

**KNOWLEDGE AMONG ADOLSCENCE ON STIs, HIV/AIDS IN
BHARATPUR METROPOLITAN**

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DECLARATION

I do hereby declare that this thesis entitled "Knowledge among Adolescence STIs, HIV/AIDS in Bharatpur Metropolitan" submitted to Maiya Devi Girls' College, Faculty of Education, Tribhuvan University is my original work. It was done in the partial fulfillments of the requirement for the degree of Master of Health and Physical Education department under the supervision and guidance of Mr. Bhoj Raj Neupane, lecturer of Maiya Devi Girls' College.

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ABSTRACT

This thesis entitled Knowledge among Adolescence STIs, HIV/AIDS in Bharatpur Metropolitan. This study was done on the basis of primary data. The main objectives of this study to identify the existing knowledge on STIs, HIV and AIDS among adolescence. To find out their knowledge about mode of transmission and preventive measures of HIV/AIDS and to identify the differences of knowledge between boys and girls adolescence. HIV/AIDS is one of the dangerous and fatal disease, which is burning problem in the world. There is no vaccine for AIDS till date, health education, program and mass media are the key factor to avoid the problem. In this study the researcher has understood about the origin and history of HIV/AIDS. And also known about the attitudes and practices on HIV/AIDS in national and international societies.

The study was basically based on primary sources obtaining the information concerning HIV/AIDS from sample survey among adolescent of Bharatpur Metropolitan. It is basic on quantitative research design. This study has been taken 270 students as the sample of this study through random selection. The researcher concluded that the respondents of this area had more knowledge about the sign & symptoms of HIV/AIDS. Weight loss, fever and diarrhoea are the major signs. Most of the respondents had heard that HIV/AIDS is the communicable disease but a few students had negative answer.

Majority respondents had known about unsafe sexual contact is the main cause of HIV and infected needle and transfusion of blood are main causes. Majority of the respondents had known about homosex and they were confused on HIV/AIDS transmission from the homosexual contact. The respondents are well known about instructional method for raising awareness on HIV/AIDS but they had not known about seminar/workshop and almost respondents suggested that HIV/AIDS education is more essential in school level curriculum.

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ABBREVIATIONS

| | | |
|-------|---|---|
| AHF | - | AIDS Health Care Foundation |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| ART | - | Anti Retro Viral Treatment |
| DACC | - | District AIDS Co-ordination Committee |
| FHI | - | Family Health International |
| GOs | - | Government Organization |
| HIV | - | Human Immune Deficiency virus. |
| HMG | - | His Majesty's Government of Nepal |
| IDUs | - | Injection Drug Users |
| INGOS | - | International Non-Government Organization |
| NCASC | - | Nation Centre for AIDS and SIDS Control. |
| NGOS | - | Non –Government Organization |
| STDs | - | Sexually Transmitted Diseases |
| WHO | - | World Health Organization |

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Medical anthropology is the study of cultural belief and behavior associated with the origin, recognition and management of health and disease like HIV/AIDS in different social and cultural groups. It is also concerned with issues which are related to different cultural views of "Self in terms" of health and diseases, as well shared beliefs, image and practices associated with perception of the human body and mind (Subedi, 2012).

UN defines AIDS as a fatal condition that develops people ten years in average after they are infected with HIV (Human Immune Deficiency Virus). HIV is a sexually transmitted disease like some other sexually transmitted. It can also be transmitted by blood and during pregnancy. HIV destroys the ability of body to defend itself against certain infections and cancer and that complication is called AIDS (Acquired Immunity Deficiency Syndrome), which ultimately leads to death (UN, 2013).

In view of significance of these phenomena for human societies, it is very important to have an anthropological study of health. The occurrence of disease and means of coping with the disease can involve one deeply in the manner in which people perceived the world, in the characteristics of human social systems and in social values. In this perspective medical anthropology, is not only a way of viewing the state of health and disease in society but a view of viewing society itself (Lieban, 2011).

For years, many AIDS researchers believe that the HIV-I virus, the humane AIDS virus had its origin in African chimpanzees. However, there was very little conclusive evidence to support the theory of "cross-species transmission". It was believed that the transmission of the virus occurred from chimp to human when chimpanzees were hunted as food. The recent discovery by the researchers at the University of Alabama at Birmingham seems to give a more

definitive relationships between chimps and the HIV-I virus. Although the source of HIV-II virus, another strain of the AIDS virus has "clearly been identified as originating from the sooty Mangabey (*Cercocebus Atys*)," substantial link could not be established between chimps and HIV-I (WDR, 2014).

As the world enters the third decade of the AIDS epidemic, the evidence of its impact is undeniable. Wherever the epidemic has spread unchecked, it is robbing countries of the resources and capacities on which human security and development depend. In some regions, HIV/AIDS, in combination with other crises, is driving ever-larger parts of nations towards destitution. The world stood by as HIV/AIDS swept through these countries. It cannot be allowed to ignore an epidemic that continues to expand in some of the most populous regions and countries of the world (WHO, 2012).

HIV/AIDS though harmful to human being, it is fully preventable too. Primarily it is sexually transmitted diseases and other way of transmission is regarded as secondary. Therefore, we can generalize that the span of HIV/AIDS is directly and entirely associated with the sexual behavior i.e. common, universal and natural behavior of human being. That is why it is essential to be alert from unprotected and unnatural sexual behavior to achieve that goal awareness is essential. Changes is inevitable in the world, nothing is rigid. Everything is changing along with time and context. The level of knowledge, attitude and practice in every aspect of social life is changing or replaced by the new one. Technological advancement, behavioral change and individual liberty are considered as primary characteristics of modern society. The conventional norms and values toward sexual behavior are changing and people are being liberal toward sex. They are considering it as a fun game and symbol of one's own liberty and bravery. The changing attitude toward sexual behavior and other abused behavior i.e. drug addiction, in the name of modernity are considered as prime casual factor for the expansion of HIV/AIDS (Budha, 2012).

It is common that People with HIV/AIDS are socially excluded and discriminated in the society. The HIV/AIDS is spreading from "developed" (core) country to "developing" (periphery) countries leading to more vulnerable and high risk due to grim poverty, poor literacy, poor health delivery system and less critical consciousness about safe sexual behavior (Subedi, 2012).

AIDS can take more than 5-10 years to develop after infection. People in developing countries die within three years of being diagnosed with AIDS (WHO 2012). Widespread HIV infection has a major impact on society as a whole. AIDS is distinct from other diseases in several respects. First, it is almost 100 percent preventable if people take the proper behavior. Second given the lack of medical expenditure on AIDS are relatively small. Third, the latency period between initial infection and the diagnosis of AIDS is long, averaging around ten years. People who are unaware that are infected can easily transmit the disease. Fourth, the incidence of the disease is higher among the most productive population in an Economy, thus, the social cost of AIDS from disability and premature death could be extensive, especially when labour productivity is heavily affected (WHO, 2012).

There is still no cure, and there is still no vaccine. Common thinking was that this disease was principally a public health challenge. That was wrong HIV/AIDS is reversing decades of development gains, increasing poverty, and undermining the very foundations of progress and security. Every year more children are losing their parents and the support that allows them to go to school. Responding to this challenge is essential for global development and for our collective mission to reduce poverty. However, it also offers a unique opportunity to help the next generation to weaken the deadly grip of HIV/AIDS (WHO, 2012).

AIDS threatens the every fabric of society. It affects people in their most productive age, resulting in several direct and indirect economic costs. These include increased on healthy care; a drain on health care resources, including hospitals, drugs and staff, loss of production and productivity in all sectors of

the economy including women's labor in and out side the home; loss of investment in training skilled labor and educated professionals, loss of consumers and purchasing power; and loss of tourist revenues. In developing countries, these costs may further affect already troubled and burdened economies.

1.2 Statement of the Problems

The global HIV situation for adolescent is deadly serious, and need stronger, focused response is urgent. Young people are particularly vulnerable to HIV infection because of risky sexual behaviors and substance use, because they lack access to accurate and personalized HIV information and prevention services, and host for a host of other social and economic reasons (Budha, 2012).

An estimated 11.8 million young people aged 15-24 are living with HIV/AIDS. Moreover, about half of new infections each day occur among the young people. It is estimated that about the half of all people who have HIV were infected when they were between the age of 15 and 24 and nearly one third of those currently living with HIV/AIDS are between 15 and 24. If current trends continue, it is expected that number of young people infected with HIV/AIDS could increase to 21.5 million (WHO, 2012).

HIV/AIDS has become a disease of young people, with young adult aged 15-24 accounting for half of the some 5 million new cases of HIV infection worldwide each year. Yet young people often lacks of information, skills and services they need to protect themselves from HIV infection, providing there is crucial to turning back the epidemic (UN, 2013).

An estimated 6800 youth a day becomes infected with HIV/AIDS. The majority of them are young women. At the end of 2001, an estimated 11.8 million young people aged 15-24 years were living with HIV. One third of the total global people living with HIV/AIDS. Only small percentages of these young people know they are HIV positive (Rai, 2013).

In Nepal, there are forty thousands estimated people are infected from HIV. To date 11,234 people are identified as the HIV positive from the different health institutions of the country. Leading causes of the transmission are sexual transmission, blood-contaminated needle and syringe, and blood recipients.

HIV infection is the emerging social as well as public health problem in the world. According to the WHO data 50 million-1% of the world's population have become infected with HIV. Young girls are most affected in a study of eleven African countries; the rate of infection in teenage girls was over 5 times higher than in boys of the same age. Each day more than 15000 people become infected. 1600 of them are children, infected during or shortly after birth. There is an epidemic in Asia more than 6 million people infected and the potential for millions more (WHO, 2012).

Half of those actually infected with HIV are women in monogamous relationship, dis-empowered, fearful and often stigmatized. If they are infected and pregnant there is a significant possibility of virus being transmitted to the newborn child.

