KNOWLEDGE OF STI AND HIV/AIDS AND PREMARITAL SEXUAL BEHAVIOR AMONG THE JANJATI YOUTH

(A Case Study of Selected VDCs of Banke District)

Submitted By

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LETTER OF RECOMENDATION

This is to certify that, the dissertation entitled "**Knowledge of STI and HIV/AIDS and Premarital Sexual Behavior among the Janajati Youth: A Case Study of Selected VDCs of Banke District"** is an independent work of **Ms. Sushila Poudel** has completed under my supervision as partial fulfillment for the requirements for the Master's Degree of Arts in Population Studies. To the best of my knowledge the study is original and carries out useful information.

I hereby, recommend this dissertation to the evaluation committee for the final approval and acceptance.

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APPROVAL LETTER

This dissertation prepared by Ms. Sushila Paudel entitled "**Knowledge of STI and HIV/AIDS and Premarital Sexual Behavior among the Janjati Youth: A Case Study of Selected VDCs of Banke District"** has been accepted as a partial fulfillment of the requirements for the Master's Degree of Arts in Population Studies.

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ABSTRACT

The dissertation entitled “Knowledge of STI and HIV /AIDS and Premarital Sexual Beharior among the Janjati Youth” has been carried out to explore the knowledge on STI and HIV and AIDS, attitude towards condom use and premarital sexual behavior among the Janjati youth. The study is based on the primary data collected from the selected VDCs of Banke district. A total of 100 respondents were taken from the Janajati community. Male Female ratio was 50/50. The field survey was conducted during March-June, 2008. All respondents were taken from Janjati group with cast of Gurung, Magar and Tamang.

Out of 100 respondents, it was reported that 91 percent have heard about HIV and AIDS, 75 percent have knowledge on prevention of HIV and AIDS and only 55 percent have knowledge on difference between HIV and AIDS. Though 75 percent have heard about STIs, 41 percent of them have heard syphilis and only 13 percent have heard about gonorrhea.

Likewise, it was found that 97 percent of the total respondents have heard about condom, 38 percent (male-50 percent, female-26 percent) have premarital sexual exposure and both male and female exposed to the sexual intercourse at the age of 13. Out of the total respondents, 66 percent of them reported that condom is useful. It was reported that 50 percent had used condom during the first sexual intercourse. It was found that 61 percent of the respondents (out of 38, M-14, F-9) who had had sexual intercourse use condom consistently where as only 50 percent of them had used condom during their first sexual contact. Among those who were not using condom, it was found that 45 percent of them were not using condom due to no pleasure and 37 percent of them not using condom due to shyness. And it was found that 40 percent got STI and 27 percent got pregnancy to those who had had unsafe sex.

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LIST OF ABBREVIATIONS

AIDS	: Acquired Immune Deficiency Syndrome
CBS	: Central Bureau of Statistics
DoH	: Department of Health
FHI	: Family Health International
GO	: Government Organization
HIV	: Human Immunodeficiency Virus
ICPD	: International Conference on Population and Development
IDUs	: Intravenous Drug Users
IEC	: Information, Education and Communication
INGO	: International Government Organization
NCASC	: National Centre for AIDS and STD Control
PLHA	: People Living with HIV and AIDS
STD	: Sexually Transmitted Diseases
STIs	: Sexually Transmitted Infection
SPSS	: Statistical Package for Social Science
VDCs	: Village Development Committees
UN	: United Nations
UNFPA	: United Nations Population Fund
UNDP	: United Nations Development Program
UNICEF	: United Nations Children Fund
UNAIDS	: United Nations Program on HIV/AIDS
WHO	: World Health Organization

CHAPTER– I

INTRODUCTION

1.1 Background of the Study

Nepal is one of the mountainous and land locked countries with the area of 147141 sq km lies between two big countries India and China. Nepal is a sovereign and independent republic country stretching to from west to east in between 80º 50' to 88º 10' eastern longitude and 26º 20' to 30º 10' northern latitude.

