

**KNOWLEDGE AND ATTITUDES TOWARDS STIs AND HIV/AIDS AMONG  
SECONDARY SCHOOL STUDENTS**

**(A Study of Selected three Secondary School in Patharaiya VDC of  
Kailali District)**

**A Dissertation submitted to  
The Central Department of Population Studies  
Faculty of Humanities and Social Sciences  
in the Partial Fulfillment of the requirement for the Master's  
Degree of Arts in Population Studies**

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**RECOMMENDATION LETTER**

This is to certify that Mr. Karna Bahadur Bohara has worked under my supervision and guidance for the preparation of this dissertation entitled "Knowledge and Attitude Towards STIs and HIV/AIDS among Secondary School Students" for the partial fulfillment of Master's Degree of Arts in Population Studies. To the best of my knowledge, the study is original and carries useful information in the field of STIs and HIV/AIDS. I therefore, recommended it for the evaluation to the dissertation committee.

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## APPROVAL SHEET

This dissertation entitled "Knowledge and Attitude towards STIs and HIV/AIDs among Secondary School Students" by Mr. Karna Bahadur Bohara has been accepted as partial fulfillment of the requirement for the Degree of Master's of Arts in Population Studies.

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## ABSTRACT

The study is about "Knowledge and Attitude Towards STIs and HIV/AIDS Among Secondary School Students" in which students are selected from three schools of Kailali District.

Sexually transmitted infections (STIs) and HIV/AIDS are still the major challenge for world health in 21<sup>st</sup> century. At first HIV/AIDS spread from United States. Then it transmitted in Europe to South Asia. HIV/AIDS has become as well as critical public health issue particularly in Africa facing prevention and control have been made and method continuously by United Nations, Governments, WHO, NGOs and INGOs to minimize the spread of HIV.

The objective of this study is to identify the socio-economic background of secondary schools students. Similarly other objective is to examine the knowledge on symptoms, modes of transmission and preventive measures of STIs and HIV/AIDS. Other objective is to identify their attitudes towards STIs and HIV/AIDS infected person in their society.

There are three secondary schools are selected purposively. Altogether 120 respondents were selected in those three high schools. Among them 60 respondents were boys and 60 respondents were girls. Some of the respondents reported that they have not heard about STIs. However all of the respondents reported that they have heard about HIV/AIDS. It is shown from the study that 83.33 percent respondent heard about STIs. Similarly 94.16 percent respondent reported that they know the ways of transmission of HIV/AIDS. This study shows that respondent have fewer knowledge about STIs then HIV/AIDS.

Lack of significant knowledge of STIs and HIV/AIDS some of them have negative attitude and behavior towards these disease. We should inform and educate them about STIs and HIV/AIDS.

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## ACROMYMS AND ABBREVIATIONS

AIDS	:	Acquired Immune Deficiency Syndrome.
CBS	:	Central Bureau of Statistics.
CDPS	:	Central Department of Population Studies.
HIV	:	Human Immunodeficiency Virus.
ICPD	:	International Conference on Population and Development.
IEC	:	Information, Education and Communication.
INGO	:	International Non-Governmental Organization
MOH	:	Ministry of Health.
MOPE	:	Ministry of population and Environment.
NCASC	:	National Centre for AIDS and STDs Control.
NDHS	:	Nepal Demographic and Health Survey.
NFHS	:	Nepal Family Health Survey.
NGO	:	Non –Governmental Organization.
STDs	:	Sexual Transmitted Diseases.
STIs	:	Sexually Transmitted Infections.
SWs	:	Sex Workers
TU	:	Tribhuvan University
TUCL	:	Tribhuvan University Central Library.
UN	:	United Nations.
UNFPA	:	United Nations Population Fund.
WHO	:	World Health Organization.

## **CHAPTER - ONE**

### **INTRODUCTION**

#### **1.1. General Background**

STIs means sexually transmitted infections which are transmitted through sexual contact during unprotected intercourse. The infections transmitted from one individual to another through sexual contact are called sexually transmitted infection. Sexually transmitted infection is serious problem of both developed and developing countries. There are many disease attacks in human body due to case of sexually transmitted infection. Some sexually transmitted diseases are syphilis, Gonorrhoea, Chlamydia and AIDS.

HIV means Human Immune Deficiency Virus. It is the dangerous virus that causes AIDS. The full form of AIDS Acquired Immune Deficiency Syndrome. It becomes a huge problem in the world. AIDS is not a disease own self but it attacks human body by entering HIV virus in human body. AIDS is called syndrome because it shows several signs and symptoms affecting different parts of human body at a time. The immune system is gradually destroyed and losses body's natural ability to fight against disease. The infected person may lose weight and become ill with disease like persistent severe diarrhea, fever, skin disease, pneumonia, TB and tumor.

We know that STIs are transmitted from one person to another from infested blood transfusion. This case is occurred from mother to child similarly STIs are transmitted through unsafe sexual contact. It is also transmitted due to dirty human blood. It also transmitted by contaminated needles and syringes.

HIV is transmitted as same way in transmission of STIs. It is transmitted by sexual contact when one of the partners is infected. It is transmitted by infected blood. It is transmitted by piercing of skin with instrument containing HIV Virus. HIV is also transmitted by and infected mother to her unborn child. Breast milk can also act as a transmission medium.

AIDS was identified in Nepal in 1988. Aids causes have been steadily increasing as of February 2004 cumulative HIV/AIDS cause had reached 3432. This figure is based on the number of people who have testes for HIV/AIDS. It is likely that this figure could be much higher for example, according to the UNAIDS and WHO estimates there may be about 60,000 HIV positive person in the Kingdom (UNAIDS, 2001). Vulnerable people for HIV/AIDS are those people who transfer HIV from one person to another easily. Mainly Adolescents are the vulnerable people. Truck drivers, Bus drivers who ride buses, trucks in long route of Mahendra high way, drug addict's etc. are the vulnerable people. Similarly those people who have multiple sex partner also the acts as vulnerable person for transmission of HIV/AIDS. Out of them adolescent is the most vulnerable person.

The world health organization (WHO) defines adolescents as the period of life spanning the ages between 10-19 years of age. Adolescent is the second phase of life and it is period of rapid development. In this age more person attracted by opposite sex. They mostly supported their friend's suggestion than their parents. They do not follow their guardian's suggestion. They take the positive suggestions as a negative way. Adolescence is a very crucial stage of life in which mental physical and behavioral changes occurs to a person. It is difficult to convenience about the changes in this age without proper counseling and education.

Adolescent in Nepal cover almost are one fourth (23.26%) of the total population. It should be noted that for a period of nearly three decades, this population will bearing children (MOPE, 2003)

Adolescent population should be prevented from the transmission of STIs and HIV/AIDS because they are the good resources of the future nation by carelessness of adolescents. Moreover there are most of the secondary school students who occurs the adolescent age. So it is important to take the respondent in HIV/AIDS study. To study

about adolescent students. We have to take samples from various secondary schools of Nepal and we have to research for them in different analysis. Boys and girls can be taken the research may be successful to become the completion of objectives of the study.

## **1.2 Statement of the Problem**

Adolescent age is the transitional age from child hood to adult hood. In general; most of the higher secondary school students as well as secondary school students in Nepal are adolescents. They are the position of entering into married life to become future parents. In Nepal 23.62 percent of the total population are adolescents. Adolescent population will continue to grow due to result of population momentum. Adolescents and youth are among the groups most vulnerable to HIV infection according to recent estimates of UNAIDS and WHO. More than 95 percent of HIV infected people during their adolescent period. The majority of newly infected adults are under age 25 years old.

HIV/AIDS is burning and growing problem in Nepal along with poor socio economic and health status of the people. Most of the people are illiterate and illiteracy leads them get married at early age. They start to sexual intercourse before being proponed to sexual activities. So they are the main cause of spreading STIs and HIV/AIDS.

The first HIV infection in Nepal was identified in 1988. Nepal is facing increases in HIV prevalence among high risk groups such as sex workers, injecting drug users (IDUs) men who have sex with men (MSM), and migrant. As of October 17, 2009, there are total of 9701 cases of HIV infection, including 1248 cases of AIDS and 373 deaths from AIDS, have been reported in Nepal (NCASC, 2009).

Male and female population of age group 10-19 years is defined adolescent. Adolescents can be divided into two groups; early adolescents (10-14) and late adolescents (15-19 years). Many children experience biological as well as social change during this period. For instance many children in this age go through puberty, experience change in their body structure, leave home, leave school and get married (Acharya 1999: 127-136).

The main problem of Nepal, STIs and HIV/AIDS transmission are illiteracy, low quality and limited health facilities, deteriorating socio-economic life pattern, open border with the India which leads girls trafficking to Indian brothels, cultural values and seasonal migration. Very few messages are provided at secondary school about sex and sexuality which shows that plan and policy is not enough to cope with rapidly spread HIV/AIDS in Nepal.

The following factors are considered for rapid transmission of HIV/AIDS inside the country (Aryal, 2000) they are trafficking of young village girl's for prostitution outside the country, seasonal migration and mobility of youth in search of job, low level of awareness of HIV/AIDS, low coverage of mass media on AIDS prevention and poor health infrastructure, lack of sex education in school level.

Thus more effective planning towards AIDS prevention and control is possible only with the help of statistic, related to knowledge about HIV/AIDS and other STI's . The secondary level students must knowledge about the various sources of information of AIDS transmission and the persisting misconception.

### **1.3 Objective of the Study**

The objectives of the study are to examine the knowledge and attitude on STIs and HIV/AIDS among secondary adolescents. Other specific objectives of the study are as follows:

- To identify the socio-economic background of secondary school students.
- To examine the knowledge on symptoms, modes of transmission and preventive measures of STIs and HIV/AIDS.
- To identify their attitude towards STIs and HIV/AIDS infected person in their society.
- To study the level of practice of condom to prevent STIs and HIV/AIDS.

#### **1.4 Significance of the study**

This study is important by selecting secondary schools students that will provide specific data regarding their knowledge and attitude on STIs and HIV/AIDS. The study aims to help aware against the STIs and HIV/AIDS.

In the world, adolescents occupy sizeable population especially in less developed and developing countries as compared to developed countries. In most of the societies, adolescents have to face pressure to engage in sexual activity due to socio-economic vulnerability. The STIs and HIV/AIDS is dangerous disease of developing countries. So that the main purpose of this study is to access knowledge of the STI's and HIV/AIDS. The study is limited in the secondary school of village area of Kailai District, the far western Nepal

It helps to provide detail information about the types of programme and policies that are needed to prevent the spreading of STIs and HIV/AIDS infected persons in the society and what are the main possible caused behind this. So this study is also helpful to evaluate past policies and programme and fruitful for forthcoming policies and programmers.

#### **1.5 Limitation of the study:**

Almost all the studies have some sorts of limitations and this is not an exception on this fact. One short survey itself has several limitations. So this study has some limitations which are mentioned below.

First of all, this study being academic and limited only among the students of secondary school level. The sample populations are taken only from three secondary school of Kailali district.

Therefore the finding of research can be generalized only for the areas having similar characteristics and not of whole country. This is completely school based study. So it does not represent out of school adolescent and population group other than adolescent. Only 120 respondents are included in the sample from three secondary schools students in Tikapur area of Kailali district.