Knowledge about the HIV/AIDS and attitudes towards the HIV positive people can play the significant role for the transmission of the HIV among the people. If there is good knowledge about HIV and its transmission and good attitudes towards the HIV positive people, certainly they take the good precaution to save from the infection. This study will describe the knowledge of the adolescent, which is the more vulnerable of the HIV infection. The knowledge of this group play the significant roles to prevent the spread of HIV.

The study will provide the valuable information about the awareness level and attitude among the adolescents of Bharatpur Metropolitan, Chitwan District. It has the great significance in planning and developing awareness program among the adolescents to the organization involved in the awareness program. It has also significance to the educationists to develop the learning materials on the STI's, HIV/AIDS. This study mainly concentrates on extraction of the answer of the following questions:

- i. What is the existing knowledge on STIs, HIV and AIDS among adolescence?
- ii. Is the knowledge about mode of transmission and preventive measures of HIV/AIDS about adolescent?
- iii. What are the differences of knowledge between boys and girls adolescence?

1.3 Objectives of the Study

The specific objectives of the study are as follows:

- i. To identify the existing knowledge on STIs, HIV and AIDS among adolescence.
- ii. To find out their knowledge about mode of transmission and preventive measures of HIV/AIDS.
- iii. Identify the differences of knowledge between boys and girls adolescence.

1.4 Significance of the Study

HIV/AIDS is one of the dangerous and fatal disease, which is burning problem in the world. There is no vaccine for AIDS till date, health education, program and mass media are the key factor to avoid the problem. This study is intended to find out the existing knowledge towards STIs, HIV and AIDS among adolescence

Thus, the significance of the study is mentioned in the following points:

- i. This study explores the existing knowledge on STIs, HIV and AIDS of adolescence.
- ii. The findings and recommendations from this study is contribute to formulate policies regarding STIs, HIV and AIDS.
- iii. This study would help the planner to find out the knowledge of adolescence towards STIs, HIV and AIDS in.

- iv. The GOs, NGOs and INGOs, who are running STIs, HIV/AIDS and youth health programs in different part of the country, it also be benefited from this innovative work to design their program better in the days ahead.
- v. The study was valuable literary asset in the field of STIs, HIV and AIDS studies.
- vi. The upcoming researcher might be benefited from this study.

1.5 Delimitation of the Study

The following study has been delimited in following points due to nature of study and time and financial constraint.

- i. The study is conducted on adolescence that is in adolescence in Bharatpur Metropolitan of Chitwan District.
- ii. The respondents were concentrated only in three higher secondary school of Bharatpur Metropolitan.
- iii. The study is limited to find the knowledge and information level of the students.
- iv. The study is based on primary data. Only the questionnaire schedule is the main tool of eliciting information and knowledge of the students.

1.6 Definition of the Terms Used

STIs: Abbreviation for sexually transmitted diseases, which may be transmitted from unsafe sexual intercourse and or sexual relationship direct or indirect e.g. syphilis, gonorrhoea, Chlamydia, chancroids, HIV/AIDS, herpes genitals, trichomoniasis etc.

HIV Positive: Abbreviation for Human Immune Deficiency Virus and HIV Infection. HIV positive means a person has been infected with the HIV the causative agent of AIDS.

AIDS: Abbreviation for Acquired Immune Deficiency Syndrome and AIDS case. AIDS case means appearance of group of sign and symptoms caused by the HIV infection.

Window Stage: This is a period of initial infection, when the symptoms like (fever, fatigue, rash etc.) appear in few people, but a majority remains symptoms less. When HIV test is carried out the test is negative but the person can transmit the infection to other. So, this period is called window period.

Carrier Stage: When a person looks healthy & feels healthy but has HIV in the body and can transmit the disease. This period might take 5-12 years from the initial stage of infection.

AIDS Stage: This is the stage, when the person has some or other symptoms related to AIDS like weight loss, fever, diarrhea, high sweating etc. and due to low immunity of the person may be infected by many micro organisms like mycobacterium, herpes virus etc.

Sex worker: A person male or female who offers sexual intercourse in return for money.

Knowledge: It refers to the understanding and awareness of concept as well as retention of facts concerning HIV/AIDS as measured by the instrument formulated by the researcher.

Practice: It means the way of doing as their feeling, thinking and concept.

CHAPTER-II

REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

2.1 Review of Theoretical Literature

In order to prevent the spread of AIDS virus requires exercising influence over people's own motivation and behavior. Social efforts designed to control the spread of AIDS have center mainly on informing the public about how the Human Immune Deficiency Virus (HIV) is transmitted and how to safeguard against such infection (Bhandari, 2007).

Health and illness, in turn, are strongly influenced by aspects of social structure. Social actors affect not simply life expectancy, but the chances individual have of contracting major types of diseases and the nature of the health care they receive. Many people suppose that human sexual behavior is mainly governed by biological influences, since sexual intercourse is obviously a necessity for the reproduction of the species. We can speak much more confidently about public values in relation to sexuality in the past than we can about private practices for by their nature such practices mostly go undocumented (Lieban, 2011).

Nepal is landlocked sharing borders with India and China and is made up of 75 districts divided into five development regions (Far-western, Mid-western, central and Eastern). The Himalayas cover the northern third of the country from east to west, bordering China. To their south lies a long east-west stretch of lower mountains (the hilly region) whose southern flanks flatten into the Terai, a fertile, sub-tropical plain spanning the border with India. The increasing pressure of population growth on scarce resources such as land has negated the impact of development initiatives. For example, provision of better education or irrigation is of limited benefit to rural populations who depend on the land for their livelihood. In Nepal, the topography, environmental

degradation, poverty and economic migration are all linked and they combine with other factors to increase vulnerability to HIV/AIDS (NCASC, 2013).

During the mid 1980s when adolescents' survey on AIDS first began, researchers were interested primarily in adolescents' knowledge of HIV transmission and in identifying the prevalence of sexual and drug use practices that might place them at risk of infection. Shortly thereafter, researcher began to compare the level of HIV Knowledge and behavioral practices of different subgroups in the population (Lieban, 2011).

WHO, 2012 define for the vast majority sexual relation began in adolescent. On protected sexual relation, increase risk of unwanted pregnancy and early childbirth, as well as unsafe abortion sexually transmitted disease (STD) including HIV/AIDS.

In Nepal, the first AIDS case was detected in 1988. Since then the number of HIV/AIDS cases has been increasing gradually. HIV/AIDS and sexually transmitted disease (STDs) are emerging as a major threat in the socioeconomic and health sector of Nepal. Their multiple effects have so far been minimal in the country, but their potential impact is immense. In Nepal, HIV, transmission is mainly heterosexual. Some of the surveys revealed that there is concentrated epidemic among injecting drug users and commercial sex workers (WHO, 2012).

In traditional Nepali cultures and societies, any discussion on sex and sexuality is taboo, Husband and wife do not discuss sexuality and parents do not discuss sex with their children. In addition, low rates of literacy, a shortage of appropriate AIDS education, message contributes to the growing AIDS Problem in Nepal (Rai, 2013).

HIV/AIDS is not only a health problem. The socioeconomic repercussion of AIDS is enormous because, it is not only affects individual and their families but also society and the country as a whole. As AIDS is in early stages of epidemic in Nepal, its impact on society is yet to be observed. However, if

proper measures were not taken immediately, it would have a far-reaching impact (Gurubacharya, 2014)

Women are often forced into sex work thought the need for money to maintain their families and children and children. Therefore, it is unrealistic to expect them to stop their work unless alternative sources of income are provided (Karki, 2009).

The dynamic of the epidemic are especially dramatic in the Kathmandu valley where HIV/AIDS prevalence was 2 percent or below among IDUs in Kathmandu valley and is approaching 20 percent among FSWs and IDUs in the mid 1990s. It has now reached 68 percent among FSWs and is over 70 percent among FSWs who also report being IDUs (New Era & FHI; 2002). Poverty, gender inequality, low levels of education and literacy, denial, stigma and discrimination are major contributing factor to HIV vulnerability in Nepal (UN, 2013).

The spread of HIV infection in Nepal has probably reached to every root and corner of the country. It is going to destroy our whole youth population in the near future because it is increasing at an alarming rate (Subedi, 2012). One of the attributes of male domination in Nepalese society is that, it culturally condones and encourages the overt expression of masculinity. This is more pronounced in the rural communities where such an ethos has been part of the cultural tradition for many generations. Male sexuality expresses itself in such behaviors as gratification with girls in a manner that carries sexual overtones, relationships are reported to be rare, particularly in the rural areas (Subedi, 2012).

Commercial sex is a cultural taboo and continues to be legal in Nepal. There are two groups of sex workers in Nepal today who are referred to as traditional prostitutes: the Badi and the Deuki or Devaki. The untouchable Badi communities are concentrated in western Nepal in the district of Rolpa, Rukum, Salyan, Dailekh, Banke, Dang and Bardia. Such traditional prostitution also

plays a significant role infect in among all actors in Nepal highest rare of HIV/AIDS is identified among the injection drug user (IDUs) (Karki, 2009).

UNAIDS denied and compare with other countries in Asia and the world, available epidemiological data suggest that Nepal has a low prevalence of HIV in the general population. However the currently seen low prevalence in the general population marks an increasing prevalence in several groups, and new epidemiological data suggest that HIV may be increasing more rapidly than expected in certain sub-groups. These include IDUs National wide, FSWs in urban areas, returning FSWs from India (UNAIDS, 2013).

As the development of the epidemic has not rapidly change in the last three years, the neither public sector, nor communities were prepared to address the needs of marginalize groups, whose access to services and information was already restricted. Denial of the seriousness of the epidemic is still common, and recent data shows a very low level of HIV awareness and risk perception, especially among women, moreover, the social environmental needed for stigmatization and exclusion, which inhibits effective targeted risk and harm reduction interventions (UNAIDS, 2013).

For Nepal, a generalized epidemic with high mortality in the productive age group would start a "vicious circle". The impact would increase poverty and vulnerability. This increased vulnerability would lead to more HIV infections and a higher impact. Besides the negative impact on socio-economic development and the loss of productive life, the burden of disease would change dramatically over the next 10 years and would further stress the health sector and local communities (UNAIDS, 2013). In 1988, HMG/ Nepal launched the first National AIDS prevention and control program. HMG/ Nepal accepted the need for multi-sectoral involvement for AIDS and STD control and different focal points were appointed in various sectoral ministries (NCASC, 2013).