The northern part of Nepal is covered with high mountains always covered with snowy peaks called Mountain region which covers 35 percent of the total area of Nepal. The highest peak of the world Mt. Everest (8848 meter high) also lies in this region. According to the 2001 census, the region accommodates 7.3 percent of the country. Middle part is hill region lower to snow lines. Few small valleys, beautiful lakes and the capital Kathmandu valley also lie in this region. This region covers 42 percent where as life in this region is very hardship in terms of production, employment opportunities, education, commerce, communication and transportation. According to the 2001 census, the region accommodates 44.3 percent of the country. The southern part of Nepal is plain called "Terai" which covers only 23 percent of the total area of Nepal. According to the 2001 census, the share of population of this region is 48.4. This region directly supports the national economy of Nepal. Many big cities, commerce points, industries and productive lands lie in this region. Nepal is divided into 14 zones and 75 districts as political regions And Nepal has been divided into five development regions. They are eastern, central, western, mid-western and far-western development regions *(CBSC, 2003).*

Banke District is in the Mid Western Development Region of Nepal. It lies in the Bheri zone. The district is connected to the Indian state Uttar Pradesh with open border. There are 43 VDCs and one municipality in the district. Except Nepalgunj, Khajura and Kohalpur area, all VDCs are rural. The East-West highway passes through the district. And Banke is one of the districts, which is mostly covered with forest to the northern and eastern side. Major road networks connect about 25 percent of the area. The district has more than 200 km of transport route. The major routes include the East-West Highway (>70 km) running horizontally across the district and link roads running vertically from north to south, which connect, to the Indian

border at Jamunaha (Rupediha-in India side), likewise east-west parallel to highway which links to Bardiya Dstrict to the west of Banke district.

Banke is one of the most running commercial point of Mid-West Region. Nepalgunj is the main point for the entry and exit. Most of the population of the region goes to India and come back from the route of Neapalgunj. Moreover, Banke is one of the industrial districts of Nepal. Many national level big industries are located in the district especially in Nepalgunj and Khajura area. Besides, there are so many small scale factories are in different pocket areas of the district. By the nature of the work in the different factories, permanent, fixed term contract, seasonal and daily wage based workers work in there. Moreover, different dependent works have run around the factories like tea stalls, hotel, restaurants/bars, garage and others which ultimately support for fueling the commercial sexual activities around there. Some new points are also growing along the high way, industrial areas and urban/semi urban areas due to domestic migration. Besides the factory areas and the major transport routes, there are other areas for interventions such as casual/construction laborers and rickshaw pullers, police/army, tourist guides, migrant workers and PLWHAs in the district.

The economic indicator "per capita income" demonstrates that Nepal has still fallen far behind in terms of socio-economic status. According to world development report produced by United Nations, the per capita income is only $250.0 *(WDR, 2003)*. Nepal has been ranked on the 144th position out of 146 countries of the world. It's quite serious economic condition that Nepal has passed creeping motion towards the development. Due to low wage rate, disguised unemployment and very few opportunities for the employment, thousands of economically productive age group has been compelled to migrate to India and aboard as well. Nepal has not only faced the problem productive age group population drift to other countries but also brain drain to developed countries. Mostly the unskilled manpower migrates to India during adolescent.

According the Janjati Utthan Pratisthan Report-2052, the community which is socially lagged behind, those who culturally don't want to be Hindu and come under Hinduism and living in Nepal from the ancient time with different language, religion, culture and hardly passing the lives are defined as Janjati community. It has been characterized that there are 61 Janajaties but only 59 are listed. According to the Adibasi/Janajati Federation of Nepal, the Janjati community has been divided in to four groups. They are as follows:

1. **Disappearing Adibasi/Janjati:** Bankariya, Kusunda,Raute, Raji, Surel, Hayu, Kisan, Lepcha, Meche, Kusbadiya
2. **Absolute Marganilized Adibasi/Janjati:** Thami, Danuwar, Majhi, Siyar, Lhomi, Thudam, Dhanuk, Chepang, Bote, Santhal, Jhanjad, Baramu
3. **Marginalized Adibasi/Janjati:** Sunwar, Tharu, Tamang, Bhujel, Kumal, Rajbamsi, Gangai, Dhimal, Bhote, Darai, Tajpuriya, Pahari, Topke, Gola, Dolpo, Free, Mugal, Larke, Lhopa, Dura, Balung
4. **Disadvantaged Adibasi/Janjati:** Chhairotan, Tanbe, Tingaunle Thakali, Barhagaunle Thakali, Marphali, Gurung, Magar, Rai, Limbu, Sherpa,Yakkha, Chhantyal, Jirel, Vyasi, Hyolmo

Use and meaning of the terms 'young people', 'youth' and 'adolescents' vary in different societies around the world, depending on political, economic and socio-cultural context. UNFPA uses the following United Nation definitions to describe different groups of young people *(A Reference Material on Population Studies in Health Sector-2008; DoHP):*