## **1.6 Organization of the Study**

The study is organized into six chapters. The first chapter is introduction that includes background of the study, statement of problem, objectives, significance, limitation and organization of the study.

In the second chapter deals with review of literature in which world situation of STIs and HIV/AIDs, situation of SAARC countries, the case of Nepal.

The third chapter deals with methodology and includes selection of study areas, sample selection, questionnaire design, method of data collection, data processing data analysis and interpretation.

The fourth chapter, socio-economic analysis is divided into individual and household characteristics including age, sex, caste/ethnic composition of respondent, family size, parent's education as well as occupation of household head.

In fifth chapter knowledge and attitude towards STIs and HIV/AIDS of the respondents have been discussed in detail.

At last, sixth chapter represents the summary of finding, conclusion and recommendation.

## **CHAPTER - TWO**

### **LITERATURE REVIEW**

#### **2.1 Background of HIV/AIDS**

AIDS is the late stage of infection with HIV that attracts and destroys certain white blood cells essential for the body's immune defense system. When HIV attracts the cells, the virus becomes activated and then progressively to the serious infections and other condition that characterize AIDS.

Acquired Immune Deficiency Syndrome (AIDS) was first reported in 1981 in United States of America. The causative organization HIV/AIDS was identified in 1983. Human Immune Deficiency Virus (HIV) was diagnosed by Dr. Robber Gallo (USA) in 1984. Scientists have identified two types of the virus. HIV - 1 is the primary cause of AIDS found in all over the world and HIV- 2 is found mostly in West Africa. The HIV infections affected the immune system. The immune system in the person's defense against infections by micro organisms that get pasted the skin and mucus membranes to fight off or kill these micro organisms. A special weakness of the immune system is called lymphocytes and monocyles.

When HIV enters the body, it affects lymphocytes white blood cell of immune system the virus destroys the genetic material of the host cell, in exciting the cell to replicate more viruses. The newly from the host, destroying the cell in the process. The new viruses go on to effect and other lymphocytes. The HIV can be spread by semen, blood, breast feeding and vaginal fluids. HIV is transmitted primarily through sexual contact that passes can be spread by contaminated blood infected and breast feeding. Although people infected with HIV may not know that they are infected and they don't look sick feelings for a special period for a specific period called window period, they may still can pass HIV to others.

Generally HIV/AIDS takes three period; they are,

i) Window period ii) carrier Stage III) AIDS

Window period (0-3 or 6 months) - In this period HIV enters into the human body generally cold cough may appear and disappear after some times. In this period. When patient check the blood there is not seen HIV positive. This period is not much risky.

Carrier stage (3-6 months or 0-10 years) - Although man seems to be healthy in this period, HIV increases inside human body: It takes 5-10 years for adult and takes 1 to 2 years time for child. If we check the blood, these seem the presence of HIV.

AIDS- After 6 months to 10 years period sign and symptoms of AIDS are seen. Person looks healthy until the signs and symptoms are not seen. When sign and symptoms are seen physically and after checking the blood and if it shows the HIV positive, the situation is called AIDS (Richard 1997).

Sign and symptoms:

The following symptoms generally indicate the presence of AIDS in a person.

Minor symptoms are Persistent cough for more than one month, generalized itchy skin disease, seen various types of harps, and thrush in mouth and thorax.

Major sings are, weight loss more than 10 percent of original body weigh, fever for a longer time more than one month, continuous diarrhea for more than one month and persistent sever fatigue.

Following Preventive Measures are needed to be safe from AIDS.

We have to avoid sex with prostitutes and multiple partners. We have to use of condom. We avoid injections and blood transfusion from infected persons. We have to check the blood before transfusion. Infected mother should not give birth to babies. We must not use drugs. We keep contact with health workers to get proper service and get more information on sexually transmitted disease AIDS.

## **2.2 World situation on STI's and HIV/AIDS**

AIDS is communicable disease caused by HIV (Human Immune Deficiency Virus) retro virus recognized in 1981 in America, for the first time. It is estimated that more than 32 millions have been infected by HIV/AIDs in the world. It is called syndrome because of several signs and symptoms are involved in it. It is also called slim disease.

The AIDS epidemic may be the most devastating health disaster in human history. The disease continues to ravage families and communities throughout the world. In addition to the 25 million people who held died of AIDS by the end of 2005, at least 40 million people are now living with HIV. An estimated 4.9 million people were newly infected with HIV in 2005. Ninety five percent of them in Sub-Saharan Africa, Eastern Europe or Asia, while some areas have successfully slowed the epidemic, it is spread in others (PRB, Vol. 61, No. 1, 2006).

Sub-Saharan Africa is the hardest hit region in the world. More Africans die of AIDS related illness than any other cause. South Africa has the largest number of people living with HIV between 4.5 million and 6.2 million. Sub-Saharan Africa has the highest adult HIV prevalence rate: more than 38 percent of adults are infected with HIV. The rising HIV infection rates among women, particularly in Sub-Saharan Africa expose children to increased HIV risk even before they are born. In 16 Sub-Saharan African countries, at least 5 percent of pregnant women ages 15-24 attending prenatal clinics between 2001 and 2003 were HIV positive. However fewer than 10 percent of pregnant women were offered services to prevent mother to child transmission. In the absence of preventive measures, approximates one third children born to HIV positive mother will contract HIV (UNAIDS, 2005).

UNAIDS estimates that 2.5 million adults and children were living with HIV at the end of 2007. Fewer than 5 percent of children who need pediatric AIDS treatment are receiving it. Many HIV infected children bear a double impact, not only one they living with the disease themselves, but they have also lost one or both parents to AIDS. At the end of 2003, 15 million children had lost at least one parent to AIDS.

HIV prevalence is also rising rapidly in many parts of the eastern and South Asia. China and India will see millions of additional infections unless they launch effective, large scale prevention programs.

Globally, the AIDS pandemic show no sign of slowing despite concerted efforts to control it and a few success stories. The difficulties in reducing the number of new infections also compounded by poor access to life saving treatment. The joint United Nation program on HIV/AIDS (UNAIDS) estimates that only about 15 percent of the 6.5 million people in developing countries who need treatment have access to antiretroviral drugs (UNAIDS 2007).

The following table shows the number of infected people and percentage of infected people in some parts of the world.

Following table describes the Regional HIV and AIDS statistics and features of the world.

**Table 2.1 Regional HIV and AIDS statistics and features, 2007**

Region	Adults and children living with HIV	adults and children newly infected with HIV	Adult prevalence (15-49) [%]	adult and child deaths due to AIDS
Sub-Saharan Africa	22.5 million [20.9-24.3 million]	1.7 million [1.4-2.4 million]	5.0 % [4.6%--5.5%]	1.6 million [1.5-2.0 million]
Middle East and North Africa	380000 [270000-500000]	35000 [16000-65000]	0.3% 0.2%-0.4%	25000 [20000-34000]
South and South-East Asia	4.0 million [3.3-5.1 million]	340000 [180000-740000]	0.3% [0.2%-0.4%]	270000 [230000-380000]
East Asia	800000 [620000-960000]	92000 [21000-220000]	0.1% [<0.2%]	32000 [28000-49000]
Latin America	1.6 million [1.4-1.9 million]	10000 [47000-220000]	0.5% [0.4%-0.6%]	58000 [49000-91000]
Caribbean	230000 [210000-270000]	17000 [15000-23000]	1% [0.9%-1.2%]	11000 [9800-18000]
Eastern Europe and Central Asia	1.6 million [1.2-2.1 million]	150000 [70000-290000]	0.9% [0.7%-1.2%]	55000 [42000-88000]
Western and Central Europe	760000 [600000-1.1million]	31000 [19000-86000]	0.3% [0.2%-0.4%]	12000 [<15000]
North America	1.3 million [480000-1.9 million]	46000 [3800-68000]	0.6% [0.5%-0.9%]	21000 18000-31000]
Oceania	75000 [53000-120000]	14000 [11000-26000]	0.4% [0.3%-0.7]	1200 [<500-2700]
Total	33.2 million [30.6-36.1 million]	2.5 million [1.8-4.1 million]	0.8% [0.7%-0.9%]	2.1 million [1.9-2.4 million]

Source: UNAIDS 2007

The HIV/AIDS is pandemic which is one of the most serious health concerns in the world today because of high case of fatality rate and the lack of a curative treatment or vaccines. Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions and fetal transmissions from infected mothers as the main routes of transmission of HIV/AIDS.

Following table shows the data of children living with HIV, new HIV infection and deaths due to AIDS in the world 2007.

**Table 2.2 Global HIV and AIDS estimates children (<15 years) 2007)**

Children living with HIV	2.5 million [2.2-2.6 million]
New HIV infections in 2007	420000 [350000-540000]
Deaths due to AIDS in 2007	330000 [310000-380000]

Source: UNAIDS 2007

### **2.3 The HIV/AIDS situation in SAARC Countries**

The first HIV infection in South Asian region was reported in India in 1986. This means that the endemic was introduced in the region some what later than other parts of the world. The infection rates in South Asia are lower than Africa but the spread of HIV is rapid. However current trends show that this region will be severally affected very soon. The epidemic in South Asia is newer and many countries are yet to develop a proper monitoring system. For this reason the estimates of HIV in South Asia are often made on the basis of inadequate information (Aryal, 2000).

The virus of HIV/AIDS was reported in India in 1986, and second goes to Pakistan 1986, Srilanka 1987, Nepal 1988, Bangladesh 1989 and Maldives 1991. The latest estimates show that about 5.1 million people were living with HIV in India in 2003. serious epidemic are under way in several states. In Tamil Nadu, HIV prevalence of 50 percent has been found among sex workers while in each of Andhra Pradesh, Karnataka, Maharashtra and Nagaland, HIV prevalence measured at antenatal clinic in the Manipur cities of Imphal and Churachmand has increased. Below 1 percent to over 5 percent with many of the women testing positive appearing to be the sex partners of male drug injectors. Several factors look set to sustain Manipur's epidemic including the large proportion about 20 percent of female sex workers who inject drugs and the young ages of many injectors (UNAIDS 2004)

### **2.4 STIs and HIV/AIDS situation in Nepal**

HIV/AIDS have become a major public health problem in Nepal. The first case was reported in 1988. The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers, high rate of sexually transmitted diseases, low levels of condom use and pockets of intravenous drug users. As of January 2007 a total of 1248 AIDS cases and 8678 cases of HIV infection are reported (NCASC 2007).

AIDS entered in Nepal through the prostitution either women and girls who were involved in the prostitution in Mumbai or other cities of India (Acharya, 1998). They are generally supposed to come back to home, which helps AIDS spread in Nepal.

STIs prevalence among sex workers (SWs) is notably higher. Data from Pokhara, Kahtmandu and Terai revealed the syphilis prevalence among SWs were 18.8 percent in Terai, 19 percent in Kathmandu and 13.8 percent in Pokhara. Clients of sex workers were found to have 5.3 percent syphilis. Similarly among family planning often does, trichonolosis was 6.0 percent, Chlamydia was 1.0 percent and HIV was 0.3 percent as per results of study conducted (UNAIDS, 2007).