Poverty, gender inequality, low levels of education, and illiteracy, denial stigma and discrimination are major contributing factors to HIV vulnerability in Nepal. A national situation analysis identified the following groups as the most vulnerability to HIV/AIDS in Nepal, recent behavioral data indicates the increasing vulnerability of young people HIV/AIDS as the generational and cultural gap between emerging new values, norms, knowledge and independence on the side of adolescents, and the values, reference points and norms on the side of the older generation in widening. Girls with their traditionally lower social status sometimes have knowledge about STIs, HIV and AIDS but no access to means of protection (UNAIDS, 2013).

2.2 Review of Empirical Literature

Lack of knowledge and access contraceptive as well as vulnerability to sexual arouse put adolescent at high risk of unwanted pregnancy. There is evidence that new inflection if the younger age group continues to rise as the over tall proportion of people living with HIV/AIDS falls. Globally more then half of all new HIV infection are among the 15-24 age groups. In most parts of the world, the majority of new infections are young people between the ages 15-24, sometimes younger. In one story in Zambia over 12% of the and 16 years, old seen at antennal clinics were already infected with HIV. Girls appear to be especially vulnerable to infection. Although statistics from Uganda show that in some area inflection rates among teenager girls have dropped 50% from 1990s. Incidence rate are still 6 times higher then in boys of the same age. In South Africa, the proportion of pregnant 15-90 year olds infected with HIV rose to 13% 1996 room around the half that level just two years ago. In Botswana, the injection rate stood at 28% for the same group in 1997.

In 1986, Dicelemente, Zorn, and Temoshok (1986) surveyed 1,326 students (99% of the eligible sample) in family life education classes at 19 high schools in the San Francisco school district. Of those students, 92% correctly reported that HIV could be transmitted through sexual intercourse, but only 60% knew

condoms could lower the risk of HIV transmission. Nearly 20% were unaware that sharing intravenous needle could allow transmission of HIV and only 60% reported that AIDS could not be cured.

The knowledge on the correct ways to avoid transmission of HIV appeared to have a direct co-relation with the level of education attained by the respondents. Almost 100% of youths who completed secondary and lower secondary level of education identified more number of correct ways of avoiding HIV transmission followed by groups who have completed primary (87%) and below primary (80%). The mean of first sex is about 20 years old for males and 18 years old for females, predominantly in the context of marriage. This is an opportunity in the epidemiology of AIDS as a higher age at first sex would mean a slower spread of the virus (Subedi, 2012).

Budha, (2012), conducted on AIDS Awareness among Higher Secondary School Students of Surkhet district. This study found that most of all 96.75% have already heard about AIDS and 3.25% of them didn't response whether they have heard or not, 64% of them gave correct answer about the name of causing agent of AIDS. Majority of students, 90.75% mentioned that it might be surely AIDS to sexually infected person. It was found that radio is the most popular source of information where as teacher, TV, newspaper, friend and family members and health worker are 2nd, 3rd, 4th, 5th and 6th effective source of information respectively. Most 91.5% mentioned that condom was useful to be safe by HIV/AIDS but 5% responded had misconception that sterilization was useful to prevent from HIV/AIDS similarly 37.5% gave correct response to the recent data of HIV infected people in Nepal. Like wise, 25.25% of the respondents reported that AIDS program conducted by their school or community.

Lamichhane (2011), conducted a study on "Knowledge among Adolsence on STIs, HIV and AIDS". That study showed that majority (53%) of respondents didn't the low risk of HIV transmission but 47% of the respondents knew the

low risk of HIV transmission. And 83.54% of the respondents said that STIs are transmitted through unsafe sexual contact. Majority 82% of respondents revealed awareness through books. 99% of respondents reported that they had heard of mode of transmission of HIV/AIDS.

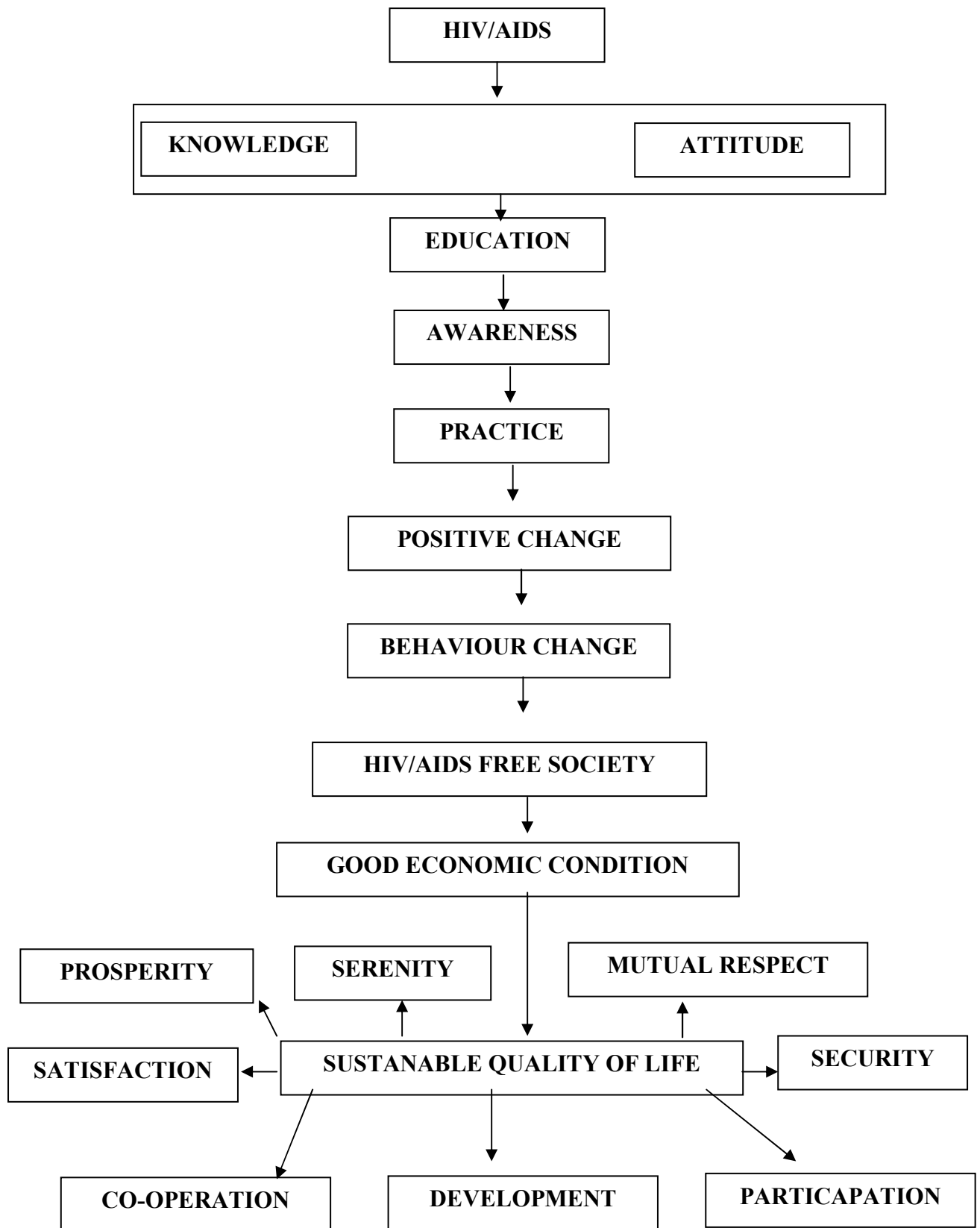
In Nepal first case found in 1988 AD but it is going to from low epidemic to concentrated epidemic. According to the data here are 48500 HIV infected. In estimate, out of 50% HIV infected were stay in the territory of high ways. But all of HIV infected person don't know, I have HIV. They couldn't get check because of misconception, stigma, unaware and poverty. Then out of 20 thousand had known the own condition of HIV. So, it proved that huge population have fallen in to HIV. But a few populations were regular getting services. (NCASC, 2013)

AHF Nepal sector Bharatpur (2013), had reported, In Chitwan, there are 976 people are HIV infected. Among them male 523 female 375 and children 78. But 526 no of HIV infected had been regular case and only 465 people has taken ART. According to data 71 people died by AIDS disease in Chitwan. The records shows 8833 people have HIV/AIDS to the age 30-39 years.

2.3 Implications of the Review for the Study

The researcher has studied more related books, reports and empirical literatures. From that, the researcher has understood about the origin and history of HIV/AIDS. And also known about the attitudes and practices on HIV/AIDS in national and international societies. By empirical literature review, the researcher has known about the awareness level on HIV/AIDS in different fields.

2.4 Conceptual Framework



A conceptual framework is a representation graphically in general. It helps the researcher to go a head, what achieve in future. HIV/AIDS is the global burning issue. So, people get knowledge of HIV/AIDS through education. After education people can be aware. The awareness brings good practice which is the best ideas to prevent HIV/AIDS. They develop safe way to escape from infection of HIV/AIDS. Then people do have positive behavior and society becomes free of HIV/AIDS. After that people were physically, mentally and spiritually healthy. Then they were work in every sectors. They have good economic condition. Gradually they were achieving sustainable quality of life. Then it brings prosperity, serenity, mutual respect, satisfaction, security, co-operation, participation and development among people.

CHAPTER-III

METHODS AND PROCEDURES OF THE STUDY

3.1 Design and Method of the Study

This study has been used descriptive research design. The study is basically based on primary sources obtaining the information concerning HIV/AIDS from sample survey among adolescent of Bharatpur Metropolitan of Chitwan district.

