KNOWLEDGE AND ATTITUDE TOWARDS STDs AND HIV/AIDS AMONG SECONDARY SCHOOL STUDENTS OF GODAWARI MUNICIPALITY LALITPUR

A THESIS SUBMITTED TO DEPARTMENT
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DECLARATION

Except where otherwise acknowledged in the text, the analysis in this thesis represents my own original research.

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Knowledge and Attitude on STDs and HIV/AIDS among Secondary School Students of Godawari Municipality, Lalitpur District is Recommended for External Examination

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KNOWLEDGE AND ATTITUDE ON STDs AND HIV/AIDS SECONDARY SCHOOL STUDENTS OF GODAWARI MUNICIPALITY, LALITPUR

And find that thesis to be an independent work the student written according to the prescribed format. We recommend the thesis to be accepted as the partial fulfillment of the requirements for Master of Arts in population studies.

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ABSTRACT

Sexually transmitted disease (STDs) and HIV/AIDS have been threatening the human being since last two decades. The AIDS epidemic may be the most devastating health disaster in human history. HIV/AIDS has become major as well as critical public health issue particularly in Africa facing the worst effect of the AIDS epidemic. At least 45 million people are now living with HIV in the world. An estimated 5.1 million people were newly infected with HIV by the end of 2008. Among them 95 percent in Sub- Saharan Africa, Eastern Europe and Asia. Lalitpur district is selected as the study area for the research because it is the permanent residential area of researcher in different social-cultural circumstances. Lalitpur district has diverse geographical and socio- culture nature.

In this Municipality the majority of people are Hindu (70.43) and Buddhist (16.25) The total literacy rate of this Municipality is 70.9 percent female 60.4 percent male 81.0 percent and total school

and Newar residential area is 40.32 percent and occupation agriculture 34.89 percent and non agriculture 65.71 percent .

This study has collected data of altogether 160 respondents including 85 respondents are boys and respondents 75 are girls. Majority of the adolescents have knowledge about the preventive measure of STDs and HIV/AIDS among them (93.5%) male and (91.9%) girls respondents have the knowledge about means of transmission of these fatal diseases through the sexual contact.

Public awareness is the best measure and counseling service in the second appropriate measure to tackle the problem of HIV infected people. However, sound knowledge and respective are found in the study area and their status of looking AIDS infected person is also positive attitude, behavior and knowledge among the adolescents. Knowledge about STDs and HIV/AIDS is appreciating. However they have confusion on symptoms, mode of transmission and preventive measure.

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LIST OF ABBREVIATION

AIDS	:	Acquired Immuno Defficiency Syndrome
CBS	:	Central Bureau of Statistics
CDPS	:	Central Department of Population Studies
CREPHA	:	Centre for Research on Environment Health and PopulationStudies
DHS	:	Demographic Health Survey
FP	:	Family Planning
FPAN	:	Family Planning Association of Nepal
HIV	:	Human Immune Deficiency Virus
ICPD	:	International Conference on Population and Development
IEC	:	Information Education and Communication
MOH	:	Ministry of Health
NCASC	:	National Centre for AIDS and STDs Control
NDHS	:	Nepal Demographic and Health survey
NFHS	:	Nepal Family Health Survey
NGO	:	Non-Governmental Organization
RH	:	Reproductive Health
SAARC	:	South Asian Association for Regional Co-operation
SSA	:	Secondary School Adolescent
STDs	:	Sexually Transmitted Diseases
SWs	:	Sex Workers
T U	:	Tribhuvan University
UN	:	United Nations
UNAIDS	:	United Nation of Programmed on HIV/AIDS
UNESCO	:	United Nations Educational Scientific and Cultural Organization
UNFPA	:	United Nation Fund for Population Activities
WHO	:	World Health Organization
WOREC	:	Women Rehabilitation Centre
MOHP	:	Ministry of Health and Population

CHAPTER ONE
INTRODUCTION

1.1 General Background

The most crucial time in a person's life is during adolescence. The Latin word "adolescent," which meaning "to grow to maturity" or "to grow," is the source of the English word "adolescent." It is the period of development that occurs between childhood and maturity and is characterized by changes in behavior, psychology, and physical health. It is the time between adolescence and adulthood. Adolescence, sometimes known as adolescence, is a crucial time in everyone's life and is sometimes

Referred to as a “milestone” (Pandey, 2018.) "Male and female population of age 10-19 years is adolescents." Teens can be categorized into two age groups: late adolescents (ages 15 to 19) and early adolescents (age 10 to 14) (Acharya, 2016). Diseases Transmitted by Sexual Activity.

The two new diseases threatening the world in the twenty-first century are acquired immune deficiency syndrome (AIDS) and HIV/AIDS. HIV/AIDS has spread extensively there. Even though HIV/AIDS has had a substantial influence on public health in every country on the planet, it remains a huge issue, particularly in Africa, where the disease is having the biggest impact. HIV/AIDS is currently one of the most common cause of mortality worldwide ranking itself in the fourth position, and the leading cause of demise in Africa. Despite this, the World Health Organization (WHO), the United Nations Organization (UNO), and various civil and worldwide organizations including NGOs and INGOs have worked relentlessly to prevent and control HIV infection.

Sexually transmitted diseases (STDs) are becoming a major issue in both industrialized and developing nations. This phenomenon is also referred to as a consequence of modern, advanced, and supposedly civilized civilization. However, the disease's manner of transmission and other contributing elements to its rising trend are not exclusive to industrialized nations or societies. This disease has a particularly bad effect on less developed nations.

The dangerous disease known as acquired immune deficiency syndrome, or AIDS, gradually weakens and impairs the immune system. As a result, the body becomes more susceptible to malignancies and infections, particularly opportunistic diseases, which are less common in the general population. The symptoms of acquired immune deficiency syndrome are numerous and come in unison. It is not inherited.

It is the Human Immunodeficiency Virus (HIV), which ultimately causes AIDS. HIV can be found in all bodily fluids, however it is more common in blood, menstrual semen, CSF fluid, and women's vaginal and cervical secretions. An individual harboring the virus becomes an HIV carrier and can spread the infection to others.

After infection, HIV-positive people often produce antibodies to the virus 6–12 weeks later. HIV can be identified by screening of blood using a sample-linked immune sorbent assay (ELISA or EIA) starting around 12 weeks after infection. According to Pokharel (2020), a positive EIA indicates that the subject is infected and capable of spreading the virus. The HIV-positive person is not guaranteed to have AIDS or other diseases associated with the disease.

There are four main ways that HIV is transmitted:

a. Sexual contact with an infected individual,

b. transfusion of contaminated blood or blood products,

c. transmission of infection from an infected mother to her offspring,

d. ingestion of contaminated needles, syringes, or other piercing instruments.

In 1981, AIDS was first acknowledged on a global scale. About 39 million people including youth and children are living with HIV/AIDs as per a report in the year 2022(UNAIDS, 2022). HIV causes AIDS, and many infected individuals pass away from the virus within five to ten years (WHO, 1992). The high case fatality rate of the HIV/AIDS pandemic and the absence of effective treatments or vaccinations make it one of the most significant health challenges facing the globe today. Studies on the epidemiology have linked blood transfusions, intravenous injections, sexual activity, and fetal transmission.

The teenagers in the Lalitpur district who are enrolled in secondary education will be chosen for this research project. To collect data, a series of questionnaires will be created. We'll be taking pupils from classes VIII, IX, and X. Nearly all of them are

somewhat informed about HIV/AIDS and STIs. The goal of this research is to dispel teenagers' misconceptions regarding STDs, HIV/AIDS, and reproductive health in order to educate both them and future generations.

1.2 Statement of the Problem

Population of adolescents is a country's most important asset. They may easily lead the country when they are well. Sex education is required of them if the government runs a door-to-door campaign and they are aware of HIV/AIDS and STDs. However, it is insufficient for Nepal. During puberty, a large number of teenagers undergo unfavorable hormonal and physical changes. In Nepal, sex education is not available. It's considered taboo. Even the well-educated are reluctant to discuss reproductive issues in public. It is thought to be a subject best discussed between married couples.

Millions of teenagers around the world are in danger because they lack access to proper information, professional healthcare services, and support. They must wait to have sex until they are emotionally and physically competent, capable of making adult, well-informed decisions, and through the stages of sexual maturation that occur during adolescence. Such events are not distant from Nepal. The following information may help explain why STDs and HIV/AIDS are so prevalent in Nepal:

Nepali people are in a terrible socioeconomic and demographic state. Low literacy rates among them, a lack of STD diagnostic and treatment facilities across, Low mass media accessibility and scant knowledge about HIV/AIDS and STDs daily rise in the number of commercial sex workers, decreased use of contemporary family planning techniques among the population Young females from rural villages are trafficked to India and then returned home after contracting HIV.

Furthermore, a painful reality is the high frequency of women being trafficked to India for commercial sex work, with routes including Madiarea, Birganj, Sunawal, and other regions of the nation. After being diagnosed with HIV/AIDS, many of these women return to their village, where many of them marry and spread STDs and HIV/AIDS within their family. While some reproductive health studies have been done in Nepal before, they were all limited to a specific area of reproductive health. They did not discuss specific reproductive health issues that students may have thought of, such as HIV, AIDS, or STDs. Thus, the purpose of this study is to look at

this particular topic; hence, the research problem is "Knowledge and Attitude on STDs."