As of October 2001, a total of 533 AIDS cases and 1564 cases of HIV infection were reported to the Ministry of Health, National Center for AID and STD Control (NCASC). However these figures are probably grossly under estimated given the current medical and public health infrastructure and limited HIV/AIDS surveillance system in Nepal. One estimated shows approximately 64,585 cases estimated HIV cases by risk groups, 2007 in Nepal (UNAIDS, 2007).

Bista (1997) had conducted as assessment of knowledge, attitude and behavior study concerning STI's and HIV/AIDS in Selected population. The study indicated that 84 percent male and 76 percent female students of high school responded correctly about sexual transmission of HIV/AIDS. Likewise 93.6 percent male and 76.3 percent female students of campus responded positively about transmission of HIV/AIDSs. Female campus student's responded non sexual transmission. Like wise 57.4 percent male and 44 percent female students of high school had responded correctly about non sexual transmission.

The national data as of December 31, 2004 reveals 4593 individual having HIV of which 846 have developed AIDS. Of the total AIDS cases, 233 have died. HIV transmission is increasing in population of 14 to 19 years age group. Sex workers, their clients, seeking care for STIs and injecting drug users (IDUs) were reported having high rate of HIV.

Remarkably, the number of housewives with HIV infection is increasing. It is thought that HIV might have spread to them through their husbands. Who might have exposed to high risk behavior of HIV transmission. Given the high rate of HIV risk behaviors Nepal ranks in concentrated epidemic countries (NCASC, 2007). As of 17 Oct 2009 (Aswin 2066), a total of 2627 AIDS and 14,787 cumulative case of HIV infection were reported by NCASC. (2009)

The following Table shows the HIV/AIDS Situation in Nepal on 2010.

**Table 2.3 Cumulative HIV infection by sub-group and sex, Nepal, 14 May 2010**

Sub-groups	Male	Female	Total	Cases reported In this month
Sex Workers (SW)	7	855	862	2
Injecting Drug Users	2,533	54	2,587*	11
Men having Sex with Men(MSM)	134		134	2
Clients of Sex Worker	6,194	104	7,018	56
Housewives		4,044	4,044	58
Male Partners	17		17**	2
Children	594	394	988	15
Sun-group NOT identified	55	29	84	0
Total	10,289	5,494	15,783	149

Source: NCASC, 2010

\* Mode of Transmission – IDUs or

\*\* Male Partner of FSW/Female IDU/Female Migrant

**Table 2.4 Cumulative HIV infection by age group and sex, in Nepal (May 2010).**

Age group (Years)	Male	Female	Total	Cases reported In this month
0-4	239	144	383	8
5-9	269	190	459	4
10-14	97	64	161	3
15-19	257	271	528	3
20-24	1,250	895	2,145	18
25-29	2,248	1,285	3,533	28

30-39	4,212	1,897	6,109	52
40-49	1,360	585	1,945	25
50- above	357	163	520	8
Total	10,289	5,494	15,783	149

Source: NCASC,2010

## 2.5 Major Routes of Transmission of HIV/AIDS

It is presumed that the major routes of transmission for HIV/AIDS in Nepal remains heterosexual and through sexual contact. However, very little data exists to be able to clarify the extent of transmission in this route. There is major possibility of transmission of HIV/AIDS in the high way routes of Nepal. Transport workers (Truck drivers and their helpers) one also turning to one of the major population sub-group susceptible to HIV infection. Recent studies in the far western region suggest that transmission among infected emigrant laborers returning home from India could also contribute largely to a rise in HIV infection. According to one policy assessment report, the epidemic has reached the concentrated stage and may be on the verge of spreading to the entire reproductive age population (Acharya 2009).

Table no.2.5 shows the Distribution of Adult HIV infection by epidemic region 2007

**Table 2.5 Distribution of adult HIV infection by epidemic region 2007.**

Region	Number	Percent
Kathmandu	10,112	15.7
Terai	32,097	49.7
Far West	10,353	16.0
Remaining hills	12,023	18.6
Nepal	64,585	100.00

Source: NCASC, 2007

**Table 2.6 Estimation of HIV infections by age group 2007 (Spectrum outputs)**

Population sub-group	Estimated infection
Children (0-14)	1,857
Adults (15-49)	64,585
Adults (50+)	3,348
Total	69,790

Source: NCASC, 2007

The following are the main routes of HIV/AIDS

### **2.5.1 Injecting Drug Users (IDUs)**

Number of ID Users including heroin users is increasing all over Nepal. Currently in Kathmandu Valley, HIV infections among IDUs are estimated at 67 percent. These studies show that the IDUs, both male and female, are in their early 20 years. The median age of IDUs at the times of their first sexual encounter was 18 years for males and 16 years for females. The study further shows that 89 percent of male and 81 percent of females had been sexually active (New Era, 2002).

### **2.5.2 Commercial sex worker and their clients**

Commercial sex workers are spread all over Nepal. sex workers are concentrated in large cities, border towns, and truck routes and the Haat Bazaar areas in Villages (New Era, 2002). Nepal's sex work is spread in the dance and cabin restaurant separating in cities of Kathmandu Valley and Pokhara.

The scale and magnitude of commercial sex worker and trafficking in Nepal seem to be much larger than what is usually believed. other most causable factor for commercial sexworkers is the poverty. According to most sex workers they get involved in the sex because they needed the money immediately and sex work worth only way out for them. In addition to financial reasons social reasons, also appear to have much influence in pushing girls women into sex work (New Era, 2002).

### **2.5.3 The migrant workers**

Just as internal and external labour migration constitute the hidden or unrecognized dynamism of the real economy of Nepal. It is now being identified as the hidden and unrecognized dynamic of the spread of HIV/AIDS in the country (Acharya 2009). According to 2001 census the country had 7,62,000 external and 14,00,000 internal migrants, male and female together. The western region has the highest proportion of external migrants working abroad. Migration to India will undoubtedly continue to increase in coming years. Many of these men are contracting HIV/AIDS in India and bringing it back to their wives in Nepal. A recent survey of men returning from Mumbai to Nepal revealed an HIV infection rate of 10 percent (MoH, 2003).

### **2.6 Milestones of AIDS and STIs prevention Activities of Nepal**

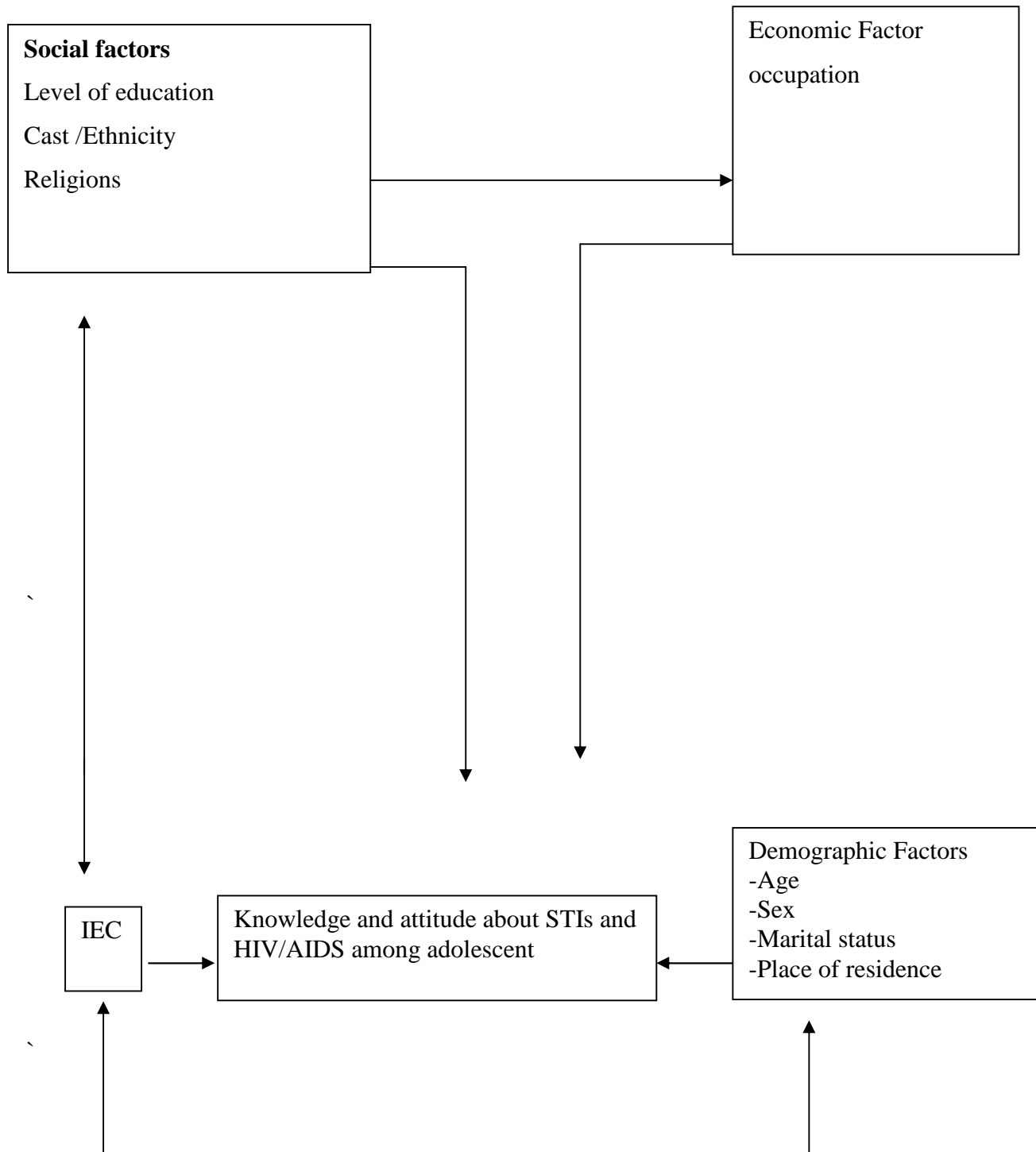
For the prevention of AIDS and STIs some efforts have been implemented in different times and dates. In 1986 organization of HIV/AIDS control committee has been formed. In 1987/88 implementation of short term plan was started to be functioning and its medium term plan implementation in 1990/92. From 1993 a policy is adopted for 100 percent screening of the donated blood. The second medium term plan for AIDS and STD control has been implemented. In 1995 a National level policy on AIDS/STIs prevention is adopted. A new strategic plan for HIV/AIDS prevention was adopted from 2002 to 2006. The two National VCT Guidelines and National ARV Guidelines were formed in 2003 and 2004 respectively. In 2004 standard operating procedures on ART was started in Sukra Raj Tropical Hospital.

## **2.7 Conceptual Frame Work**

The conceptual frame works shows knowledge and attitudes on STIs and HIV/AIDS as influenced by social, economic and demographic factors. Here socio-economic factors, which influence knowledge on STIs and HIV/AIDS influence attitudes to avoid these disease.

Knowledge and attitude about STIs and HIV/AIDS among adolescent depends upon the social, economic, demographic factors and Information Education and Communication (IEC). IEC has the vital role to increase awareness of adolescents, knowledge, attitude and behaviour of HIV/AIDS and STIs.