3.2 Population, Sample and Sampling Strategy

In Bharatpur Metropolitan there are 15 Private and Government secondary schools. Altogether 7894 students are studying in secondary school in 2017. Out of 15 secondary schools the researcher has been taken only three secondary schools using simple random sampling methods. In three secondary schools, there are 450 students. The researcher has been taken sixty percent students as the sample of this study through random sampling selection. So, out of total students researcher has been selected 270 students for sample.

3.3 Study Area

This study has been selected knowledge among adolescent on STIs and HIV/AIDS in Bharatpur Metropolitan of Chitwan district. The area were selected three secondary level schools over the Bharatpur Metropolitan of Chitwan district.

3.4 Data Collection Tools and Techniques

Questionnaire is the major tool of the study the researcher has been consulted different previous related studies research papers, books journals etc. Questionnaire were developed on the basic of reference materials and also on the suggestion of the advisor. The questionnaire were prepared by researcher by the help of various sources and with the help of advisor. The tool i.e. questionnaire was trailed among 10 students of secondary school and the result of pretest was matched with the final result of sampling. The questionnaire

consisted three types of questions. They were multiple choice, open ended and closed ended. After that the comments and suggestions were obtained from the advisor to improve and modify questionnaire for its betterment.

3.5 Data Collection Procedure

The researcher has been followed the following steps for collection data.

- a. At first, the researcher has been visited the principal of the selected secondary school and took permission to collect data for the purpose of research.
- b. The researcher has been prepared time schedule for collecting data.
- c. The researcher has been selected the respondents using their registers for random sampling.
- d. The researcher has been motivated the students and requested to participate actively to fulfill the questionnaire with the help of knowledge about STIs, HIV/AIDS.
- e. The essential secondary information's has been collected from educational statistics, related books, journals, newspapers, NCASE, AHF etc.

3.6 Data Analysis and Interpretation Procedure

After completion of taking data, raw information were checked, edited and post coded accordingly. The data has been presented in the table, chart and graph. Descriptive approach has been applied for the analyzing and interpretation of primary data.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF RESULTS

The aim of this study was find out the existing level of knowledge and attitude among secondary level students on HIV/ AIDS. For gaining the objective of this study, required data and information have been collected. The analysis and interpretation has been made with the help of table, graphs and charts to make the presentation more clear.

4.1 Demographic Characteristics

General characteristics shows, who are engaging in the study. The level of knowledge and attitude of HIV/AIDS depends on demographic characteristics. Here includes distribution of sex composition and ethic groups of the respondents.

4.1.1 Sex Distribution

The sex distributions of the study are tabulated as follows.

Table 4.1: Sex Distribution

| S. N. | Sex | Numbers | Percent (%) |
|--------------|--------|------------|-------------|
| 1. | Male | 135 | 50.00 |
| 2. | Female | 135 | 50.00 |
| Total | | 270 | 100% |

The table 4.1 shows that 50% male and 50% female respondents have been included this research.

4.1.2 Cast/Ethnic Group Distribution of the Respondents.

Nepal 's a multi-lingual and multi-cultural country. Here are many caste and ethnic groups living in Nepal. Brahmin, Chhetri, Magar, Gurung, Dalits people are settled down in Bhararpur Metropolitan. The respondents of ethnic groups are shown in below table.

Table 4.2: Ethnic Groups

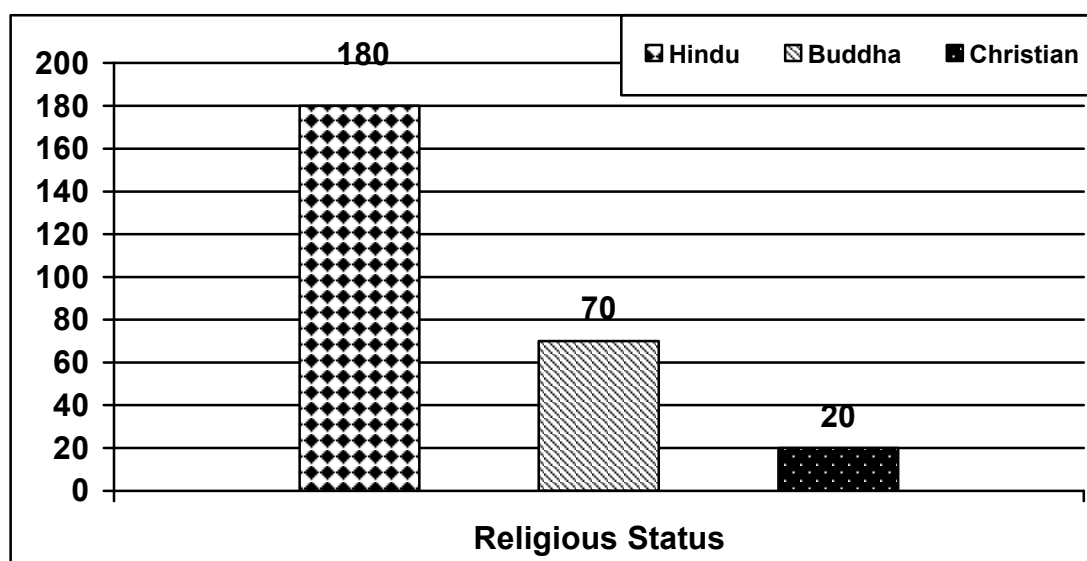
| S.N. | Ethnic groups | Numbers | Percent (%) |
|--------------|-----------------|------------|-------------|
| 1. | Brahman/Chhetri | 122 | 45.19 |
| 2. | Janajati | 81 | 30.00 |
| 3. | Dalit | 67 | 24.81 |
| Total | | 270 | 100 |

Above table 4.2 shows that Brahman/Chhetri caste is in high ratio than other ethnic groups. Here 45.19% Brahman/Chhetri respondents, Jananati were 30% and Dalit were 24.81% in number. It shows that mostly Brahman/Chhetri students are studying in secondary school in this study area. It is found that prevalence of Brahman/Chhetri students are found in public schools.

4.1.3 Religious Status

Nepal is composed of multi- ethnic groups with different languages. Nepal has followers of different religious such as Hindus, Buddhists, Muslims and Christians, etc. They have settled down harmoniously in study area. The interim constitution 2063 announced that Nepal is the country of religious secularism. The religious status is shown in the below figure.

Figure 4.1: Religious Status



Above figure 4.1 shows that out of total respondents, Hindus are 66.67%, Buddhists are 25.93% and 7.41% respondents are of Christianity.

4.1.4 Occupational Status of Respondent's Father

Occupational is main sources of income. Without occupation any one can't live successfully and it makes his\her life comfortable as well as enjoyable. So that it is important demographic characteristics for the human being. There are shown in following table.

Table 4.3: Occupational Status of Father

| SN | Father's Occupation | No. of respondents | Percent |
|--------------|-----------------------|--------------------|------------|
| 1 | Agriculture | 135 | 50.00 |
| 2 | Abroad for employment | 70 | 25.93 |
| 3 | Business | 38 | 14.07 |
| 4 | Services | 27 | 10.00 |
| Total | | 270 | 100 |

The table 4.3 shows that 50% respondents answered that agriculture is the main occupation of their fathers. Likewise 25.93% are in foreign employment, 14.07% are found in business and rest 10% depends on various services.

This data indicates that mostly of the respondent's father are involved in agricultural sector. It shows that 50% population depends on that occupation, least fathers are 10% engaged in various services and 25.93% are found to be employed in foreign job.

4.2 Knowledge and Information on HIV/AIDS

Knowledge on HIV/AIDS is important, which can guide towards prevention and control of HIV/AIDS. The main focus of this part has been given to the correct and wrong knowledge about disease transmission routes, sign and symptoms, prevention and controlling measures. The above mentioned questionnaire helps to ascertain the level of knowledge on HIV/AIDS on the basis of the date.

4.2.1 General Knowledge on HIV/AIDS

Respondent knowledge about HIV/AIDS is important because it helps to raise people's awareness level and change their behavior about the transmission and preventive measures of disease. People thought HIV/AIDS is known to be incurable disease. But in case of HIV/AIDS, internal counseling is only very important component for providing care. For example information on HIV, providing for them and there should be social support and health care facilities. A set of questionnaire schedule was used to each students to find out their existing level of knowledge on HIV/AIDS. Responses of the respondents are presented in the following table.

Table 4.4: Knowledge about HIV/AIDS

| SN | Knowledge | Yes | | No | | Don't know | | Total |
|----|--|-----|------|-----|-----|------------|-----|-------|
| | | No. | % | No. | | % | No. | |
| 1 | Heard about AIDS | 270 | 100% | - | - | - | - | 100% |
| 2 | Name of AIDS Virus | 270 | 100% | - | - | - | - | 100% |
| 3 | Do you know how does it communicate? | 243 | 90% | 27 | 10% | - | - | 100% |
| 4 | Difference between HIV and AIDS? | 216 | 80% | 54 | 20% | - | - | 100% |
| 5 | Know the sign and symptoms of HIV/AIDS? | 216 | 80% | 54 | 20% | - | - | 100% |
| 6 | Possible to manage | 243 | 90% | 27 | 10% | | - | 100% |
| 7 | Know the problem of HIV/AIDS victims. | 216 | 80% | 54 | 20% | - | - | 100% |
| 8 | Include in curriculum of AIDS in secondary level | 270 | 100% | - | - | - | - | 100% |

According to the table 4.4, eight difference types of questions were asked to the students to assess the general knowledge about HIV/AIDS.

The answered of first question showed that 100% of respondents had heard about HIV/AIDS. Similarly on second and third question 100% of respondents had known the causative agent of HIV/AIDS. Likewise on the context of 4th question 90% had known the route of communication and 10% respondents answered in negative.

Thus more students had known about the HIV as the cause of AIDS. Whereas this study shows that all respondents heard about AIDS and had told the name of AIDS virus and some differences between HIV and AIDS. After analyzing this data, it clarifies that the knowledge about HIV\AIDS is being increased among the students of secondary level.

4.2.2 Sign and Symptoms of HIV/AIDS

Sign and symptoms are seen when the causative agent enters into the body. The early symptoms of AIDS are often common similarly to other diseases but we can confirm the HIV to the help of pathological test.