1.3 The Objective of the Study

The study's primary goal is to paint a clear picture of secondary school students' attitudes and knowledge about HIV/AIDS and STDs at a few chosen private schools in the Godawari, Municipality, Lalitpur district. The following are the study's particular goals:

1. To investigate the respondents' and their parents' socioeconomic and demographic details.
2. To find out what the respondents know about the origin, signs, route of transmission, and prevention strategies for sexually transmitted diseases.
3. To assess respondents' attitudes toward HIV/AIDS and STDs

1.4 Importance of the Research

The current issues supported by national and international regulating authorities are incorporated into this research. Teenagers make up a sizable portion of the global population, and they are the nations' future. As the AIDS pandemic worsens, there is a greater focus on HIV/AIDS, condom use during sexual activity, and sexual behavior before implementing any programs or policies that target a specific mass of individuals in the group. Researchers have found that the teenagers are viewed as a high-risk demographic and have limited access to HIV/AIDS knowledge in Nepal. After the study is finished, it will be helpful for readers in general as well as for national planners to review the current policies on the subject.

1.5 Limitation of the Study

Every research are carried out with certain objectives and it has certain set of limitations too, and this one is no different. The study's main limitations are as follows:

1. It only includes pupils from a select few private schools in Godawari, the municipality of Lalitpur District (grades 9 and 10). Consequently, it's possible that the results cannot be applied to the entire country.

2. The research only includes school-age participants; no additional adolescents or college students are included, hence the findings can only be applied to the school-age participants in the research area.

1.6 Organization of the Study

The study has been divided into seven chapters. The first chapter provides an introduction, which includes history, a statement of the problem and purpose of this investigation, the importance of the study, constrains, and how it has been organized. The second chapter provides a review of relevant literature including a conceptual framework for the investigation. The third chapter focuses on the study's methodology, which includes the area of study and how the research has been designed, source of data, size of sample, gathering methods of data, and analysis of data. The fourth chapter describes socioeconomic, demographic, and household characteristics. Chapter five describes respondents' knowledge and attitudes around HIV/AIDS and sexually transmitted infections. The sixth chapter contains the study's findings, conclusion, and recommendations, as well as research difficulties.

CHAPTER TWO
LITERATURE REVIEW

2.1. STDs and HIV/ AIDS

Sexually transmitted diseases (STDs) are those which transmitted through the unsafe sexual contact with the infected person without using any protection. There are mainly two kinds of STDs, i) curable and ii) non curable. The curable STDs include gonorrhea, Syphilis, Trichomonas's, candidacies, Herpes Genital etc. The non- curable includes AIDS. In Nepal, prevalence Syphilis, Gonorrhea, Chlamydia, Cancroids, Herpes Genitals, Trichomonas's, Venereal wart, Lymph granuloma, Venereal Granuloma inguinal with HIV/AIDS. Very ordinary mode of transmission is unsafe sexual contact with an HIV/AIDS-infected person, using of unscreened blood and other blood products, cells, tissue or transplanting of organs, the use of contaminated needles, syringes, or other skin piercing equipment, and from an infected mother-to her unborn –child through vertical transmission during pregnancy, birth, or lactating (NCASC, 2017). STD and HIV/AIDS transmission has been connected to poverty, social and economic inequities based on gender, race, and cultural differences, migrant flows within and between nations, and societal upheaval. As a result, the epidemic has aggravated these situations (UN, 2011).

Theconflict in relationship with the spouse,taking sex as a mean of relaxation and economic possibilities that favor men may cause rapid spread of HIV in the community.The make up of the society , status of women in the society their economic dependency, tradition and the culture has lead to the weaker condition of women making them prone to health risks particularly related with STDS

Many times women seek social and economic power by practicing risky sexual behavior (Letome, et. al., 1997:9). Risky sexual behavior is the function of economically and socially, powerless situation of women. Some studies in trafficking in women and girls in Nepal have reported that the brokers (men and women) themselves are involved in adultery (Acharya, 2015).

2.2 STDs and HIV/AIDS in the Global Context

HIV infection is increasing the risk of other endemic diseases like tuberculosis (TB) and is already one of the top five health issues facing Africa's urban population. STDs seem to facilitate the spread of HIV infection as well. (Kunitkar & Bhande, 2019). The high rates of HIV infection among women, as well as the concentration of infections in middle age, suggest that AIDS mortality will have an impact on patterns of care for the elderly and children. Although families in African countries have traditionally cared for a significant mass of people and the family members, characteristics of the AIDS epidemic might call these techniques into question. Family caregivers will have to care for both satiated HIV-positive individuals and their children.

India has the largest HIV/AIDS epidemic in the world. According to official government estimates, more than 4 million Indian adults are HIV-infected, and people with actual infection of HIV could bemore than 7 millon. Among people with HIV, an unknown number--between 100,000 and 1,000,000 suffer from AIDS (Ogbuagu et al., 1993:108).

Africa has become one of the most severly affected country in terms of HIV as it was the continent to ever get encountered with AIDS for the first time.. The highest rate of HIV infection occur in the African continent. Over 25 percent of adults aged 14 to 49 in Botswana and Zimbabwe, over 20 percent in Namibia and Swaziland, and more than 10 percent in the Central African Republic, Djibouti, Kenya, Malawi, Mozambique, Rwanda, and South Africa (UNAIDS/WHO, 2018).

In Sub-Saharan Africa, the egalitarian land ownership system based on community landholding prioritizes the process of procreation or reproduction, including fewer regulation of comprehensive sexuality among the women, which stimulates sexual network-building. This type of networking leads to promiscuity and the spread of STDs such as HIV/AIDS. The communal structure, sources of income or the economic status of the place where people live , as well as practices and norms connected to women's "purity" all have an impact on the nation's understanding and attitude about STDs (Gubaju, 2012).

In the majority of these situations, the male returning immigrant carries HIV; many women in the neighborhood may be afflicted, and many more males would also be polluted. There is no doubt that the vulnerable group forced to participate in sexual adultery is more vulnerable. Consequently, HIV is closely related with socio economic condition of household and community

India reported the first case of HIV infection among the SAARC nations in 1986. This indicates that compared to other regions of the world, the endemic was introduced to the region later. According to SAARC HIV/AIDS data, this region has the highest prevalence rate, with 1.3 percent of women aged 15 to 19 infected (PRB, 1998). India has had the highest rate of HIV/AIDS-positive people nearly every year. UNAIDS estimated that 5300000 people throughout the world are suffering from AIDS in 2003, rising to 5.7 million in 2005. In Nepal, the estimate was 62,000 in 2003, but by the end of 2005, it had risen to 75,000. Other countries include Pakistan, Bangladesh, and Sri Lanka, which had 56000, 7500, and 4700 in 2003 and climbed to 85000, 11000, and 5000 in 2005, respectively.

2.3 HIV/AIDS and STDs in the Nepalese Context

During the adolescent stage, many kids go through both biological and social changes. For example, a lot of kids this age experience puberty, change in body composition, move out of the family, stop attending school, and get married. As per Acharya (2015), there exists a paucity of research that tackles the concerns of all teenagers; around half of late adolescents have entered the workforce, and 54% of late adolescents are literate. In Nepal, the rate of literacy for late-adolescent girls is significantly lower than that of males. The prevalent characteristic among teenagers in impoverished nations such as Nepal is early marriage. While it is legal for girls and boys to have parental consent at 16 and 18, respectively, many Nepalese societies do not practice this. So early marriage and less use of contraceptives are very common here.

Gubaju (2012) highlighted that two notions, "too young to be pregnant" and "unproduced intercourse just one could not lead to conception or STD transmission," are factors that contribute to risky conduct among adolescents. With the disease spreading at an alarming rate around the world, Nepal could not avoid being a victim of the epidemic. From the time it had been confirmed for the first time in Nepal the

cases of infection are continuously increasing and the disease has spread across the country at a rapid pace.

Adolescents made up 23.3 percent of the overall population in Nepal in 2001 (CBS, 2003), and 24.19 percent in 2011 (CBS, 2013), owing to high fertility and a young population .Young people and the teen agers are supposed to increase in number in the days to come.. A variety of sociocultural variables and traditional beliefs in Nepalese society has resulted to a high degree of lack of education, marrying at early age, untimely and frequently bearing of children, and the issues that come with unplanned pregnancies and unsafe abortion. HIV infection is increasing since the first case that ever was discovered in Nepal. In the beginning age only three males and one female was found suffering from AIDS. Only 3 males and 1female had been found to be discovered with HIV within the first time of diagnosis in 1988. Since then, the incidence rate has been increasing year after year, with 1419 new cases discovered in 2020 for males and 898 females, TG 99 (NCASC, 2020).

Nepal is currently dealing with a focused HIV/AIDS epidemic among populations that engage in risky activities. There is a small window of time in which a widespread pandemic can be avoided among the general public, but swift and decisive action is still required. Poverty, gender inequality, poor levels of education and literacy in Nepal, as well as HIV/AIDS stigma, prejudice, and denial, will make the work more difficult (The World Bank, 2005).

The NCASC, (2017) 15 July, states that Table 2.1 summarizes Nepal's HIV/AIDS-positive record as follows:

Table 2.1: Increasing HIV/AIDS cases according to Age and Sex group

Age group (Years)	Male	Female	TG	Total
0-4	482	290	0	772
5-9	557	398	0	955
10-14	291	215	0	506
15-19	456	464	10	930
20-24	1919	1589	27	3535
25-29	4912	2862	45	9774
30-39	5840	2,983	26	8823
40-49	3244	1725	10	4979
50 above	1132	560	4	1696
Total	18989	11535	122	30646

Source: NCASC, 2017

2.4 Prevention, Care and Treatment against HIV/ AIDS

Since HIV infection continues in growing , measures of prevention are considered as the spinal cord of initiatives aimed at reducing the epidemic, including prevention, care, treatment, and supportive interventions. Comprehensive preventative interventions for HIV/AIDS patients include.

1. Formal and informal means of education regarding the factors of STDS.
2. Awaring people about the safe sexual behaviours.
3. Screening the cases of HIV infection
4. HIV/AIDS Counselling ,Testing and Treatment
5. Ensuresafe transfusion of blood , tissues and organs.
6. Ensuring the use of sterilized needles and syringes
7. Developing positive attitudes about HIV among people.