- **Adolescents**: 10-19 years old (early adolescence 10-14; late adolescence 15-19)
- **Youth**: 15-24 years olds
- **Young People**: 10-20 years olds

The word adolescence has been defined by the World Health Organization as the period of life-spanning the ages between 10 to 19 years. Adolescence is a period of transition from childhood to adulthood. These are the years, the maximum amount of physical, psychological and behavioral changes take place. This period can be taken as a milestone for everyone. It is important as a time of preparation for understanding greater responsibilities, a time of exploration and widening horizons and a time to ensure healthy all round development. The health of adolescents is the outcome of the several factors such as socio – economic status, environment in which they live and grow, good guidance from families and communities and opportunities for education and employment. Therefore, the world Heath Assembly passed a special resolution in May 1983 to highlight the health of young people. And furthermore, the International Conference on Population and Development (ICPD) held in Cairo in 1994 also emphasized the special need of adolescents and youth.

The sexual revolution of the 1960, characterized by more permissive attitudes towards sexual relation, resulted in a substantial increase in sexual activity in adolescents (Hamburg, 1986, Chilman, 1986). The percentage of sexual active adolescent from 10 to 20 percent in the early 1960s to approximately 50 to 60 percent by the end of the decade and has remained at this level *(Gunn and Furstenburg, 1989; King et. al. 1989, cited in UNFPA, 2001).*

People express their sexual feelings in different ways of expression with each other. They touch each other's bodies, hold hands, smooch, have intercourse, and do other things that feel good to them. As people grow up people begin to feel attracted to opposite sex and want to express their feelings. Though the sexual activities before marriage has been controlled in all societies by religious, ethnical, moral and ideological rules that put restrictions on its expression, the sexual activities happens but hidden. Mostly adolescent, married but single male/female and widows involve in such socially avoided sexual activities.

If the sexual behaviors such as kissing, hugging, fondling breast, masturbation, intercourse occurs between men and women irrespective of their age before he/she got marriage is called premarital sexual behaviors. The trend of sexual behavior is increasing day by day in the world. Due to inadequate sexual health education, the adolescents have been frequently engaged in such premarital sexual activities both in developed and developing countries. Besides, such activities occur among the adolescents of marginal communities of both rural and urban areas.

It is believed that the adolescents , especially of those aged 15-19 years are believed to engaged in high level of unprotected sexual activity both within and outside marriage leaving them exposed to risk of unplanned and unwanted pregnancies and contracting STI including HIV. Such behavior often resulting in early out of wedlock pregnancy constitutes a major threat to health of these adolescents as well as retarding their potential education, career and economic development *(William and Nasirv, 1999).*

It is estimated that 33.2 million people are living with HIV worldwide (UNAIDS/WHO, 2007). It is estimated that almost 50 percent are women. New infection with HIV is 2.5 million ie 6800 new infection per day. More than 96 percent of them are in low and middle income countries. And death due to AIDS is 2.1 million i.e. 5700 per day in 2007. Every year, an estimated 3 million people died of AIDS of whom 500,000 are children under the age of 15 years.

Although the HIV prevalence rate is still low in South-East Asia, it is one of the most rapidly growing HIV and AIDS epidemics globally. Because of the largest population base and presence of several factors that enhance the spread of HIV, including poverty, gender inequality and social stigma, the South-East Asia Region is likely to increasingly suffer the brunt of the epidemic. An estimated 4 million people are living with HIV and AIDS in South-East Asia in 2007; it is the second highest number of cases in the world after sub-Saharan Africa. While HIV and AIDS cases are now being reported by all countries in the Region, 4 countries, namely India, Thailand, Myanmar and Indonesia, account for 99 percent of the total burden in the region. India, with 2.5 million of cases of HIV and AIDS, is second only to South Africa in terms of the numbers. Prevalence trend in Inidia vary greatly between states and region. Even in the four major states namely, Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu where the large majority of people living with HIV are residing, HIV prevalence and endemic trend varies to be concentrated in certain district *(NACO, 2005; World Bank, 2005).*