On the question to mention the major sign and symptoms of AIDS, the answers were found as follows:

Table 4.5: Awareness of Sign and Symptoms of HIV/AIDS

| SN | Symptoms | Percent |
|----|---------------------|---------|
| 1 | Weight cost | 15.33 % |
| 2 | Depression | 20.00 % |
| 3 | Not had any disease | 10.00% |
| 4 | Loss of appetite | 9.00% |
| 5 | Weak immune power | 8.33% |
| 6 | Skin infection | 5.00% |
| 7 | Diarrhea | 7.00% |
| 8 | Headache | 5.34% |
| 9 | Fever | 5.00% |
| 10 | Recurrent disease | 5.00% |
| 11 | Show move disease | 5.00% |
| 12 | No response | 5.00% |

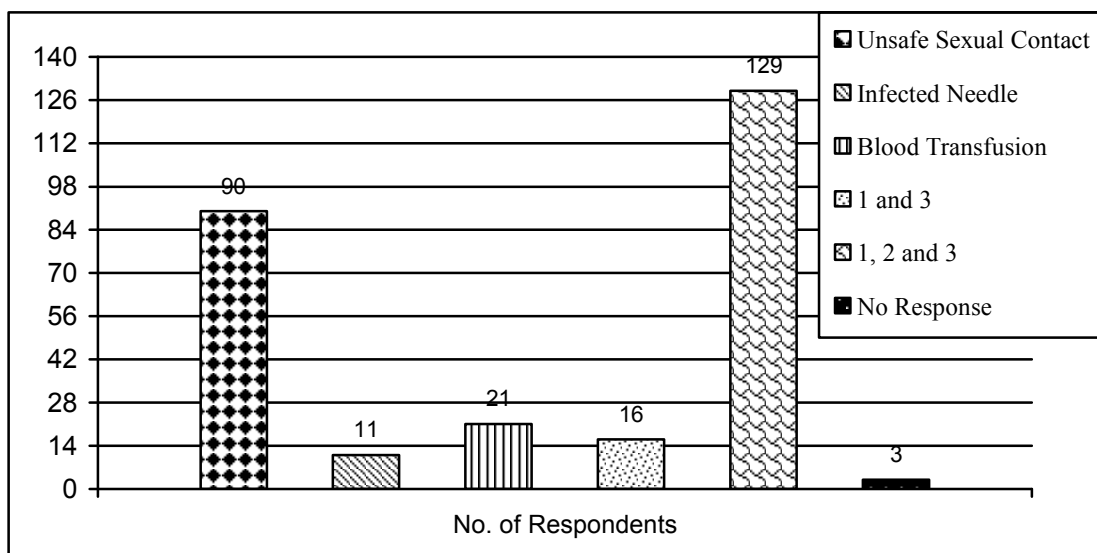
Above table 4.5 shows that respondents mentioned different views about sign symptoms of AIDS. The question was mention any 3 major sing symptoms, on this question 15.33% mentioned weight loss and 13.33% reported depression but 10% wrote none healing any disease, 9% mentioned loss of appetite, 8.33% answered weak immune power, 6.66% on the feeling sad, 5% wrote skin infection, 7% diarrhea and 5.34% reported headache. At last 5% mentioned fever, recurrent diseases and show more diseases but 5% of them were totally unknown about the sign and symptom of AIDS.

According to the analyzed data most of the student reported that weight loss, depression non-healing any diseases are the 1st 2nd and 3rd major sing and symptom respectively.

4.2.3 Knowledge on Major Route of HIV/ AIDS Spreading

The question was asked to each respondents regarding the rate spread of HIV/AIDS. The responses of the respondents are given below.

Figure 4.2 : Knowledge on Major Route of HIV/ AIDS Spreading



Above figure 4.2 shows that most of the 47.78% have well knowledge about route of spreading AIDS in Nepal. Like ways, 33.33% respondents wrote unsafe sexual contact, 8% mentioned blood transfusion, 4.07% reported infected needle, 5.93% wrote both 1 and 3 options, more respondents 47.78% mentioned 1, 2 and 3 options. But 1.11% of them had no answer.

4.2.4. Mode of Transmission of HIV/AIDS

To assess the knowledge of respondents, the mode of HIV/ AIDS is analyzed in the following table.

Table 4.6: Mode of Transmission of HIV/AIDS

| S.N | Medium | yes | | No | | Don't know | | total | |
|-----|--------------------------|-----|--------|-----|--------|------------|--------|-------|------|
| | | no | % | no | % | no | % | No | % |
| 1 | Mosquito bite | 16 | 5.93% | 248 | 91.85% | 6 | 2.22% | 270 | 100% |
| 2 | Hugging | 8 | 2.96% | 259 | 95.93% | 3 | 1.11% | 270 | 100% |
| 3 | Unsterilized needle | 243 | 90% | 24 | 8.89% | 3 | 1.11% | 270 | 100% |
| 4 | Homosexual | 190 | 70.37% | 40 | 14.81% | 40 | 14.81% | 270 | 100% |
| 5 | Pregnant mother to child | 232 | 85.93% | 32 | 11.85% | 6 | 2.22% | 270 | 100% |
| 6 | Drug user | 135 | 50% | 121 | 44.81% | 14 | 5.19% | 270 | 100% |
| 7 | Shaking Hands | - | - | 270 | 100% | - | - | 270 | 100% |
| 8 | Kissing | - | - | 270 | 100% | - | - | 270 | 100% |
| 9 | Fomites | - | - | 270 | 100% | - | - | 270 | 100% |

Table 4.6, according to the data of this on the question of, "are HIV transmitted by following route?" On this topic nine questions are included. On the first question, 5.93% respondents had given positive answers 91.85% respondents mentioned negative answer and 2.22% had no response. In this way on the context of Hugging, 2.96% said, it is positive to transmit, 95.93% respondent reported doesn't transmit and remaining 1.11% had no response. Similarly the topic of unsterilized needle 90% respondents gave positive answer, 8.89% gave negative and 1.11% didn't answer.

Likewise by the mode of homosexual, 70.37% respondents mentioned positive and 14.81% had given negative and no response. Like this in the sub question about pregnant mother to child, 85.93% respondents had agreed to transmit,

11.85% had negative answer and remaining 2.22% respondents had no response.

On the topic of drug user 50% of the respondents agree, it is transmitted through common needle, 44.81% respondents gave negative answer and 5.19% had no response.

On the basis of above data most of the students have good knowledge on different modes of HIV/AIDS transmission except few questions it is the most good news least 6% respondents agreed HIV spreads by mosquito bite.

The result shows that secondary level students had studied about HIV/AIDS from class six but they are not getting sufficient knowledge on HIV/AIDS till now.

4.2.5 Awareness of HIV Infection Occurred in Nepal

Human Immune Deficiency Virus (HIV) was first diagnosed in the USA in 1981 A.D. They believed that before 1959 A.D. it has been prevailing in human society and found first in African Green monkey like was the first researcher put the question when was the first case of HIV/AIDs found in Nepal? On this question the respondents gave the answer as in following table .

Table 4.7 : Awareness of HIV Infection Occurred in Nepal

| S.N. | Year (AD) | No | Percent |
|--------------|------------------|------------|----------------|
| 1 | 1970 | - | - |
| 2 | 1981 | 138 | 51.11% |
| 3 | 1985 | - | - |
| 4 | 1988 | 89 | 32.96% |
| 5 | No response | 43 | 15.93% |
| Total | | 270 | 100% |

This table 4.7 shows that 51.11% respondents reported on the HIV/AIDS in 1981 AD. 32.96% students reported the answer 1988 AD, 15.93% respondents had no response.

According to the analysis of this data, the researcher can say that few students have wrong information of data of HIV found in Nepal.

4.2.6 Possibility to Manage HIV/AIDS

HIV/AIDS manage means how do will protect against their disease and how do we involve in good way to the HIV/AIDS positive HIV/AIDS is the context o globally challenging disease, so on this topic the question was " Is it possible to mange?" The answers were 98.15% gave positive but 1.85% respondents reported negative answer, after that another open ended type question was, if yes, how can we manage? According to the respondents is most of them reported as follows.

Table 4.8 : Possibility to Manage HIV/AIDS

| S.N | Response | Number | Percent |
|--------------|-----------------|---------------|----------------|
| 1 | Use Condom | 165 | 98.15% |
| 2 | Don't Know | 5 | 1.85% |
| Total | | 270 | 100% |

Above table 4.8 shows, out of total respondents 98.15 percent known about manage HIV/AIDS by use condom during the sexual intercourse. Moreover they known to manage HIV/AIDS, shouldn't born the child if mother have HIV and sexual contact to the multiple partners. But 1.85 percent respondents didn't had knowledge about manage HIV/AIDS.

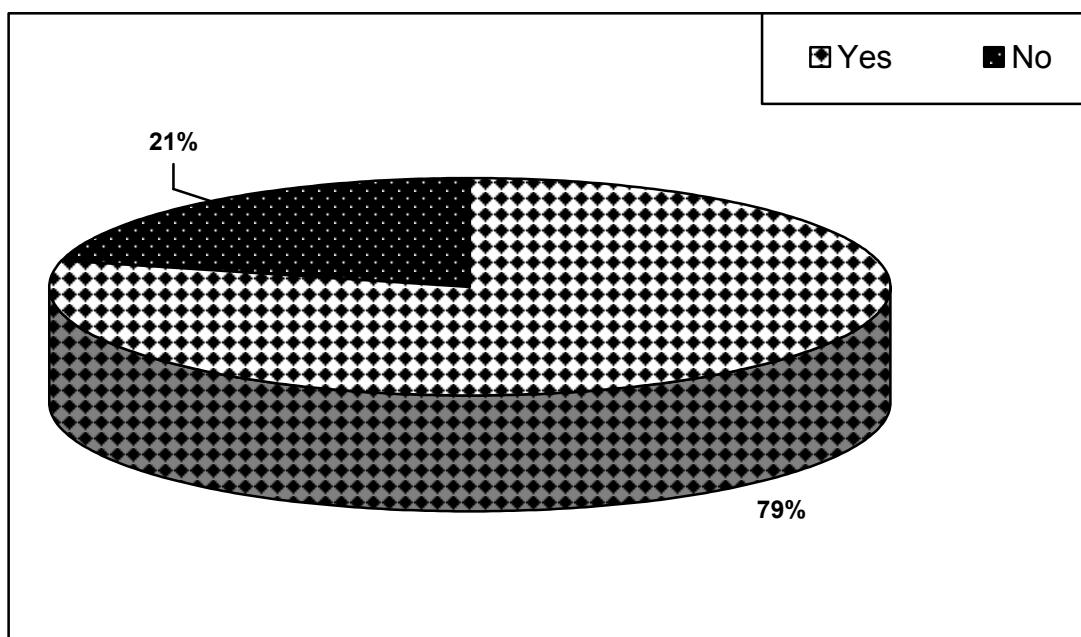
But according to the data the researcher feels all respondents neglected the part of after having AIDS, that is the most important part because HIV/AIDS positive can live long if they get love and support from family and give them various opportunities on more programs.