2.5 Conceptual Framework

Some factors discovered in the research include social, cultural, economic, and demographic influences on sexual activities, which play an important role in the transmission of STDs/AIDS. Effective awareness of STDs and HIV/AIDS has an important role in disease transmission and, thus, prevalence. The variables like education, income, place of residence have closed association with knowledge factors as well as sexual factors. Connection between above variables can be written as the following conceptual framework.

In the above conceptual framework, the variables are categories in to two parts, as knowledge and attitude of STDs& HIV/AIDS is dependent variables and age, sex, caste, religion, education, occupation, family size, marital status, income level are independent variables. There is direct relation between these two variables. Knowledge and attitude of STDs and HIV/AIDS is affected by age, sex, caste, religion, education, Family size, marital status, Income level, types of family, parental education, place of residence etc If one or more of these independent variables change, the dependent variable - knowledge and attitude about STDs and HIV/AIDS - will change automatically.

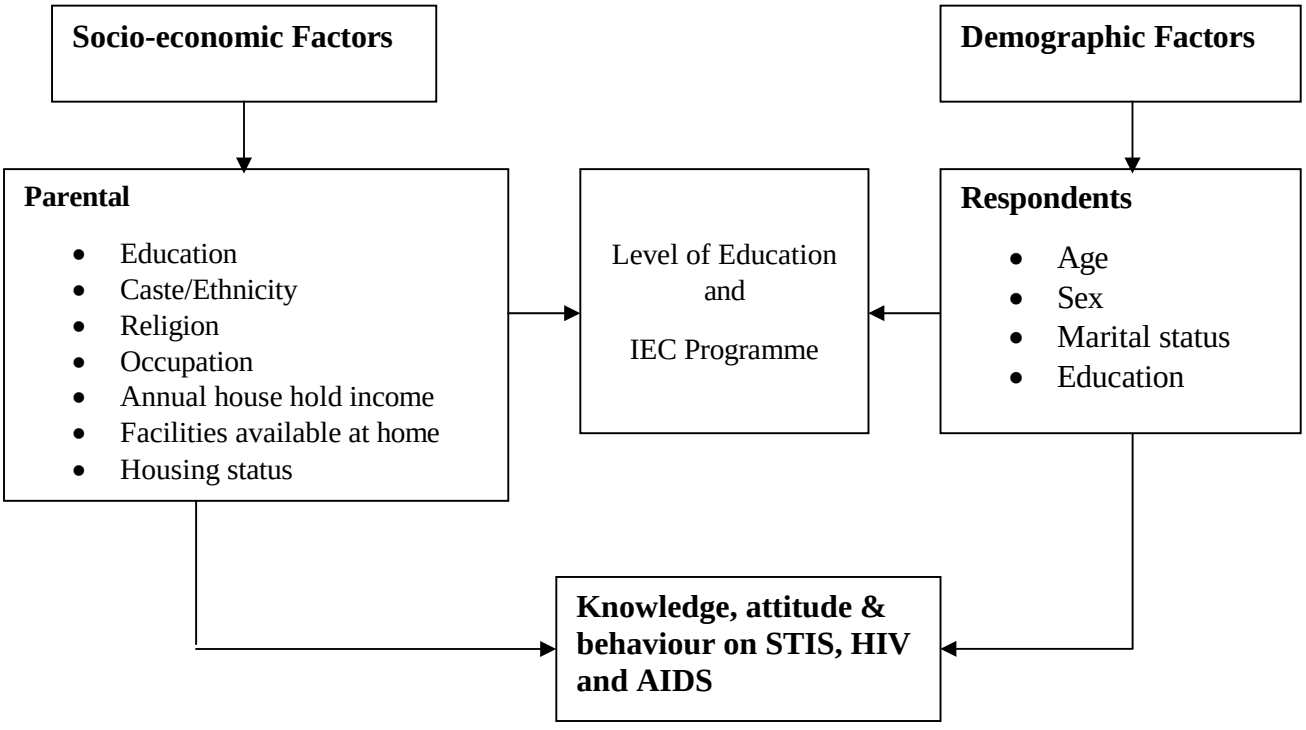

Figure 1: Conceptual Framework

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Selection of Study Area

Godawari Municipality was chosen as the research area because it exhibits a wide range of socio-cultural elements. The study uses purposive sampling to pick two private schools.

3.2 Research Design

A descriptive research design was used. Furthermore, the researcher's data collection demands were met in the field, and a field study research design was used. The necessary information was gathered. The study used a simple cross-sectional research design and a field study research approach, with the researcher present during data collecting. All students from the selected schools from class 9 and 10 were included in the study, ensuring comprehensive data collection from classes with fewer than 45 students each.

3.3 Sources of Data

The data in this field survey is primarily dependent upon the first hand data acquired during field study. Questionnaires were provided to students in classes 9 and 10, and their responses served as the major data source for the study. Additionally, necessary secondary data was gathered from UN publications, relevant literature reviews, previous dissertations, and publications from the Central Bureau of Statistics (CBS).

3.4 Sample Size

The sample population consisted of adolescents from two private schools in Godawari Municipality. The study area was chosen through purposive sampling, focusing on 160 students from classes 9 and 10 across the selected schools. Enrollment records indicate that there are 85 male students and 75 female students in total.

3.5 Method for Collection of Data

The survey as stated earlier relies heavily on first hand sources and thus its primary source of information. Surveying was done and the Primary data from the field study was gathered by class 9 and 10 students with a structured (pre-determined) questionnaire. Secondary data were gathered from annual reports and publications, as well as case study reports on STDs, HIV/AIDS, and associated literature. This study depends heavily on raw data collection just as its primary source of statistics. The data was acquired via a standardized questionnaire distributed to students in grades 9 and 10.

Secondary data was sourced from annual reports, publications, case studies on STDs, HIV/AIDS reports, and related literature. During the data collection phase, respondents were placed in an environment similar to an exam room to prevent communication and ensure independent responses. Questionnaires were then distributed under careful supervision to minimize data errors, employing a self-administered technique.

3.6 Analysis of Data

Collected data were analyzed using various tools. The data were entered into SPSS software for comprehensive examination. Additionally, qualitative analysis was performed to further explore the data.

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CHAPTER FOUR
SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

This section of the study clarifies the socioeconomic and statistical demographic features comprising the secondary school students in chosen private schools in Godawari Municipality, Lalitpur district. This chapter provides socio economic variables such as race or the ethnic group, qualification, profession, housing, including the demographic variables of the respondents' like their gender, completed age , and nuptial state.

4.1 Demographic Characteristics

In this section the demographic characteristics of the respondents are described. The demographic parameters include age, gender, and marital status.

4.1.1 Age-Sex Composition

This section is significant in finding the demographic arrangement of the studied place. As a result, it is undertaken in order to acquire data on the age distribution of school teenagers. At the study, participants has been inquired to report the age they had completed.

Table: 4.1 Percentage Distribution of Respondents by Age and Sex

Age in years	**Boys**		**Girls**		**Total**	
	Number	percent	Number	percent	Number	percent
13-15	35	41.17	30	40	65	40.6
15-17	27	31.7	29	38.6	56	35
17-19	23	27.05	16	21.33	39	24.4
Total	85	100.0	75	100.0	160	100.0

Source; Field survey, 2024

The table presents data on age groups and gender distribution from a sample of 160 individuals. In the 13-15 age group, there are 35 boys (41.17%) and 30 girls (40%), totaling 65 individuals (40.6% of the total sample). The 15-17 age group consists of 27 boys (31.7%) and 29 girls (38.6%), making up 56 individuals (35% of the total). In

the 17-19 age group, there are 23 boys (27.05%) and 16 girls (21.33%), amounting to 39 individuals (24.4% of the total). Overall, the table shows a balanced distribution of boys and girls across the different age categories, with Percentages reflecting the proportion of each gender within their respective age groups and contributing to the total sample size of 160 individuals.

4.1.2 Status of marriage by Sex

The chart displays distribution of married respondents among a total 160 individuals, categorized by gender. Under the category of unmarried individuals, there are 85 boys (100%) and 75 girls (100%), making up the entirety of the unmarried group, totaling 160 individuals (100% of the sample).

Table 4.2: Percentage Distribution of Respondents by Marital Status and Sex

Marital Status	Boys		Girls		Total	
	Number	percent	Number	percent	Number	percent
Married	-	-	-	-	-	-
Unmarried	85	100	75	100	160	100
Total	85	100.0	75	100.0	160	100.0

Source: Field survey, 2024

There is no data provided for the married category. This breakdown indicates that all individuals included in the sample are unmarried, with an equal representation of boys and girls. The Percentages alongside the numbers show the relative distribution of each gender within the unmarried status category, contributing to the overall sample size of 160 individuals.

4.2 Socio-economic Characteristics

This subsection describes teenagers based on the ethnic group they belong to , affiliation of their belief towards the god ,profession of their father and mother to have income , facilities available at home and other household characteristics.

4.2.1 Social Division or caste /ethnicity

The sample area includes seven castes and ethnicities. They are Brahmin, Chhetri, Gurung Newar, Tamang, and Dalits. These are the primary caste and ethnic groupings in this research region. Table 4.3 displays the castes or the social ranking of the respondents as well as their belief towards religion. The bulk of the 160 respondents (22.5%) were Chhetri, followed by Brahmin (15.6%), Dalit (15.6%), Newar (12.5%), Tamang (11.8%), Magar (11.3%), and Gurung (10.6%).

