pregnancy, infertility and cervical cancer. Moreover, they can lead to termination of pregnancy and still births.

HIV/AIDS is one of the dangerous and fatal disease, which is an incurable illness caused by the Human Immune Deficiency virus which is commonly called HIV. It breaks down the immunity system of the human beings. This makes the body more susceptible to all manner of infection and certain forms of cancer which it would otherwise be able to withstand.

AIDS stands for Acquired Immunodeficiency Syndrome. It is called syndrome because of several signs and symptoms involved in it. This means that a person's immune system is no longer functioning as it should be. There are three stages in the development of AIDS i.e. window stage, carrier stage and AIDS. HIV cannot be detected in Window period. HIV is seen in carrier stage. AIDS is the final stage of HIV .This allows the tenacious virus to do its destructive work and break down the immune system. HIV destroys

a certain kind of blood cell (CD4 +T cell) which is crucial to the normal function of the human immune system (Centers of disease control and prevention). HIV/AIDS is primarily found in the blood, semen or vaginal fluid of an infected person.

STDS and HIV/AIDS transfer through:

a) Having sex (vaginal, oral or anal) with a person who has STDS and HIV/AIDS.
b) Sharing needles with a drug user, who has STDS and HIV/AIDS.
c) During pregnancy, during the birth or at the time of breast feeding, if a mother has STDS and HIV/AIDS.
d) Blood transfusion from a person infected with STDS and HIV/AIDS.
e) STDs transfer through multiple behaviors like sharing clothes of infected person or sharing food through the same pot.

HIV/ AIDS is not transmitted through:

- Shaking hands, hugging a person, using public telephone, drinking fountain, rest-room, swimming pool, hot tub, sharing the food, toilet sheet, casual kiss, dishes, drinking glasses or pets.

Symptoms of HIV/AIDS:

Major:

1. Loss of body weight by 10 percent in a month.
2. Continuous Diarrhea for more than one month.
3. Continuous fever for more than one month.
4. More tiredness

Minor:

1. Different kinds of skin diseases
2. Seen various types of Herpes.
3. Infection in Mouth and throat.

HIV/ AIDS can be prevented through:

a. ABC Approach
   A. Abstinence
   B. Be faithful
   C. Condoms
b. Talking about HIV and other STDs with each partner before having sex
c. Getting vaccinated against the Hepatitis B Virus.
d. If exposed to some STDs like Gonorrhea, Syphilis or Chlamydia, Trachomatis infection get treatment as it may increase risk of HIV
e. Using sterilized syringes

Origin of HIV:

HIV/ AIDS was first identified on a chimpanzee in west Africa as the source of HIV infection in human. The virus most likely jumped to humans when human hunted these chimpanzees for meat and came into contact with their infected blood over several years. The virus slowly spread across Africa and later into other parts of the world.

History of HIV in Nepal:

The first case of HIV/ AIDS in Nepal was reported in 1988. The disease has primarily been transmitted by injecting drugs and unprotected sex. Available data indicate that there was a sharp increase in the number of new infections starting in 1996, coinciding with outbreak of civil unrest. In December 2007, the government of Nepal reported 1,610 cases of AIDS and 10,546 HIV infections. UNAIDS estimates from 2007 indicate that approximately 75000 people in Nepal are HIV positive including all age groups.

Nepal's HIV epidemic is largely concentrated in MARPS, especially female sex workers, IDUS, MSM, transgender and migrants. Injection drug use appears to be extensive in Nepal and to overlap with commercial sex. Another important factor is the high number of sex workers who migrate or are trafficked to Mumbai, India to work thereby increasing HIV prevalence in the sex worker's network in Nepal more rapidly.

HIV and AIDS Estimates

Total Population *	28.9 million (Mid 2007)
Estimated Population living with HIV/ AIDS **	70,000 (41,000 – 1,80,000) end 2007
Adult HIV prevalence **	<0.5 per cent (0.3 % – 1.3%) end 2007
Risk population ***	IDUS – 34.7 per cent Kathmandu 2007 Sex workers – 1.4 per cent (2006) MSM – 3.3 per cent (2007) Urban based
Percentage of HIV Infected people receiving anti-retroviral Therapy **	13 per cent (end 2007)

Source: *US Census Bureau **NCASC 2007 ***IBBS 2006/0

1.2 Statement of problem

HIV/ AIDS and STDs are increasing rapidly due to poverty, gender discrimination and violence. WHO and UNAIDS estimate indicates that approximately 75000 people in Nepal are HIV positive including all age groups in 2007.

The face of HIV/ AIDS is a women's face, women have greater susceptibility then men to infection due to social, cultural and physiological reasons and are now

being infected at a higher rate than men. Today approximately half of the 40 million people living with HIV are women. Most of the young women (15 – 24) facing the highest risk of HIV/ AIDS and STDs. Physiologically, women are at least twice as likely as men to become infected with HIV during sex.

Women are more likely to be illiterate then men. They often lack negotiating power and social support for insisting on safer sex or rejecting sexual advances. Gender based violence is a major risk factor for contracting HIV. In Nepal only 42.5 per cent female are literate. Awareness related programs about the sexually transmitted diseases and HIV/ AIDS is been very challenging job in Nepal because of multicultural and multi religion diversity. People believe in different culture so female is not allowed to talk about sex related matters. If she does, she is treated negatively in our society. Due to poverty, gender discrimination and illiteracy women are not aware about the sex education, STDs and HIV as a result they are vulnerable to HIV/ AIDS and other kinds of STDs.

In Nepal due to poor economic condition and unemployment thousands of people go abroad each year for their livelihood and trafficking of Nepalese girls the major social problem and they are compelled to prostitution in many cities of India. When they have HIV they return back to Nepal. Because of lack of awareness about the STDs and HIV/ AIDS they cannot follow safe sex behavior and some of

them know about it but don't use it in practical life. As a result they are suffering STDs and HIV/ AIDS.

The good news is that HIV infection is a preventable disease. Information is the best defense against AIDS. As women learn more about the risk of HIV to themselves and their families, they can also learn what they can do to minimize the possibility of getting HIV infection. As education plays vital role for development the most focus should be given on women's education including health education.

The governmental education like the national centre for AIDS and STDs control (NCASC), many NGO/ INGOS like the UNAIDS, WHO, UNFPA and Save the Children apparently have prominent role in formulating and implementing programs and providing IEC programs but their efforts may be insufficient due to scarcity of knowledge and information about the perceptions on STDs and HIV/ AIDS, Especially among women of Chapali Bhadrakali VDC.

Therefore this study attempts to examine knowledge and practice of women with regards to STDs and HIV/ AIDS.

1.3 Objective of the study

The main objective of the study is to analyze the existing knowledge and practice of STDs and HIV/ AIDS among women.

Specific objectives

a. To assess the existing knowledge on STDs and HIV/ AIDS among women.
b. To examine their safe sexual practice.

1.4 Research Questions

1. What are the factors that correspond on knowledge on STDs and HIV/ AIDS among respondents?
2. To what extent does safe sexual practice contribute in controlling STDs and HIV/ AIDS?
3. What is the level of literacy rate?
4. Why they are illiterate?
5. What is the health status of women in Chapali Bhadrakali VDC?
6. How they are being infected by STDS and HIV/AIDS?
7. What are the major problems faced by them?
8. What is the status of women?
9. How far has the government become helpful to solve the problems seen in the cases?

1.5 Limitation of the study

The limitation of the study is as follows:

a. The study is limited to women of Chapali Bhadrakali VDC. The results of this study may not be generalized for other population groups.
b. The study is based on a sample of 55 women of Chapali Bhadrakali VDC.
c. Therefore, the findings of the research can be generalized only for the areas having similar characteristics.
d. This study follows the convenient and purposive sampling methods.

1.6 Research Gap

The literature of HIV/AIDS is found commonly in many international and national cases. In local situation where native people and migrants are living together, such study has not done properly. There is literature gap, so I have tried to fulfill such gap.

1.7 Organization of the Study

This report is divided into eight chapters. The first chapters discusses the introduction of the study , including the statement of the problem, objective of the study, research questions, limitation of the study and research gap. In the second chapter, review of literature is presented including STDs and HIV/AIDS, world's Scenario on HIV/AIDS, situation of HIV/AIDS in Asia, Situation of HIV/AIDS in

Africa, Situation of HIV/AIDS in Nepal, Knowledge on HIV/AIDS and Conceptual Framework of the Study.

The research methodology used including research design, introduction to study area, source of data, Sampling technique, technique of data analysis and dependent and independent variables have been discussed in the third chapter. The fourth chapter presents the basic socio-economic and demographic characteristics of the respondents. The fifth chapter discusses the knowledge on STDs and HIV/AIDS. The Sixth chapter discusses the differential analysis of the knowledge on STDs and HIV/AIDS by socio-economic and demographic characteristics. The knowledge on condom use during sexual activities has been presented in sixth chapter. The seventh chapter includes correlation and regression analysis.

In the last chapter i.e. seventh chapter, the summary of the research, conclusions and recommendation are presented.

CHAPTER – TWO

LITERATURE REVIEW

2 LITERATURE REVIEW:

This chapter attempts to present the review of previous research regarding related topic. Literature review is necessary for every research operation. The available literature related to sexual and reproductive health behavior either national, regional, worldwide on STDs, HIV/ AIDS among different sub group of population are presented.

2.1 HIV/AIDS AND STDs:

HIV/ AIDS was first identified in the United States in 1981 after a number of gay men started getting sick with a rare kind of Cancer. It took several years for scientist to develop a test for the virus, to understand how HIV was transmitted between humans. CDC estimates that about one million people in the USA are living with HIV/ AIDS. (CDC, page 2)

STDS are infections that can be transferred from one person to another through sexual contact. According to the Centers for Disease Control and Prevention there are over 15 million cases of sexually transmitted disease cases reported annually in the United States. There are more than 25 diseases that are transmitted through sexual activity other than HIV the most common STDS in the United States are Chlamydia, Gonorrhea, Syphilis, Genital

Herpes, Human Papilionavirus, Hepatitis B, Trichomonasis and bacterial vaginosis. Adolescent and young adults are the age groups at the greatest risk for acquiring an STDS. Approximately 19 million new infections occur each year almost half of them among people age 15 to24, some STDS can have severe consequences especially in women if not treated which is why it is so important to go for STD testing. Some STDs can cause infertility others may even be fatal. STDS can prevent by refraining from sexual activity and to a certain extent some contraceptive devices such as condoms. (Fact about STDS, page 2)

2.2 World's Scenario on HIV/AIDS

Now AIDS has become a global problem and has spread all around the world. The latest statistics of the world epidemics of HIV/AIDS estimated 33.2 million people were living with HIV/AIDS by the end of 2007 and women accounted 15.4 million living with HIV in the world. Overall 2.0 million people die due to HIV in 2007. Its main concentration is in Africa as the largest number of HIV/AIDS cases is found. HIV/AIDS has reached alarming proportions in Asia. South Asia has more than 20 per cent of the world's population facing an HIV epidemic with an estimated 5.5 to 6 million people have been HIV infected. (Karki, 2008)

CDC estimates that about 1 million people in USA are living with HIV/AIDS. About 80-90 per cent of HIV infection worldwide has been transmitted through unprotected sexual intercourse. (Subedi, 1994)

HIV/AIDS is no longer striking primarily men. Today more than 20 years into the epidemic women account for nearly half the 40 million people living with HIV worldwide. In Sub-Saharan Africa 57 per cent of adults with HIV are women and young women aged 15 to 24 are more than three times as likely to be infected as young men despite this alarming trend, women know less than men about how HIV/AIDS is transmitted and how to prevent infection and what little they do know is often rendered useless by the discrimination and violence they face. (UNAIDS/UNFPA/UNIFEM, 2004, page IV)

Women account for half of all people living with HIV worldwide and nearly 60 per cent of HIV infection is in Sub-Saharan Africa. Young people aged 15-24 account for an estimated 45 per cent of new HIV infection worldwide. Globally the number of children younger than 15 years living with HIV increased from 1.6 million in 2001 to 2.0 million in 2007. Almost 90 per cent live in Sub-Saharan Africa. (UNAIDS, 2008, page 33)

Global Summary of the AIDS epidemic 2008

	Adult	Women	Children	total
Number of people living with HIV	31.3 million	15.7 million	2.1million	33.4 million
People newly infected with HIV	2.3 million		430000million	2.7 million
AIDS death	1.7 million		280000 million	2.0 million

Source: UNAIDS/WHO, 2009

Approximately 95 per cent of people living with HIV/AIDS live in developing countries. Sub-Saharan Africa is the hardest hit region but other region face severe or rapidly growing epidemic in specific countries or area parts of Asia and Latin America are experiencing severe epidemics at the national or local level. Eastern and Central Asia is the region with the fastest Growing HIV/AIDS epidemics in the world. (USAID, 2008)

According to UNAIDS report, widespread use of injecting drug use is the main reason of HIV/AIDS in north east. Most cases of infection among women appear to have been acquired by their husbands, who had been infected by sex workers. Unsafe sex is the cause of infection in other part of India.

HIV/AIDS Prevalence in the world 2008

Region	Adult and Children	Adult and children newly infected with HIV	Adult Prevalence	Adult and children death due to AIDS
Global	34.4 million	2.7 million	0.8	2.0 million
Sub-Saharan Africa	22.4 million	1.9 million	5.2	1.4 million
East Asia	850000	75000	<0.1	59000
Oceania	5900	3900	0.3	2000
Europe and Central Asia	1.5 million	110,000	0.7	8700
South and east Asia	3.8 million	280,000	0.3	270,000

Source: UNAIDS, HIV/AIDS, 2009

From review of world scenario of HIV/AIDS we conclude that HIV/AIDS has become the matter of concern in the world today. It is becoming as challenge of human life there is no any region far from this disease. If anybody infected from this disease there is no measures of saving his/her life. So, it is necessary to have knowledge about it.