4.2.7 Knowledge on Differences between HIV and AIDS

HIV is virus which is the cause of AIDS. The respondents have known about the differences between HIV and AIDS.

To find out Knowledge of differences between HIV and AIDS. The question were asked about it. The responses on those questions were given in the figure.

Figure 4.3: Differences between HIV and AIDS



Above figure 4.3 shows that the most of the respondents 79 percent had written positive answer and 21 percent respondents told negative answer. According to the analysis, other open ended question on was, if no, mention the differences. On this context, the summarize is 21 percent respondents had lack knowledge on HIV and AIDS but most of the respondents mentioned, HIV is a virus and AIDS is the condition of last stage caused by HIV.

4.2.8 Knowledge on the Main Sources of HIV/AIDS in Nepal

Knowledge makes the students perfect. In the context of causes of HIV/AIDS in Nepal the researcher included four options the questions was 'what are main causes of HIV/AIDS?' The responses are given below.

Table 4.9: The Main Sources of HIV/AIDS in Nepal

| S.N. | Cause | Number | Percent |
|--------------|---------------------|------------|-------------|
| 1 | Lack of aware nests | 57 | 21.11 |
| 2 | Uneducated | 51 | 18.89 |
| 3 | Youth unemployment | 16 | 5.93 |
| 4 | Other | 6 | 2.22 |
| 5 | 1 and 2 | 76 | 28.15 |
| 6 | 1 and 3 | 5 | 1.85 |
| 7 | 1, 2 and 3 | 54 | 20.00 |
| 8 | No responses | 5 | 1.85 |
| Total | | 270 | 100% |

Above table 4.9 shows that the respondents had given various answers. According to data 21.11% gave lack of awareness option, 18.89% reported uneducated mass, likewise 5.93% had mentioned HIV/AIDS caused by youth unemployment. Similarly 2.22% respondents gave the cause of open border, 28.15% mentioned 1 and 2 options both, 1.85% respondents said 1 and 3 options, likewise 20% students gave the options 1, 2 and 3. At last remaining 1.85% had no response according to analysis of the data the researcher can say, most of students have various knowledge about the cause of HIV/AIDS.

4.2.9 Measure to be Safe from HIV/AIDS

Prevention is better than cure so in the context of HIV/AIDS there should be given the know ledge how to be safe from HIV/AIDS.

To find one about the method of the protect against HIV/AIDS the question was "what are the measured to be safe HIV/AIDS?" The responses of this question were found as follows.

Table 4.10 : Measure to be Safe from HIV/AIDS

| S.N | Measure | Number | Percent |
|--------------|-----------------------|---------------|----------------|
| 1 | Awareness | 46 | 17.04 |
| 2 | Health education | 22 | 8.15 |
| 3 | Sex education | 24 | 8.89 |
| 4 | Unsafe sexual contact | 95 | 35.19 |
| 5 | All | 68 | 25.19 |
| 6 | No response | 15 | 5.56 |
| Total | | 270 | 100% |

Above table 4.10 shows that 17.04% students said that awareness is the good way to be safe against HIV/AIDS. Similarly 8.15% mentioned health education, 8.89% respondents reported sex education. Like this 35.19% of them said, unsafe sexual contact but 25.19% respondents reported all options, they mentioned awareness, health education and sex education and avoid on safe sexual contact. At last remaining 5.56% respondents had no response.

On the basis of the respondents' answers, the researcher found that the respondents have good knowledge about how to be safe from AIDS, various respondents mentioned multiple options. It shows, they have good knowledge on measure to be safe from HIV/AIDS.

4.2.10. Information about People Died of HIV/AIDS

The researcher asked the numerical data of people dead due to AIDS in Bhararpur Metropolitan. The responses of this question were found as follows.

Table 4.11: Awareness of People Died of HIV/AIDS

| S.N. | Response (No. of people) | Percent |
|--------------|---------------------------------|----------------|
| 1 | 10 | 2% |
| 2 | 12 | 12% |
| 3 | 69 | 16% |
| 4 | 70 | 17% |
| 5 | 71 | 29% |
| 6 | 72 | 3% |
| 7 | More | 4% |
| 8 | Don't know /no response | 21% |
| Total | | 100% |

Above table 4.11 shows that 29% of them were well known about the last 6 yrs data of died people by AIDS in Bhararpur Metropolitan. Likewise total 71% respondents replied false answer.

On the basis of respondents answers the researcher found that 29% respondents had good informant on they died by AIDS.

But 71% students gave wrong answer the researcher proved that more respondents had no real information on recent data died by AIDS in Bhararpur Metropolitan. So, the information's about HIV/AIDS should be given to the secondary level students.

4.2.11 Knowledge about Contraceptive to Prevent from HIV/AIDS

AIDS is not curable disease it means, it leads definitely to the death. Due to uncurable disease people, must have convinced about the use of contraceptive. That is the best way to prevent from HIV/AIDS. The response from respondents is shown in the below table.

Table 4.12 : Knowledge about Contraceptive to Prevent from HIV/AIDS

| S. N. | Contraceptive | No. | Percent |
|--------------|----------------------|------------|----------------|
| 1 | Condom | 221 | 81.85 |
| 2 | Minilap | 5 | 1.85 |
| 3 | Depo | 5 | 1.85 |
| 4 | Coper T | 5 | 1.85 |
| 5 | Pills | 5 | 1.85 |
| 6 | Safe sexual Contact | 14 | 5.19 |
| 7 | No response | 15 | 5.56 |
| Total | | 270 | 100% |

Above table 4.12 shows that most of the respondents have good knowledge on contraceptive devices. According to the table, 81.85% respondents reported that use of condom is the best way to be safe from as HIV/AIDS. Similarly few 1.85% of them said minilap, dipo, coper-T and pills also useful to prevent from it. Other 5.19% had misconception. They said, safe sexual contact is more useful. It is proved that 5.56% respondents have not knowledge contraceptive devices.

4.2.12 Effective Instructional Method for Raising Awareness on HIV/AIDS

Instructional methods role play to grow up KAP. It is more valuable for raising awareness on HIV/AIDS.

The researcher had prepared a question 'Which is effective instructional method for raising awareness on HIV/AIDS?' The responses of the question is given below.

Table 4.13 : Awareness of Effective Instructional Techniques of HIV/AIDS

| S.N. | Medium | No. | Percent (%) |
|--------------|----------------------|------------|-------------|
| 1. | classroom teaching | 32 | 11.85 |
| 2. | seminar/workshop | 5 | 1.85 |
| 3. | communication medias | 43 | 15.93 |
| 4. | personal contact | 24 | 8.89 |
| 5. | 1 and 2 | 13 | 4.81 |
| 6. | 1 and 3 | 97 | 35.93 |
| 7. | 3 and 4 | 8 | 2.96 |
| 8. | 2 and 3 | 18 | 6.67 |
| 9. | 1, 2 and 3 | 10 | 3.70 |
| 10. | All | 10 | 3.70 |
| 11. | no response | 10 | 3.70 |
| Total | | 270 | 100% |

This table 4.13 shows that 11.85% respondents replied that classroom teaching is suitable and 1.85% replied seminar/workshop is suitable. Similarly 15.93% had reported communication media, 8.89% respondents mentioned personal contact, but it is unbehavioural to instruct in context of Nepal. Like wise 4.81% choose 1 and 2 options both, similarly 35.93% of them had given classroom teaching and instruction through medias both.

Similarly 3.7% respondents reported all options. But 3.7% of them had no response. According to this data, it shows that most of students have known about various instructional methods of teaching. More students accepted classroom teaching, Radio and TV are the most popular to instruct about this disease.

4.2.13 Inclusion of HIV/AIDS Content in School Curriculum

AIDS is a globally challenging disease. It should be included in curriculum, that's why the knowledge on HIV/AIDS can be gradually increasing and they will spread the new generations also.

To find out the need of knowledge on HIV/AIDS, education in school level, the question was asked about it. The responses on this question are given in the table.