Table 4.3: Percentage distribution of respondents by caste/ethnicity

Characteristics	**Number**	**percent**
Chhetri	36	22.5
Brhamin	25	15.6
Newar	20	12.5
Gurung	17	10.6
Tamang	19	11.8
Magar	18	11.35
Dalit	25	15.6
Total	160	100.0
Religion		
Hindu	103	64.4
Buddhist	16	10
Christian	35	21.9
Other	6	3.75

Source: Field Survey, 2024

4.2.2 Religion

The table provides a breakdown of characteristics based on caste/ethnicity and religion among a total of 160 individuals. In terms of caste/ethnicity, the distribution is as follows: Brahmin 25 (15.6%), Chhetri 36 (22.5%), Gurung 17 (10.6%), Newar 20 (12.5%), Tamang 19 (11.8%), Magar 18 (11.25%), and Dalit 25 (15.6%). This totals to 160 individuals, representing various ethnic backgrounds within the sample.

Table 4.4: Percentage Distribution of Respondents Religion

Characters	Number	Percent
Hindu	103	64.4
Buddhist	16	10
Christian	35	21.9
Other	6	3.75

Source: Field Survey, 2024

Regarding religion, the breakdown shows that 103 individuals (64.4%) identify as Hindu, 16 (10%) as Buddhist, 35 (21.9%) as Christian, and 6 (3.75%) adhere to other religions. These Percentages illustrate the religious diversity within the sample, with Hinduism being the predominant religion followed by Christianity, while Buddhist and other religions are represented to a lesser extent.

4.2.3 Parent's Education

Education is the key to success. It has many advantages for people. It illuminates a person's mind and thinking. As this research aims to show light on the education status of the students' parents, following results were found.

Table 4.5: Percentage Distribution of Respondents by their Parent's Education

Father's education		
Characteristics	**Number**	**Percentage**
Illiterate	15	9.4
Literate	145	90.6
Educational Attainment		
Primary	28	19.3
Lower Secondary	22	25.2
Secondary	44	30.3
S.L.C and above	51	35.2
Total	145	100.0
Illiterate	25	15.6
Literate	135	84.4
Educational Attainment		
Primary	45	33.3
Lower Secondary	46	34.2
Secondary	33	24.4
S.L.C and above	11	8.1
Total	135	100.0

Source; Field survey 2024

Table 4.5 displays frequency and distribution of adolescents in Percentage who responded regarding educational level of their parents. According to this result , it has been found that the literate fathers (90.6%) Percentage was higher than that of literate mothers (84.4%). Together with literate fathers, 19.3 percent had obtained primary level, 15.2 percent had lower secondary level, 30.3% had secondary level, and the remaining 35.2 percent had S.L.C. or higher, indicating a higher education level. Similarly, 33.3 percent of literate moms had elementary level, 34.2 percent had attained lower secondary level, 24.4 percent had secondary level, and the remaining 8.1 percent had S.L.C. or above level.

From the above table, it is found that the fathers had higher level of educational attainment in comparison to the mothers. Education of parents also plays a vital role in children future. Children with educated parents are cared and directed properly in

academics also. They also learn to behave socially. Education also plays a significant role in shaping ideas about STDs and HIV/AIDS.

4.2.4 Father's Occupation

Occupation generally includes the activities or jobs people are engaged in to generate income. Occupation allows a person to be able to express himself socially, physically and mentally.

4.2.5 Mother's Occupation

The table provides characteristics related to the occupations of fathers and mothers within a sample of 160 individuals. These Percentages reflect the occupational diversity among both fathers and mothers within the sample, indicating a significant presence in agricultural work among mothers and a varied range of occupations among fathers.

Table 4.6: Percentage Distribution of Respondents by their Parents occupation

Characteristics	Number	Percent
Father's Occupation		
Agriculture	50	31.25
Service	48	29.4
Business	25	16.3
Daily wage	12	7.5
Teaching	5	3.1
Other	20	12.5
Total	160	100.0
Mother's occupation		
Agriculture	123	76.9
Housewife	9	5.6
Service	6	3.8
Business	3	1.9
Teaching	7	4.4
Other	12	7.3
Total	160	100.0

Source: Field Survey, 2024

4.2.6 Annual Household Income

Determining the economic status of the respondents family was an important part of the study as the economic status of the family was very important aspect to be studied. It was somewhat difficult to open up about their parent's income but at last they were convinced.

The table presents data on annual household income (in Nepalese Rupees, NRs) across different income brackets within a sample of 160 households. It shows that 30 households (18.75%) have an income between 10,000 to 15,000 NRs annually, while 40 households (25%) fall within the 15,000 to 20,000 NRs income bracket.

Table 4.7: Percentage Distribution of Respondents by their Parent's Annual Household Income

Monthly income	Number	percent
10,000-15000	30	18.75
15000-20000	40	25
20000-25000	35	21.8
25000-30000	55	34.4
Total	160	100.0

Source: Field Survey, 2024

Additionally, 35 households (21.8%) earn between 20,000 to 25,000 NRs annually, and the highest bracket, 55 households (34.4%), have an income ranging from 25,000 to 30,000 NRs annually. This distribution indicates a varied range of income levels within the sample, with the majority of households earning between 15,000 to 30,000 NRs per year.

4.2.7 Other Available Facilities

Few questions regarding to the availability of various facilities were asked . Five options including Electricity, Television, Mobile, Computer and other were asked. These questions were asked to fulfill the necessity of the study.

Table 4.8: Percentage Distribution of Respondents Types of Facilities at Home

Home facilities	Number	Percent	Total
Electricity	160	100	160
Television	160	100	160
Mobile	160	100	160
Computer	95	59.4	160
Others*	80	50	160

Source: Field Survey, 2024

*Motorbike, Cycle, Daily Cable, Daily Newspaper.

The table details the availability of various home facilities among a sample of 160 households. All households have access to electricity, television, and mobile phones, representing 100 percent coverage for these amenities. In contrast, 95 households (59.4%) have a computer at home. Additionally, 80 households (50%) report having other unspecified facilities, indicating a range of additional amenities beyond the listed categories. This data reflects a high level of basic technological adoption with near-universal access to electricity, television, and mobile phones, while computer ownership and other amenities show slightly lower but significant penetration within the surveyed households.

4.2.8 Residential status

Options with own home, rented home and staying with relatives were given in order to collect the data of their housing status.

Table 4.9: Percentage Distribution of respondents by living place and sex

Living place	Boys		Girls		Total	
	Number	percent	Number	percent	Number	percent
Own home	45	52.9	42	56	87	54.4
Rented room	29	24.2	28	37.3	57	35.6
Relative	11	12.9	5	6.7	16	10
Total	85	100.0	75	100.0	160	100.0

Source: Field survey, 2024

It has been clear from the above table that majority of the female respondents 56 percent live at their own home followed by the rented home and with relatives 37.3 percent and 6.7 percent respectively. Likewise, 52.9 percent of boys live in own house, 34.0 percent in rented house and 12.9 percent with relatives.

CHAPTER FIVE

KNOWLEDGE AND ATTITUDE TOWARDS HIV/AIDS AND STDS

The analysis of teenagers' attitudes toward STDs and HIV/AIDS is covered in this chapter, along with their level of knowledge about these topics. There are other factors that are used to measure knowledge about sexually transmitted infections. The context of knowledge has been explored, including knowledge of STDs, knowledge of HIV/AIDS symptoms, knowledge of modes of transmission, and knowledge of preventive actions.

5.1. Knowledge of STIs:

Whether or not the respondents had heard of STIs, this section examines their knowledge of the primary types of STIs, their sources of information, their mechanism of transmission, and their preventive actions.

5.1.1 Heard of STIs

During the study, it was asked to the respondents if they had information about the knowledge of HIV/AIDS. For the answer of the question following responses were obtained.

Table 5.1: Percentage Distribution of Respondents by Heard of STIs and Heard of Names of different STIs

Heard of STIs	Number	percent
Yes	158	98.75
No	2	1.25
Total	160	100
Heard of Gonorrhea		
Yes	153	96.8
No	5	3.2
Total	158	100.0
Heard of Syphilis		
Yes	148	93.6
No	10	6.4
Total	138	100.0
Heard of Hepatitis-B		
Yes	151	95.5
No	7	4.5
Total	158	100.0
Heard of chlamydia		
Yes	28	17.8
No	130	82.2
Total	158	100.0
Heard of Trichomonas		
Yes	15	9.4
No	143	90.6
Total	158	100.0

Source; Field survey, 2024

Table 5.1 states that 98.75 percent respondents out of 160 know about STDs whereas 1025 percent have not heard about them. Similarly, in case of Gonorrhea 96.8 percent

have heard about it while 3.2 %have not heard about it. About 93.6 %respondents have heard about syphilis whereas 6.4 have not heard about it. Talking about Hepatitis –B, 95.5 percent of them have heard about it while 4.5 percent have never heard about it. Following Chlamydia, 17.8 percent know about it and 82.2 percent have not heard about it. Trichomonas becomes the least heard among all with 90.6 percent not heard and 9.4 only heard about it.

5.1.2 Heard of STIs by Sex

The data indicates a generally high awareness of sexually transmitted infections (STIs) among both boys and girls surveyed. For STIs in general, 98.8 percent of respondents were aware, with 97.6 percent of boys and 100 percent of girls acknowledging familiarity. Specifically, awareness of specific STIs like Gonorrhea, Syphilis, Hepatitis-B, Chlamydia, and Trichomonas varied slightly between genders but remained high overall, with Percentages ranging from 93.75 percent to 95.6 percent for yes responses across these infections. The Percentages of those who had not heard of these infections were generally low, reflecting comprehensive knowledge among the surveyed group about these particular STIs.