2.3 Situation of HIV/AIDS in Asia

In 2008, 4.7 million people in Asia were living with HIV, including 350,000 who became newly infected last year. Asia's epidemic peaked in the mid 990s and annual HIV incidence has subsequently declined by more than half. Regionally, the epidemic has remained somewhat stable since 2000. (UNAIDS/WHO, 2009, page 37)

HIV infection level in Asia is low compared with those in Africa. HIV prevalence is highest in Southeast Asia with wide variation in epidemic trends among different countries. Epidemic is growing at a particularly high rate in Indonesia (particularly in the Papua province) and Vietnam. The latest estimates shows that 4.9 million people were living with HIV in 2007 including 440,000 people who became newly infected in the past year and that AIDS claimed approximately 300,000 lives in 2007 (UNAIDS Nov 2007). In East Asia approx 800,000 people were living with HIV and AIDS claimed 32000 lives in this sub region on 2007. (UNAIDS, health profile)

HIV/AIDS is increasing rapidly in South Asia especially in China and India because of increasing drug use and breakdown in the health care system. The first HIV infection in South Asian region was reported in India in 1986. The infection rate in south Asia is lower than Africa but the spread of HIV/AIDS is rapid.

Second reported in Pakistan in 1986, Srilanka in 1987, Nepal in 1988, Bangladesh in 1989 and Maldives in 1991. (UNFPA, 1998)

In China and Indonesia injecting drug use is the leading cause of HIV infection at 44 per cent. In some South and Southeast Asian countries such as Pakistan, HIV prevalence is increasing among IDUS. In Karachi one study found a dramatic increase in HIV prevalence among IDUS from under 1 percent in 2004 to 26 per cent in 2005. (USAIDS, Health Profile)

At least more than 60 per cent HIV positive people in Asia live in India. New Infection are increasing rapidly throughout Asia with population growth and if current trends continue, India will soon have more people living with HIV than any other country Nepal bordering with India has been experiencing the 2nd highest number of HIV prevalence in the South Asian region.

In India approximately 5.7 million people were living with HIV in 2005. HIV occurring in India through unprotected heterosexual intercourse consequently women account for a growing proportion of people living with HIV (some 38 % in 2005) particularly in rural areas. Nearly half (44 %) of the people living with HIV in China are believed to have been infected while injecting drugs. HIV is spreading gradually from people at higher risk of exposure to the general population and the number of women becoming infected with HIV is growing. In Thailand approximately one third of new infection in 2005 were in married women who

were probably infected by their spouses. Men who have sex with men remain at high risk of HIV infection. Injecting drug use also continues to be a risk factor for infection in Thailand. (UNAIDS, WHO 2006, Fact sheet)

11 August 2009 – An estimated 50 million women in Asia who are either married or in long term relationship with men who engage in high risk sexual behaviors are at risk of becoming infected with HIV from their partners, according to a new report published by the joint United Nations Programmed on HIV/AIDS. (UNAIDS,2008)

UNAIDS estimated that more than 90 per cent of the 1.7 million women living with HIV in Asia became infected from their husbands or partners while in long term relationships. In Cambodia, India and Thailand the largest number of new HIV infections occur among married women.

"Discrimination and violence against women and girls endemic to our social fabric are both the cause and consequences of AIDS" said Dr. Jean D'cunha, South Asia Regional director for the UN Development fund for women." Striking at the root of gender inequalities and striving to transform male behaviors are key to effectively addressing the pandemic. (UN News Centre)

Illness, disability and death associated with the HIV/AIDS epidemic have harmful social and economic effects. The majority of the people who have the disease are between the ages of 15 and 49 and often the less than 30 age group is the most

affected. In Kyrgyzstan for instance 54.6 per cent of all identified HIV/AIDS cases have occurred among 15 to 29 yrs old. Poor women in the Asia region are particularly vulnerable to HIV/AIDS. Poor economic circumstances can limit a women's mobility and force her to stay in situations where her physical and emotional well being are at risk. Dispossessing women of land and other means of production at home and the lack of formal skills to participate in economic activities can lead women to travel to urban areas in search of work. If they are unable to find a job, some are forced into commercial sex work or other vulnerable situations that can increase their risk of contracting HIV. Human trafficking is increasing in all the Mekong sub region countries. Women trafficked into sex work are particularly vulnerable to HIV. They tend to work in lower class often underground brothels where they may be forced to service several clients each day. They often have no power to insist on condom use, even if they understand the risk of HIV/AIDS and other Sexually Transmitted Infections (STIS). (USAIDS, Health Profile,2008)

Factor affecting the spread of HIV/AIDS among women and girls in Asia are poverty, early marriage, trafficking, sex work and migration, lack of education, gender discrimination and violence. The number of adults living with HIV/AIDS in India estimated at nearly 4 million. In south and south East Asia more than a quarter of adults and 40 percent of young people living with HIV/AIDS are women

according to India's National AIDS Control Organization (NACO). According to the United Nations, the Asia pacific region, where more than 7 million people are living with HIV/AIDS could become the epidemic of the global AIDS pandemic in the next decade, with China and India the world's two most populous nations facing a potential AIDS catastrophe. (UNAIDS, UNFPA, UNIFEM, 2004)

2.4 Situation of HIV/AIDS in Africa

Sub- Saharan Africa remains the region most heavily affected by HIV. In 2008, Sub-Saharan Africa accounted for 67 per cent of HIV infection worldwide, 68 per cent of new HIV infections among children. The region also accounted for 72 per cent of the world's AIDS related deaths in 2008. (UNAIDS/WHO, 2009, page 21)

In 2007, UNAIDS reported that 22.5 million people in Sub Saharan Africa were living with HIV/AIDS. This figure represents 68 per cent of the total 33.2 million cases worldwide. New infections of HIV among children and adults in Africa in 2007 numbered 2.5 million. Nearly 61 per cent of HIV infection s in this region occurs in women. A higher per cent of the 2.1 million related death worldwide in 2007 occurred in Sub Saharan Africa, where AIDS is by far the most common cause of mortality according to the UNAIDS 2007 epidemic update.

According to UNAIDS and UNICEF 80 per cent of all the world children orphaned by HIV/AIDS are in Sub Saharan Africa more than half of whom are between the

ages of 10 and 15. HIV/AIDS poses increasingly heavy demands on Africa health system as demand for services increases countries are losing their capacity to supply them. AIDS tends to affect the poor more heavily than other population groups. Knowledge of HIV remains low in Sub-Saharan Africa and is an obstacle to reducing incidence rates for example approximately 2 million South Africans living with HIV do not know that they are infected. Southern Africa has the highest HIV prevalence rates in the world. According to UNAIDS the sub region accounts for 35 per cent of all HIV infection worldwide. National HIV prevalence exceeded 15 per cent in seven countries in 2005 (Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland and Zimbabwe). South Africa has the largest number of HIV infection in the world .UNAIDS data shows that approximately 52 per cent of all HIV positive women 15 years and older and 43 per cent of all HIV positive individuals less than 25 years old worldwide live in Southern Africa. In the countries of East Africa HIV prevalence has either decreased or remained stable in the past several years. As in southern Africa and many other part of the world, women in East Africa face considerably higher risk of HIV infection then men, especially at younger ages. Uganda and Tanzania have the highest rates at 6.4 and 7 per cent respectively. West Africa has the lowest HIV rates in Sub Saharan Africa. In many countries the epidemic appears to be stabilized although concentrated epidemics do exit. Data from the 2005 DHS show that cota d'lvore

has the highest adult prevalence in west Africa (4.7%). Yet this represents a significant decline from earlier prevalence level of 70, which were based on data from UNAIDS. Nigeria has the largest epidemic in the sub region with 2.9 million people living with HIV. Although the HIV prevalence is relatively low at 3.1 per cent, Nigeria has the second largest HIV disease burden in the world due to its large population. UNAIDS estimates national prevalence among pregnant women varies considerably from 1.6 per cent in the west to 10 per cent in the Southeast. (USAID 2008, HIV/AIDS health profile on Africa region).

2.5 Situation of HIV/AIDS in Nepal

AIDS was first identified in Nepal in 1988. Since then AIDS cases have been steadily increasing as of October 2001cumulative HIV/AIDS cases had reached 1564. This figure is based on the number of people who have tested their blood at the health centers. Because of very limited number of persons have been tested HIV/AIDS it is likely that this figure could be much higher for example according to UNAIDS and WHO estimated about 34000 HIV positive persons in the kingdom (Subba, 2008)

The HIV/AIDS epidemic in Nepal is spreading rapidly until the late 1990s; the country was considered a low prevalence state. However, some 1997 HIV infections has been increasing alarming among injecting drugs users and sex workers in many cities with prevalence in Kathmandu exceeding 60 and 15 per

cent respectively. In order to address the potential risk to the general population and mitigate its impact on the population with high risk behavior, national response both in terms of HIV prevention and care, must be expanded fast, with full participation of all partners and stakeholders in the country. (Subedi, 2003)

In March 2004 the Ministry of Health has reported 715 cases of AIDS and 3529 HIV infections. Compared with other countries of world and Asia, available epidemiological data suggest that Nepal has low prevalence of HIV in the general population. By the middle 2008 1750cases of AIDS and Over of 11,000 cases of HIV infections were officially reported, with two times as many men reported to be infected as women. Nepal's HIV epidemic is largely concentrated in MARPS especially FSW, IDUS, MSM, transgender and migrants. Another important factor is the high number of sex workers who migrate or trafficked to Mumbai(India) to work increases HIV prevalence in the sex workers network in Nepal more rapidly.(World Bank, 2008)

Continued spread among Injecting Drug Users: In 2007, Nepal reported 46,309 drug users of whom 61 per cent inject drugs. An estimated 6,557 IDUS are living with HIV or AIDS (about 10% of the total cases). The burden of HIV among IDUS is heavy in the Highway districts and Katmandu valley where 30 per cent of all PLWHA are IDUS. HIV prevalence among IDUS in 2007 was 34.7 per cent (IBBS).

There are between 25000-34000 female sex workers in Nepal with an estimated HIV prevalence of 1.3- 1.6 per cent. HIV infection rates among street based sex workers in Kathmandu valley are between 15-17 per cent. Due to their highly marginalized status, FSWS in Nepal have limited access to information about reproductive health and safe sex practices. A major challenge to HIV control is the trafficking of Nepalese girls and women into commercial sex work in India. About 50 per cent of Nepal's FSWS previously worked in Mumbai and some 100,000 Nepalese women continue to work there. It is estimated that 50 percent of Nepalese sex workers in Mumbai brothels are HIV positive (FHI, 2004). Young people are increasingly vulnerable to HIV due to changing values and groups norms. Girls, even if they have knowledge about HIV and other STIS often do not have the means of protecting themselves due to their traditionally lower social status. Teenagers, although apparently highly aware of the HIV risk (based on behavioral surveys) do not always translate this awareness into safe sex practices. (World Bank, 2008)

2.6 Knowledge of HIV/AIDS

NDHS 2006 shows that 73 per cent of women and 92 per cent of men age 15-49 have heard of AIDS. Knowledge of AIDS varies by background characteristics and this is more evident among women than men. Since overall knowledge of AIDS among men is very high, there is little difference by background characteristics.

The level of awareness of AIDS is lower among older respondents, especially among age 40-49 and among ever married women and men. Respondent living in rural areas are less likely to know about AIDS than urban residents. For example 69 percent of rural women have heard of AIDS compared with 91 per cent of urban women.

Knowledge is much higher among women residing in the hills than in the mountains and terai. Similarly, knowledge is higher among women in the western development region than among women in the other regions. Education and wealth are strongly associated with SLC women or higher level of education compared with just over half of women with no education .Similarly, awareness is lowest among women living in the poorest households and highest among women living in the wealthiest households. Knowledge of AIDS is also higher among women who have traveled away from their home. (DHS 2006, page 200)

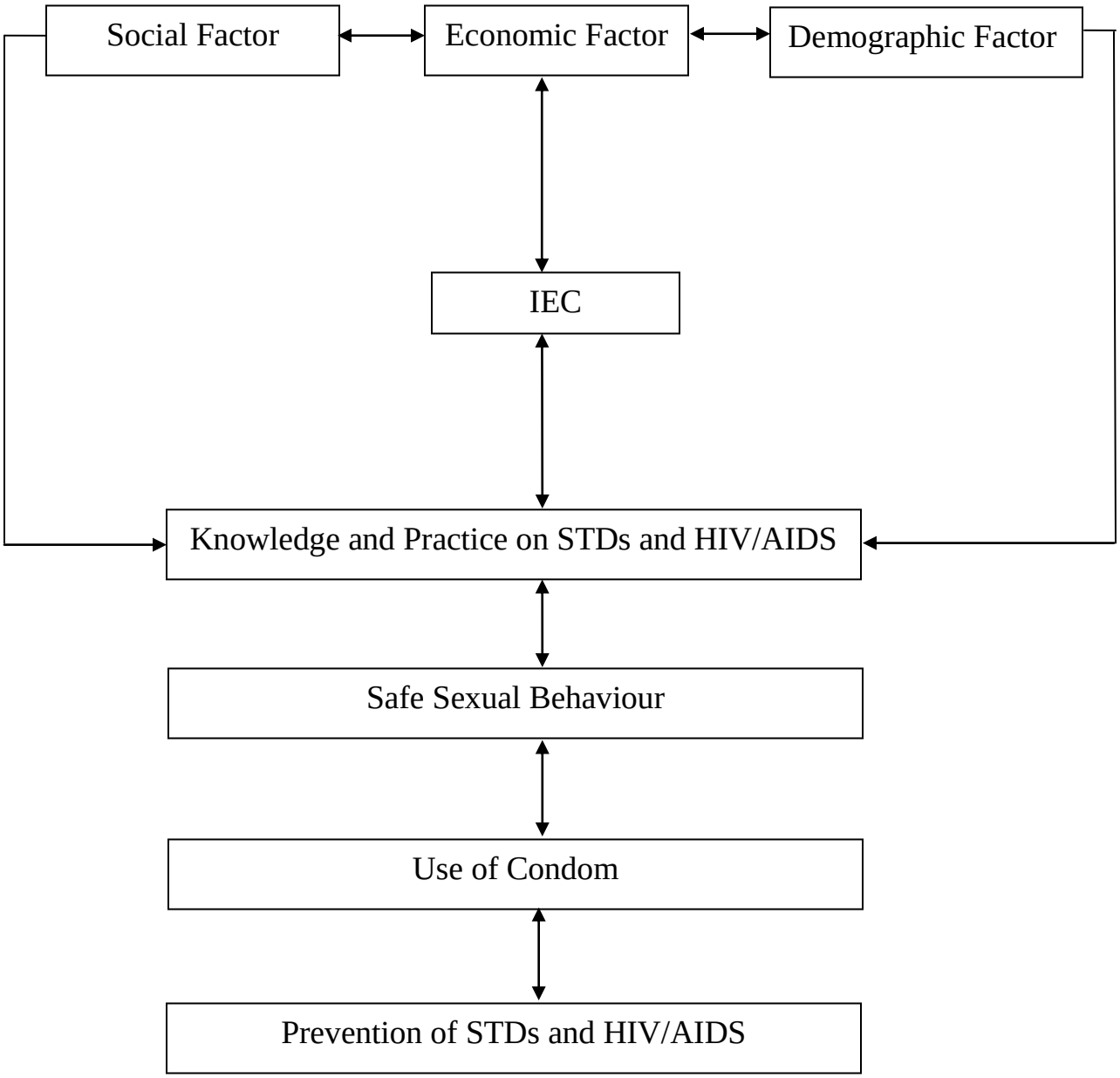
2.7 Conceptual Framework

The studies reviewed clearly indicate that human sexual behavior is influenced by social, economic, cultural and demographic factors. It was clearly seen that socio-economic and cultural variable are more important factors in determining the person's attitude and behavior regarding sex. The risk of STDs and HIV/AIDS transmission can be reduced by practicing safer sex by using condom during sexual

intercourse. But using condom behavior is affected by many factors like knowledge and attitude of both the sexual partners, regarding the condom.