According to the estimation of UNAIDS/WHO 2007, 69790 people are living with HIV and AIDS in Nepal. The infection is occurring by 92% of in the age group of 15-49 which is equivalent to 0.49% prevalence. The sex ration for male and female is 3:1. It was estimated that 19366 people living with HIV who are in need of Antiretroviral Theraphy and 1811 pregnant women also need ARV to prevent mother to child transmission (PMTCT). Altogether 1731 people are receiving ART through 17 ART and 14 PMTCT sites in different district and regional hospitals in Nepal (NCASC ART report, Baishakh 2065). But according to National Centre for AIDS and STD Control (NCASC), 11234 people are reported as PLWHA to the end of Chaitra 2064 (13 April 2008). Out of 11234 infected people, male are 7646 and female are 3588. Among the different subgroups of the population, female sex worker, clients of sex worker and Intravenous Drug Users (IDUs) cover the higher number among the reported cases. Out of 11234, adolescents (10-19 age groups) are 561. Majority of the infected population (4313) falls under the age group of 30-39 years. It has been reported that 606 children are infected from mother to child transmission *(NCASC-Chaitra 2064).*

1.2 Statement of the Problem

With 60 percent of the world's population, Asia is home to some of the fastest-growing epidemics in the world with 340000 new infections in 2007 alone-the most in a single year to date in Asia. Though the Africa is the home to 10 percent of the world's population, it has 67.77 percent of people living with HIV worldwide. If current infection rate continue, without access

to treatment, 60 percent of today's 15 years old will not reach their 60 birthday. Close to 33.2 million people adults and children are living with HIV worldwide-a decrease from 39.5 million in 2006. Globally 2.9 million people have died of AIDS in 2006 and 2.1million have died in 2007.

Although the price of ARVs has fallen significantly in recent years, their cost remains an obstacle to access in the developing world. Moreover, the health infrastructure required to deliver antiretroviral therapy is lacking in many places. On the estimation, 6.5 million people are in need of antiretroviral treatment in June 2006. It was reported, 1.65 million people accessed to ARV treatment in low- and middle-income countries (WHO, June 2006). The introduction of ARVs in 1996 transformed the treatment of HIV and AIDS, improving the quality and greatly prolonging the lives of many infected people in places where the drugs are available. Nevertheless, ARV are not a cure. If treatment is discontinued the virus becomes active again, so a person on ARV must take them for life long *(UNAIDS, 2007).*

Since the first detection of first AIDS case in Nepal in 1988, Nepal has progressed from "low-prevalence" country to one with high a so-called "concentrated epidemic" in certain subgroups of the population. With HIV prevalence of 17.3 percent and 52 percent among female sex workers and injecting drug users respectively, and a prevalence ranging from 4-10 percent among the migrant labor to India. For the largest numbers of reported HIV infection come from men who have been clients of sex workers. HIV infection in Nepal mainly occurs in the younger age groups. There is 81 percent of recorded infections are in people between 20 and 39 years. Very few infections have been recorded in the very young or very old *(DoH, 2007*).

National Center for AIDS and STI Control has detected 11501 HIV positive people out of which 1786 are living with AIDS and 480 died due to AIDS *NCASC, Baishakh 2065*). But the latest estimation shows that 69790 people are living with HIV in Nepal (HIV Estimation-NCASC, 2007). Nepal has now moved generally from low HIV prevalence to having a concentrated epidemic among female sex workers (FSWs), their clients, migrants and intravenous drug users (IDUs) mostly through unsafe behavior. It is only a matter of time before we face a generalized epidemic if an expanded response is not initiated immediately.

Safe behavior is needed to halt the epidemic of HIV and AIDS at current rate of infection. It was found that that the new population appears in the risky group every year who have heard about the HIV and AIDS and Condom but not serious about the safe behavior and

involve in the unsafe behavior. The trend of migration to India and other countries has been increased by more than 300 percent in the district to. However several efforts have been launched from continuum to care, the situation still showed that HIV and AIDS is perceived as critical in Banke district.

Due to poor socio-economic condition, political unrest and intense unemployment, thousand of physically and economically productive age-group manpower including adolescents and youth drains to India and aboard to maintain their hands to mouth problem. Likewise Nepalese girls are being trafficked and compelled for prostitution in major cities of India. When they get infected with HIV there, they are returned to Nepal. Due to lack of knowledge, there may greater possibilities of spreading HIV and AIDS among the adolescents and youth of Nepalese societies. Besides, hetero sexual activity is increasing along highway sides, urban and semi-urban area of Nepal which is fueling the spread of STIs and HIV and AIDS.