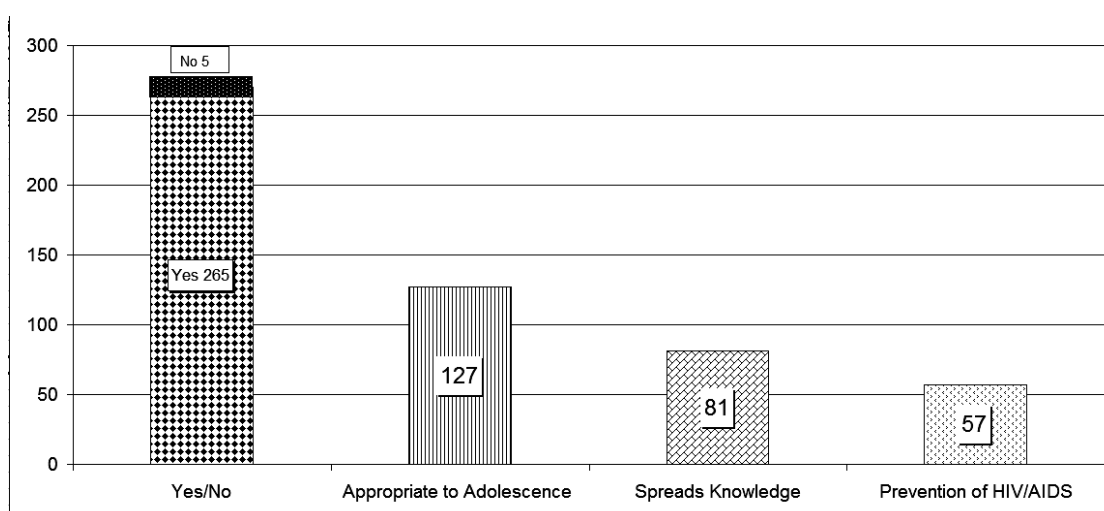
Table 4.14 : Inclusion of HIV/AIDS Content in School Curriculum

| S.N. | Options | No. of Respondents | Percent |
|---------------|----------------------------|--------------------|-------------|
| 1 | Yes | 265 | 98.15 |
| 2 | No | 5 | 1.85 |
| Total | | 270 | 100% |
| If Yes | | | |
| 1 | Appropriate to Adolescence | 127 | 47.92 |
| 2 | Spreads Knowledge | 81 | 30.57 |
| 3 | Prevention of HIV/AIDS | 57 | 21.51 |
| Total | | 265 | 100% |

According to table 4.14, most of the students 98.15% respondents had well knowledge about need of AIDS in curriculum in School level. A few 1.85% respondents had no or negative response.

Researcher asked if yes, give reasons to include HIV/AIDS education in curriculum, 265 respondents took part in open ended question. On the question 47.92% respondents wrote, it will be appropriate to the adolescence, 30.57% reported, it spreads knowledge on HIV/AIDS, 21.51% respondents mentioned, it is useful to prevent HIV/AIDS.

Figure 4.4: Inclusion of HIV/AIDS Content in School Curriculum



4.2.14 Behaviour with HIV/AIDS Infected People

People are infected with HIV/AIDS in various ways. The question was about behaviors with HIV/AIDS infected people. The response of this question was found as follows.

Table 4.15 : Feeling towards HIV/AIDS Infected People

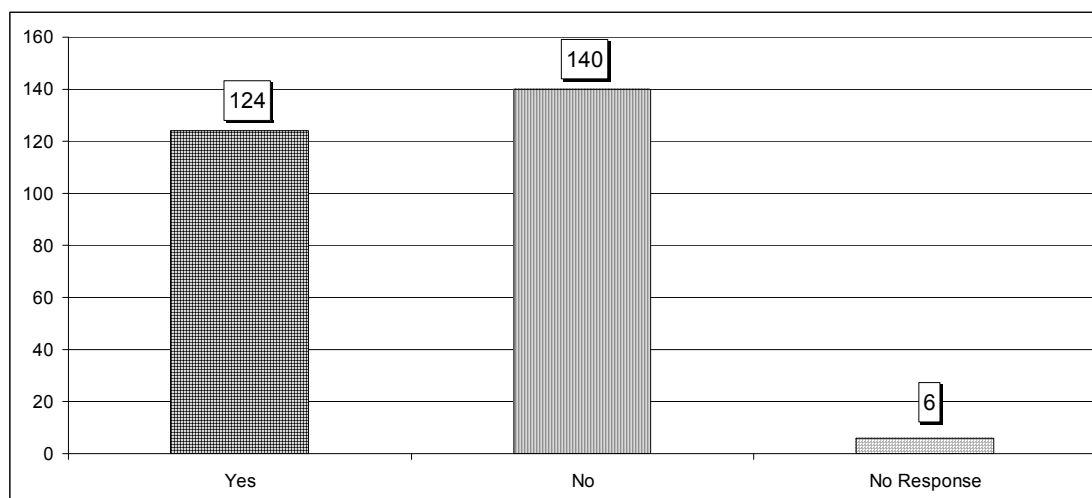
| S. N. | Response | No. of Respondent | Percent |
|--------------|------------|-------------------|-------------|
| 1 | Sympathy | 267 | 98.89% |
| 2 | Hate | 0 | 0% |
| 3 | Don't know | 3 | 1.11% |
| Total | | 270 | 100% |

Above table 4.15 shows that 98.89% respondents of them had given positive answer and remaining 1.11% had no response. According to response, it proved that, secondary level students are positive to HIV/AIDS infected people.

4.2.15 HIV/AIDS Program Conducted in School or Community

When the question was asked "Are any programs conducted in your school or community on HIV/AIDS?" The answer were given below.

Figure 4.5 : Awareness of HIV/AIDS Program Conduct in School or Community



Above figure 4.5 shows, 124 respondents had given positive answers 140 respondents had mentioned negative answer and remaining 6 respondents had no response. After analyzing data, it shows that, most of the schools had not conducted any program about HIV/AIDS. In Nepal many NGOs and INGOs have been working in this field but they hadn't worked in good ways. But researcher asked if yes, what is the best way, 100% respondents give the awareness by rally on AIDS Day.

4.2.16 Students Knowledge towards HIV/AIDS

The respondents were asked to mention, what type of disease is it? The answer of this question is analyzed in this table.

Table 4.16: Students' Knowledge towards HIV/AIDS

| S.N. | Type | No | Percent |
|--------------|------------------|------------|----------------|
| 1. | Communicable | 232 | 85.93 |
| 2. | Non-Communicable | 32 | 11.85 |
| 3. | Don't Know | 6 | 2.22 |
| Total | | 270 | 100% |

Above table 4.16 shows that 85.93% respondents said that it is communicable disease, 11.85% of them mentioned non-communicable disease and remaining 2.22% respondents reported don't know.

4.2.17 Psychological Problem of HIV/AIDS Infected Person

Men fall in HIV/AIDS by various ways. Then they can't adjust easily with friends and others. Due to the negative sense about HIV/AIDS. So, HIV/AIDS infected persons are looked unhappy. The researcher got information to this question which are as follows.

Table 4.17: Awareness of Psychological Problem of HIV/AIDS Infected Person

| S.N. | Psychological Problem | No. | Percent |
|--------------|------------------------------|------------|----------------|
| 1. | Anxiety | 105 | 38.89 |
| 2. | Afraid | 33 | 12.22 |
| 3. | Loneliness | 62 | 22.96 |
| 4. | Don't talk to other | 27 | 10.00 |
| 5. | No response | 43 | 15.93 |
| Total | | 270 | 100 |

The above table 4.17 shows that the respondents gave more different answer because it was open ended question. On the summarizing this, 38.89% respondents mentioned anxieties, 12.22% of them gave answer on afraid. Likewise 10% HIV/AIDS positive were don't talk to other people. At last 15.93% of them had no response.

4.2.18 Social Problem of HIV/AIDS Infected Person

The important part of HIV/AIDS positive in our context how can they adjust in society? On this context the question was what are social problems on HIV/AIDS positive? The given answers are in the following table.

Table 4.18 : Awareness of Social Problem of HIV/AIDS Infected Person

| S.N. | Response | No | Percent |
|--------------|--------------------------------|------------|------------|
| 1. | Can't involve in social work | 146 | 54.07 |
| 2. | To look negative point of view | 68 | 25.19 |
| 3. | Can't adjust in Society | 35 | 12.96 |
| 4. | All | 21 | 7.78 |
| Total | | 270 | 100 |

Above table 4.18 shows that the respondents had good knowledge about the problem on HIV/AIDS positive. According to data, 54.07% of them reported, they can't involve in social works. Similarly 25.19% respondents mentioned the people look them from negative points of view. Likewise 12.96% of them ticked on can't adjustment in society and remaining 7.78% had mentioned all option. On the basis of data, the researcher can say, secondary level students have good knowledge about the social problems of HIV/AIDS infected people.

4.2.19 Minimize the HIV/AIDS Infection

In Bhararpur Metropolitan there are 819 HIV infected persons and out of 71 HIV persons had died. So, HIV/AIDS is going to be danger in our territory in this context, the question was 'what can we do to minimize the HIV/AIDS infection?' It was the open ended type question, the answers of respondents are give below.

Table 4.19 : Student's Suggestion about Minimizing HIV/AIDS Problem

| S.N | Response | No | Percent |
|--------------|--|------------|------------|
| 1 | Awareness | 27 | 10.00 |
| 2 | Youth employment growth | 41 | 15.19 |
| 3 | Safe sexual intercourse with one partner | 49 | 18.15 |
| 4 | If done use condom | 59 | 21.85 |
| 5 | Need strong legal provision | 11 | 4.07 |
| 6 | AIDS Education on secondary level | 26 | 9.63 |
| 7 | 1 and 2 option both | 57 | 21.11 |
| Total | | 270 | 100 |

According to the table 4.19 the students of secondary level have different ideas to minimize the HIV/AIDS infection. It was open ended question, the question was 'mention the ideas to minimize the HIV/AIDS' All of the students took part on this question, on the basis of data 10% respondents gave the answer awareness, 15.19% reported youth employment growth is to be maximized to minimized to HIV/AIDS infection.

Similarly 18.15% had written safe sexual intercourse with own partner, likewise 21.85% respondents reported that, if the person has to taken part in sexual intercourse condom is referred at that time it is necessary to use condom. Similarly 4.07% students mentioned strong legislation is must for the sex worker. This way 9.63% respondents reported AIDS education is necessary to the secondary level student. At last, 21.11% students mentioned 1 and 2 options (awareness and youth employment growth) both to minimize the HIV/AIDS infection rate.

After analyzing data, all of them have recommended different measures to minimize the HIV infection. Most of the student emphasized that, awareness should be raised by rally and mass medias. It is proved that each of the respondents have well knowledge to minimize this disease and the researcher can say, "morning shows the days."