**Fig. 1: Conceptual Framework**



**CHAPTER-THREE**

## **METHODOLOGY**

This Chapter explains about the methodology adopted to conduct this study. It includes introduction of study area, Research design, Number of data, sample selection, Questionnaire design, Method of data collection. Similarly data analysis, Selection of the variable also discussed in this chapter.

### **3.1 Introduction of the Study area**

This research is the study of students of secondary schools and higher secondary schools in Kailali district. Which are situated in Patharaiya VDC Kailai in Far Western Nepal. Selected students studying school are situated near Karnali bridge. Which are located at 8 km far from Mahendra Highway along Southern part. Samples are selected only adolescent students who study in class 9 and 10 only. Here the students from different castes, religions and cultures. For example Tharu, Brahmin, Chhetri, Magar, etc.

In this study, the three secondary schools representing same VDC are selected. They are Arunodaya Higher Secondary School, Rastriya Mavi Patabhar and Himalaya Rastriya Ma Vi Amarawati. The main reason for selecting these schools is the rural area's student have fewer knowledge than urban areas student. Their parents are illiterate and they have to work hard in their home. So, how much have knowledge about STIs and HIV/AIDS in those students? To recognize that fact, sample is selected in rural area. Altogether 120 respondents were selected, among them 60 were boys and 60 were girls.

### **3.2 Research Design**

Research design is the analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. In other words Research design is the systematic plan designed by the researcher before doing the study or experiment is called research design. There are mainly two purposes of Research design.

- To provide answer to research puestioins

- To control variance.

This research is done especially on the secondary school students who are adolescence. There are three high schools is choosen in patharaiya V.D.C. of kailali district. The three secondary schools have been taken purposively in the sample. The study used the primary data collected in January 2010. Actually to know the fact socio-economic status, literary status and concept towards sexual diseases, the research has focused such schools where the majority of the students are from rural, moderate and poor family back ground. Hence from these three high schools, 40 students from each school are taken such that 20 boys and 20 girls are choosen from each school by purposive sampling method.

We know that the systematic plan designed by the researcher before doing the study or experiment is called research design. In other words a researcher design is the analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure.

### **3.3 Nature of Data**

This study is preliminary based on the primary data, as main source of information. Researcher directly goes in the three different high schools situated Patharaiya V.D.C. of Kailali district and taken the primary data from those school students who studied in class 9 and 10.

### **3.4 Sample Selection**

There are three high schools choosen in Paharaiya V.D.C. of Kailali district purposively because there are only three high schools in that V.D.C. There are 410 students in these three high schools. It may be difficult for taking data about 410 respondents. So only 40 students from each school is taken in such a way that 20 boys and 20 girls are selected. Moreover 10 boys and 10 girls are selected from each class and respondents are taken from only class 9 and 10. Hence the total 120 respondents are selected purposively for the study from these three schools. More over population size is described by the table 3.1

### **Tble 3.1 Distribution of Sampling Population**

S.N.	Name of Secondary School	Class	Totals boys	Total girls	Total	Selected boys	Selected girls	Total sample size
1.	Arunodaya H.S. School Khariphanta, Kailali	9	34	30	64	10	10	20
		10	35	31	66	10	10	20
2.	Rastriya Ma.Vi. Patabhar, Jagatpur	9	30	32	62	10	10	20
		10	38	40	78	10	10	20
3	Himalaya Ma.Vi, Amarawati	9	39	27	66	10	10	20
		10	40	34	74	10	10	20
	Total		216	194	410	60	60	120

Source: Field Survey 2010.

### 3.5 Questionnaire Design

The semi-structured questionnaire was designed for the quantitative data collection. Most of the questions were pre-coded and some open questions had also been included in the questionnaire.

Questionnaire is the major tool of this research study. This study utilized both qualitative and quantitative research approach to collect information from the respondents. Questionnaire is mainly constituted in the three parts.

- Individual characteristics
- Household characteristics
- Knowledge and attitude on STIs and HIV/AIDS

Individual schedule was designed to collect the information on marital status, sexual behaviors of the respondents and their knowledge and attitude on STIs and HIV/AIDS. Household schedule was designed to collect the information about the socio-economic and demographic status of the respondents and their parents like caste/ethnicity, religion and level of educational, occupation status of parents. Similarly attitude on the school curriculum is also asked to the respondents in the questionnaire.

### 3.6 Method of data collection

Primary data were collected in this study. From the field study through surveying the secondary schools students applying structure questionnaires. At first the researcher explained the purpose of visiting the school to the head master. After taking permission from him discussion was made with class teacher of Grade IX and grade X explained details about the objectives of research than samples were from among regular students. All the selected students were gathered in a huge hall and questionnaire was distributed to them each to fill up. They are provided orientation class about some difficult questions in detail. So, the data collected process was based on self administered system.

### **3.7 Method of Data Analysis**

The collected information were computer or data sheet used put together and analysis in a separate chapter of interpretation. Data are analyzed through sample frequency, percentage table, cross table, bar diagram and pie-chart. Similarly relationship between knowledge on STIs and HIV/AIDS and level of education of parents, households income, etc. were also analyzed.

### **3.8 Selection of The Variables**

There are two variables namely dependent and independent variables in the study. The role of intermediate variables is ignored.

The independent variables are

- Age of respondents
- sex of respondents
- Caste/ethnicity of respondents
- Place of residence
- Type of previous school
- Marital status
- Family size
- Educational level of parents

Dependent variables are

- Knowledge on symptoms of STIs.
- Knowledge on mode of transmission of STIS.
- Knowledge preventive measures of STIS.
- Knowledge on mode of transmission of HIV/AIDS.
- Knowledge on preventive measures of HIV/AIDS.
- Attitude on HIV infected person.
- Attitude sexual behavior.
- Attitude on HIV/AIDS.

## **CHAPTER : FOUR**

### **DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS.**

This chapter presents the socio-economic and demographic characteristics of the respondents. Mainly age and sex, caste/ ethnicity education, religion, marital status, parent's education, occupation, and the current place of residence are presented. Socio-economic back-ground also provides information about types of family parents occupation, education household income, household facilities are also recorded in this section.

#### **4.1. Individual Characteristics**

This section includes different characteristics of individual respondents, including social as well as demographic characteristics of the adolescents such a level of education, religion, caste, age, sex and marital status.

##### **4.1.1 Age sex composition**

The respondents were between the adolescence of age between 12-18 years. The respondents were between the adolescence of age between 12-18 years. Age sex composition of STIs and HIV/AIDS is more probable in this adolescent age. This adolescent age is more dangerous for the transmission of HIV/AIDS. Adults have more understanding capacity than adolescents. So, we have to care about STIs and HIV,AIDS on adolescent age. Similarly all the guardians care about their children in their health cares. But in adolescents did not follow guardian's suggestion. Similarly it is shown that male adolescent have more bad habits than female adolescents. Male are more drug addicts than female. So age-sex composition is important to study the knowledge and attitude about STIs and HIV/AIDS.

Table 4.1 shows the distribution of respondents by age and sex. Table 4.1 shows that proportion of respondents at age groups 14 and 16 years are higher than that of other ages.

**Table 4.1 Distribution of Respondents by Age and sex.**

Age	Male		Female		Total	
	No.	percent	No.	Percent	No.	Percent
13	2	3.33	1	1.67	3	2.5
14	10	16.67	7	11.67	17	14.17
15	15	25	9	15	24	20
16	17	28.33	23	38.33	40	33.33
17	9	15	12	20	21	17.5
18	3	5	5	8.33	8	6.67
19	4	6.67	3	5	7	5.83
Total	60	100	60	100	120	100

Source: Field survey 2010

The highest number of respondents (33.33 percent) belong to the age 16. The lowest number of students (2.5 percent) having age 13. Who studies in class 9 and 10.

#### 4.1.2 Caste Ethnicity

There are different kinds of castes and ethnicity in the place where the research is taken. They contain different religions. So, caste and ethnicity affects the study of knowledge and attitude on STIs and HIV/AIDS. All the respondents were asked to state their caste in the questionnaire and the result of it is given in table 4.2

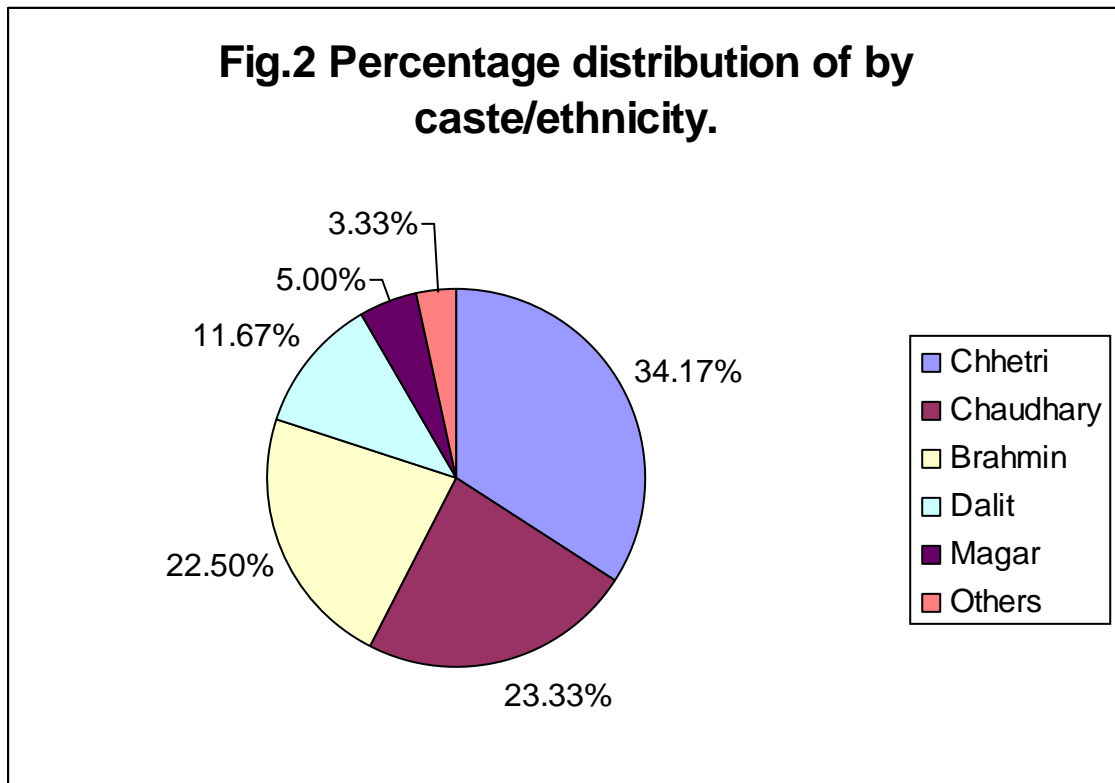
**Table 4.2 Distribution of Respondents by caste/ethnicity**

Caste/ethnicity	Male		Female		Total	
	Number	Percent	No.	Percent	No.	Percent
Brahmin	12	20	15	25	27	22.5
Chettri	17	28.33	24	40	41	34.17
Chaudhary	15	25	13	21.67	28	23.33
Dalit	9	15	5	8.33	14	11.67
Magar	4	6.67	2	3.33	6	5
Others (Puri, Yogi, Nath)	3	5	1	1.67	4	3.33
Total	60	100.00	60	100.00	120	100.00

Field survey, 2010.