The Conceptual Frame work is given below:

Conceptual Framework



Source: My own creation

CHAPTER – THREE

RESEARCH METHODOLOGY

This study mainly focuses among the women of Chapali Bhadrakali VDC ward number – 2. This research was conducted to obtain information on their knowledge and practice on STDs and HIV/AIDS. This section consists of many subjects such as research design, sampling procedures, Methods of data collection, Questionnaire design and process of data analysis.

3.1 Research Design

This study is based on descriptive research design. This is considering as an appropriate and the best for the analysis of this type of research work. Research design is both qualitative, quantitative and triangulation method.

3.2Introduction to study area

This is a case study of knowledge and practice on STDs and HIV/AIDS among the women. This study was conducted in the Kathmandu valley. The study area which falls under this research is women of Chapali Bhadrakali VDC ward number – 2, which is located near eastern part of Budhanilkantha. The total population of that place is 926, where 476 are male and 450 are female Total household of that area is 200 (source: VDC Office 2001). The selected respondent of that place are Hindu, Buddhist, Christianity and Islam. Facilities like school, health post, post office,

electricity, transportation and communication are available. Most of the respondents are migrants.

3.3 Source of data

The data was collected from the field survey so the data is primary in nature. Questionnaires were developed according to the objectives then the prepared questions were asked directly to the selected respondents. Beside this, secondary data collected from different sources, published or non published documents were also used in this study.

3.4 Sampling techniques

For the selection of the respondents convenient and purposive sampling technique had been used. This technique had been used because it was not possible to have interview of all women of that VDC. Basically the information was collected with age 15 to 55 years.

3.5Questionnaire design

For this study the close questionnaire was developed which was constructed on the basis of knowledge and practice of women towards STDs and HIV/AIDS. The whole set of questionnaire was divided into following parts

(a)Individual questionnaire

(b)Knowledge of STDs and HIV/AIDS

(c)Sexuality and condom use

3.6 Techniques of data analysis

The collected data was entered into computer using SPSS program. The analysis is descriptive in nature. In this section of analysis the distribution of the study population by their selected background characteristics had been described. This is followed by the analysis of the knowledge of STDS and HIV/AIDS assessed on the basis of their responses. The analysis of this part of the study helped to the study population into two categories; those who have knowledge on the diseases and those who do not have knowledge. The findings of the analysis have been presented in the tabular form and interpreted accordingly.

3.7 Dependent and Independent variables

On the basis of literature review, dependent and independent variables are identified.

Independent Variables

i. Age of the respondents
ii. Sex of the respondents
iii. Caste of the respondents
iv. Religion of respondents
v. Marital status
vi. Occupation of respondents
vii. Educational level of respondents

Dependent Variables

i. Knowledge on STDs.

ii. Knowledge on mode of transmission of STDs.

iii. Knowledge on preventive measures of STDs.

iv. Knowledge on HIV/AIDS.

v. Knowledge on mode of transmission of HIV/AIDS.

vi. Knowledge on prevention of HIV/AIDS.

vii. Knowledge on condom

3.8 Operational definition of the variables

i. Age of the respondents: The study is limited to the age group 15 to 55. So, all the respondents are in this limit.

ii. Sex of respondents: the respondents are female.

iii. Marital status: respondents are both married and unmarried.

iv. Religion: The religion of respondents is Hindu, Islam, Buddhist and Christianity.

v. Caste/Ethnicity: 11 caste /Ethnicity are included.

vi. Education: The study is conducted among 15-55 years of age thus the respondents fall on illiterate, primary, secondary and higher level.

vii. Occupation: The occupation of the respondents is included in this study.

viii. Knowledge on STDs and HIV/AIDS: The information such as heard of STDs/HIV/AIDS, Knowledge on mode of transmission and prevention is collected.

ix. Practice: In regard to practice, the respondents use condom during sexual intercourse.

x. HIV: Human Immune –deficiency Virus, the causative agent of AIDS. It reduces immunity system of human body.

xi. AIDS: Acquired Immune Deficiency Syndrome.

CHAPTER- FOUR

SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY POPULATION

This chapter presents the socioeconomic and demographic characteristics of the women of Chapali Bhadrakali VDC ward number – 2. This includes distribution of the respondents by their caste/ethnicity, religion, level of education and occupational status, age composition, marital status and migration status.

4 Socioeconomic characteristics of the respondents

This section presents the description of the women by their caste/ethnicity, religion, level of occupation and occupational status.

4.1 Religion

Table 4.1: Per cent Distribution of the Respondents by Religion

Religion	Number	Percent
Hindu	50	90.90
Buddhist	1	1.81
Christianity	2	3.36
Islam	2	3.36
Total	55	100

Source: Field Survey, 2009.

The study result shows that the women represent four religions groups. The highest per cent of respondents were Hindu (90.90 %) followed by Buddhist (1.81%). 3.63 per cent were Christianity and Islam respectively.

4.2 Caste and Ethnicity

11 Caste /ethnicity groups are represented in the Chapali Bhadrakali VDC. They are Brahman, Chhetri, Newar, Gurung, Magar, Muslim, Limbu, Lama, Thakuri,Tamang and Dalit.

Table 4.2: Per cent Distribution of the Respondent by Caste/Ethnicity

Caste/Ethnicity	Number	Percent
Brahman	10	18.18
Chhetri	10	18.18
Newar	7	12.72
Gurung	1	1.81
Magar	3	5.45
Lama	2	3.63
Limbu	5	9.09
Muslim	2	3.63
Tamang	8	14.54
Thakuri	3	5.45
Dalit	4	7.27
Total	55	100

Source: Field Survey, 2009.

The above table shows that, highest pe rcent of women (18.18 %)were Brahman and Chhetri respectively followed by Tamang(14.54%),Newar (12.72%),Limbu(9.09%),Dalit(7.27%),Magar and Thakuri(5.45 %),Muslim(3.63 %) and the lowest percent were Gurung(1.81 %).

4.3 Educational Status

Education is one of the most important factors of human life. Educated people are more aware of their family and their health. In order to obtain the information on the literacy status and the level of education attainment among women the following question was asked: **Can you read and write?**

Table 4.3: Per cent Distribution of the Respondents by their Literacy and Educational Attainment

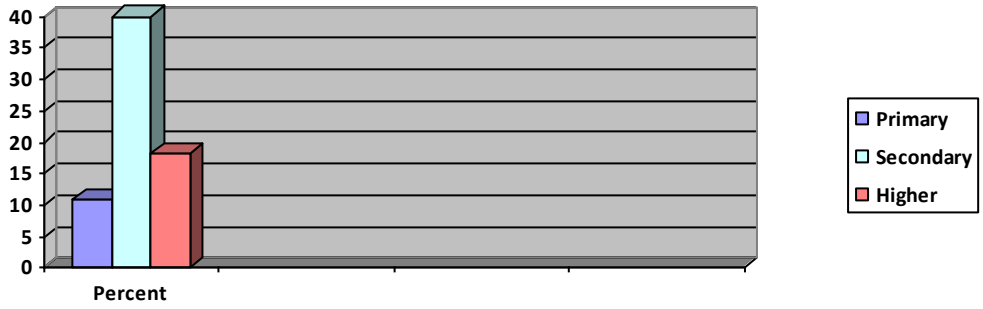
Literacy Status	Number	Per cent
Literacy	38	69.09
Illiteracy	17	30.90
Total	55	100
Educational Level		
Primary	6	10.90
Secondary	22	40
Higher	10	18.18
Total	38	69.09

Source: Field Survey, 2009.

The above table shows that among 55 respondents, 69.09 per cent were literate and 30.90 per cent were illiterate. To those who could read and write were further asked about their educational status.

Table 4.3 shows that among the literate respondents, only 10.90 per cent had attained primary level, 40 per cent had secondary level and rest 18.18 per cent had higher education which is above S.L.C. The result shows that most of people had attained secondary level and few had attained primary and higher education.

Figure 1: Per cent distribution of Respondents by their Education Level



4.4 Occupation of the Respondents

Occupation is the main source of income. This study is based on urban area so, most of the respondents are based in non- agriculture work.

In order to obtain the information on the occupation the following question was asked: **Do you earn money by yourself?**

Table 4.4: Per cent Distribution of the Respondents by their Occupational Status

Occupational Status	Number	Per cent
Employed	18	32.72
Unemployed	37	67.27
Total	55	100
Agriculture	1	1.81
Service	1	1.81
Business	16	29.09
Total	18	32.72

Source: Field Survey, 2009.

The above table shows that 67.27 per cent respondents were unemployed, only 32.72 per cent were employed among them 29.09 per cent were involved in business, 1.81 per cent were involved in Agriculture and Service.

Demographic Characteristics

In this section the demographic characteristics of the respondents in Chapali Bhadrakali VDC in Kathmandu Valley. Demographic Characteristics includes age composition, marital Status and migration Status of the respondents.

4.5 Age Composition

Age composition plays an important role in determining the population distribution of the study area. This attempt was made to obtain information on the age structure of the women both married and unmarried. The respondents were selected from age 15 to 55 years. In order to get information on age question was asked to respondent: **How old are you?**

Table 4.5: Per cent Distribution of the Respondents by age Structure

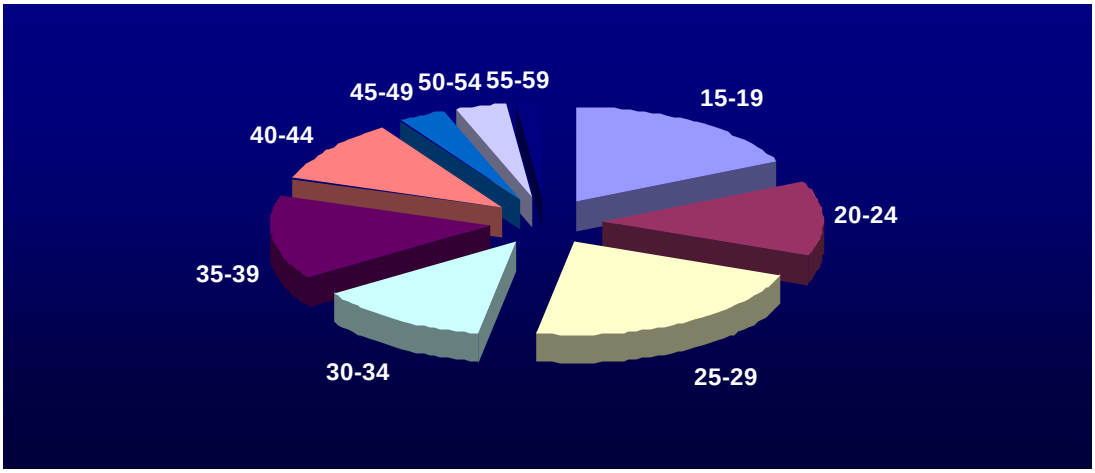
Age Group	Number	Per cent
15-19	10	18.17
20-24	7	12.72
25-29	12	21.28
30-34	7	12.72
35-39	8	14.54
40-44	6	10.90
45-49	2	3.63
50-54	2	3.63
55-59	1	1.81
Total	55	100

Source: Field Survey, 2009.

The below pie chart shows that, the highest per cent of respondents were found in the age group 25-29 years (21.81%) followed by 18.17 per cent of the age group 15-19 years and 14.54 per cent of age group 35-39 years. Similarly, 12.72 of the

age groups 20-24 and 30-34 years respectively and the lowest per cent (1.81 %) of the respondent were found in the age group 55-59 years.

Figure: 2 Per cent distribution of respondents by age groups



4.6 Marital Status

To obtain the information on the marital status the following question was asked to the respondents: **Are you married?**

Table 4.6: Per cent Distribution of the Respondents by Marital Status

Marital Status	Number	Per cent
Married	49	89.09
Unmarried	6	10.90
Total	55	100

Source: Field Survey, 2009.

The above table shows that 90.09 per cent was married and only 9.09 per cent respondents were unmarried.

4.7 Migration Status

To get the information on the migration status the following question was asked to the respondents: where you born? Those women who reported that they were born in Kathmandu Valley are considered as non- migrants and all those who born outside the valley were regarded as migrants.

Table 4.7: Per cent Distribution of the Respondents by Migration Status

Migration Status	Number	Per cent
Migrants	39	70.90
Non-migrants	16	29.09
Total	55	100

Source: Field Survey, 2009.