Table 5.2: Percentage Distribution of Respondents about Heard of STIs, Name of Different STIs, by Sex

Heard of STDs	**Boys**		**Girls**		**Total**
	Number	percent	Number	percent	percent
Yes	83	97.6	75	100	98.8
No	2	2.4	-	-	1.2
Total	85	100.0	100	100.0	100.0
Heard of Gonorrhea					
Yes	82	96.5	73	97.4	96.8
No	3	3.5	2	2.6	3.2
Total	85	100.0	75	100.0	100.0
Heard of Syphilis					
Yes	79	92.9	71	94.7	93.75
No	6	7.1	4	5.3	6.25
Total	85	100.0	75	100.0	100.0
Heard of Hepatitis-B					
Yes	80	94.1	73	97.3	95.6
No	5	5.9	2	2.7	4.4
Total	85	100.0	75	100.0	100.0
Heard of Chlamydia					
Yes	15	17.6	15	20	18.8
No	70	82.4	60	80	81.2
Total	85	100.0	75	100.0	100.0
Heard of Trichomonas's					
Yes	5	5.9	12	16	10.95
No	80	94.1	63	84	89.05
Total	85	100.0	75	100.0	100.0

Source: Field Survey, 2024

5.1.3 Heard of STIs by education

Education influences people's knowledge of STDs. The knowledge about the diseases may vary from class to class. So, an attempt has been made here to show the Percentage of responses based on their education.

Table 5.3 Percentage Distribution of Respondents about Heard of STIs and Name of STIs by Education

Heard of STDs	Class 9		Class 10	
	Number	percent	Number	percent
Yes	76	97.4	82	100
No	2	2.6	-	-
Total	78	100.0	82	100.0
Gonorrhoea				
Yes	75	96.2	80	97.6
No	3	3.8	2	2.4
Total	78	100.0	82	100.0
Syphilis				
Yes	72	92.7	78	95.1
No	6	7.3	4	4.9
Total	78	100.0	82	100.0
Hepatitis-B				
Yes	71	91	82	100
No	7	9	-	-
Total	78	100	82	100.0
Chlamydia				
Yes	-	-	30	36.6
No	78	100	52	63.4
Total	78	100.0	82	100.0
Trichomoniasis				
Yes	-		17	20.7
No	78	100	65	79.3
Total	78	100.0	82	100.0

Source: Field Survey2024

This data illustrates a high awareness of sexually transmitted infections (STIs) among students in classes 9 and 10. Overall, 97.4 percent of students in class 9 and 100 percent in class 10 reported hearing about STIs. Specific awareness of Gonorrhea, Syphilis, and Hepatitis-B also showed high Percentages, ranging from 95.1% to 100% across both classes. However, awareness of Chlamydia and Trichomoniasis varied more significantly between the classes, with 36.6 percent of class 10 students aware of Chlamydia compared to no reported awareness in class 9. Similarly, awareness of Trichomonas was 20.7 percent in class 10 and absent in class 9. Overall, while general awareness of STIs was high, there were notable differences in specific knowledge between the two classes, particularly regarding less common STIs like Chlamydia and Trichomonas.

5.2 Knowledge of STIs by Source of Information

People learn about STDs through a variety of communication channels. Different modes of communication are used to convey messages to students and the general public, and they are an effective means of raising people's awareness about STDs.Therefore, these sources cannot be ignored. During the study, students were asked to identify the primary sources of knowledge on STIs.The following table illustrates the distribution of respondents who learned about STIs via various sources.

Table 5.4 Percentage Distribution of Respondents about Sources of Knowledge on STIs by Sex

Information from sources	**Boys**		**Girls**		**Total**	
	Number	percent	Number	percent	Number	percent
Radio	66	77	65	86.6	131	82
Television	58	68	60	80	118	74
Newspaper	60	70	63	84	123	77
Parents	24	28	15	20	39	24
Teacher	80	94	75	100	155	98
Friends	47	55	50	66	97	61
Text books	80	94	75	100	155	98

Source: Field Survey, 2024

Here's a description of the sources of information about STIs among boys and girls: The data shows that a significant proportion of both boys and girls gather information about sexually transmitted infections (STIs) from various sources. The most common sources include teachers, with 94 percent of boys and 100 percent of girls reporting teachers as a source. Textbooks are also a prevalent source, cited by 94 percent of boys and 100 percent of girls. Radio, television, and newspapers are widely accessed as well, with Percentages ranging from 68 percent to 86.6 percent across both genders. Friends and parents are also mentioned, though to a lesser extent, with around 55 percent to 28 percent of respondents indicating them as sources of information. Overall, the data reflects a diverse set of sources from which adolescents gather knowledge about STIs, with educational institutions and mass media playing prominent roles.

5.2.1 Knowledge on Modes of Transmission of STDS

From the respondents who said STDs are transferred from one person to another they were told to answer about how they are transmitted.

Table 5.5: Percentage Distribution of Respondents Knowledge on Transmission Modes of STIs

Transmission modes	Number	percent
Unsafe physical relation	156	98
Sharing common home with the infected	46	29
Unscreened blood transfusion	142	89
From an infected mother to her fetus	103	64

Source: Field Survey, 2024

Based on the data provided, the mode of transmission of infections among respondents shows that a significant proportion identified unprotected sexual intercourse (98%) as a mode of transmission, followed by infected blood transmission (89%), from infected mother to fetus (64%), and living together with an infected person (29%). These Percentages indicate the proportion of respondents who recognized each mode of transmission as a potential source of infection. The data highlights a high awareness of sexual transmission and blood borne transmission,

with comparatively lower awareness regarding transmission through living with infected individuals.

5.2.2 Knowledge on Preventive Methods of STIs

It is found that students were known about the preventive measures of STDs. Based on the data provided, the methods of prevention among boys and girls show a high level of awareness and reported use of preventive measures. Almost all girls (100%) and a significant majority of boys (97%) reported using condoms during sexual intercourse.

Table 5.6 Percentage Distribution of Respondents about Knowledge on Preventive Measures of STDs by Sex

Prevention methods	**Boys**		**Girls**		**Total**	
	Number	percent	Number	percent	Number	percent
Use condom during sexual intercourse	83	97	75	100	158	98
Avoid sex with multiple partner	70	82	71	94	141	88
Avoid sex with Prostitute	60	70	64	85	124	77
Use sterilized syringe Only	55	64	70	93	125	78

Source: Field Survey, 2024

Avoiding sex with multiple partners and prostitutes also showed strong awareness, with 82 percent of boys and 94 percent of girls stating they avoid sex with multiple partners, and 70 percent of boys and 85 percent of girls avoiding sex with prostitutes. Using sterilized syringes was reported by 64 percent of boys and 93 percent of girls. These findings suggest a good understanding and practice of preventive measures against various forms of sexually transmitted infections among the surveyed population.

5.2.3 Knowledge on Symptoms of STIs by Sex

Based on the data provided, symptoms reported by boys and girls indicate varied levels of awareness and experience. Lower abdominal pain was reported by 25 percent of boys and 41 percent of girls, totaling 33 percent overall. Swelling of limbs was noted by 40 percent of boys and 34 percent of girls, totaling 37 percent .

Table 5.7 Percentage Distribution of Respondents about Knowledge on Symptoms of STIs by Sex

Symptoms	**Boys**		**Girls**		**Total**	
	Number	percent	Number	percent	Number	percent
Pain in lower abdomen	21	25	31	41	52	33
Swelling of limbs	34	40	26	34	60	37
Appearance of red Spots around the genitals	35	41	36	48	71	44.5
Bleeding other then Menstruation period	31	36	34	45	65	40.5
Yellow is pus-like discharge from the Vagina and penis	32	38	31	68	63	53
Don't know	15	17	31	41	46	29

Source: Field Survey, 2024

Note: Total %may exceed100 due to multiple responses.

Appearance of red spots around the genitals was observed by 41 percent of boys and 48 percent of girls, totaling 44.5 percent . Bleeding other than during menstruation was reported by 36 percent of boys and 45 percent of girls, totaling 40.5 percent . Yellow pus-like discharge from the vagina and penis was noted by 38 percent of boys and 68 percent of girls, with a combined Percentage of 53 percent . A smaller proportion mentioned not knowing about symptoms, with 17 percent of boys and 41 percent of girls, totaling 29 percent. These findings highlight significant differences

in symptom recognition between genders, reflecting potential differences in health education or awareness.

5.3 Awareness of AIDS and HIV

This section describes the respondents' knowledge about HIV and AIDS, the various resources that provide information on the disease, the possibility that an infection would spread from one person to another, the means of transmission, and their comprehension of infection prevention.

5.3.1 Heard of HIV and AIDS

AIDS was first detected in the year 1981 internationally. It was identified in Nepal in the year 1988. Since then it has been an alarming issue not only in Nepal but throughout the world. To examine the awareness on HIV and AIDS some questions were inquired to the students.

Table 5.8: Percentage Distribution of Respondents by Heard of HIV and AIDS

Have you heard about HIV/AIDS	**Response**	**percent**
Yes	160	100.0
No	-	-
Total	160	100.0

Source: Field Survey, 2024

The table 5.8 indicates that 100 %respondent shave heard about this disease.

Based on the data provided, 100 percent of the respondents (160 individuals) reported having heard of HIV and AIDS. None of the respondents told that they had no knowledge of this disease. This indicates universal awareness of HIV and AIDS among the surveyed population, highlighting a high level of knowledge about these health issues

5.3.2 HIV and AIDS Information Source by Sex

Few other questions were also asked about the different kinds of sources that have been used as the means of information on HIV and AIDS. The responses in Percentage as below.

Table 5.9: Percentage of Respondents about various Sources of Knowledge on HIV and AIDS by Sex

Sources of knowledge	Boys		Girls		Total	
	Number	percent	Number	percent	Number	percent
Radio	74	87	71	94	145	90
Television	64	75	70	93	134	83
Newspaper	60	70	50	66	110	68
Parents	25	29	28	37	53	33
Teacher	85	100	75	100	160	100
Friends	49	57	60	80	109	68
Text books	85	100	75	100	160	100

Source: Field Survey, 2024

Based on the data, the primary sources of knowledge about HIV/AIDS among the surveyed group include teachers, cited by all respondents (100% for both boys and girls), followed by textbooks (100% for both). Other significant sources include radio (90% overall), television (83% overall), and friends (68% overall). Newspapers were mentioned less frequently, with 68 percent overall reporting them as a source. Parents were least cited among the sources, with 33 percent overall. These findings suggest that formal education through teachers and textbooks plays a crucial role in disseminating information about HIV/AIDS, supplemented by mass media like radio and television, while peer influence also contributes significantly through friends.