The total respondents fall into six caste/ethnic groups. Among them, the highest proportion of respondents are chhettri (34.17%) followed by chaudhary (23.33%) Brahmin (22.5%) Dalit (11.67%), Magar (5%) and Anya (3.33%) each.

Besides above data, the percentage Distribution of respondents by caste/ethnicity is shown in the following pie-chart.



#### 4.1.3 Marital Status of Respondents

As the background information it is important to know the marital status of the respondents since the knowledge and practices about STIs and HIV/AIDS would have influenced by the marital status.

In questionnaire only two option was given for access the marital status of the respondents on married and unmarried. It is seen that all the 120 respondents are unmarried.

#### 4.1.4 Religion

In Nepal, there are the people who follow obey the different religions. For example, Hindu, Buddha, Christian etc. All the religion containing respondents have common education in their own school. Although those people who are fewer in comparisons of other religious students feel so much difficulties in the school. So their percentage will be low. More precisely the table gives the distribution of respondents by religion. The following table 4.3 shows that the majority of the students studying at secondary schools are Hindu which accounts 86.7 percent and fewer students are Christian which accounts 10 percent.

**Table 4.3 Distribution of Respondents by Religion**

Religion	Number	Percentage
Hindu	104	86.7
Buddha	4	3.3
Christian	12	10
Total	120	100

Source: Field Survey, 2010

#### **4.1.5 Current Place of Residence**

All the respondents were asked about their current place of residence. Research is taken in rural area. In rural area many people are poor due to their low income. So they have not proper house. Some people live in rent and some people sent their children in relative's house to educate the children. So the data is observed whether the respondent live in their own house or relative's house or rented house. The following table shows the distribution of respondents by the living place.

**Table 4.4 Distribution of Respondent by Current Place of Residence.**

Current Place of Residence	Number	Percentage
Urban	15	12.5
Rural	105	87.5
Total	120	100

Source: Field Survey, 2010.

In table 4.4 it can be seen that 87.75 percent of students are living in rural area and remaining 12.5 percent live in urban area.

Similarly one question is asked in the questionnaire about the respondent currently live in their own house or related house or rented house. The following table shows the distribution of respondents by the living place.

**Table 4.5 Distribution of Respondents by the living place**

Living place	Number	Percent
Own house	98	81.6
Relative's house	17	14.7
Rented house	5	4.17
Total	120	100.00

Source: Field survey, 2010

Table 4.5 shows that the highest proportion of respondents 81.6 percent live in their own house, 14.17percent live at relative's house and 4.17 percent live at rented house.

### **4.3 Household Characteristics**

This section identifies the socio-economic status of respondents and their parents such as types of family, family size, educational level of parents, parents occupation and house-hold facilities. All these characteristic involve in this section. Level of education, occupational status, family size, possession of household facilities, etc. Household characteristics in one sense signified socie-economic status of the respondent families are living in.

#### **4.2.1 Type of Family**

The respondents were asked about their family types. Some of them said that they live with nuclear family and some of them said that they live in joint family. Nepal is developing country. It is not completely developed. So most of people have joint family and some of them live in nuclear family. Generally in our society there are two types of family: they are nucleon and Joint. The following table shows that the distribution of respondents by types of family.

**Table 4.6 Distribution of Respondents by Types of Family**

Types of Family	Number of Respondents	Percentage
Nuclear	31	25.84
Joint	89	74.16
Total	120	100.00

Source : Field survey, 2010

Table 4.5 shows that 31 respondents live with nuclear families 89 respondents live with joint family.

#### 4.2.2 Family Size

The number of people lived in their home indicates family size of the respondent. Some respondents have few members in their home and some respondents have more number of people in their home. The following table shows that the distribution of respondents by family size.

**Table 4.7 Distribution of Respondents by Family Size.**

Family size (number of members)	Number	Percentage
Less than 5	30	25
5-10	61	50.83
More than 10	29	24.17
Total	120	100

Source: Field survey, 2010

Table number 4.7 shows that 25 percent respondents have family size of less than 5 members, 50.83 percent respondents have family size of 5-10 members. Lowest proportion of them (24.17 percent) reported family size of more than 10 members.

#### 4.2.3 Education Level of Parents

Parent's education plays a vital role in children's behavior on every aspect which ultimately determines their knowledge and attitude on STIs and HIV/AIDS. This is because educated parents may have proper knowledge on children's physical and biological change and understand their needs and perform parental roles and responsibilities well. In this study, the educational level of father and mother were asked. The results are shown in table 4.8.

**Table 4.8 Distribution of Respondents by Parent's Education Level**

Literacy status of parent	Father		Mother	
	No.	Percent	No.	Percent
Literate	70	58.33	30	25
Illiterate	50	41.67	90	75
Total	120	100	120	100
Level of education				
Non formal	18	25.72	9	30
Primary (1-5)	20	28.57	8	26.67
L. Secondary (6-8)	4	5.71	7	23.33
Secondary (9-10)	5	7.15	4	13.33
S.L.C	16	22.83	2	6.67

I.A and above	7	10	-	-
Total	70	100	30	100

Source : Field survey, 2010

Nepal is known as an agricultural country. Large number of people works in the field to grow more crops. More over there are more illiterate people in the far western Nepal. They have to work hard in their field in maintain their life and survive their life. It means a lot of people in far western Nepal are illiterate. Women have not educated in far western Nepal. There are few percent of women who are literate. In comparison father are more educated than mother of the respondents.

Table 4.9 shows that 28.57 percent respondent's father complete the primary (1-5) education. Similarly 30 percent respondent's mothers have non formal education which are the highest percents of father and mother in their educational level.

#### 4.2.4 Parent's Occupation

The occupation of parents can also be taken as the important variable that determines the socio-economic status of the household and it may also affects the knowledge of their children on STIs and HIV/AIDS.

The table 4.9 shows the distribution of respondents by parent's occupation.

**Table 4.9 Distribution of Respondents by Parent's Occupation**

Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	51	42.5	56	46.67
Service	12	10	7	5.83
Business	20	16.67	22	18.33
Carpenter	16	13.33	-	-
Daily wages	17	14.17	26	21.67
Other	4	3.33	9	7.5
Total	120	100	120	100

Source : Field survey, 2010

Table 4.9 shows that highest proportion of the respondent's father (42.5 percent) are found to be engaged in agriculture followed by Business (16.67%), carpenter (13.3 percent) percent service (10 percent). Daily wages (14.17 percent) and others (3.33 percent). In case of mother (46.67 percent) of respondent's mothers engaged in agriculture, 21.67 percent) engaged in daily wages, 18.33 percent mother

engaged in business. 7.5 percent engaged in other occupation and 5.83 percent evolved in service.

#### **4.2.5 Household Facilities**

The respondent were asked to specific whether they have household facilities such as electricity, radio, television, telephone and computer. Availability of these facilities may also help to increase the level of knowledge on STIs and HIV/AIDS

**Table 4.10 Distribution of Respondents by Their Facilities at Home.**

Facilities	Number	Percent
Electricity	109	90.83
Radio	104	86.67
T.V	78	65
Phone	55	45.83
Computer	12	10

Source: Field survey, 2010 (Note:- *the sum of percentages may exceed 100 due to multiple responses.*)

Table 4.11 shows that respondents have electricity in their households about 90.83 percent Similarly 86.67 percent have radio, 65 percent have T.V, 45.83 percent have phone and only 10 percent have computer at their home.

## **CHAPTER FIVE**

### **KNOWLEDGE AND ATTITUDE TOWARDS STIs AND HIV/AIDS**

This chapter describes the level of knowledge and effect of socio-economic and demographic variables on knowledge and attitudes on STIs and HIV/AIDS. In this respect, the knowledge on STIs and HIV/AIDS by sex, heard the name of STIs, source of information, symptoms of STIs and HIV/AIDS modes of transmission of STIs and HIV/AIDS prevention method of STIs and HIV/AIDS their attitudes on STIs and infected person etc are analyzed.

#### **5.1 Knowledge On STIs And Its Types**

Every day, one million people contact sexually transmitted infection (STIs) with increased risk for HIV(khan,2005). The world wide spread of sexually transmitted infection has been one of the major disappointments in public health in the past two decades. STIs are not hyper endemic in many developing countries like Nepal where the facilities for diagnosis and treatment are usually inadequate.

##### **5.1.1 Heard of STIs**

The question was asked if the respondent have heard about STIs or not. According to table 5.1. it represents distribution of whether the respondents are familiar with STIs or not. If yes what type of STIs they heard is mentioned in number and percentage. The topics STIs means sexual transmitted infection and STIs means sexual transmitted disease we have to know that sexually transmitted disease are caused by sexually transmitted infection. Respondent are asked about knowledge about various types of diseases which are caused by STIs.

**Table 5.1 Distribution of Respondents by Heard of STIs and Its Types.**

Heard of STIs	Number	Percent
Yes	106	88.33
No	14	11.67
Total	120	100.00
If yes, Types of STIs Heard		
Syphilis	75	62.2
Gonorrhea	60	50
Chlamydia	1	0.88
Trichononlasis	2	1.67
Hepatitis –B	90	75

Source: Field survey, 2010

(Note: the sum of percentage may exceed 100 because of multiple response.)

It can be easily understood from the Table 5.1 that 106 respondents (83.33 percent) have heard about STIs.

### 5.1.2 Differential of Knowledge On Types of STIs by Grade

There are respondents present studying in grade 9 and 10. They are taken from three different schools. Respondents are asked through questionnaire knowing about STIs or not. The following table describes whether respondents heard of STIs or not.

**Table 5.2 Distribution of Respondents by Heard of STIs and its Types by Grade.**

Heard of STIs	Class-9		Class -10		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	52	86.67	54	90	106	88.33
No	8	13.33	6	10	14	11.67
Total	60	100	60	100	120	100

Source: Field survey, 2010

Table 5.2 shows 90 percent respondents of class 10 have heard about STIs where as 86.67 percent respondent of class 9 have heard about STIs.

In this analysis of knowledge of STIs only few students have not known about STIs.

### 5.1.3 Source of Information.

Respondents were asked through questionnaire which some they have heard about STIs . Some respondent said that they heard STIs by various sources. Like on radio, news paper, T.V. etc. Some respondent say only one medium that they heard about STIs. The following table describes the distribution of respondents by source of information about STIs.

**Table 5.3 Distribution of Respondents by Source of Information**

Source of information	Number	Percent
Radio	104	86.67
Television	98	81.67
Newspaper	50	41.67
Teachers	116	96.67
Friends	90	75
Text book	88	73.33

Source: Field survey, 2010 (*Note: the sum of percentage may exceed 100 because of multiple answers.*)

From the table 5.3 it is clear that Radio, Television, Newspaper, parents, teacher, friends and text book are the sources of information about heard of STIs. The highest proportion of respondents have heard STIs from teacher which is accounted for 96.67 percent followed by Radio (86.67 percent), Television (81.67 percent, friends(75 percent), text book (73.33 percent), news paper (68.33 percent) and parents (41.67 percent).