The above table shows that out of 55 respondents 70.90 per cent were migrants and rest 29.09 per cent were non-migrants. Thus the result indicates that most of the respondents were from outside Kathmandu Valley.

4.8 CHAPTER SUMMARY

This chapter includes the socioeconomic and demographic characteristics of the respondents. The highest per cent of respondents were Hindu (90.90%). The majority of the respondents were Brahmin and Chhetri (18.18%). Out of total 69.09 per cent were illiterate and 30.90 per cent were illiterate. Majority of the respondents were in the age groups of 25-29 years (21.81%) followed by age

groups 15-19 years (18.17%). Most of the respondents were married (90.09%). Most of the respondents were migrants (70.90%). Out of the total only 32.72 per cent were employed. Most of the employed respondents were engaged on their business (29.09).

CHAPTER- FIVE

KNOWLEDGE AND PRACTICE ON STDs AND HIV/AIDS

This chapter presents the distribution of the respondents by their knowledge and practice on STDs and HIV/AIDS.

Knowledge on STDs

This topic includes whether the respondents had heard of STDs or not, the knowledge on types of STDs, the sources of information to them, mode of transmission and preventive measures against STDs had been examined.

5.1 Heard of STDs

To obtain information on the knowledge about STDs following question was asked: **Have you ever heard about STDs?**

Table 5.1: Per cent Distribution of the Respondents by Heard of STDs

Heard of STDs	Number	Per cent
Heard	46	83.63
Not heard	9	16.36
Total	55	100

Source: Field Survey, 2009.

Table 5.1 shows that, among 55 respondents 83.63 per cent had heard of STDs and remaining 16.36 per cent of them had not heard of STDs. This figure indicates that most of the respondent had heard of STDs.

5.2 Heard of types of STDs

The respondents were asked the following question*: Which STDs have you heard of?* In order to obtain information on heard of types of STDs. This question was asked to those respondents who have heard of STDs. The respondent who had heard of STDs further were asked whether they had heard of Syphilis, Gonorrhea, Chlamydia, Trichomenasis and other types of STDs.

Table 5.2: Per cent Distribution of Respondents by heard of types of STDs

Heard	Syphilis		Gonorrhea		HIV/AIDS		Trichomenasis		Chlamydia	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	20	43.47	20	43.47	52	94.54				
No	26	56.52	26	56.52	3	5.45	46	100	46	100
Total	46	100	46	100	46	100	46	100	46	100

Source: Field Survey, 2009

The above table shows that only 43.47 per cent respondents had heard of Syphilis and Gonorrhea, rest 56.52 per cent had never heard of these diseases.94.54 per cent had heard of HIV/AIDS. It is very surprising to note that zero per cent of them had ever heard of STDs like Trichomenasis and Chlamydia respectively. The data indicates the level of knowledge differs with the type s of STDs. Syphilis, Gonorrhea and HIV/AIDS appears to be the most common STDs heard by the respondents. It also indicates that they had poor knowledge on types of STDs.

5.3 Knowledge of STDs by Sources of Information

Those who had heard of STDs were further asked to state the media through which they heard about STDs.

Table 5.3: Per cent Distribution of Respondents who had Knowledge of STDs by Source of Information

Source of Information	Heard of STDs	Per cent
Radio	19	34.54
Newspaper	6	10.90
Television	25	45.45
Teacher	6	10.90
Friends/Relatives	3	5.45
Others	2	3.63
Total	61	110.87

Source: Field Survey, 2009

Note: Total Percentage may exceed 100 due to multiple responses.

Table 5.3 shows that only 34.54 per cent had heard of STDs from radio and 45.45 per cent from television. Out of 55 only 5.45 per cent had heard from friends and relatives and 10.90 per cent from newspaper and teacher. About 3.63 per cent (2 out of 55) had heard STDs from other sources. This result indicates that the highest percent of respondents had heard of STDs from television and then radio. Lowest

percentage of respondents had heard of STDs from friends and relatives. Television is the most popular sources of information among the respondents.

5.4 Knowledge on Transmission of STDs

To obtain information on the knowledge on transmission of STDs among the respondents who have heard of STDs the following question was asked: **In your opinion can these STDs be transmitted?**

Table 5.4: Per cent Distribution of Respondents by Knowledge on Transmission of STDs

Can STDs be Transmitted	Number	Per cent
Yes	41	74.54
No	5	9.09
Don't know	9	16.36
Total	55	100

Source: Field Survey, 2009.

Table 5.4 shows that 74.54 per cent reported that the STDs are transmitted from one infected person to a healthy person. Then 9.09 per cent reported that STDs are not transmitted from one person to another and 16.36 don't know about the transmission.

5.5 Knowledge on Mode of Transmission of STDs

To get information on mode of Transmission of STDs the respondents who reported that STDs are transmitted from one person to another person were asked following question: **How are they transmitted?**

Table 5.5: Per cent Distribution of Respondents by Knowledge on Mode of Transmission of STDs

Mode of transmission	Number	Per cent	Total
Unprotected Sexual Intercourse	36	78.26	46
Blood Transfusion	31	67.39	46
From infected mother to child during birth	26	56.52	46

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

Table 5.5 shows that the 78.26 per cent respondents reported that STDs can be transmitted through unprotected sexual intercourse. Similarly, 67.39 per cent said that STDs were transmitted through Blood Transfusion and 56.52 per cent reported that it transmitted through infected mother to her child during birth. The result shows that the highest percentage of transmission is through unprotected sexual intercourse.

5.6 Knowledge on Preventive Measures of STDs

The respondent who reported that STDs are transmitted, were further asked about preventive measures of STDs infection.

Table 5.6: Per cent Distribution of the Respondent by Knowledge on Preventive Measures of STDs

Preventive Measures	Number	Per cent	Total
Totally abstaining from sex	12	26.08	46
Not having sex with multiple partner	14	30.43	46
Use Condom	20	43.47	46

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

Among the total 46 respondents, 43.47 per cent reported that STDs can be prevented by using condom. Similarly, 30.43 per cent reported that STDs can be prevented by not having sex with multiple partners and 26.08 per cent said that it can be prevented by totally abstaining from sex.

Knowledge on HIV/AIDS

In this section the respondent's knowledge on HIV/AIDS, sources of information, mode of transmission, preventive measures are included.

5.7 Heard of HIV/AIDS

To test the knowledge on HIV/AIDS following question was asked to the respondents: Have you ever heard about HIV/AIDS?

Table 5.7: per cent Distribution of Respondents by Heard of HIV/AIDS

Heard of HIV/AIDS	Number	Per cent
Yes	52	94.54
No	3	5.45
Total	55	100

Source: Field Survey, 2009.

Table 5.7 shows that among 55 respondents, 94.54 per cent had heard of HIV/AIDS. Rest 5.45 per cent had never heard of HIV/AIDS. It shows that knowledge on HIV/AIDS among respondents is almost universal, only 3 respondents had not heard about it. According to the 2006 NDHS results, 73 per cent of women of age group 15-49 had heard of HIV/AIDS.

5.8 Heard of HIV/AIDS by source of Information

In order to obtain information on the heard of HIV/AIDS by sources of information among the respondents following question was asked: From which source have you heard about HIV/AIDS? There are 7 types of sources had been identified through which the information on HIV/AIDS had reached the respondents.

Table 5.8: Per cent Distribution of Respondents who had heard of HIV/AIDS by Sources of Information

Sources of Information	Number	Per cent	Total
Radio	22	42.30	52
Television	35	67.30	52
Newspaper	6	11.53	52
Friends/Relatives	7	13.46	52
Parents	1	1.92	52
Teacher	3	5.76	52
Others	5	9.61	52

Source: Field Survey, 2009.

The above table indicates that 67.30 per cent heard about HIV/AIDS through television. Similarly, 42.30 per cent had heard about it through radio, 13.46 per cent heard it through friends and relatives, 11.53 per cent through newspaper, 9.09 per cent of them had heard through other sources, 1.92 per cent through their parents and 5.76 per cent through teacher.

5.9 Knowledge on Modes of Transmission of HIV/AIDS

To get the information on knowledge on modes of transmission further question were asked to those respondents who had heard of HIV/AIDS. The question was: How HIV/AIDS is transmitted?

Table 5.9: Per cent Distribution of Knowledge on Modes of Transmission of HIV/AIDS

Modes of Transmission	**Number**	**Per cent**	**Total**
Sex with multiple partners	47	90.38	52
Blood Transfusion	49	94.23	52
Sex without condom	44	84.61	52
Sex with prostitute	47	90.38	52
Infected mother to her fetus	47	90.38	52
Infected needles	48	92.38	52
Sharing blade	35	67.30	52

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

Data presented in Table 5.9 shows that, 90.38 per cent respondents reported that HIV/AIDS was transmitted through sex with multiple partners, sex with prostitute and infected mother to her fetus respectively. Similarly, 94.23 per cent reported that it transmitted through blood transfusion, 92.38 per cent reported through infected needles, 84.61 per cent through sex without condom and 67.30 per cent

reported through sharing blade. According to the 2006 NDHS results, 20 per cent women in Nepal age 15-49 have knowledge of HIV/AIDS Transmission. According to the respondents, most commonly known mode of transmission are sex with multiple partners and blood transfusion.

5.10 Misperception on Mode of Transmission

Table 5.10: Per cent Distribution of the Respondents on Misperception on Mode of Transmission of HIV/AIDS

Mode of Transmission	Misperception on mode of Transmission		
	Number	Per cent	Total
Mosquito bite	22	40.30	52
Kissing	7	13.46	52
Shaking hands	1	1.92	52

Source: Field Survey, 2009.

The above table shows that, 40.30 per cent respondents reported that HIV/AIDS can be transmitted through mosquito bite, 13.46 per cent said through kissing and 1.92 per cent through shaking hands.

5.11Knowledge on Prevention against HIV/AIDS

In order to obtain information on prevention against HIV/AIDS infection following question was asked to the respondents: **Which of the following is the best method**

for preventing HIV/AIDS? This question was asked to those who had heard of HIV/AIDS.

Table 5.11: Per cent Distribution of Respondents by Knowledge on HIV/AIDS Prevention

Method of Prevention	Number	Per cent	Total
Totally abstaining from sex	12	23.07	52
Not having sex with multiple partners	15	28.84	52
Use only sterilized surgical instruments	4	7.69	52
Avoid sharing needles	1	1.92	52
Use lab tested blood	3	5.76	52
Use condom	19	36.53	52

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

The result shows that, 36.53 reported that the best way of HIV/AIDS prevention was use of condom and then 28.84 per cent not having sex with multiple partners. Similarly, 23.07 per cent reported totally abstaining from sex, 7.69 per cent said use sterilized surgical instruments, 5.76 per cent said use lab tested blood and only 1.92 per cent said avoid sharing needles as the best way of HIV prevention. Among the respondents, most commonly known prevention methods are use of condom (36.58 %) and not having sex with multiple partners. According to the

2006 NDHS results, 20 percent of women in Nepal age 15-49 have comprehensive knowledge of HIV/AIDS prevention. Women are most aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner(65 %), abstaining from sexual intercourse(60 %) and knowledge on condom an its role on preventing HIV/AIDS (58 %).

5.12 Knowledge on Treatment of HIV/AIDS

To find out the knowledge of respondents on treatment of HIV/AIDS following question was asked to those respondents who had heard of HIV/AIDS**: Do you think HIV/AIDS can be cured by continue medicine?**

Table 5.12: Per cent Distribution of Respondents by can HIV/AIDS be cured by continue medicine

Cured by medicine	Number	Per cent
Yes	2	3.84
No	46	88.46
Don't know	4	7.69
Total	52	100

Source: Field Survey, 2009.

The above data shows that among 52 respondents, 88.46 per cent reported that HIV/AIDS cannot be cured by medicine. Only 3.84 per cent said that it can be

cured and 7.69 per cent said that they don't know. Thus, majority of the respondents believed that HIV/AIDS is not a curable disease.

5.13 People at very high risk of HIV/AIDS

To get information on people at very high risk of HIV/AIDS following question was asked to the respondents: **In your opinion who are the people at very risk of getting HIV/AIDS?**

Table 5.13 Per cent Distribution of people at high risk of HIV/AIDS

People at very high risk of HIV/AIDS	Number	Per cent
Sex with multiple partners	9	17.30
Commercials sex workers	12	23.07
Drugs Users	18	34.61
People Returning from Foreign	9	17.30
Who do not use condom	3	5.76

Source: Field Survey, 2009.

The above data shows the opinion of respondents on people at high risk of HIV/AIDS.34.61 per cent respondents believed that drugs users were more at risk HIV/AIDS. 23.07 per cent believed that commercial sex workers were at high risk of HIV/AIDS.

5.14Knowledge on Condom

The need of condom is becoming increasingly important due to rapidly spreading of HIV/AIDS and STDs. The use of condom has two advantages, prevent from unwanted pregnancy as well as acquiring or transmitting of HIV/AIDS and other STDs. There is no vaccine against HIV/AIDS. Changing sexual behavior including wide spread use of condom use is only the way to cure the AIDS epidemic in future. Therefore it is urgently important to increase the awareness about the importance of the condom and level of its use among vulnerable groups. This section includes whether the respondents have heard of condom or not and the use of condom.

5.14 Heard of condom

In order to get information on knowledge on condom following question was asked to the respondents: **Have you ever heard of condom?**

Table 5.14: Per cent Distribution of the Respondents by heard of Condom

Heard of Condom	Male condom		Female condom	
	Number	Per cent	Number	Per cent
Yes	46	83.63	24	43.63
No	9	16.36	31	56.36
Total	55	100	55	100

Source: Field Survey, 2009.

The above data shows that most of the respondents i.e. 83.63 per cent had heard of male condom and 43.63 per cent had heard of female condom. Similarly, 16.36 and 56.36 per cent respondents had not heard about male and female condom respectively. The overall figure shows that the knowledge of the condom is universal among the women.