1.3 Objectives Of the Study

The general objective of the study is to access the comparative knowledge of STI and HIV and AIDS, attitude towards condom use and premarital sexual behavior among the unmarried late adolescents and youth within the Janjati community of the selected VDCs of Banke district. The specific objectives of the study are:

1. To examine the knowledge of STI and HIV/AIDS among the unmarried (late adolescents and youth) Janjati community.
2. To explore the attitude and practices towards condom use and pre-marital sexual behavior among the selected respondents.

1.4 Limitation of the Study

The study attempts to demonstrate the knowledge of STI and HIV/AIDS, premarital sexual behavior and attitude towards condom among the unmarried both late adolescent and youth Janjarti of the age between 14-24 years from the selected VDCs of Banke District.

The study has been undertaken to meet the partial fulfillment of the requirement for Master's degree in population studies. However, the study has the following limitations:

- The study is limited to unmarried late adolescents and youths of the aged between 14 to 24 years among the Janjati community and the findings from this study may not be generalized for all age groups.

- The study is of unmarried late adolescent and youth among the Janjati community of selected VDCs of Banke district. So this may not represent for the whole mid-west development region and for the country.
- The study is focused to the Janjati community. There are variants of Janjati community in different geographical reasons of the country. So it doesn't cover the other communities as well as even the Janjati community of the other region.

1.5 Significance of the Study

By nature, the adolescents and unmarried youth are very curious to be exposed with different activities including sexual relation. They are highly vulnerable segment of the population of contracting different STIs including HIV and AIDS. They are considered as the pillar and future of the nation too. From the point of view of the economic contribution to individual and nation, the key respondents are the dawn of the economically productive age group. If this segment of the population be infected with HIV and AIDS, the socio economic status of the country will be directly affected and go down. As the result the prosperity will be only in dream.

Considering the alarming threat of day to day increasing trend of HIV infection among the marginal population, the study has been designed keeping intention to bring forward the existing level of knowledge on STI, HIV and AIDS, pre-marital sexual behavior and attitude of condom use of the specific audience. And it supposed that the finding of the study will be helpful to the respective organization in future to design appropriate program and implement the activities accordingly to minimize risky behavior of acquiring STIs including HIV among the specific group. This will also help to understand pandemic problem of HIV and AIDS and helpful on the study on the topic particularly on premarital sexual behavior of adolescents and youth.

1.6 Organization of the Dissertation:

The dissertation in total consists of five chapters. The first chapter includes introduction, statement of the problem, objectives, significance, limitation and organization of the study. The second chapter represents literature review and proposed research framework. The third chapter includes the methodology, where the sample size, sample selection, questionnaire design, and data collection and data processing. The fourth chapter includes data analysis and interpretation. And the fifth chapter includes summary findings, conclusion and suggestions.

CHAPTER– II

LITERATURE REVIEW

2.1 STI and HIV/AIDS

HIV/AIDS was identified in 1981 for the first time and diagnosed in 1983 in US. In Nepal, it was identified in 1988. HIV stands for Human Immunodeficiency Virus and AIDS stands for Acquired Immune Deficiency Syndrome caused by HIV. Robert Gallo was the first person who identified HIV and AIDS. HIV has been globally spread in a short of span of its life and has been a great challenge to human being. HIV has its own special characteristics. When HIV enters into human body, it hides itself in human blood so that the human immune system doesn't know the virus and can't produce antibody immediately. Then the gradually increases itself inside the human blood and gradually destroy the human immune system. When the immune system ruins and becomes CD4 cell below 200, then the different opportunistic infections (like TB, pneumonia, fever, cough and other communicable diseases) attacks human body and becomes AIDS. AIDS is the last stage of HIV infected person. Now HIV and AIDS has been one of the greater killers. The cure of HIV and AIDS is still mysterious and has been a serious challenge to medicine science of 21st century. Many researches have been doing but absolute remedy not found yet (NCASC Quarterly News Letter, June 2004).

Mc Cauley et al. (1995), attempted to analyze the adolescent unwanted pregnancy, abortion and STIs found that young people today may latter, and more sart sex before marriage, thus they face more risk of unwanted pregnancy and STIs. In developing countries 20 to 60 percent of total young women's pregnancies and birth are unintended, most coming sooner than planned. Increasingly, early parenthood means lost well education with lifelong loss of earnings.

A report published by UNFPA (1997:11) noted that the incidence of STI is also high among young people. 1 in 20 adolescents contacts STIs each year and half of all cases of HIV infection take place among under age 25.