### 5.1.4 Knowledge on Mode of Transmission of STIs.

A question was included in questionnaire on knowledge on mode of transmission on STIs. Those who had heard about STIs were asked whether they know the mode of transmission of STIs or not.

**Table 5.4 Distribution of Respondents by Knowledge on Mode of STIs Transmission.**

Knowledge	Number	Percent
Yes	106	88.33
No	14	11.67
Total	120	100
Way of transmission		
Unprotected sexual intercourse	95	79.7
Living together with infected person	38	31.7
From infected mother of fetus	85	70.8
Contaminated injection and blood	104	89.7

Source: Field survey, 2010

*N= 106*

*(Note: the sum of percentage may exceed 100 because of multiple answers.)*

From the above table, the respondents are asked the question about modes of STIs transmission. About percent of the respondents said that unprotected sexual intercourse is the mode of transmission of STIs. Similarly 89.7 percent respondents said that STIs are transmitted by contaminated in ejection or blood. Out of them 70.8 percent said that STIs are transmitted by infected mother to fetus and 31.7 percent respondents said the STIs are transmitted by living together with infected person. From the table it can be conclude that even they have knowledge but they have no effective knowledge.

### **5.1.5 Knowledge On Symptoms of STIs**

It is important to ask the symptoms of sexually transmitted infection to evaluate the Knowledge about it. First of all respondents were asked whether they know about symptom of STIs or not. When a person knows about the disease, it's symptoms, preventions and causes of the disease, he/she is likely to adopt proper measure to prevent himself/ herself from such disease. So, the respondents who have heard at least one of the deceases were further asked about the symptoms of them.

**Table 5.5 Distribution of Respondents by Symptom of STIs**

<b>Symptoms</b>	<b>Number</b>	<b>Percent</b>
Lower abdominal pain during intercourse	14	11.67
Headache	15	12.5
Appearance of red spots around the genitals	22	18.33
Swelling of limbs	16	13.33
Itching around reproductive points	27	22.5
Yellowish pus like discharge from the reproductive organs (Vagina and penis)	80	66.67

*Sources: Field survey 2010.*

*(Note Due to the multiple responses, percent in the column may exceed 100)*

2symptom of STI's is Yellowish pus like discharge from the reproductive organs (Vagina and penis).

About 22.5 percent respondent said that symptoms of STIs is itching around reproductive parts. Similarly 18.33 percent said that Symptom of STIs is the appearance of red spots around the genitals. About 3.33 percent said that the symptom is swelling of limbs. About 12.5 percent said that the symptom of STIs is headache and 11.67 percent said that symptom of STIs is lower abdominal pain during intercourse.

### **5.1.6 Preventive Measure of STIs**

It is essential to check whether the students have knowledge on preventive measures of sexually transmitted infection or not. The question was included and the result indicating this is shown in table 5.6

**Table 5.6 Distribution of Respondents by knowledge on preventive measures of STIs.**

<b>Knowledge</b>	<b>Number</b>	<b>Percent</b>
Yes	106	88.43
No	14	11.67
Total	120	100.00
<b>Preventive methods</b>		
Use of condom during sexual intercourse	106	100
Sex with only one partner	92	86.79
Non use of contaminated injection and blood	103	97.16
Always clean own's sexual organs	60	56.60
Avoid sharing foods, clothes, toilet with infected person	28	26.4

Sources: Field Survey 2010

*N= 106*

*(Note Due to the multiple responses, percent in the column may exceed 100)*

From the table it is seen that 106 respondents (88.33 percent) have the knowledge on preventive measures of sexually transmitted infections. And the remaining respondents (11.67 percent) mentioned that they did not know the preventive measures of STIs.

As shown in table 5.6 use of condom during sexual intercourse is the most preferred ways of prevention from sexually transmitted infections which has been reported by 106 respondents which is 100 percent. Non use of contaminated injection and blood is reported by 103 respondents (97.16 percent). Sex with only one partner by 92 respondents (86.79 percent). Clean own's sexual organs is reported by 60 respondents (56.60 percent) and avoid sharing foods, clothes, toilets etc. by 28 respondents (26.41 percents.)

## **5.2 Knowledge In HIV/AIDS**

In this study, knowledge on HIV/AIDs has been accessed through various questions first of all, very common question “Have you ever heard about HIV/AIDS?” is given in the questionnaire. Similarly other supporting question such as full form of HIV and AIDS,? Difference between HIV and AIDS? Preventive measures ways of transmitting, treatment are used further to analyze the knowledge on HIV/AIDs.

### 5.2.2 Heard of HIV/AIDS

To access the knowledge on HIV/AIDS, respondents were asked whether they have heard about HIV/AIDS or not. All of the respondents reported that they have heard about HIV/AIDS because of their text book includes the information about HIV/AIDS.

### 5.2.2 Source of Information

Respondents were asked through questionnaire about the HIV/AIDS. Which source have they heard about HIV/AIDS. Respondent have different sources to listen and know about HIV/AIDS. Respondents replied single source or multi source about knowing the disease HIV/AIDS' Out of them they said that electronic media is main source of in formation in HIV/AIDS.

**Table 5.7 provides the source of information.**

**Table 5.7 Distribution of Respondents by Source of Information**

Heard of HIV/AIDS	Number	Percent
Yes	120	100.00
No	-	-
Total	120	100.00
Source of information		
Radio	115	96.67
TV	113	94.16
News paper	73	60.83
Friends	95	79.16
teacher	118	98.33
Parents	54	45
Doctor/Health persons	101	84.16
Text book	105	87.5

Source: Field survey, 2010.

*N= 120 (Multiple response)*

As shown in table 5.8, it is clear that all the respondents have knowledge about HIV/AIDS and heard of HIV/AIDS. Table shows that the main source of information is teacher (98.33 percent) followed by Radio (96.67percent), TV (94.16 percent), Text book (87.5 percent), Doctor/Health persons (84.16 percent), Friends (79.16 percent), Newspaper (60.83 percent) and parents (45 percent). From this data we can generalize

that the parents are still not so open on the matter of knowledge on HIV/AIDS with their children.

### **5.2.3 Knowledge on Full Form of HIV/AIDS**

Respondents were asked about the full form of HIV/AIDS. Data were categorized in three terms on correctly written, incorrectly written and not written at all after the collection of data. The respondent's category according to their response is presented in table 5.8.

**Table 5.8 Distribution of the Respondents by Knowledge on Full Form of HIV/AIDS**

Knowledge	number	Percent
Correctly written	39	32.5
Incorrectly written	43	35.83
Not written at all	38	31.67
Total	120	100.00

Source: Field survey, 2010.

Table 5.8 shows that 32.5 percent respondents have correctly written the full form of HIV/AIDS. About 35.83 percent respondents have in correctly written and 31.67 percent respondents have not written at all of the full form of HIV/AIDS.

### **5.2.6 Knowledge on Modes of HIV/AIDS Transmission**

Respondents were asked about knowledge on modes of transmission of HIV/AIDS. Out of them 113 respondent answered that they have knowledge about ways of transmission of HIV/AIDS and remaining 7 respondents did not know about ways of transmission of HIV/AIDS. It is more described by the table 5.9

**Table 5.9 Distribution of Respondents by Knowledge on Modes of Transmission of HIV/AIDS.**

Knowledge	Number	Percent
Yes	113	94.17
No	7	5.83
Total	120	100.0
Mode of HIV/AIDS transmission		
Sexual context with infected person	107	94.69
Infected blood/organs transfusion	85	75.22
Sharing unsterillized needles	101	89.38
Infected mother to fetus	98	86.72
Breast feeding by infected mother	27	23.89
Kissing	6	5.30
Sleeping together	7	6.19

Sources: Field survey, 2010

The respondent who know the ways of transmission of HIV/AIDS were further asked to state the ways of transmission and the result is given in table

113 respondents reported that they know the ways of transmission of HIV/AIDS. From respondents response, some respondents reported that HIV/AIDS is transmitted by sexual contact with HIV infected person. Some said that HIV/AIDS is transmitted by sharing unsterilized needles/instruments, infected mother to fetus, breast feeding from infected mother, kissing and sleeping together.

From the table, 5.12, it is seen that 94.69 percent respondent reported that sexual contact with infected person is the way of transmission of HIV/AIDS followed by sharing unsterilized needle (89.38 percent), infected mother to fetus (86.74%) infected blood/organ transfusion (72.22 percent), Breast feeding by infected mother (23.89 percent), sleeping together (6.19 percent) and kissing (5.3 percent).

Thus from the table it can be conclude that six respondents replied that HIV/AIDS is transmitted by kissing together and seven respondents replied that HIV/AIDS is transmitted by sleeping together. This means they have not proper knowledge about transmission of HIV/AIDS.

### 5.2.7 Knowledge About Vulnerable People

The question was included to assess the knowledge on type of people who are more vulnerable for HIV transmission. Vulnerable people are those people who transfer HIV/AIDS from one person to another person. Various types of vulnerable people are described in the following table.

**Table 5.10 Percentage Distribution of Respondents By Knowledge On Vulnerable People.**

Vulnerable people	Number	Percent
Adolescents and youths	66	58.40
Drivers	29	25.66
Drug addicts	109	96.46
Commercial Sex workers	112	99.11
Who have multiple sex partners	104	92.03

Source: Field survey, 2010

*N=113 (Multiple response)*

From the above table, we can see that 99.11 percent of the respondents reported that commercial sex workers are vulnerable for the transmission of HIV/AIDS. Similarly 96.46 percent respondent reported that drug addicts are the vulnerable people for the transmission of HIV/AIDS. 92.03 percent respondents reported that those people are vulnerable people for transmission of HIV/AIDS who have multiple sex partners. Similarly 58.40 percent respondents reply that adolescents and youths are the vulnerable people for transmission of HIV/AIDS and remaining 25.66 percent respondents reported that drivers are the vulnerable people who transfer HIV/AIDS from one person to another person.

### 5.3 Knowledge on Preventive Measures of HIV/AIDS

HIV/AIDS being incurable disease Preventive check is only one way to avoid this disease. Thus information on knowledge about the preventive measures of HIV/AIDS was also collected with the respondents in the study. The table 5.11 gives the distribution of respondents having knowledge on preventive measures of HIV/AIDS.

**Table 5.11 Distribution of Respondents by Knowledge on Preventive Measures of HIV/AIDS.**

Knowledge	Number	Percent
Yes	114	95
No	6	5
Total	120	100.0
Preventive measures		
Do not keep sexual relation with multiple partner	109	95.61
Do not keep sexual relation with unknown person	80	70.17
Use of condom during sexual intercourse	111	97.36
Use sterilized surgical instruments	92	80.70

Source: Field survey 2010

*N=114(Multiple response)*

From the table 5.11 we can see that almost all the respondents (95 percent) have knowledge about the preventive measures of HIV/AIDS. Where as only 6 respondents (5%) mentioned that the did not know the preventive measures of HIV/AIDS.

The respondents who know the preventive measures were further asked to state the various measures and the result is given in table 5.11.

In the table 5.11, it is stated that the majority of the respondents (97.36%) reported to use condom during sexual intercourse and followed by not to keep sexual relation with multiple partner (95.61 percent). Stylized surgical instruments (80.71 percent)./ and not to keep sexual relation with unknown person (70.17 percent).