5.15 Use of condom during Sexual Intercourse

To obtain the information on the use of condom further question was asked to those respondents who had heard of condom. The question was: **Do you use condom when you involve in sexual activities?**

Table 5.15: Per cent Distribution on the use of Condom during Sexual Intercourse

Use Condom during sexual intercourse	Number	Per cent
Yes	9	16.36
No	46	83.63
Total	55	100

Source: Field Survey, 2009.

Table 5.15 shows that most of the women i.e. 83.63 per cent didn't use condom during their sexual intercourse. Only 16.36 per cent use condom during their sexual intercourse. The above figure shows that not all of the respondents had appropriate knowledge about the use of the condom.

5.16 CHAPTER SUMMARY

This chapter includes knowledge on STDs, HIV/AIDS and Condom. Out of 55 respondents, 83.63 per cent had heard of STDs. Only 36.36 per cent had heard of Syphilis and Gonorrhea respectively. Most common source of information is television (45.45%). Among the total only 43 respondents reported that STDs were transmitted. Unprotected sexual intercourse (78.26%) is the major mode of transmission of STDs among the respondents. According to respondents using condom (36.36%) during sexual intercourse is the major preventive measure of STDs. Similarly, 25.45 per cent respondent reported that not to have sex with multiple partners as the prevention of STDs. out of 55 respondents 52 respondents had heard of HIV/AIDS. Out of total respondents 40.30 reported that HIV/AIDS transmitted through mosquito bite and 13.46 per cent said by kissing. Most of the respondents (88.46%) said HIV/AIDS did not cure by taking medicines. Most of the respondents (83.63 %) had heard of male condom and 16.36 per cent had heard about female condom. Though they have knowledge on condom but only 16.36 per cent use condom during their sexual intercourse.

CHAPTER-SIX

DIFFERENTIAL ANALYSIS OF THE CHARACTERISTICS OF THE RESPONDENTS ON THE KNOWLEDGE AND PRACTICE TOWARDS STDs AND HIV/AIDS

This chapter examines the knowledge and practice of the respondents on different aspects of STDs and HIV/AIDS by their social, economic and demographic characteristics.

Differentials on knowledge of STDs and HIV/AIDS by educational Status

This section examines respondent's knowledge on STDs and HIV/AIDS by their socioeconomic characteristics.

6.1 Differentials in Knowledge of STDs by Literacy

The given table shows the differentials in the knowledge of STDs and HIV/AIDS among the respondents by their literacy.

Table 6.1: Differential in Knowledge of STDs by Literacy

Literacy	Heard of STDs				Total
	Yes	Per cent	No	Per cent	
Illiteracy	11	64.7	6	35.29	17
Literacy	35	92.10	3	7.89	38
Total	46	83.63	9	16.36	55

Source: Field Survey, 2009.

The above data shows that 64.7 per cent of illiterate respondents had heard of STDs and 35.29 per cent of illiterate respondents had not heard of STDs. Similarly, 92.10 per cent of literate respondents had heard of STDs and rest 7.89 had not heard of STDs.

6.2 Differentials in the Knowledge of Syphilis and Gonorrhea by Educational attainment

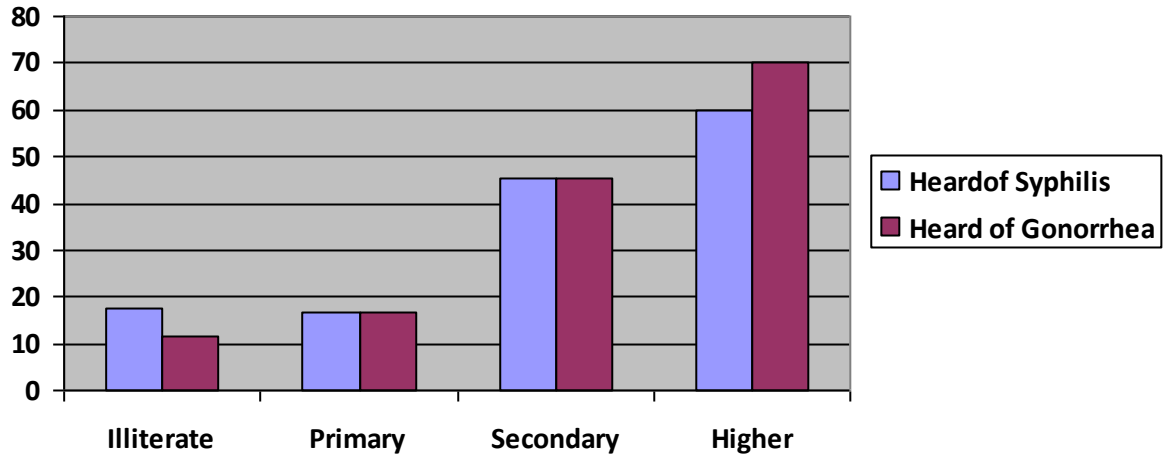
Table 6.2 shows the differential in the knowledge of Syphilis and Gonorrhea according to the educational attainment.

Level of Education	Heard of Syphilis		Heard of Gonorrhea		Total
	Yes	Percent	Yes	Percent	
Illiterate	3	17.64	2	11.76	17
Primary	1	16.66	1	16.66	6
Secondary	10	45.45	10	45.45	22
Higher	6	60	7	70	10
Total	20	36.36	20	36.36	55

Source: Field Survey, 2009.

The below diagram shows that 17.64 per cent of illiterate, 16.66 per cent of primary, 45.45 per cent of secondary and 60 per cent of higher education had heard about Syphilis. Similarly, 11.76 per cent of illiterate, 16.66 per cent of primary, 45.45 per cent of secondary and 70 per cent of higher education had heard of Gonorrhea. In total 36.36 per cent of respondents had heard of both Syphilis and Gonorrhea by educational attainment

Figure 3: Differential in the knowledge of Syphilis and Gonorrhea by educational attainment



6.3 Differentials Knowledge on Mode of transmission of STDs by Educational Attainment

Table 6.3 shows the different knowledge of the respondents on mode of transmission of Sexually Transmitted Diseases by their educational attainment.

Table 6.3: Differentials Knowledge of the respondents on Mode of Transmission of STDs by Educational Attainment

Level of Education	Mode of Transmission of STDs					
	Sexual Intercourse		Blood Transfusion		Infected mother to her fetus	
	Number	Per cent	Number	Per cent	Number	Per cent
Illiterate	7	41.17	6	35.29	4	23.52
Primary	3	50	3	50	2	33.53
Secondary	17	77.27	16	72.72	13	59.09
Higher	9	90	7	70	7	70
Total	36	65.45	32	58.18	27	49.09

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

The above data shows that 41.17per cent illiterate, 50 per cent primary, 77.27 per cent secondary and 90 per cent higher education attainment respondent reported that unprotect sexual intercourse as the mode of transmission of STDs. Similarly, 35.29 per cent illiterate, 50 per cent primary, 72.72 per cent secondary, 70 per cent higher education attainment respondents reported that blood transfusion as a mode of transmission of STDs. 23.52 per cent illiterate, 33.33 per cent primary, 59.09 per

cent secondary and 70 per cent higher educational attainment respondents said that STDs is transmitted from infected mother to her fetus.

6.4 Differentials in the Knowledge of HIV/AIDS by Educational Attainment among the Respondents

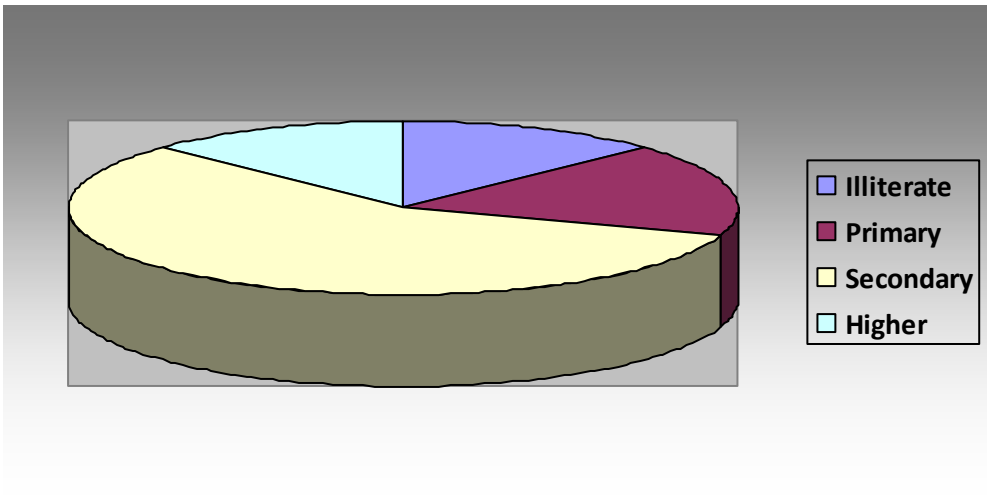
Table 6.4: Differentials in the knowledge of HIV/AIDS by Educational Attainment among Respondents

Level of Education	Heard of HIV/AIDS				
	Yes	Per cent	No	Per cent	Total
Illiterate	16	94.11	1	5.88	17
Primary	4	66.66	2	33.33	6
Secondary	22	100	-	-	22
Higher	10	100	-	-	
Total	52	94.54	3	5.45	55

Source: Field Survey, 2009.

The below pie chart shows that 94.11 per cent illiterate, 66.66 per cent primary and Cent percent of secondary and higher educational attainment of respondents had heard of HIV/AIDS. According to the 2006 NDHS report knowledge of AIDS universal among women with SLC or higher level of education, compared with just over half of women with no education.

Figure 4: Differential in the knowledge of HIV/AIDS by Educational Attainment



6.5 Differential in the knowledge on Mode of Transmission of HIV/AIDS by Educational Attainment

Table 6.5 shows the different knowledge of respondents on mode of transmission of HIV/AIDS by educational attainment.

Table 6.5: Differential in the Knowledge on Mode of Transmission of HIV/AIDS by Educational Attainment

Level of Education	Mode of Transmission of HIV/AIDS								Total
	Sex without condom		Sex with multiple partner		Sex with Prostitute		Infected Needles		
	No.	%	No.	%	No.	%	No.	%	
Illiterate	12	70.58	12	70.58	12	70.58	12	70.58	17
Primary	4	66.66	5	83.33	5	83.33	5	83.33	6
Secondary	19	86.36	21	95.45	20	90.90	21	95.45	22
Higher	9	90	9	90	10	100	10	100	10
Total	44	80	47	85.45	47	85.45	48	87.27	55

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

The above table shows that, 70.58 per cent of illiterate, 66.66 per cent of primary, 86.36 per cent of secondary and 90 per cent of higher educational attainment of respondents reported that sex without using condom as a mode of transmission of HIV/AIDS. Similarly, 70.58 percent of illiterate, 83.33 per cent of primary, 95.45 per cent of secondary, 90 per cent of higher educational attainment of respondents reported that sex with multiple partners as a mode of transmission of

HIV/AIDS.70.58 per cent of illiterate respondents reported that HIV/AIDS is transmitted through sex with prostitute and through infected needles. Similarly, 83.33 per cent respondents of primary level said that AIDS is transmitted through sex with prostitute and infected needles. About 90.90 and 95.45 per cent of secondary level reported that HIV/AIDS is transmitted through prostitute and infected needles respectively. Similarly, 90 per cent of higher level said that it is transmitted through sex without condom and sex with multiple partners respectively. 100 per cent of same level said that it is transmitted through prostitute and infected needles respectively. The above result shows that knowledge about HIV/AIDS prevention is higher among the women of higher education.

6.6 Differential in the knowledge of condom by educational Status

Given table shows the knowledge of respondents on condom by their educational status.

Table 6.6: Differentials in the Knowledge of Condom by Educational Status

Level of Education	Heard of Condom				Total
	Male Condom		Female Condom		
	Number	Per cent	Number	Per cent	
Illiterate	10	58.82	7	41.17	17
Primary	5	83.33	3	50	6
Secondary	22	100	7	31.81	22
Higher	9	90	7	70	10
Total	46	83.63	24	43.63	55

Source: Field Survey, 2009.

The data presented in table 6.8 shows that, respondents had more knowledge on male condom than female condom. 58.82 per cent of illiterate had heard of male condom and 41.17 per cent knows about female condom.

83.33 per cent of primary level, 100 per cent of secondary level and 90 percent of higher level knows about male condom. Similarly, 50 per cent of primary level, 31.81 per cent of Secondary level and 70 per cent of higher level had heard of female condom respectively.

6.7 Differentials in the use of Condom by Educational Status

Table 6.9 Differential in the use of Condom by Educational Status

Level of Education	Use of Condom		Total
	Number	Per cent	
Illiterate	2	11.76	17
Primary	-	-	6
Secondary	4	18.18	22
Higher	3	30	10
Total	9	16.36	55

Source: Field Survey, 2009.

The above data shows that, 11.76 per cent of illiterate, 18.18 per cent of secondary level and 30 per cent of higher level use condom during their sexual intercourse. Thus, it shows less practice of using condom among the respondents.

Differentials in the Knowledge of STDS and HIV/AIDS by Demographic Characteristics

In this section differential in the knowledge of STDs and HIV/AIDS by demographic characteristics of the women of Chapali Bhadrakali VDC ward no -2 is analyzed.

6.8 Differentials in the Knowledge on Heard of STDs by Age Groups

Table 6.8: Differentials in the Knowledge on Heard of STDs by Age Groups

Age Groups	Heard of STDs		Total
	Number	Per cent	
15-19	9	90	10
20-24	7	100	7
25-29	10	83.33	12
30-34	6	85.71	7
35-39	6	75	8
40-44	6	100	6
45-49	2	100	2
50-54	1	50	2
55-59	-	-	1
Total	39		55

Source: Field Survey, 2009.

The above table shows that most of the respondents of different age groups had heard about STDs. Young women age 15-19 (90%), 20-24(100 %), 25-29(83.33 %), 30-34(85.71%) had heard about it than older age.