5.3.3 Knowledge the routes of transmission of HIV and AIDS

As the primary aim of this research was to know the knowledge and attitude of the transmission of HIV and AIDS, so the respondents were given questions on the various routes of transmission of this disease.

Table 5.10: Percentage Distribution of Respondents about Knowledge on Trichomonias is of HIV/AIDS

Knowledge on modes on HIV and AIDS transmission	Boys		Girls		Total	
	No.	percent	No.	percent	No.	percent
Using of infected needles and syringes	60	71	68	91	129	81
Infected blood transfusion	70	82	67	89	137	85.5
Sexual contact with infected person	81	95	74	98	155	96.5
Breast feeding from infected mother	37	43.5	36	48	73	46
From infected mother	44	52	65	86	109	69

Source: Field Survey, 2024

Based on the results, boys and girls have a high level of understanding about HIV and AIDS transmission routes. The vast majority of respondents correctly identified sexual contact with an infected person as a mechanism of transmission, with 95 percent of boys and 98 percent of girls agreeing. Similarly, a sizable proportion identified sharing infected needles or tools (71% of boys and 91% of girls) and infected blood transfusion (82% of boys and 89% of girls) as potential means of transmission.

Breastfeeding from an infected mother was acknowledged by 43.5 percent of boys and 48 percent of girls, while transmission from an infected mother (possibly during childbirth) was recognized by 52 percent of boys and 86 percent of girls. These findings indicate a strong awareness of common modes of HIV/AIDS transmission, though some areas like breastfeeding from an infected mother may benefit from further education.

5.3.4 Knowledge on preventive methods of STDs and HIV and AIDS

The respondents were very knowledgeable about STDS prevention strategies. Adolescent respondents in grades 9 and 10 were well-informed about sexually transmitted illness prevention strategies.

Table 5.11 Percentage Distribution of Respondents about Knowledge on Preventive Measures of HIV and AIDS by Sex.

Prevention methods	Boys		Girls		Total	
	No.	percent	No.	percent	No.	percent
Abstinence	40	47	62	83	102	63.75
Don't have sex with Multiple partner	54	63.5	70	93	124	77.5
Use of condoms	84	98.8	75	100	159	99
Use lab tested blood	70	82	66	88	136	85
Avoid sharing needles and drug use	61	72	68	90	129	80.6

Source: Field Survey, 2024

Based on the data provided, it appears that both boys and girls have a high level of awareness regarding methods of preventing HIV/AIDS. Nearly all respondents indicated awareness of using condoms as a preventive measure, with 98.8 percent of boys and 100 percent of girls acknowledging this method. Similarly, a significant majority recognized the importance of not having sex with multiple partners, with 63.5 percent of boys and 93 percent of girls acknowledging this preventive measure. Avoiding sharing needles and drug use was recognized by 72 percent of boys and 90 percent of girls, while 82 percent of boys and 88 percent of girls acknowledged the importance of using lab-tested blood to prevent transmission. The data suggests a strong understanding of preventive measures against HIV/AIDS among the surveyed population, emphasizing key strategies such as safe sexual practices and avoiding risky behaviors like sharing needles.

5.3.5 Knowledge of HIV and AIDS by Symptoms

Table 5.12 Percentage Distribution of Respondents about Knowledge on Symptoms of HIV and AIDs by Sex.

symptoms of HIV and AIDS	Boys		Girls		Total	
	No	percent	No	percent	No	percent
Loss of more than 10% body weight	80	94	73	97	153	95.6
Diarrhea for more than1 month	80	94	69	92	149	93
Fever more than1month	70	82	68	90	138	86
Don't know	5	5.8	2	2.6	7	4.4

Source: Field Survey, 2024

Based on the data provided, it shows that both boys and girls have a high level of awareness regarding major symptoms of HIV and AIDS. A significant majority of respondents identified loss of body weight by 10 percent , with 94 percent of boys and 97 percent of girls acknowledging this symptom. Diarrhea lasting more than one month was recognized by 94 percent of boys and 92 percent of girls, while fever persisting for more than one month was noted by 82 percent of boys and 90 percent of girls. A small proportion of respondents indicated "don't know" regarding these symptoms, comprising 5.8 percent of boys and 2.6 percent of girls. Overall, the data indicates a strong awareness among the surveyed population about the primary symptoms associated with HIV and AIDS, highlighting the importance of recognizing these indicators for early detection and intervention.

5.3.6 Risk Behavior of Getting HIV Infection

The respondents were also asked about the high risk behavior of people for getting the infection of HIV as per the aim of the study

Table 5.13: Percentage Distribution of Respondents about knowledge on Risk Behavior of People for getting the infection of HIV

People at risk	Boys		Girls		Total	
	No.	percent	No.	percent	No.	percent
Multi partner sex relation	54	63.5	70	93	124	77.5
Commercial sex worker	81	95	69	92	150	93.8
Drug users	75	88	68	90	143	89.4
Homo sexual	21	24	25	33	46	28.75
More mobile person	29	34	28	37	57	35.6
Adolescent and youths	26	30	32	42	58	36.25

Source: Field Survey, 2024

Based on the data provided, it appears that both boys and girls have a good understanding of individuals considered to be at high risk for HIV/AIDS. The majority recognized that having sex with multiple partners poses a significant risk, with 63.5 percent of boys and 93 percent of girls acknowledging this. Similarly, engaging with commercial sex workers was seen as high risk by 95 percent of boys and 92 percent of girls. Drug users were also identified as high risk, with 88 percent of boys and 90 percent of girls noting this association. Homosexual individuals were recognized as a high-risk group by 24 percent of boys and 33 percent of girls. Additionally, adolescents and youths were identified as a high-risk category by 30 percent of boys and 42 percent of girls. These findings underscore the awareness among the surveyed population about groups that are more vulnerable to HIV/AIDS, emphasizing the importance of targeted prevention and education efforts for these demographics.

CHAPTER SIX
ATTITUDES AND BEHAVIOR TOWARDS STDs AND HIV/AIDS

This chapter addresses the attitudes of respondents toward STDs and HIV/AIDS. People's attitudes determine their conduct towards a topic. \

6.1 Attitudes about the Curative Methods of STDS by Sex

160 respondents were asked if they were aware of STDS treatment options. They were asked, 'Are STDs curable?'. The results suggest that the majority of respondents had good sentiments toward STD treatment.

Table 6.1: Percentage distribution of respondents about attitude on curative measures of STDs by sex

Answer	**Boys**		**Girls**		**Total**	
	No	percent	No	percent	No	percent
Yes	65	76.5	67	89.5	132	82.5
No	12	14.5	6	8	18	11.25
Don't know	8	9	2	2.5	10	6.25
Total	85	100.0	75	100.0	160	100.0

Source; Field Survey 2024

The table illustrates responses to whether STIs (Sexually Transmitted Infections) are curable, disaggregated by gender. Among boys, 76.5 percent believe that STIs are curable, while 14.5 percent think they are not, and 9 percent are unsure. In contrast, among girls, a higher Percentage, 89.5 percent , believe STIs are curable, with 8 percent believing they are not, and 2.5 percent unsure. Overall, 82.5 percent of all respondents across genders believe STIs can be cured, while 11.25 percent do not think so, and 6.25 percent are uncertain. This data suggests a notable gender difference in perceptions about the curability of STIs, with girls showing a stronger belief in their treatability compared to boys.

6.2 Perception of HIV and AIDS Curative Measures

Since HIV and AIDS are deadly diseases, there are very few effective curative treatments available. Another question was posed to find out how they felt about HIV and AIDS treatment options. Table 6.2 reveals that, of the 160 respondents, the majority (11.25%) thought that HIV and AIDS could not be cured, but only 76.5 percent of the male respondents and 89.5 percent of the female respondents thought that they could. More females than males were reported to be confused.

Table 6.2: Percentage Distribution of Respondents about Curative Measures of HIV and AIDS by Sex

Can HIV/AIDs be cured?						
Response	**Boys**		**Girls**		**Total**	
	No	percent	No	percent	No	percent
Not curable	12	14.5	6	8	18	11.25
curable	65	76.5	67	89.5	132	82.5
No idea	8	9	2	2.5	10	6.25
Total	85	100.0	75	100.0	160	100.0

Source; Field Survey, 2024

The table presents responses regarding whether HIV and AIDS are curable, categorized by gender. Among boys, 76.5 percent believe that HIV and AIDS can be cured, while 14.5 percent think they cannot be cured, and 9 percent are unsure. In comparison, among girls, a higher Percentage, 89.5 percent , believe HIV and AIDS can be cured, with 8 percent believing they cannot be cured, and only 2.5 percent unsure. Overall, 82.5 percent of all respondents across genders believe HIV and AIDS can be cured, 11.25 percent do not think so, and 6.25 percent are uncertain. These findings underscore a significant difference in perception between boys and girls regarding the curability of HIV and AIDS, with girls generally expressing more confidence in the potential for treatment compared to boys

6.3 Opinion Regarding, HIV/AIDS

Table6.3: Percentage distribution of respondents about opinion regarding STIS, HIV and AIDS by Sex

Response	Boys		Girls		Total	
	No	percent	No	percent	No	percent
Essential	22	25.9	36	48	58	36.25
To much essential	63	74.1	39	52	102	63.75
Total	85	100.0	75	100.0	160	100.0

Source; Field Survey, 2024

The table presents responses regarding the perceived importance of something, categorized by gender. Among boys, 25.9 percent consider it essential, while 74.1 percent view it as too much essential. In contrast, among girls, a higher Percentage, 48 percent , find it essential, with 52 percent considering it too much essential. Overall, among all respondents, 36.25 percent view it as essential, and 63.75 percent find it too much essential. These results indicate a notable difference in perception between boys and girls regarding the importance of the subject, with girls showing a higher tendency to see it as essential compared to boys.