#### **5.4 Attitudes on HIV Infected Person**

It was aimed to find the perception of the respondent about the HIV infected people. Three options were provided to choose to each of the respondents and the result is given in table 5.12.

**Table 5.12 Distribution of Respondents by Perception about HIV infected people**

Perception	Number	Percent
All of them die	89	74.17
Some of them die	19	15.83
Don't know	12	10
Total	120	100.0

Source: Field survey, 2010.

From the table 5.12, it is clearly seen that large proportion of respondents have fair knowledge about the disease. 74.1 percent respondents said that HIV infected person all would die. Like wise 15.83percent respondent said that some of them die and remaining 10 percent of the respondents reported that they did not know about HIV infected person.

### **5.6 Attitude Towards HIV/AIDS**

Similar to the perception about the infected person the perception about the disease HIV/AIDS was also collected in this study. In the questionnaire the respondent are asked what type of disease is HIV/AIDS. Their perception is described in the following table 5.13.

**Table 5.13 Distribution of respondents by Attitudes Towards HIV/AIDS**

Perception	Number	Percent
Fatal disease	45	37.5
Sexually transmitted infection	104	86.67
Communicable disease	62	51.67
Due to carelessness at intercourse	58	48.33
Immune deficiency disease	64	53.33

Source: Field survey, 2010

N=120 (Multiple response)

Table 5.13 shows the distribution of respondents by perception about the HIV/AIDS disease. In the table it is stated that 104 respondents (86.67 percent) stated that HIV/AIDS as a sexually transmitted infection. Likewise 64 respondents (53.33 percent) said that Immune Deficiency Disease. 58 respondent (48.33 percent) reported that HIV/AIDS) due to carelessness at intercourse 62 respondents (51.67 percent) reported that AIDS as a communicable disease and 45 respondents (37.5 percent) reported that HIV/AIDS as a fatal disease.

## 5.7 Attitude On Sexual Behavior of Respondent

The respondents were asked if they had sexual partner or not. This question would give valuable information on this study. The result is shown in table 5.14.

**Table 5.14 Distribution of respondent by information on sexual partner by sex.**

Have sexual partner	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
Yes	8	13.33	3	5	11	9.17
No	52	86.67	57	95	109	90.83
Total	60	100.0	60	100.0	120	100.0

Source: Field survey 2010

From the table 5.14 we can see that all together 9.1 percent respondents have sexual partner. The information was collected separately for male and female which shows that 8 (80 of male respondents have sex partner and 3 female respondent have sex partner.

Those eleven respondents who have sex partner reported that they have sexual relationship with their friends only. No one have wife/husband and no one have relation with prostitutes.

## 5.7 Use of Contraceptives At Intercourse

The respondents who have sex partners were accessed their Practices of contraceptives use while intercourse in this survey. The result is shown in table 5.15.

**Table 5.15 Percentage Distribution of Respondents The Use of Contraceptives At Intercourse.**

Use of contraceptives during intercourse	Number	Percent
Yes	8	72.73
No	3	27.27
Total	11	100.0

Source: Field survey 2010

Table 5.15 gives the information about the use and non use of contraception during sexual intercourse from the table it is clearly seen that 72.73 percent respondents use contraceptives. During intercourse while 27.27 percent respondents do not use any method. Those respondents who do not use contraceptive said that they have sexual intercourse at safe period.

## 5.9 Methods of Contraception

In this study the information on the method of contraceptives used by the adolescent respondents. It was asked about what type of contraceptives used during intercourse. The information collection from the 8 respondents on use of contraceptive devices, that the condom is most popular and cheapest device adopted by 72.73 percent of respondents and rest 27.27 percent respondents who do not use any devices are depending on safe period.

## 5.9 Perception About the Sex

The adolescent period of a person is time to active in sexual intercourse. They should have knowledge about the sex. In this survey, it was aimed to collect the perception of respondents about the sex or how they have understood about sex. The collected information and its distribution is shown in table 5.26

**Table 5.16 Distribution of Respondents by Perceptions About the Sex**

Perception	Number.	Percent
Basic needs	52	43.33
Need for continuing generation	42	35
Useless	21	17.5
Don't know	5	4.17
Total	120	100.00

Source:- Field survey 2010

From the table 5.16 it is observed that the highest proportion of respondents (43.33 percent) reported that sex as a basic need of human beings. 35percent respondent said that sex is need for continuing generation. 17.5 percent respondent said that sex is a useless thing or activities. While 4.17 percent respondent said that they did not know or did not want to mention about sex.

## 5.10 Behavior towards HIV/AIDS infected person

The question was also asked to collect the information about peoples behaviours towards HIV/AIDS infected persons. The result shown in the table 5.17.

**Table 5.17 Distribution of Respondents by Perception on Behavior Towards HIV/AIDS Infected Person.**

Behave	Number	Percent
--------	--------	---------

Love/respect	103	85.83
Hate	13	10.83
Do not know	4	3.34
Total	120	100.0

Source: Field survey, 2010.

It is clear from the table 5.17 that the highest percent of respondents (85.83 percent) reported that we should love and respect to the HIV infected person. 13 respondents (10.83 percent) reported that we should hate them due to fear of transmission of HIV/AIDS to other healthy person. And 4 respondents (3.34 percent) reported that they do not know about behavior and attitudes HIV/AIDS infected person.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **6.2 Summary of Findings**

This study is based on knowledge and attitude on STIs and HIV/AIDS among secondary school students. Study is taken in three rural sector high schools in Kailali district. They are Arunodaya higher secondary school, Rastriya Ma.Vi. Patabhar, Jagat pur and Himalaya Ma.Vi. Amarawati. This study is fully based on primary data. In this study students are selected from each school. And out of them, 20 students are boys and 20 students are girls from each school. Their age range is 13-20 years. The major findings are as follows-

##### **6.2.1 Demographic and Social Characteristics of Respondents**

Equal students are taken from grade 9 and 10 i.e. 60 students are from grade nine 60 respondents are taken from 10.

Highest proportion of respondents (33.33 percent) is 16 years of age.

All the respondents are unmarried.

The highest number of respondents is Chettri (34.17 percent) followed by chaudhary (23.33 percent), Brahmin (22.5), Dalit (11.67 percent), Magar (5 percent) and Anya (3.33 percent). According to caste/ethnicity.

Majority of the respondents are Hindu (86.7 percent) followed by Buddha (10 percent), Christian (10 percent), and lowest is the Budddha (3.3 percent).

The total 120 respondents (100 percent) are unmarried.

The highest proportion of respondents (81.6 percent) love in their own house followed by 14.17 percent respondents love in relative's house. And 4.17 percent live at rented house.

About 87.5 percent respondents live in rural area and 12.5 percent live in urban area.

### **6.1.2 Household characteristics**

Most of the respondent' fathers (16.67 percent) have primary (1-5) education, while most of the respondents' mother (75 percent) are illiterate. Similarly 41.67 percent fathers are illiterate. Highest proportions of fathers (42.5 percent) are found to be engaged in agriculture and highest proportion of mothers (46.5 percent) are found to be engaged in agriculture. The majority of the respondent's family size is 5 to 10 members is 50.83 percent, and 25 percent respondents contains the family less than 5 members. About 90.83 percent respondent's home have the facility about electricity and only 10 percent respondents have computer in their home.

### **6.1.3 Knowledge & Attitude on STIs and HIV/AIDS**

Majority of the respondent 8.33 (percent) have heard about sexually transmitted infection (STIs). We know that 88.33 percent respondent know about STIs.

The HIV/AIDS is very common name of sexually transmitted infection. Which is heard by all 120 respondents (100 percent). The next common name of diseases is syphilis which is heard by 62.5 percent, Hepatitis B by 75 percent, Gonorrhea by 50 percent, Trichono lasis by 1.67 percent and Chlamydia by 0.83 percent.

The major source of intermation for STIs in which respondent heard about STIs are teachers (96.67 percent), followed by Radio (86.67 percent), Television (81.67 percent), friends (75 percent), text book (73.33 percent), News paper (68.33 percent) and parents 41.67 percent. It can be generalized that parents donot share knowledge about sexual diseases with their children.

Hundred and twelve respondents (93.33 percent) know the symptoms of STIs.

Eighty respondent (66.67 percent) reported that Yellowish pus like discharge from the reproductive organs (vagina and penis) followed by itching around

reproductive parts (22.5 percent), appearance of red spot around the genitals (18.33 percent), swelling of limbs (13.33 percent), headache (12.5 percent) and lower abdominal pain during intercourse (11.67 percent).

Most of the 116 respondents (96.7 percent) know the mode of transmission of sexually transmitted infection.

Majority of the respondents (89.7 percent) have reported that contaminated injection and blood is the cause of transmission of STIs. About 79.7 percent respondent said that unprotected sexual intercourse is the mode of transmission of STIs. Similarly 70.8 percent respondent said that STIs are transmitted from infected from infected mother of fetus. And 31.7 percent respondent said that living together with infected person is the mode of transmission of STIs.

About 94.69 percent respondent reported that sexual contact with infected person is the way of transmission of HIV/AIDS followed by sharing unspecialized needle (89.38 percent) injected mother to fetus, breastfeeding by infected mother (23.89 percent), sleeping together (6.19 percent) and kissing (5.3 percent).

Similarly 112 respondents (99.11 percent) reported that commerce a sex workers are Vulnerable for transmission of HIV/AIDS. Similarly 96.46 percent respondents reported that drug addicts are the vulnerable people for the transmission of HIV/AIDS. About 92.03 percent respondents reported that the people who have multiple sex partners are vulnerable for the transmission of this virus. Similarly 58.40 percent respondent reported that adolescents and youths are the vulnerable people for transmission of HIV/AIDS. About 25.66 percent respondents reported that drivers are the vulnerable people for transmission of HIV/AIDS.

All together 9.17 percent respondents have the sexual partner. More number of male (8) have sex partner on comparable to the female respondents (3).

About 72.73 percent respondents use contraceptives during sexual intercourse and mostly they use condom.

Similarly 27.27 percent respondent do not use contraceptives because they say that it is tedious to use and they have sexual intercourse at safe-period.

Almost all the 114 respondents (95 percent) have knowledge about the preventive measure of HIV/AIDS.

Majority of the respondents (97.36 percent) reported to use condom during sexual intercourse and followed by not to keep sexual relation. With multiple partner (95.61 percent), use of sterilized surgical instruments (80.71 percent), and not to keep sexual relation with unknown person (70.17 percent) as a preventive measure of HIV/AIDS.

Large proportion of respondents has fair knowledge about the disease (HIV/AIDS). About 74.17 percent respondents stated that all of HIV infected person would die. Likewise 15.83 percent respondent said that some of them die and remaining 10 percent respondent did not know about it.

For the study of perception on HIV/AIDS. It is stated that 104 respondents (86.67 percent) reported that HIV/AIDS as a sexually transmitted infection. Likewise 53.33 percent respondent reported that HIV/AIDS is Immune deficiency disease. About 62 respondents (51.67 percent) said that HIV/AIDS is a communicable disease. Similarly 58 respondent (48.33 percent) reported that HIV/AIDS is due to carelessness at intercourse and 45 respondents (37.5 percent) reported that HIV/AIDS as a fatal disease.