2.2 Global Situation of HIV/AIDS:

HIV and AIDS Statistics and Features, End of 2007

The total number of people living with the human immunodeficiency virus (HIV) reached 33.2 million in 2007. It has been found that 2.5 million [1.8-4.1million] people who acquired HIV only in 2007. The global AIDS epidemic killed 2.1 million [1.9–2.4 million] people in the year 2007 *(UNAIDS-AIDS Epidemic Update, December 2007).*

The situation of daily new infection in 2007 was quite alarming. Globally 6800 people were infected with HIV everyday in 2007. More than 96% of them are in low and middle income countries. Out of 6800 daily new infection, 1200 are children of the age under 15 years and 5800 are adult above 15 years age. Almost 50% of them are women and 40% are young people (15-24 years age).

The epidemics in sub-Saharan Africa appear to be stabilizing generally, with HIV prevalence at around 5.0 percent for the entire region. But such a summary perspective hides important aspects. First, roughly stable HIV prevalence means more or less equal numbers of people are being newly infected with HIV and are dying of AIDS. Beneath the apparent constancy of steady prevalence levels lie devastating realities-especially in southern Africa, which accounts for one third of all AIDS deaths globally. Second, the epidemics in Africa are diverse, both in terms of their scale and the pace at which they are evolving. There is no single "African" epidemic. Some urban parts of East Africa display modest declines in HIV prevalence among pregnant women, while in West and Central Africa prevalence levels have stayed roughly steady at lower levels than in the rest of sub-Saharan Africa. National HIV data, though, hide much higher levels of infection in parts of countries, as Nigeria illustrates. These trends point to serious gaps in the AIDS response. Services that can protect women against HIV must be expanded. Women and girls need more information about AIDS. UNICEF survey found that up to 50 percent of young women in high-prevalence countries did not know the basic facts about AIDS. Yet the vulnerability of women and girls to HIV infection stems not simply from ignorance, but from their pervasive disempowerment. Most women around the world become HIV-infected through their partner's high-risk behavior, over which they wield little if any control. The plight of women and children in the face of AIDS underlines the need for realistic strategies that address the interplay between inequality—particularly gender inequality—and HIV *(UNICEF/UNDAIDS 2001).*

2.3 Situation in ASIA

A handful of countries are still seeing very low levels of HIV prevalence, even among people at high risk of exposure to HIV. These countries have golden opportunities to pre-empt serious outbreaks.

National HIV infection levels in Asia are low compared with some other continents, notably Africa. But the populations of many Asian nations are so large that even low national HIV prevalence means large numbers of people are living with HIV. Latest estimates show some 4.0 million [3.3 million–5.1 million] adult & Children are living with HIV where as newly infected adults and children with HIV are 340000. AIDS claimed 270000 lives in 2007. Among young people 15–24 years of age, 0.3percent of women [0.2–0.6 percent] and 0.4 percent of men [0.3–0.8 percent] were living with HIV by the end of 2007 *(UNAIDS, Dec 2007).*

2.4 HIV/AIDS in South -East Asia Region

Although the HIV prevalence rate is still low in South-East Asia, it is one of the most rapidly growing epidemics globally. Because of the largest population and presence of several factors, it is enhancing the spread of HIV, including poverty, gender inequality and social stigma. South-East Asia region is likely to increasingly suffer the brunt of the epidemic *(UNAIDS, Dec 2007).*

As, estimated 4.0 million people are living with HIV and AIDS in South-East Asia in 2007; it is the second highest number of cases in the world after sub-Saharan Africa. 90 percent of infected persons are not aware of their HIV status. While HIV and AIDS cases are now being reported by all countries in the region, 4 countries, namely India, Thailand, Myanmar and Indonesia, account for 99 percent of the total burden in the region. Throughout the region, injecting drug use is adding to the rapid spread of the epidemic. Around half of injecting drug users has already acquired the infection in Nepal, Myanmar, Thailand, Indonesia and Manipur State in India. An estimated 950,000 persons living with HIV and AIDS in the region urgently require antiretroviral treatment. The number of people on treatment doubled during 2004 and nearly 85,000 persons are currently receiving antiretroviral treatment *(UNAIDS/WHO, 2005).*