Table 6.4: Percentage Distribution of Respondents on Identification of Infected Person by Looking At

Response	Boys		Girls		Total	
	No	percent	No	percent	No	percent
Yes	5	5.9	3	4	8	5
No	67	78.8	65	86.7	132	82.5
Don't know	13	15.3	7	9.3	20	12.5
Total	85	100.0	75	100.0	160	100.0

Source: Field Survey, 2024

The table summarizes responses to a query, segmented by gender. Among boys, 5.9 percent responded affirmatively, while 78.8 percent answered negatively, and 15.3 percent were uncertain. Comparatively, among girls, 4 percent responded positively, 86.7 percent answered negatively, and 9.3 percent were unsure. Overall, across all respondents, 5 percent answered yes, 82.5 percent answered no, and 12.5 percent were unsure. These results indicate a higher inclination towards negative responses among both boys and girls, with a notable proportion expressing uncertainty about the query.

6.4 Behaviour on infected person of STIs, HIV and AIDS.

In the provided table, we see the responses of boys and girls regarding whether they "Love/respect them" or "Don't know". Among boys, 77 (90.6%) responded that they "Love/respect them", while 8 (9.4%) responded "Don't know". Among girls, 70 (93.3%) responded "Love/respect them", and 5 (6.7%) responded "Don't know".

Table 6.5: Percentage Distribution of respondents about behavior on infected person

Response	Boys		Girls		Total	
	No.	percent	No.	percent	No.	percent
Give love and respect	77	90.6	70	93.3	147	91.9
No idea	8	9.4	5	6.7	13	8.1
Total	85	100.0	75	100.0	160	100.0

Source: Field Survey, 2024

Overall, out of 160 respondents (85 boys and 75 girls), 147 (91.9%) indicated that they "Love/respect them", and 13 (8.1%) responded "Don't know". This table illustrates the distribution of responses by gender, showing a slightly higher proportion of uncertainty ("Don't know") among boys compared to girls, though the majority of both genders express positive feelings ("Love/respect them")

6.5 Behavior Regarding STIs

All respondents who had heard of STIs were asked, "What will you do when you suffer from STIs?" A hundred %of them said they would see a doctor, indicating that they would prefer treatment to remain hidden.

Another question was posed to all respondents: "How do you feel when you hear the words HIV, AIDS, or STIs

When asked the question, the majority of them (35.3 % of males and 33.3 % of females) said they felt bashful, while 54.1 percent of men and 60 percent of women said they felt afraid. The remainder reported feeling OK and not getting any benefit from this response. We conclude that people who feel 'normal' and 'nothing' are able to talk openly about STIs, HIV, and AIDS, whereas people who feel'shy' and 'fear' are unable to do so.

Table 6.6 Percentage Distribution of Respondents about Behaviour on STIs by Sex

Response	**Boys**		**Girls**		**Total**	
	No	percent	No	percent	No	percent
Keep secret	-	-	-	-	-	-
Consult to doctor	85	100.0	75	100.0	160	100.0

Source: Field Survey, 2024

It seems there's a discrepancy in the provided table for the response "Keep secret". There's no data filled in for this category. For "Consult to doctor", all respondents (85 boys and 75 girls, totaling 160) answered positively, indicating 100 percent awareness or willingness to consult a doctor. Without data for "Keep secret", it's unclear whether this option was not applicable or inadvertently omitted.

Table 6.7: Percentage Distribution of Respondents about Behaviour on STIs, HIV and AIDS by Sex

Response	Boys		Girls		Total	
	No.	percent	No.	percent	No.	percent
Normal	-	-	-	-	-	-
Shyness	30	35.3	25	33.3	55	34.3
Fear	46	54.1	45	60	91	56.9
Nothing	9	10.6	5	6.7	14	8.8
Total	85	100.0	75	100.0	160	100.0

Source; Field study, 2024

In the provided table for responses related to how adolescents perceive discussing HIV and AIDS, the category "Normal" appears to be missing data. For "Shyness," 30 boys (35.3%) and 25 girls (33.3%) expressed this sentiment, totaling 55 (34.3%) overall. Regarding "Fear," 46 boys (54.1%) and 45 girls (60%) indicated feeling this way, amounting to 91 (56.9%) in total. For "Nothing," 9 boys (10.6%) and 5 girls (6.7%) responded in this manner, totaling 14 (8.8%). This table reflects the varying attitudes and emotional responses among adolescents

CHAPTER SEVEN
SUMMARY, CONCLUSION AND RECOMMENDATION

This study examined the knowledge, attitudes, and behaviors of selected secondary school students in Godawari Municipality on STIs, HIV, and AIDS. The study's specific objectives were to investigate respondents' and parents' socioeconomic and demographic backgrounds; to find out their level of knowledge about STIs, HIV, and AIDS; to investigate their knowledge of the ways through which it is transmitted and the method of prevention for STIs, HIV, and AIDS; and to identify their attitude and behavior toward STIs, HIV, and AIDS.

A total of 160 people were questioned from two schools that were specifically chosen. There were 85 men and 75 women, with ages ranging from 13 to 19. The field survey was carried out in February and March of 2024. The study's main results, suggestions, and findings are listed below:

In the table illustrating how adolescents perceive discussions about HIV and AIDS, the category labeled "Normal" does not contain any reported data. Among those who responded, 30 boys (35.3%) and 25 girls (33.3%) expressed "Shyness," totaling 55 (34.3%) overall. Additionally, 46 boys (54.1%) and 45 girls (60%) indicated "Fear," totaling 91 (56.9%). A smaller number, 9 boys (10.6%) and 5 girls (6.7%), responded with "Nothing," amounting to 14 (8.8%). This table demonstrates the range of attitudes and emotional responses adolescents have towards discussing HIV and AIDS

7.1 Summary of the Findings

The respondents showed a diversed socioeconomic and demographic characters which had certain effects on their knowledge attitudes and behavior also. Summarized findings are as below.

7.1.1 Socio-Economic and Demographic Characteristics of the Respondents

- Chhetri (22.5%) make up the bulk of respondents, followed by Brahmin (15.6%), Dalit (15.6%), Newar (12.5%), Tamang (11.8%), Magar (11.3%), and Gurung (10.6%). More than 64 percent of respondents identified as Hindu, 10 percent as Buddhist, 21.9 percent as Christian, and 3.75 percent as other.

- The majority of respondents' fathers are more educated than their mothers; just 9.4 percent of fathers are illiterate, compared to 15.6 percent of mothers. There is a big disparity in education. Parental education is vital in imparting knowledge, attitudes, and conduct.
- Agriculture was the primary occupation of their parents, with the father accounting for 31.25 percent and the mother for 76.9 percent .
- More than 31 percent of respondents' fathers work in agriculture, 29.4 percent in service, while 5.6 percent of respondents' moms are housewives.
- The majority of the respondent's parents' income is between Rs25000-30000, or 34.4 percent . 18.75 percent of respondents' parents earn between Rs. 10000 and Rs. 15000. Parents' income is determined by their children's education; if they have a good income, they send their children to private school; if they do not have a good income, they are compelled to send their children to government school, therefore the situation is different.
- The majority of respondents (100%) had electricity, television, and a cell phone in their homes, while 59.4 percent had a computer.
- Approximately 57.5 percent of respondents live in their own home, 35.6 percent live in rented housing, and 6.9 percent live with relatives.
- Approximately 40.6 percent of the students are between the ages of 13 and 15, 35 percent are between the ages of 15 and 17, and the lowest proportion (24.4 percent) are between the ages of 17 and 19.
- All of the respondents (100%) were unmarried.

7.1.2 Knowledge of STIs, HIV, and AIDS

Among 160 respondents, 158 (98.75%) had heard of STIs, while the remaining 1.25 percent had not. Female respondents were 100 percent more likely to have heard of STIs than male respondents (97.6%). The majority of respondents (96.8%) have heard of "gonorrhea." The proportion of respondents in classes 9 and 10 who had known about STIs was 97.4 percent and 100 percent.

The principal sources of information about STIs, HIV, and AIDS include radio, textbooks, television, and teachers. 98 percent of respondents believe that unprotected sexual contact is how STIs spread, but 89 percent are aware that STIs can spread through contaminated blood transfusions.

Among 158 respondents, the vast percent of —97 percent of men and 98 percent of women—were aware that using a condom during sexual activity is an effective approach to avoid contracting a STI. According to the study, 44.5 percent of respondents responded the appearance of red spots around the genitalia as a symptom of STI infection, while 33 percent said lower belly pain during sexual activity is a symptom of STI infection.

A few of the responders were misinformed about STI symptoms. Every respondent is aware of the existence of HIV and AIDS. A total of 160 respondents, by definition, have gathered information from radio, television, newspapers, parents, teachers, friends, and textbooks. A substantial Percentage of female respondents were knowledgeable of the ways in which HIV and AIDS are transmitted.

Understanding how HIV and AIDS spread The majority of responders (96.5%) stated that HIV infection is spread through sexual contact with an infected individual. Of these, only 46 percent said that breastfeeding was the method of transfer. HIV infection can potentially spread through an infected mother. Similarly, 85.5 percent of participants believed that HIV and AIDS were transmitted through tainted blood transfusions.

The vast majority of respondents (99 %) believe that using condoms is the most effective strategy to prevent HIV infection during sexual activity. 85 percent indicated they only used lab-tested blood to protect against HIV.