The respondents were asked the questions about perception about the sex. The highest proportion of respondents (43.33 percent) reported that sex as a basic need of human being. Likewise 35 Percent respondents said that sex as a need for continuing generation. About 17.5 percent respondent reported that sex as a use less activities while 4.17 percent respondent said that they do not know or do not want to mention about the sex.

## **6.2 Conclusion**

Some of the adolescents reported that they have not heard about SITs. However, all of the respondents reported that they have heard about HIV/AIDS. This means some of the adolescents do not think HIV/AIDS as cause of STIs. In this regard the education system designed for secondary school might have some

weakness. Although the population, health and environment subject is compulsory in secondary schools and there are chapters dealing with HIV/AIDS and STIs and sexual and reproductive health, many of the respondents seems not satisfied with the teaching system. Nearly 3.33 percent teachers donot teach these chapters and guided students for self reading and taught for examination point of view even if they are taught.

Some of the respondents have experienced premarital sex. Mostly, they keep sexual relation with their own friends. Some of such relation is found unprotected which may be risky. Condom is preferred method of contraception at the time of intercourse.

### **6.3 Recommendation of Study Area**

For the finding of the study following recommendations are thought to be valuable to improve the prevalent situation regarding the STIs and HIV/AIDS issues among adolescents.

Similarly type of studies can be carried out by using other approaches like human sexuality and knowledge attitude and prevention of STIs, HIV/AIDS etc.

This study on knowledge and attitude is mainly based on only three secondary schools of Kailali district. Which are situated in rural areas of eastern part of the district to find out the knowledge about HIV/AIDS in rural area's students.

Parent's role in sexual and reproductive health including STIs and HIV/AIDS is important. In the study area parent's role is found low for acquiring knowledge about it. So that parents are to be made more sensitive about this issue.

Today's adolescents will be the parents' future generations and back bone of the society and nation there fore adequate services, efforts and intervention must be focused on time from every side for development.

Education plays the vital role to determine every change in society. The sex education existing in school curriculum is not effectively implemented. Even the school teacher ignores the sexual related chapter due to lack of sufficient training and

knowledge. Sex education is needed to the adolescents in secondary school curriculum. Therefore the teacher also should be provided orientations and trainings regarding the subject matter and with respect to governmental schools, the subject related teachers should be appointed.

This study is based only on secondary school adolescents. There may be gap in knowledge and attitude between secondary school and higher secondary school (intermediate adolescents). Therefore adolescents of all levels have to be examined about knowledge and attitudes towards STIs and HIV/AIDS.

Education about sexual health and sexuality programme should be launched in community level because it would be beneficial for those adolescent who are out of school.

IEC plays a vital role to increase the awareness and prevention of STIs and HIV/AIDS. Therefore these programmes should be provided more information regularly.

The interacting programme should be launched between male and female students and teacher which enhance the better knowledge and awareness of STIs and HIV/AIDS.

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**APPENDIX –I**

Trbihuvan University

Central Department of Population Studies (CDPS)

**A QUESTIONNAIRES ON "KNOWLEDGE AND ATTITUDE ON STIS AND HIV/AIDS AMONG SECONDARY SCHOOL ADOLESCENTS"**

(A Study of Some Selected Secondary School in Kailali District)

**A. INDIVIDUAL CHARACTERISTICS**

Code No. :

1. Name of School

2. Name of student

3. Class :

4. Age :

--	--

5. Sex :

Male: :..... 1

Female: .....1

6. Caste/Ethnicity:

Brahmin..... 1

Chhetri..... 2

Tamang.....3

Gurung.....4

Newar..... 5

Others (specify) .....6

7. Religion:

Hindu .....1

Buddhist..... 2

Others (specify) ..... 3

8. Marital Status:
- Married ..... 1
- Unmarried..... 2
9. (If married) age at marriage:
10. Where do you live/stay at present?
- At home.....1
- At hostel.....2
- At rented room.....3
- With relatives.....4
- Other (specify).....5

**B. HOUSEHOLDS CHARACTERISTICS**

11. How many members are there in your home? .....
12. What type of family is yours?
- a. Nuclear                      b. joint
- c. extended                      d. specify.....
13. What is main source of living of your family?
- Agriculture.....1
- Services.....2
- Business.....3
14. Can your father read or write?
- Yes.....1
- No.....2                       $\longrightarrow$  Q. No. 16
15. (If yes) what is your father's educational level?
- Non schooling ..... 1
- Primary (1-5) ..... 2
- Lower Secondary (6-8) ..... 3
- Secondary (9-10) ..... 4
- SLC..... 5
- Intermediate (I.A) and above.....6

- 16 Can your mother read or write?
- Yes ..... 1
- No ..... 2
- 17 (If yes) what is your mother's educational level.
- None schooling..... 1
- Primary (1-5)..... 2
- Lower secondary (6-8)... 3
- Secondary (9-10)..... 4
- S.L.C. ....5
- I.A and above.....6
- 18 What is your father's occupation
- Agriculture.....1
- Service.....2
- Business.....3
- Daily wages.....4
- Other (specify) .....5
19. What is your mother's occupation?
- Agriculture.....1
- Service.....2
- Business.....3
- Daily wages.....4
- Other (specify) .....5
20. Where is your permanent residence?
- Village.....1
- Town.....2
21. Do you have following facilities at home (multiple response)
- Electricity.....1
- Radio.....2
- TV.....3

Phone.....4

22. Does your household own land?

Yes.....1

No.....2

**C. KNOWLEDGE AND ATTITUDE ON STIs AND HIV/AIDS**

23. Have you ever heard about STI's

Yes.....1

No.....2       $\longrightarrow$  Q, No. 31

24. (If yes) which of the following STI's have you heard ? (Multiple Response)

Gonorrhea.....1

Syphilis.....2

HIV/AIDS.....3

Genital warts.....4

Hepatitis B.....5

Other (Specify) .....6

25. Form which source did you hear about STI's at first?

Radio.....1

TV.....2

Newspaper.....3

Teacher.....4

Text book.....5

Friends.....6

Parents.....7

Health personnel...8

Others (specify) ...9

26. (If yes) what are main symptoms of STIs

Weight loss.....1

Headache.....2

Swelling limbs.....3

- Latching around genital and mouth.....4
  - Yellowish pus like discharge form vagina.....5
  - Other (specify).....6
27. How is STDs transmitted ? (Multiple response)
- Sexual contact with infected person.....1
  - Living together with infected person.....2
  - Infected mothers to fetus.....3
  - Contaminated needles and blood.....4
  - Other (specify).....5
28. Do you know how can be STIs prevented?
- Yes.....1
  - No.....2      —————→Q. No. 31
29. (If yes) what are the methods of preventing form STIs. (multiple response)
- Use of condom during sexual intercourse.....1
  - Sex with any one partner.....2
  - Avoiding contaminated syringe and blood.....3
  - Always clean owns sexual organs.....4
  - Avoid saving food, clothes and toilet with infected person.....5
  - Other (specify).....6

30. What did you do after the infection?
- Had medical treatments.....1
  - Inform to parents.....2
  - Inform to friends.....3
  - Don't nothing.....4
  - Other (specify).....5
31. Have you ever head about HIV/AIDS?
- Yes.....1
  - No.....2 —————→ Q. No. 38
32. (If yes) which source did you hear ? (Multiple Report)
- Radio.....1
  - TV.....2
  - Newspaper.....3
  - Teacher.....4
  - Text book.....5
  - Friends.....6
  - Parents.....7
  - Health personnel...8
  - Others (specify) ...9
33. Do you know the full form of HIV?
- Yes.....1
  - No.....2 —————→ Q.No. 35
34. If yes write the full form of HIV? .....
35. Do you know the full form of AIDS?
- Yes.....1
  - No.....1 —————→ Q.No. 37
36. (If yes) what is the full form of AIDS? .....
37. In your opinion who are the most vulnerable group in your society from HIV/AIDS?

- Adolescents and youths .....1
  - Drivers.....2
  - Drug addicts.....3
  - Commercial sex workers.....4
  - Other (specify).....5
38. Do you have sexual partners?
- Yes.....1
  - No.....2 —————→ Q.No.43
39. (If yes) who are they?
- Wife/Husband.....1
  - Friends.....2
  - Prostitute.....3
  - Other (specify).....4
40. Do you use any types of contraceptives while intercourse?
- Yes.....1
  - No.....2 —————→ Q.No. 42
41. If yes, which method do you use?
- Condom.....1
  - Pills.....2
  - Foam tablets.....3
  - Injection.....4
  - Safe period.....5
42. Why do you not use contraceptive method?
- Tedious.....1
  - Difficult to dispose.....2
  - Not available every where.....3
  - Other (specify).....4
43. Do you know the preventive measures of HIV/AIDS
- Yes.....1

- No.....2
44. (If yes) what are the methods for preventing HIV/AIDS (multiple response)
- Do not have sex at all.....1
  - Do not have sex with unknown person.....2
  - Use condom.....3
  - Use sterilized surgical instruments.....4
  - Other (specify).....5
45. What is your perception about AIDS infected person?
- All of them die.....1
  - Some of them die.....2
  - No body dies at all.....3
  - Don't know.....4
46. In your opinion what is AIDS? (multiple response)
- Fetal disease.....1
  - Sexual transmitted disease.....2
  - Communicable disease.....3
  - Dangerous and transmitted by careless sexual contact.....4
  - Immune deficiency syndrome.....5
47. What will you do when you met with HIV/AIDS infected person
- Love/respect .....1
  - Eat together .....2
  - Hate .....3
  - Do not know .....4
48. Does your teacher describe about STI's and HIV/AIDS?
- Yes.....1
  - No.....2
- Q.No. 51
49. (If yes) How does He/She describe?
- As summarize.....1
  - As near of examination.....2

- As student read themselves.....3
50. What may be the reason for not describing?
- Shyness.....1
- Don't know about subject matter.....2
- Negligence.....3
- Don't know.....4
51. In your opinion what is sex?
- Basic Needs.....1
- Need for propagating generation.....2
- Absurd.....3
- Other (specify).....4

**D. KNOWLEDGE ON USE OF CONDOM**

52. Have you ever head about condom?
- Yes.....1
- No.....2       $\longrightarrow$  Q.No. 55
53. From where did you hear?
- Radio.....1
- TV.....2
- Newspaper.....3
- Teacher.....4
- Friends.....5
- Parents.....6
54. Would you use condom to prevent STIs and HIV/AIDS
- Yes.....1       $\longrightarrow$  Q.No. 55
- No.....2
55. (If no) why you would not use condom?
- Fear form society.....1
- Don't know how to use.....2
- Difficult to get.....3

Other (specify).....	4
56. Why would you use condom ?	
Cheapest device than other devices .....	1
Found easily in medical services .....	2
Easily to use.....	3
Not fear of attacking any STIs. ....	4
57. Do you have any suggestion ? (please specify)	
.....	

\*\* Thank you for your kind participation\*\*







**MEANING, TYPES AND EFFECTS OF DRUG.  
CONCEPT OF USE, MISUSE, ABUSE AND DRUG  
ADDICTION**

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