4.3 Summary of Findings

HIV/AIDS is becoming a global health issue. The past data shows that 90% cases were identified in the developing countries. WHO estimates that there will be approximately 50 million (1% of the world's population) adult women and children will become infected. In Nepal, HIV was identified in 1988. It is gradually growing up low epidemic to concentrated epidemic. The collected data were tabulated, analyzed and interpreted accordingly (WHO, 2012). After analyzing and interpreting the data main finding are given below.

- The fifty–fifty of the respondent's boys and girls were in the study. The majority of Brahman/Chhetri caste is in high ratio than other ethnic groups as well as Hindus are also high ratio i.e. 66.67%, Buddhists are 25.93% and

7.41% respondents are of Christianity. The analysis shows that 50% respondents answered that agriculture is the main occupation of their fathers.

- Out of total respondents 15.33% mentioned weight loss and 13.33% reported depression but 10% wrote none healing any disease, 9% mentioned loss of appetite, 8.33% answered weak immune power, 6.66% on the feeling sad, 5% wrote skin infection, 7% diarrhea and 5.34% reported headache. At last 5% mentioned fever, recurrent diseases and show more diseases but 5% of them were totally unknown about the sign and symptom of AIDS.
- Most of the 47.78% have well knowledge about route of spreading AIDS in Nepal. Like ways, 33.33% respondents wrote unsafe sexual contact, 8% mentioned blood transfusion, 4.07% reported infected needle, 5.93% wrote both 1 and 3 options, more respondents 47.78% mentioned 1, 2 and 3 options. But 1.11% of them had no answer.
- About the HIV transmitted by following route. 5.93% respondents had given positive answers 91.85% respondents mentioned negative answer and 2.22% had no response. In this way on the context of Hugging, 2.96% said, it is positive to transmit, 95.93% respondent reported doesn't transmit and remaining 1.11% had no response. Similarly the topic of unsterilized needle 90% respondents gave positive answer, 8.89% gave negative and 1.11% didn't answer. On the drug user 50% of the respondents agree, it is transmitted through common needle, 44.81% respondents gave negative answer and 5.19% had no response.
- Out of total respondents 98.15 percent known about manage HIV/AIDS by use condom during the sexual intercourse. Moreover they known to manage HIV/AIDS, shouldn't born the child if mother have HIV and sexual contact to the multiple partners. But 1.85 percent respondents didn't had knowledge about manage HIV/AIDS.

- On this context, the summarize is 21 percent respondents had lack knowledge on HIV and AIDS but most of the respondents mentioned, HIV is a virus and AIDS is the condition of last stage caused by HIV.
- According to data 21.11% gave lack of awareness option, 18.89% reported uneducated mass, likewise 5.93% had mentioned HIV/AIDS caused by youth unemployment. Similarly 2.22% respondents gave the cause of open border, 28.15% mentioned 1 and 2 options both, 1.85% respondents said 1 and 3 options, likewise 20% students gave the options 1, 2 and 3. At last remaining 1.85% had no response according to analysis of the data the researcher can say, most of students have various knowledge about the cause of HIV/AIDS.
- Out of total respondents, 17.04% students said that awareness is the good way to be safe against HIV/AIDS. Similarly 8.15% mentioned health education, 8.89% respondents reported sex education. Like this 35.19% of them said, unsafe sexual contact but 25.19% respondents reported all options, they mentioned awareness, health education and sex education and avoid on safe sexual contact. At last remaining 5.56% respondents had no response.
- On the basis of respondents answers it is found that 29% respondents had good informant on they died by AIDS. But 71% students gave wrong answer the researcher proved that more respondents had no real information on recent data died by AIDS in Bhararpur Metropolitan. So, the information's about HIV/AIDS should be given to the secondary level students.
- 11.85% respondents replied that classroom teaching is suitable and 1.85% replied seminar/workshop is suitable. Similarly 15.93% had reported communication media, 8.89% respondents mentioned personal contact, but it is unbehavioural to instruct in context of Nepal.
- Most of the students 98.15% respondents had well knowledge about need of AIDS in curriculum in School level. A few 1.85% respondents had no or negative response. Researcher asked if yes, give reasons to include

HIV/AIDS education in curriculum, 265 respondents took part in open ended question. On the question 47.92% respondents wrote, it is appropriate to the adolescence, 30.57% reported, it spreads knowledge on HIV/AIDS, 21.51% respondents mentioned, it is useful to prevent HIV/AIDS.

- Above analysis shows that 85.93% respondents said that it is communicable disease, 11.85% of them mentioned non-communicable disease and remaining 2.22% respondents reported don't know.
- The above analysis shows that the respondents gave more different answer because it was open ended question. On the summarizing this, 38.89% respondents mentioned anxieties, 12.22% of them gave answer on afraid. Likewise 10% HIV/AIDS positive were don't talk to other people. At last 15.93% of them had no response.
- The respondents had good knowledge about the problem on HIV/AIDS positive. According to data, 54.07% of them reported, they can't involve in social works. Similarly 25.19% respondents mentioned the people look them from negative points of view. Likewise 12.96% of them ticked on can't adjustment in society and remaining 7.78% had mentioned all option. On the basis of data, the researcher can say, secondary level students have good knowledge about the social problems of HIV/AIDS infected people.
- According to the analysis the students of secondary level have different ideas to minimize the HIV/AIDS infection. It was open ended question, the question was 'mention the ides to minimize the HIV/AIDS' All of the students took part on this question, on the basis of data 10% respondents gave the answer awareness, 15.19% reported youth employment growth is to be maximized to minimized to HIV/AIDS infection.
- Similarly 18.15% had written safe sexual intercourse with own partner, likewise 21.85% respondents reported that, if the person has to taken part in sexual intercourse condom is referred at that time it is necessary to use condom. Similarly 4.07% students mentioned strong legislation is must for the sex worker.

CHAPTER-V

CONCLUSIONS AND RECOMMENDATION

5.1 Conclusions

After analyzing the data, the researcher concluded that the respondents of this area had more knowledge about the sign & symptoms of HIV/AIDS. Weight loss, fever and diarrhoea are the major signs but 7% of respondents mentioned fever and diarrhoea. Most of the respondents had heard that HIV/AIDS is the communicable disease but a few students had negative answer. It showed that they couldn't get good information on HIV/AIDS. Majority respondents had known about unsafe sexual contact is the main cause of HIV, but 48% respondents had given unsafe sex, infected needle and transfusion of blood are main causes. Thus, it shows that they have well knowledge about the condom, but they were confused how to use the condom. Majority of the respondents had known about homosex but few 15% respondents didn't know about the homosex and they were confused on HIV/AIDS transmission from the homosexual contact.

Majority of the respondents mentioned, it is possible to manage but they neglected the part of after having HIV. Most of respondents said that no unsafe sexual contact is most important part is safe measure to HIV/AIDS. 29% respondents had known the people died due to cause of AIDS in Bhararpur Metropolitan remaining 71% had false answer. Majority 82% respondents reported that, condom is the best way to prevent HIV/AIDS and 5% respondents had negative answer. The respondents are well known about instructional method for raising awareness on HIV/AIDS, 12% respondents ticked on classroom teaching, 16% respondents mentioned, communication medias (Radio, newspaper, TV), 9% reported personal contact. But they had not known about seminar/workshop and 59% respondents mentioned multiple answer but 4% didn't response. 98% respondents suggested that HIV/AIDS education is more essential in school level curriculum.

5.2 Recommendation

All the data have been analyzed, after that HIV/AIDS has been mostly serious problem of human being, it has been increasing double in day and fourth time extending in night. So that for the extension of existing knowledge and information, all, who are working in this field, should be serious and do more concrete program in their field.

5.2.1 Recommendation for Policy Related

- Special HIV/AIDS awareness programs should be conducted by the government health organizations, NGOs and INGOs.
- Information about the mode of transmission of HIV/AIDS should be provided to the adolescents as well as a normal human being.
- HIV/AIDS education should be included in women and adult education through non-formal education.
- Drug addiction is the great problem in Nepal. So, the special program should be launched for drug addicts, who are living in rehabilitation centers.
- Government should admit one health teacher in every secondary school.

5.2.2 Recommendation for Practice Related

- We should mobilize the HIV infected persons, to share their experiences in awareness program which is the best way to extend the knowledge on the prevention of HIV/AIDS.
- Adolescence should be given information about condom and it should be made available easily and locally. That's why safe sexual behavior is very important to reduce HIV/AIDS.
- In secondary school, health teachers are more active and the students were more involved in the program of HIV/AIDS and other health issues.

5.2.3 Recommendation for the Further Researcher

- This research can be milestone for doing comparative study on the knowledge and behavior of secondary level students on HIV/AIDS in Bhararpur Metropolitan.
- Analytical study is recommended on perception and behavior on HIV infected person in different districts of Nepal.

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17. What is effective instructional method for raising awareness on HIV/ AIDS?

- a) Classroom teaching
- b) Seminar/ workshop
- c) Communication through media
- d) personal contact

18. Is it necessary to include AIDS education in secondary level curriculum?

- a) Yes
- b) No
- c) Don't know

19. If yes, why?

.....

20. How should we behave with HIV/ AIDS infected people?

- a) Sympathy
- b) Hate.
- c) Don't know

21. Do you know, what are the vital Problems of HIV/ AIDS infected person?

- a) Yes.
- b) No

22. If yes, what are they?

.....

23. What type of family support is necessary to the HIV/ AIDS infected person?

.....

24. What are the social problems on HIV / AIDS victim? (Tick if you agree)

- a) Problem of adjustment
- b) To look negative point of view
- c) Naughty person
- d) Can't involve in social works

25. Why are brokers engaging in girl trafficking and selling?

- a) For employment
- b) For economic gain
- c) For sexual entertain
- d) Don't know

26. Are there any program conducted in your school or community about HIV/ AIDS?

- a) Yes b) No c) Don't know

27. If yes, what type of programs?

.....

28. What are the psychological problems of HIV/ AIDS? (Tick if you agree)

- a) Anxiety b) depression c) afraid
d) Loneliness e) sadness f) theft
g) Always smiling

29. Finally in your opinion, what measure can be adopted to minimize the number of HIV/AIDS infection?

.....

(Thank you)