6.9 Differentials in the knowledge of Syphilis and Gonorrhea by Age Groups

The given table shows the differentials in the knowledge of women on Syphilis and Gonorrhea by their age groups

Table 6.9: Differentials in the knowledge of Syphilis and Gonorrhea by Age Groups

Age Groups	Heard of Syphilis		Heard of Gonorrhea		Total
	Number	Per cent	Number	Per cent	
15-19	5	50	6	60	10
20-24	3	42.85	3	42.85	7
25-29	4	33.33	4	33.33	12
30-34	2	28.57	2	28.57	7
35-39	2	25	2	25	8
40-44	3	50	3	50	6
45-49	-	-	-	-	2
50-54	1	-	-	-	2
55-59	-	-	-	-	1
Total	20	36.36	20	36.36	55

Source: Field Survey, 2009.

The above result shows that, the younger age like 15-19, 20-24, 25-29 had more knowledge than older age groups.50 per cent of age group 15-19 had heard of Syphilis and 60 per cent of them had heard of Gonorrhea .42.85 per cent, 33.33 per cent, 28.87 per cent, 25 per cent and 50 per cent of age groups 20-24,25-29,30-34,35-39,40-44 had heard of Syphilis respectively. Similarly, 42.85 per cent, 33.33

per cent, 28.57 per cent, 25 percent and 50 per cent of age groups 20-24, 25-29, 30-34, 40-44 had heard of Gonorrhea respectively. Age group 45-49, 50-54 and 55-59 had never heard of Syphilis and Gonorrhea.

6.10 Differentials in Knowledge of HIV/AIDS by Age groups

Table 6.12 shows the differentials in the knowledge of HIV/AIDS by the different age group of women.

Table 6.10: Differentials in Knowledge of HIV/AIDS by Age groups

Age Groups	Heard of HIV/AIDS				Total
	Yes	Per cent	No	Per cent	
15-19	9	90	1	10	10
20-24	6	85.71	1	14.28	7
25-29	12	100	-	-	12
30-34	7	100	-	-	7
35-39	7	87.5	1	12.5	8
40-44	6	100	-	-	6
45-49	2	100	-	-	2
50-54	2	100	-	-	2
55-59	1	100	-	-	1
Total	52	94.54	3	5.45	55

Source: Field Survey, 2009.

The above data shows that most of the respondent of different age groups had heard of HIV/AIDS only 10 per cent of age group 15-19, 14.28 per cent of age groups 20-24 and 12.5 per cent of age groups 35-39 had never heard of HIV/AIDS.

6.11Differential in the knowledge of Condom by Age Group

Table 6.11shows the knowledge of respondents on condom by their age groups.

Table 6.11: Differential in the knowledge of Condom by Age Group

Age Groups	Heard of Condom		Total
	Number	Per cent	
15-19	7	70	10
20-24	6	85.71	7
25-29	11	91.66	12
30-34	5	71.42	7
35-39	8	100	8
40-44	6	100	6
45-49	2	100	2
50-54		-	2
55-59	1	100	1
Total	46	83.63	55

Source: Field Survey, 2009.

The above data shows that, most of the respondents had knowledge on Condom. Cent per cent of age group 35-49 years had heard of condom respectively. About, 91.66 per cent of age group25-29 years know about it. Similarly, 85.71 per cent and 71.42 per cent of age group 20-24 and 30-34 years had heard about condom respectively.

6.12 Differential s in the use of Condom by Age Groups

The given table shows the practice of condom of the respondent's by their different age groups.

Table 6.12 Differential s in the use of Condom by Age Groups

Age Groups	Use of Condom		Total
	Number	Per cent	
15-19	-	-	10
20-24	1	14.28	7
25-29	4	33.33	12
30-34	1	14.28	7
35-39	1	12.5	8
40-44	1	16.66	6
45-49	-	-	2
50-54	-	-	2

55-59	-	-	1
Total	8	14.54	55

Source: Field Survey, 2009.

The above results indicate that, there is less practice of condom among the women. Among the total 55 respondents only 14.54 per cent use condom during their sexual intercourse. Using condom during their sexual intercourse is high in age groups 25-29 years i.e. 33.33 per cent.

6.13 Differentials in the knowledge on STDs by Migration Status

At the time of survey, those women whose place of birth was outside Kathmandu valley considered as migrants and whose birth place was Kathmandu considered as non-migrants. Table 6.15 shows the differentials in the knowledge of women on STDs by migration Status.

Table 6.13: Differentials in the knowledge on STDs by migration Status

Migration Status	Heard of STDs		Total
	Number	Per cent	
Migrants	32	82.05	39
Non-migrants	14	87.5	16
Total	46	70.90	55

Source: Field Survey, 2009.

Data presented in the above table indicates that 82.05 per cent migrants had heard of STDs and 87.5 per cent non- migrants had heard of STDs. In general non-migrants are more likely to hear about STDs in comparison to migrants.

6.14 Differentials in the heard of Syphilis and Gonorrhea by Migration Status

Table 6.14: Differentials in the heard of Syphilis and Gonorrhea by Migration Status

Migration Status	Heard of Syphilis		Heard of Gonorrhea		Total
	Number	Per cent	Number	Per cent	
Migrants	15	38.46	15	38.46	31
Non- migrants	5	31.25	4	36.36	11
Total	20	47.61	20	47.61	42

Source: Field Survey, 2009.

The above table shows that both migrants and non-migrants had knowledge on Syphilis and Gonorrhea. 38.46 per cent migrants had knowledge on Syphilis and Gonorrhea respectively. Similarly, 31.25 and 36.36 per cent non migrants had heard about Syphilis and Gonorrhea respectively.

6.15Differentials in the knowledge on Mode of Transmission of STDs by Migration Status

Table 6.15 presents the knowledge of respondents towards the mode of transmission of STDs by their migration Status

Table 6.15: Differentials in the knowledge on Mode of Transmission of STDs by Migration Status

Mode of Transmission	Migrants			Non- Migrants		
	Number	Per cent	Total	Number	Per cent	Total
Unprotected Sexual Intercourse	28	71.79	39	8	50	16
Blood Transfusion	25	64.10	39	7	43.75	16
Infected Mother to her Fetus	20	51.28	39	6	37.5	16

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

Table 6.15 shows that, migrants were more aware than non-migrants. 71.79 per cent migrants reported unprotected sexual intercourse as the mode of transmission of STDs. 64.10 per cent and 51.18 per cent migrants knows that STDs can be transmitted through blood transfusion and infected mother to her fetus. In comparison to non migrants, 50 per cent, 43.75 per cent and 37.5 per cent respondents knows it can be transmitted through unprotected sexual intercourse, blood transfusion and infected mother to her fetus respectively.

6.16 Differential in the knowledge of HIV/AIDS by Migration Status

The given table shows the differential in the knowledge of HIV/AIDS among migrant and non-migrant respondents.

Table 6.16: Differential in the knowledge of HIV/AIDS by Migration Status

Migration Status	Heard of HIV/AIDS		Total
	Yes	Per cent	
Migrants	37	94.87	39
Non-migrants	15	93.75	16
Total	52	94.54	55

Source: Field Survey, 2009.

Among the total 55 respondents 52 had heard of HIV/AIDS. The above table shows that 94.87 per cent migrants and 93.75 per cent non-migrants had heard of HIV/AIDS. The result indicates that there is no significant difference in knowledge of HIV/AIDS between migrants and non-migrants.

6.17 Differentials in the Knowledge of mode of transmission of HIV/AIDS by migration Status

Table 6.17 presents the different knowledge of respondents about the mode of transmission of AIDS by their migration Status.

Mode of Transmission	Migration Status					
	Migrants			Non- migration		
	No.	%	Total	No.	%	Total
Blood Transfusion	34	87.17	39	14	87.5	16
Sex with multiple Partners	33	84.61	39	14	87.5	16
Sex without Condom	32	82.05	39	12	75	16
Sex with Prostitute	33	84.61	39	13	81.25	16
Infected mother to her fetus	33	84.61	39	14	87.5	16

Source: Field Survey, 2009.

87.17 per cent migrants and 87.5 per cent non-migrants know HIV/AIDS can be transmitted through Blood Transfusion respectively. 84.61 per cent migrants and 87.5 non-migrants reported that HIV/AIDS can be transmitted through sex with multiple partners.82.05 per cent migrants and 75 per cent non-migrants reported HIV/AIDS transmitted through sex without condom. Similarly, 84.61 per cent migrants and 81.25 non-migrants know HIV/AIDS can be transmitted through sex with prostitute. 84.61 per cent migrants and 87.5 per cent non-migrants know HIV/AIDS can be transmitted through Infected mother to her fetus.

6.18 Differentials in the knowledge on Prevention of HIV/AIDS by Migration Status

Differentials in the knowledge on prevention of HIV/AIDS by migration status are presented in table 6.18. Most of the migrants reported that use of condom during sexual intercourse was the best method of preventing HIV/AIDS.

Table 6.18: Differentials in the knowledge on Prevention of HIV/AIDS by Migration Status

Method of Prevention	Migration Status					
	Migrants			Non-migration		
	No.	%	Total	No.	%	Total
Totally abstaining from sex	**7**	17.94	39	5	31.25	16
Not to have sex with multiple partners	10	25.64	39	5	31.25	16
Use condom	15	38.46	39	4	25	16
Use lab tested blood	3	7.69	39	-	-	16
Use sterilized instruments	3	7.69	39	1	6.25	16

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

Table 6.18 shows that**,** 17.94 per cent migrants and 31.25 per cent non- migrants reported that HIV/AIDS can be prevented by totally abstaining from sex. 25.64 per cent migrants and 31.25 per cent non-migrants said that it can be prevented through not having sex with multiple partners. Similarly 38.46 per cent migrants and 25 per cent non-migrants know it can be prevented by using condom during sexual intercourse.7.69 per cent migrants know HIV/AIDS can be prevented through using lab tested blood.7.69 per cent migrants and 6.25 per cent non-migrants reported that it can be prevented by using sterilized instruments.

6.19 Differentials in the use of Condom by Migration Status

Table 6.19 shows the differentials in the use of condom by migration status

Table 6.19: Differentials in the use of Condom by Migration Status

Migration Status	Use of Condom				
	Yes	Per cent	No	Per cent	Total
Migrants	7	17.94	32	82.05	39
Non-migrants	2	12.5	14	87.5	16
Total	9	16.39	46	86.63	55

Source: Field Survey, 2009.

Data presented in the table 6.19 indicates that only 17.94 per cent migrants and 12.5 per cent non-migrants use condom during their sexual intercourse. 82.05 per

cent migrants and 87.5 non-migrants didn't use condom. The above result shows that they had less practice of condom.

6.20 Differentials in the Knowledge of STDs by Marital Status

Among the respondent 68 per cent married women had heard of STDs and Cent per cent unmarried had heard of STDs.

Table 6.20: Differentials in the knowledge of STDs by Marital Status

Marital Status	Heard of STDs		
	Yes	Per cent	Total
Married	40	81.63	49
Unmarried	6	100	6
Total	46	83.63	55

Source: Field Survey, 2009.

Above data indicates that, 81.63 per cent married women and Cent per cent unmarried had heard about STDs.

6.21: Differentials in the knowledge of Syphilis and Gonorrhea by Marital Status

The given table shows the differential in the knowledge of respondents by their marital status.

Marital Status	Heard of Syphilis		Heard of Gonorrhea		Total
	Number	Per cent	Number	Per cent	
Married	18	36.73	17	34.69	49
Unmarried	2	33.33	3	50	6
Total	20	36.36	20	36.36	55

Source: Field Survey, 2009.

Table 6.21 shows that, 36.73 per cent married and 33.33 per cent unmarried had heard of Syphilis respectively. Similarly, 34.69 married and 50 per cent unmarried had heard of Gonorrhea respectively. The above result shows that, most of the married women had heard of Syphilis and gonorrhea.

6.22Differentials in the knowledge on Mode of Transmission of STDs by Marital Status

Table 6.22 shows the differential in the knowledge on mode of transmission of STDs among respondents by their Marital Status.

Table 6.22: Differentials in the Knowledge on Mode of Transmission of STDs by Marital Status

Mode Of Transmission	Married			Unmarried		
	No.	%	Total	No.	%	Total
Unprotected sexual intercourse	31	63.26	49	6	100	6
Blood transfusion	28	57.14	49	4	66.66	6
Infected mother to fetus	22	44.89	49	4	66.66	6

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

The above data indicates that, unmarried respondents are more likely to know the mode of transmission of STDs.63.26 per cent married and Cent per cent unmarried knows that STDs can be transmitted through unprotected sexual intercourse. Similarly, 57.14 per cent married and 66.66 per cent unmarried reported that it can be transmitted through blood transfusion.44.89 per cent married and 66.66 per cent unmarried respondents believed that it can be transmitted through infected mother to fetus.

6.23 Differentials in the knowledge of HIV/AIDS by marital Status.

Table 6.23 indicates that married and unmarried both were likely to hear of HIV/AIDS. 93.87 per cent married women and Cent per cent unmarried women had heard of it.

Table 6.23: Differentials in the Knowledge of HIV/AIDS by Marital Status.

Marital Status	Heard of HIV/AIDS		
	Yes	Per cent	Total
Married	46	93.87	49
Unmarried	6	100	6
Total	52	94.54	55

Source: Field Survey, 2009.

6.24 Differentials in Knowledge on mode of transmission of HIV/AIDS by Marital Status

Table 6.24 shows the differentials in knowledge on mode of transmission of HIV/AIDS of women by marital Status.

Table 6.24: Differential in the Knowledge on mode of Transmission of HIV/AIDS by Marital Status

Mode of Transmission	Married			Unmarried		
	No.	%	Total	No.	%	Total
Blood transfusion	42	85.71	49	6	100	6
Sex without condom	40	81.63	49	6	100	6
Sex with multiple partners	42	85.71	49	6	100	6
Sex with prostitute	40	81.63	49	6	100	6
Infected mother to fetus	40	81.63	49	6	100	6

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

The result of the study shows that, both married and unmarried had knowledge on mode of transmission of HIV/AIDS. So, there is no significant difference among them.85.71 per cent married and Cent per cent unmarried knows that HIV can be transmitted through blood transfusion. 81.63 per cent married women and Cent per cent unmarried reported sex without condom as mode of transmission of AIDS. Similarly, 885.71 per cent married women and Cent per cent unmarried women know it can be transmitted through sex with multiple partners. 81.63 per cent married and 100 per cent unmarried women reported sex with prostitute and infected mother to fetus as the mode of transmission of HIV/AIDS respectively.