The majority of respondents were aware of the signs and symptoms of HIV/AIDS. A 10 percent loss in body weight was cited by 95.6 percent of respondents as an indicator of HIV infection. Most of them are aware of those symptoms as key indicators of HIV and AIDS because of the information they have learned from textbooks.

•According to the study, 93.8 percent of all respondents said that working as a commercial sex worker carries a high risk of contracting HIV.

7.1.3 Attitudes and Behavior on AIDS, HIV, and STIs

- Total 160 respondents, 89.5 percent of females and 76.5 percent of males indicated that STIs were treatable. Of the respondents, only 11.25 percent

were certain that STIs are incurable, while the remaining 6.25 percent were unsure.

- Of the respondents, only 82.5 percent were certain that HIV and AIDS cannot be cured, while the remaining 6.25 percent were unsure. The majority of respondents said they lacked knowledge about STIs, HIV, and AIDS as well as sex education.
- Of those surveyed, the majority (91.9%) behaved positively toward those who were infected and 90.6 percent of men and 91.9 percent of women said they were loved or respected. Majority of respondents—35.3 percent of men and 34.3 percent of women—felt shy when they heard the terms AIDS, HIV, and STIs.

7.2 Conclusion

This study is centered on adolescents in secondary schools' knowledge, attitudes, and behaviors about STIs, HIV, and AIDS. Primary data serve as its foundation. The information from 160 school-aged teenagers is compiled in this study. AIDS, HIV, and STIs are major global health concerns that primarily affect teenagers. They therefore need to know about it. Data analysis revealed that the majority of respondents were aware of STIs, HIV, and AIDS. However, some individuals have a misunderstanding about AIDS, HIV, and sexually transmitted infections. Compared to other areas, a higher Percentage of adolescents (100.0%) had heard about HIV and AIDS.

There was also a greater understanding of preventative techniques and symptoms of transmission. It might be the regular media promotion of HIV and AIDS, as well as the inclusion of disease-related content in their course books. According to the study, education is the most important component in changing the knowledge, attitudes, and actions of not only school-age teens, but also the wider population.

The survey also discovered that responders with better grades are more knowledgeable about the ways that AIDS, HIV, and STIs are transmitted. In a similar vein, female respondents knew more about AIDS, HIV, and STIs than did male respondents, including how they are transmitted. Thus, the study unequivocally shows how important education is in raising public knowledge of STIs, HIV, and AIDS.

7.3 Recommendation

The following suggestions are given in light of the data from the field visit and the main conclusions of this investigation.

- Discussions regarding STIs, HIV, and AIDS are hampered in society by social and cultural conventions. As a result, STI education should be tailored to the social and cultural context of the community.
- To raise knowledge of STIs, HIV/AIDS, and communication, information, education, and communication are crucial. It is important to offer these programs through both official and informal educational channels.
- This has become crucial to encourage the use of mass media.
- Since social media is a powerful tool for spreading awareness of STIs, HIV, and AIDS, more effort should go into creating and disseminating plain language messages about these conditions. Through the media, raising awareness and modifying behavior- about STIs, HIV, and AIDS should be distributed more regularly and at appropriate times.
  - Opportunities, love, care, and affection are all equally vital to infected individuals and should be given to them for a long time.
  - Promoting safer sexual conduct is a good idea.
  - Village, district, and regional decentralization should serve as the foundation for the implementation of HIV, AIDS, and STI prevention initiatives.
- The main goal of school education should be to pique adolescents' interest in AIDS.
- Population, health, environment, and sexual education being implemented in secondary educational institutions because to a shortage of qualified instructors. Managing the experienced and certified instructors for this course appears to be essential.
- AIDS-related projects ought to be integrated throughout the nation by INGOs, NGOs, and the government.
- Plans for programs need to be long-term sustainable.

7.3.1 Issues for Additional Research

- This research utilizes a sample of teenagers enrolled in secondary education. The Percentage of teenagers in Nepal's rural areas who do not attend school is

significant. Thus, teenagers who are not enrolled in school can be the subject of additional research.

- Socioeconomic variables in this study are not diverse because the sample was chosen on purpose. Therefore, in order to investigate the population's knowledge, attitude, and behavior about STIs, HIV, and AIDS, more research may incorporate a variety of socioeconomic characteristics

- Further research endeavors can encompass a more thorough statistical examination of the correlation among various variables.

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QUESTIONNAIRE

Knowledge, Attitude and Behavior of Secondary School Students on STIs HIV and AIDs

Section A: General Information

Student's Name:

School's Name:

Municipality:

Class:

Sex: Boys..... 1 Girls 2

Age (Completed)

Respondent Number

Q. No.	Questions	Coding Categories	Skip
1.	What is Caste/Ethnicity?	Brahmin ..... 1 Chhetri ..... 2 Tamang..... 3 Gurung ..... 4 Newar ..... 5 Others(specify) 9	
2.	What is your religion?	Hindu ..... 1 Buddhist ..... 2 Christian ..... 3 Others(specify) 9	
3.	Are you married?	Yes..... 1 No..... 2 ⟶	Q.No.4
.	.	.	
	.	.	
4.	Where do you live?	Own house..... 1 Hostel 2	

5.	Can your father read and write?	Yes.....1 No..... 2 →	Q.No.7
6.	If yes, what is your father education level?	Primary (1-5)..... 1 Lower secondary (6-8).....2 Secondary (9-10).....3 SLC and above 4	
7.	Can your mother read and write?	Yes .....1 No.....2 →	Q.No.9
8.	If yes, what is your mother education level?	Primary (1-5)..... 1 Lower secondary (6-8).....2 Secondary (9-10).....3 SLC and above 4	
9.	What is your father's occupation?	Agriculture .....1 Service.....2 Business .....3 Daily wages.....4 Teaching.....5 Others(specify) 9	
10.	What is your mother's occupation?	House wife .....1 Agriculture ..... 2 Service.....3 Business ..... 4 Daily wages.....5 Teaching..... 6 Others(specify) 9	
11.	Do you have following facility at home? (Multiple response)	Electricity .....1 Television..... 2 Telephone.....3 Computer.....4	

12.	How much monthly income does your family have?	Rs.10000-15000 ..... 1 Rs. 15000-20000 .....2 Rs.20000-25000 .....3 Rs.25000-30000 ……4	
13.	How many members are There in your family?		

Section C: Knowledge and Attitude on STIs, HIV and AIDS

14.	Have you heard about STIs?	Yes..... 1 No..... 2 →	
15.	If yes which STIs have you heard? (Multiple response)	Syphilis.....1 Gonorrhea.....2 Chlamydia ..... 3 Trichomonas's .....4 Hepatitis-B ..... 5 Others(Specify) 9	
16.	From which source have you heard about STIs? (Multiple response)	Radio .....1 Television .....2 Newspapers 3 Parents..... 4 Teachers 5 Friends…..6 Textbooks..... 7 Others(Specify) 9	
17.	Do you know about the ways of transmission of STIs?	Yes.....1 No.....2 →	Q.No.22
18.	If yes, how are STIs transmitted? (Multiple response)	Unprotected sexual intercourse... Living together with infected Person….2 Infected blood transmission.....	

19.	What are the methods of preventive measure of STIs (Multiple response)	Use of condom during sexual intercourse, ... 1 Avoid sex with multiple partners ....2 Use sterilized syringe only 3 Avoid sex with prostitute 4 Others (Specify) 9	
20.	What are the symptoms of STIs? (Multiple response)	Lower abdominal pain during intercourse…… 1 Swelling of limbs…… 2 Appearance of red spots around the genitals ..... 3 Bleeding other then menstruation period.....4 Yellowish pus-like discharge from the vagina and Penis. Itching.....5 Don't know 9	
21.	In your opinion are STIs curable?	Yes……1 No.....2	
22.	What will you do when you Suffered from STIs?	Keep secret .....1 Consult doctor 2	
23.	Have you heard about HIV/AIDS?	Yes.....1 No.....2	→ Q.No.32

24.	From which source have you heard about HIV/AIDS? (Multiple response)	Radio .....1 Television .....2 Newspapers .....3 Parents.....4 Friends ..... 6 Textbooks .....7 Others(Specify) 9	
25.	Can one generally identify a person, if he/she infected Just by looking at?	Yes..... 1 No.....2 Don't know.....9	
26.	In your opinion, how can be HIV/AIDS transmitted? (Multiple response)	Sharing infected needles/ instruments ..... 1 Infected blood transfusion .....2 sexual contact with infected person s ..... 3 Breastfeeding from Infected mothers..... 4 From infected mother to fetus..... 5 Others(specify) 9	
27.	What are the major Symptoms of HIV/AIDS?	Loss of body weight by 10%...1	
28.	Do you know the preventing Measured of HIV/AIDS?	Yes.....1 No.....2	Q.No.31

29.	If yes, what are the preventing methods of HIV/AIDS? (Multiple response)	Don't have sex at all..... 1 Don't have sex with Multiple partner..... 2 Use of condoms ..... 3 Only use lab tested blood.....4 Avoid sharing needles and Drug use.....5 Others(Specify) 9	
30.	Is AIDS curable?	AIDS can't be cured.....1 AIDS can be cured ……2 Don't know.....9	
31.	How should we behave to infected person?	Love/Respect them……1 Hate them..... 2 Don’t know..... 9	
32.	Is it essential to give knowledge about STIs and HIV/AIDS to the students?	Essential..... 1 Too much essential ..... 2 Not necessary.....3	

Section D: Behavior on STIs, HIV and AIDS

33.	What will you do when you Will be suffered from STIs?	Keep secret……1 Consult to a doctor 2	
34.	Listening to the words STIs and HIV/AIDS what do you feel?	Normal..... 1 Shyness .....2 Fear.....3 Nothing 9	