6.25 Differentials in the Knowledge on the prevention of HIV/AIDS by Marital Status

Table 6.25: Differentials in the Knowledge on the prevention of HIV/AIDS by Marital Status

Prevention of HIV/AIDS	Married		Unmarried	
	No.	%	No.	%
Totally abstaining from sex	9	18.36	3	50
Not to have sex with multiple partners	14	28.57	2	33.33
Use Condom	18	36.73	1	16.66

Source: Field Survey, 2009.

Note: Total Percentage may exceed 100 due to multiple responses.

The result shows that married women had more likely to know about prevention of HIV/AIDS than unmarried women. 18.36 per cent married and 50 per cent unmarried reported that HIV/AIDS can be prevented by totally abstaining from sex. 28.57 per cent married and 33.33 per cent unmarried reported not to have sex with multiple partners is the true method of Preventing HIV/AIDS. Similarly, 36.73 per cent married and 16.66 unmarried told that it can be prevented by using condom.

6.26 Chapter Summary

This chapter shows differential analysis of the respondents on the knowledge of HIV/AIDS and STDs by their social, economic and demographic characteristics. Most of the respondents of age 25-29 yrs had knowledge on STDs, HIV/AIDs and condom and also use condom during their sexual intercourse. Migrants' respondent had knowledge on STDs, syphilis, gonorrhea, HIV/AIDS and condom. Migrants are more likely to use condom than non- migrants during sexual intercourse than non- migrants.

Case study

During field survey a case was found of the victim of HIV/AIDs who died at the age of 30 before. He was married and had a child of 5 years. His wife and child are still living both of them had HIV/AIDS. HIV was verified in Teku hospital.

They were living in joint family and sharing kitchen, household utensils, bed bathroom, toilet, working together in field. At first they don't know that he was suffering from HIV/AIDS so, family members feel fear of HIV/AIDS transmission. So, they separated HIV/AIDS victim to another place and they didn't use to meet and take care of them. They just think that if they will stay together with them then they will also suffer from AIDS. Being a family member they didn't support them so how we can expect that people will love to AIDS victims.

So, the above case shows that many of the people don't have knowledge on transmission of AIDS. They just isolate the victim after knowing about them. They don't support them in this case also they isolate that women and child instead of providing them medicine and love.

Therefore, we have to provide awareness of HIV/AIDS among the people and also to love and take care of them. They also have right to live a happy life like others.

CHAPTER - SEVEN

CORRELATION AND REGRESSION ANALYSIS

This chapter includes correlation and regression analysis between dependent and independent variables.

Correlation Analysis

An attempt is done to investigate the relationship between the per cent of literacy, level of education, heard of STDs, STDs transmission, heard of HIV/AIDS, heard of condom and use of condom.

CORRELATION

	Literacy	Level of education	Heard of STDs	STDs transmission	Heard of HIV/AIDS	Heard of condom	Condom use
Literacy							
Level of education	.855** .000 55						
Heard of STDs	.342* .011 55	.181 .185 55					
STDs transmission	-.125 .365 55	-.031 .823 55	-.197 .149 55				
Heard of HIV/AIDS	.013 .927 55	-.162 .237 55	.327* .015 55	-.225 .099 55			
Heard of Condom	.449** .001 55	.373** .005 55	.469** .000 55	-.270* .047 55	.327* .015 55		
Condom use	.083 .546 55	-.037 .686 55	.196 .152 55	-.140 .307 55	.106 .440 55	.196 .152 55	55

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

There is correlation (r = .855) between level of education and literacy which is significant at 0.01 level (2- tailed test)

There is correlation (r = .342) between Heard of STDs and literacy which is significant at 0.05 level (2- tailed test)

There is correlation (r = .449) between heard of condom and literacy which is significant at 0.01 level (2- tailed test)

There is correlation (r = .373) between level of education and heard of condom which is significant at 0.01 level (2- tailed test)

There is correlation (r = .327) between heard of HIV/AIDS and heard of STDs which is significant at 0.05 level (2- tailed test)

There is correlation (r = .469) between heard of condom and heard of STDs which is significant at 0.01 level (2- tailed test)

There is correlation (r = - .270) between STDs transmission and heard of condom which is significant at 0.05 level (2- tailed test)

There is correlation (r = .327) between heard of condom and heard of HIV/AIDS which is significant at 0.05 level (2- tailed test)

Regression Analysis

It includes regression analysis of single dependent variable with multiple independent variables.

Model 1

Model	R		R Square	Adjusted R Square	Std. Error of the Estimate
	Have you heard about condom ? = No (Selected)	Have you heard about condom ? ~= No (Unselected)			
1	.182[a]	.	.033	-.105	.554

a) Predictors: (Constant), Which level have you passed?

b) Unless noted otherwise, statistics are based only on cases for which Have you heard about condom ? = No.

c) Dependent Variable: Have you heard of STDs ?

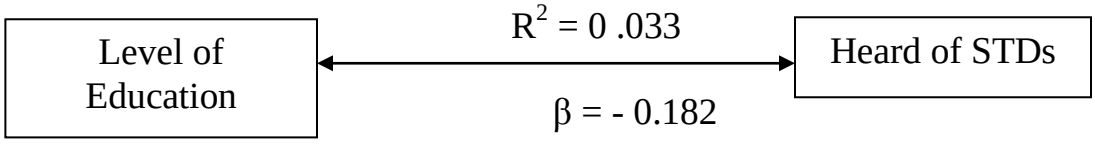
Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.892	.711		2.659	.032
	Which level have you passed?	-.095	.193	-.182	-.490	.639

a) Dependent Variable: Have you heard of STDs ?

b) Selecting only cases for which Have you heard about condom ? = No

Independent Variable **Dependent Variable**



Shifting knowledge from one group to another the dependent variable (heard of STDs) change with the multiple of β (0.182).

The dependent variable explains 3.3 per cent of the independent variable (level of education).

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.074	1	.074	.240	.639[a]
	Residual	2.149	7	.307		
	Total	2.222	8			

a) Predictors: (Constant), Which level have you passed?

b) Dependent Variable: Have you heard of STDs ?

c) Selecting only cases for which Have you heard about condom ? = No

Predictor value (p = 0.639) of independent variable (level of education) and dependent Variable (heard of STDs) is greater than 0.05. So, there is no significant relationship between independent and dependent variable.

Model 2

Model	R		R Square	Adjusted R Square	Std. Error of the Estimate
	Have you heard about condom ? = No (Selected)	Have you heard about condom ? ~= No (Unselected)			
2	.378[a]	.	.143	-.143	.564

a) Predictors: (Constant), How Stds are transmitted?, Which level have you passed?

b) Unless noted otherwise, statistics are based only on cases for which Have you heard about condom ? = No.

c) Dependent Variable: Have you heard of STDs ?

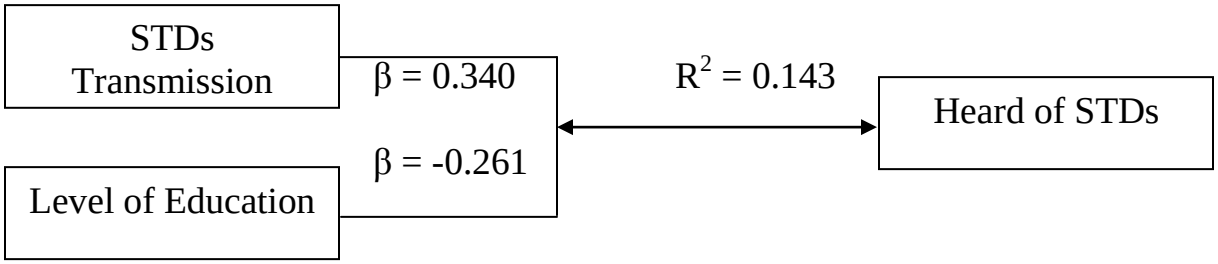
Coefficients[a,b]

Model		Un-standardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
2	(Constant)	1.446	.885		1.635	.153
	Which level have you passed?	-.136	.202	-.261	-.672	.527
	How Stds are transmitted?	.127	.145	.340	.875	.415

a) Dependent Variable: Have you heard of STDs ?

b) Selecting only cases for which Have you heard about condom? = No

Independent variables **Dependent Variable**



Shifting knowledge from one group to another the dependent variable (heard of STDs) changes with the multiple of independent variables literacy (β = 0.340), level of education (β = -0.261).

Where, the dependent variable explains 14.3 per cent of the independent variables.

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
2	Regression	.317	2	.158	.499	.630[a]
	Residual	1.905	6	.318		
	Total	2.222	8			

a) Predictors: (Constant), How STDs are transmitted?, Which level have you passed?

b) Dependent Variable: Have you heard of STDs ?

c) Selecting only cases for which Have you heard about condom ? = No

Predictors value (0.630) is greater than 0.05. Therefore there is no significant relationship between independent variable (STDs transmission and Level of education) and dependent variable (heard of STDs).

Model 3

Model	R		R Square	Adjusted R Square	Std. Error of the Estimate
	Have you heard about condom ? = No (Selected)	Have you heard about condom ? ~= No (Unselected)			
3	.527[a]	.	.278	-.156	.567

a) Predictors: (Constant), Have you heard of an illness called HIV/AIDS?, How Stds are transmitted?, Which level have you passed?

b) Unless noted otherwise, statistics are based only on cases for which Have you heard about condom ? = No.

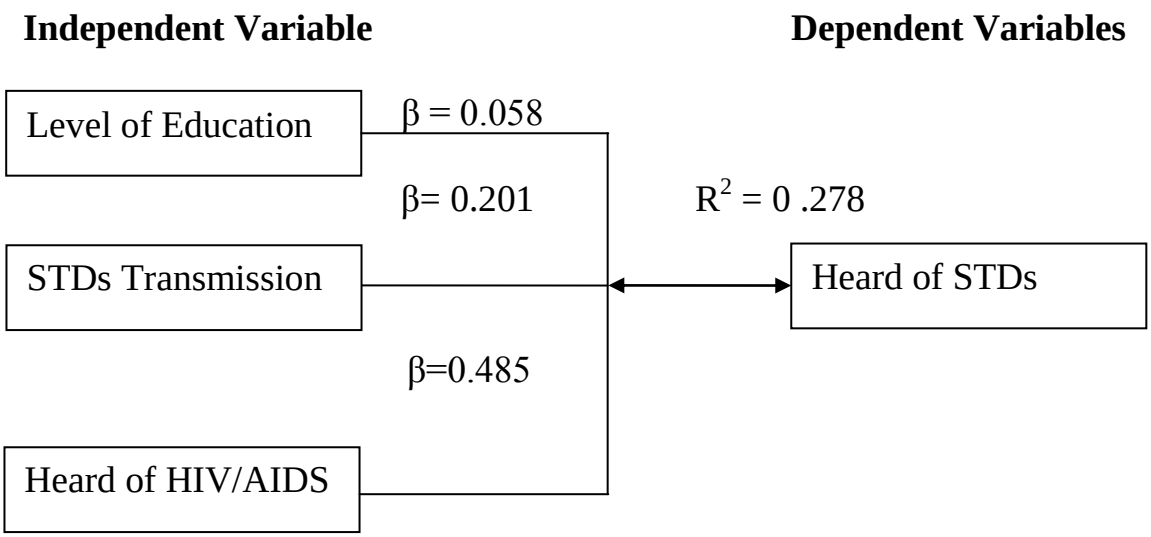
c) Dependent Variable: Have you heard of STDs ?

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
3	(Constant)	.390	1.408		.277	.793
	Which level have you passed?	.030	.266	.058	.113	.915
	How Stds are transmitted?	.075	.155	.201	.483	.649
	Have you heard of an illness called HIV/AIDS?	.580	.600	.485	.967	.378

a) Dependent Variable: Have you heard of STDs ?

b) Selecting only cases for which Have you heard about condom ? = No



Shifting knowledge from one group to another the dependent variable (heard of STDs) changes with the multiple of independent variable level of education (β= 0.058), STds transmission (β=0.201) and Heard of HIV/AIDS (β= 0.485).

Where, the dependent variable explains 27.8 per cent of the independent variable.

ANOVA[b,c]

Model		Sum of Squares	df	Mean Square	F	Sig.
3	Regression	.617	3	.206	.641	.621[a]
	Residual	1.605	5	.321		
	Total	2.222	8			

a) Predictors: (Constant), Have you heard of an illness called HIV/AIDS?, How Stds are transmitted?, Which level have you passed?

b) Dependent Variable: Have you heard of STDs ?

c) Selecting only cases for which Have you heard about condom ? = No

P >0.05, therefore there is no significant relation between dependent and

independent variables.

Model 4

Model	R		R Square	Adjusted R Square	Std. Error of the Estimate
	Have you heard about condom ? = No (Selected)	Have you heard about condom ? ~= No (Unselected)			
4	.678[a]	.271	.460	-.080	.548

a) Predictors: (Constant), Can you read and write?, Have you heard of an illness called HIV/AIDS?, How Stds are transmitted?, Which level have you passed?

b) Unless noted otherwise, statistics are based only on cases for which Have you heard about condom? = No.

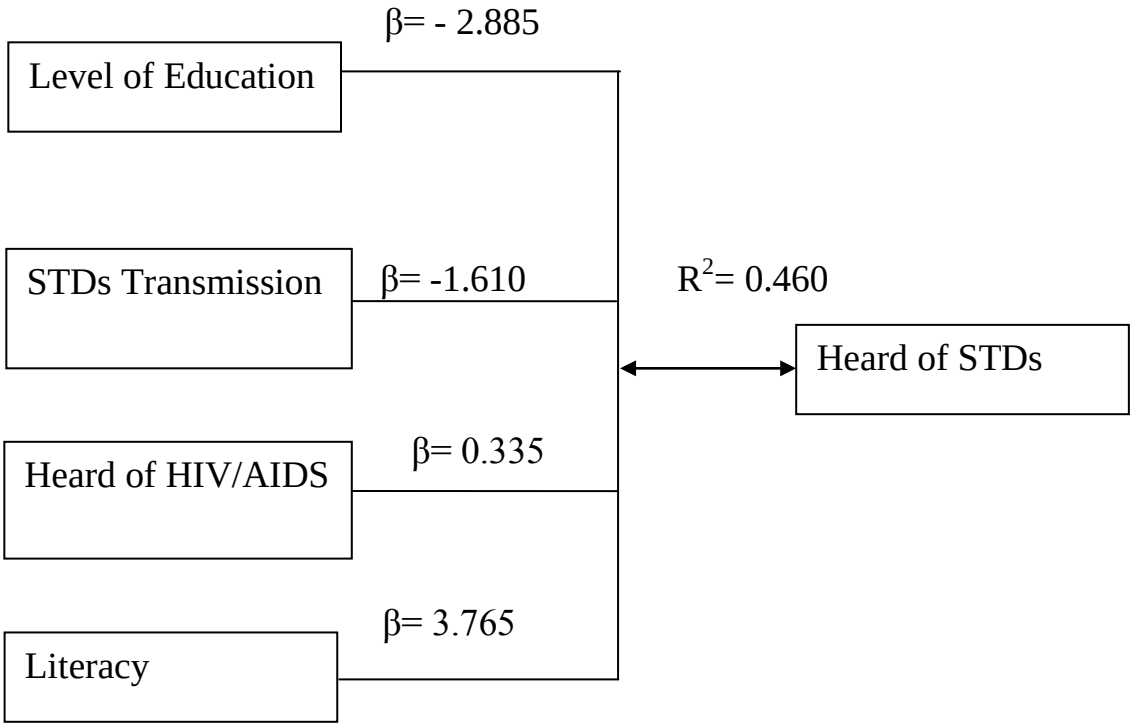
c) Dependent Variable: Have you heard of STDs ?

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
4	(Constant)	1.200	1.530		.784	.477
	Which level have you passed?	-1.500	1.342	-2.885	-1.118	.326
	How Stds are transmitted?	-.600	.600	-1.610	-1.000	.374
	Have you heard of an illness called HIV/AIDS?	.400	.600	.335	.667	.541
	Can you read and write?	4.500	3.873	3.765	1.162	.310

a. Dependent Variable: Have you heard of STDs ?

b. Selecting only cases for which Have you heard about condom? = No



Shifted knowledge from one group to another the dependent variable (heard of STDs) changes with the multiple of independent variable level of education (β= -2.885), STds Transmission (β= -1.610), Heard of HIV/AIDS (β= 0. 335) and Literacy (β= 3.765).

Where, the dependent variable explains 46 per cent of the independent variables.

ANOVA[bc]

Model		Sum of Squares	df	Mean Square	F	Sig.
4	Regression	1.022	4	.256	.852	.560[a]
	Residual	1.200	4	.300		
	Total	2.222	8			

a) Predictors: (Constant), Can you read and write?, Have you heard of an illness called HIV/AIDS?, How Stds are transmitted?, Which level have you passed?

b) Dependent Variable: Have you heard of STDs?

c) Selecting only cases for which Have you heard about condom? = No

P > 0.05, therefore there is no significant relation between dependent and independent variables.

CHAPTER - EIGHT

SUMMARY, CONCLUSION AND RECOMMENDATION

7.1 Summary and Conclusion

This is a descriptive study using a questionnaire to collect information about knowledge and practice of women Chapali Bhadrakali VDC of Kathmandu valley. The main objective of the study was to assess the knowledge about STDs and HIV/AIDS. The purposive sampling technique was used to select the sample. All together 55 respondents were selected for the study. The field survey was conducted during the month of October 2009. The women came from different ethnic and religious groups. They had different economic and demographic Characteristics. The major findings of the study are as follows:

Basic Characteristics

1. Out of total respondents 90.90 per cent respondents were Hindu, 3.63 per cent respondents were Islam and Christianity respectively and 1.81 per cent was Buddhist.
2. The majority of the respondents were Brahman and chhetri (18.18 %) followed by Tamang (14.54 percent) and Newar (12.72 %).

3. Out of the total respondents, 69.09 per cent were literate and 30.90 per cent were illiterate.
4. Among the literate, 18.18 per cent were higher education, 40 per cent were secondary and 10.90 per cent were primary.
5. Among all selected respondents, the youngest one was 15 years and eldest one was 55 years at the time of survey.
6. A majority of respondents were in the age groups of 25-29 years (21.81%) followed by age group 15-19 years (18.17 %)
7. Most of the respondents were married (90.09 per cent while the remaining 9.09 per cent were unmarried.
8. Most of the women of that place were migrants (70.90 %) and rest 29.09 per cent were non- migrants.
9. Out of the total only 32.72 per cent were employed and remaining 67.27 per cent were unemployed.

Knowledge about STDS

10. Out of the total 55 respondents, 83.63 per cent had heard of STDs only 16.36 per cent had never heard of STDs.
11. Out of the total 46 respondents who had heard of STDs, only 36.36 per cent had heard of Syphilis and Gonorrhea respectively. Nobody had heard of Trichomonasis and Chlamydia.

12. 45.45 per cent had heard of STDs through television and 34.45 had heard from radio. Television is the most popular source of information.
13. Among the total only 43 respondents reported that STDs were transmitted from infected person to a healthy person.
14. 78.26 per cent respondents said that unprotected sexual intercourse is the major mode of transmission of STDs, 67.39 per cent blood transfusion and 56.52 infected mother to fetus.
15. Most of the respondents reported that 36.36 per cent using condom during sexual intercourse is the preventive measures of STDs. Similarly, 25.45 per cent said not to have sex with multiple partners and 21.81 totally abstaining from sex.
16. Migrants' respondents were more likely to hear of Syphilis and Gonorrhea than non-migrants.

Knowledge on HIV/AIDS

1. Out of total 55 respondents 52 respondents i.e. 94.54 per cent had heard of HIV/AIDS.

2. 63.63 per cent respondents had heard from television and 1.81 per cent from their parents.

3. Most of the respondents 90.38 per cent had reported that sex with multiple partners, sex with prostitute and infected mother to fetus was the way of

transmission of HIV/AIDs. The highest per cent (94.23%) is through blood transfusion.

4. Most of the respondents 88.46 per cent said that HIV/AIDS did not cure by taking regular medicine.
5. Out of the total respondents who had knowledge on HIV/AIDS 22 reported (40.30 %) HIV/AIDS transmitted through mosquito bite. Similarly, 7 said (13.46%) said kissing as the mode of transmission of HIV/AIDS.
6. By age groups, respondents who were in 25-29 years were more aware about HIV/AIDS than other age groups.
7. By migration status, migrants were aware of HIV/AIDS.
8. Most of the migrants reported that using condom during sexual intercourse as the method of HIV prevention.
9. 34.61 per cent respondents believed drugs users were more at risk of transmission and 23.07 per cent believed that commercial sex workers were at risk.

Knowledge on Condom

1. 83.63 per cent had heard of male condom and only 16.36 per cent had heard about female condom.

2. Though many respondents said that condom is one of the method of avoiding HIV/AIDS and STDs but 16.36 per cent use condom during their sexual intercourse.
3. Migrants are more likely to use condom than non-migrants.
4. Among the total respondents who use condom are married.
5. Most of the respondents of age 25-29 years had heard of condom and also use condom.

Conclusion

The study shows that respondent's sex, age group, educational level and occupation affect the knowledge and behavior. Educational status plays vital role for knowledge towards STDs and HIV/AIDS, when educational status is high there is high level of knowledge but if the educational status is lower than level of knowledge seems low. The study also found that educated respondents were more aware about mode of transmission and prevention STDs and HIV/AIDS. It seems no any program was implemented in there about STDs and HIV/AIDS. Some respondents had misperception on mode of transmission of HIV/AIDS. Most of the respondents had knowledge on STDs and HIV/AIDS but also have confusion about mode of transmission and preventive measures. Most of the respondents didn't use condom during their sexual intercourse so, knowledge and use of condom was poor among the respondents of that place. This place is only 7.5 km far away from

Kathmandu valley but people of that place don't have proper knowledge on STDs and HIV/AIDS.

7.2 Recommendation

To Government

1. This study found that literate respondents were more knowledgeable on various aspects of STDs and HIV/AIDS. Hence education plays more important role for increasing knowledge. Thus information Education and Communication (IEC) programs should be strengthen for increasing knowledge on STDs and HIV/AIDS.
2. A condom provides effective protections against HIV/AIDS and other STDs. The study showed that practice of condoms is very low among respondents. So, use of condoms should increased by increasing their knowledge through awareness programs.

To Media

3. Television and radio is strongly associated with high knowledge of STDs and HIV/AIDS more effort should be made to produce and broadcast HIV/AIDS and STDs related message in simple language.

To NGOS and INGOS

4. GO, NGO, INGO, CBOs and Amma Samuha co-operatively should conduct HIV/AIDS and STDs awareness programs.

To Policy Makers

5. Policy should be made for providing awareness among the people of the county.

To Market

6. Condom helps to protect us from HIV/AIDS. So there should be easy access of condom at market level.

7.3 Further Research Issues

1. This study is based on women only; the comparative study can be done for both men and women.
2. This is a case study of Chapali Bhadrakali VDC of Kathmandu Valley. Further study can be carried out in other VDC.
3. This study is based on few parameters with Socioeconomic and demographic variables. Further study can be done by using other variables like social, cultural, religious, psychological, geographical and other many variables which might be useful to evaluate the knowledge and other aspects in this area.
4. This study is based on small sample size so further study can be done by taking large sample size.

WOMEN'S KNOWLEDGE AND PRACTICE ON SEXUALLY TRANSMITTED DISEASES AND HIV/AIDS:

A Case Study of Women in Kathmandu Valley

A DISSERTATION

Submitted to the Faculty of Humanities and Social Sciences
Department of Population Studies in Partial Fulfillment of the Requirement for the Degree of Masters of Arts

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QUESTIONNAIRE

Knowledge and Practice on STDS and HIV/AIDS among women of Nagarkoti Community

Individual Questionnaire

1. Respondent Number:

2. Age:

3. Caste/Ethnicity:

4. Religion:

Socio-economic and Demographic Status

5. Can you read and write?
   (a) Yes (b) No (skip to Q. 7)

6. Which level have you passed?
   (a) Primary (b) Secondary (Class 6 to SLC) (c) Higher Education

7. Where you born?
   (a) In Kathmandu (b) Outside Kathmandu

8. Are you married?
   (a) Yes (b) No

9. Do you earn money by yourself?
   (a) Yes (b) No

10. What is your occupation?
    (a) Student (b) Agriculture (c) Service (d) Business
    (e) Others

Knowledge of STDs and HIV/AIDS

11.Have you ever heard about STDS?
(a) Yes (b) No (skip to Q. 13)

12. Which STDS have you heard?
(a) Gonorrhea (b) Syphilis (c) Chlamydia (d) Triciamoniasic
(e) Others

13.What is the main source of the information?
(a) Radio (b) Television (c) Magazine (d) Teacher
(d) Friends/Relatives (e) Parents (f) Others

14.In your opinion can these STDS Transmitted?
(a) Yes (b) No (skip to Q. 16)

15.How are they transmitted?
(a) Unprotected sexual contact (b) Blood Transfusion
(c) Living Together (d) Infected mother to child during birth
(e) Don' knows (e) others

16.Have you ever heard of an illness called HIV/AIDS?
(a) Yes (b) No

17.From which source have you heard about HIV/AIDS?
(a) Radio (b) Television (c) Magazine (d) Teacher
(d) Friends/Relatives (e) Parents (f) Others

18.Can one generally identify a person, if he/she is infected just by looking at?
(a) Yes (b) No

19.Do you know the name of virus that causes HIV/AIDS?
(a) Yes name (HIV) (b) No

20.In your opinion, how does AIDS gets transmitted?

(a) Hugging	Yes	No	don't know
(b) Blood Transfusion	Yes	No	don't know
(c) Mosquito Bite	Yes	No	don't know
(d) Sharing Blade	Yes	No	don't know
(e) Kissing	Yes	No	don't know
(f) Infected needles	Yes	No	don't know
(g) Shaking hands	Yes	No	Don't know

(h) Sex with multiple partner Yes No Don't know
(i) Sex without condom Yes No Don't know
(j) Sex with Prostitute Yes No Don't know
(k) Infected mother to fetus Yes No Don't know

21. In your opinion which of the following is the method of preventing HIV infection?
(a)Totally abstaining from sex
(b)Not to have sex with multiple partner
(c) Use Sterilized surgical instrument
(d)Avoid sharing needles
(e) Use lab tested blood
(f) Use condoms
(g) Others

Sexuality and Condom Use

22. Have you ever involved in sex?
(a) Yes (b) No

23. Have you heard about condom?
(a) Yes (b) No

24. Have you heard about female condom?
(a) Yes (b) No

25. Do you use condoms when you involve in sexual activities?
(a) Yes (b) No

26. What does 'safe sex' means?
(a) Abstain from sex (b) Use condom (c) Have sex with one partner
(d) Don't know (e) Other

27. In your opinion, do we need sex knowledge?
(a) Yes (b) No (c) Don't know

28. Do you think HIV/AIDS can be cured by continue medicine?
(a) Yes (b) No (c) Don't know

29. What is the name of contraceptive that can be used to prevent AIDS transmission?
    (a) Pills (b) Depo-Provera (c) Condom

30. Do you know the place where you get condoms?
    (a) Yes (b) No (skip to Q. 33)

31. Where is that?
    (a) Clinic (b) Primary health centre (c) Health Post
    (d) Family planning centre (e) Shop

32. In your opinion who are the people at very high risk of getting HIV/AIDS?
    (a) Sex with multiple partners (b) Commercials sex workers
    (c) Who do not use condom (d) Drugs Users
    (e) People returning from foreign country

33. Do you know of a place where people can go to get tested for the AIDS virus?
    (a) Yes (b) No

34. Where is that?
    (a) Government Hospital (b) Private Hospital
    (c) Nepal Red Cross (d) Others …….