2.5 HIV/AIDS Situation in Nepal

Since first HIV case was detected in 1988 in Nepal, HIV epidemic has moved from 'low' to 'concentrated' among most at risk populations (MARPs). It seems that multiple epidemics are

evolving around migrant workers and through them to their wives and other partners. The dynamics and determinants of epidemic is changing rapidly from MARPS to low risk women, from urban to remote rural areas and from men to women; determinants are large scale migration and unsafe sexual encounters with commercial sex workers by migrant workers in high prevalence areas of India. The estimated number of people (adults and children) living with HIV (PLHIV) in Nepal was approximately 70000 (as per estimate of 2007). Out of 70000 PLHIV, it was estimated that about half lives in the districts along the Terai highways, and that 46% of all HIV cases were seasonal labor migrants, 16% among clients of sex workers and 21% were wives or partners of HIV positive men. It was indicated a prevalence of 0.48% in the adult population in Nepal *(NCASC, 2007).*

However, the prevalence among certain high risk groups is showing declining trend in recent years. The HIV prevalence among FSW appeared to have stabilized around 2% and declining trend of HIV prevalence among IDUs from 51% in 2005 to 34% in 2007 is also noteworthy. MSM and returned migrants have 3.3% (2007) and 1.9% (2006) HIV prevalence respectively *(IBBS, October-2007).*

The latest report from NCASC as end of 13 May 2008 (Baishakh 2065) shows that out of total estimated cases of people living with HIV & AIDS in Nepal is only 11501 who have been tested. This indicates a large proportion (90%) are not aware their sero status and are likely to continuing unsafe sexual behaviors and spreading HIV infections among sexual partners. STI prevalence as surrogate marker of high risk unprotected sexual behavior is generally high in the country (approx 200,000 infection every year) and in particular about 13% among migrants in Achham.

Vulnerability of HIV Epidemic in Nepal:

While the predominant modes of HIV transmission in Nepal are through heterosexual sexual contact and injecting drug use and characterized by high concentration of epidemic among IDUs, MSM/MSW, FSW, client of FSWs and returning migrants, the vulnerability and its impact varies. A critical assessment of their vulnerability, HIV prevalence and sexual behaviour discussed in following paragraphs.

Female Sex Workers:

Female sex workers are highly marginalized in society and have limited access to information and prevention services. Cultural, social, and economic constraints bar them from

negotiating condom use with their clients or obtaining legal protection and medical services. Almost 60% of their clients - mainly transport workers, members of the police and military, and migrant workers - do not use condoms.

Many FSW are mobile and younger than static FSWs (*New Era/FHI, 2003)* and they travel long distances for the purpose of soliciting clients. Nearly half of the sex workers admitted that they had worked as sex workers at different locations. Mobile FSWs reported less consistent condom use than static FSWs. They are mostly unmarried and identified themselves as students. There are some indirect Sex workers who are employed in restaurants (cabin/open restaurants), hotels as waitresses. These mobile and indirect and hidden sex workers are hard to reach by HIV prevention programs. HIV prevalence is higher among sex workers who had worked in Mumbai (66.7%) compared to the HIV prevalence among FSWs (40%) who had worked in other places of India (World Bank, 2006). About 1700 -2200 FSWs are estimated to work along the highway from Kapilbastu to Kanchanpur of Far West.

Major challenge in HIV control in the country is the prevention of trafficking of Nepali girls and women into commercial sex work in India, and their return to Nepal. Sex traffickers have shifted their trade from Sindhupalchowk & Nuwakot in central Nepal to Rukum, Rolpa (the hotbed of insurgency) in mid-west taking undue advantage of deplorable socio- economic condition resulted from conflict & violence (The Rising Nepal, 2004).

There is strong indication from the Far and Mid West Regions of increasing "informal sex trade" among wives of migrants in certain community primarily to supplement their economic hardship when husband is away in India (Joint UN Programme Development Process-March 2008). The economic hardship is well correlated to the fact the majority (48 - 58%) do not send money at all or send only once in a year by 22% (Smith-Estelle A, Gruskin S.- Report Health Matters 2003).

IDUs:

IDUs are most at risk group in terms of HIV prevalence in Nepal. HIV prevalence among Nepal's estimated 19,850 IDUs varies by location. 22% of IDUs are HIV positive in Pokhara, while 52%, 33% and 8% are HIV positive in Morang, Sunsari, and Jhapa districts respectively (IBBS, FHI/New Era 2005). Although the recent Integrated Bio-Behavioral Survey (IBBS 2007) has indicated a decreasing trend of HIV prevalence among IDUs,from 52% in 2005 to 34% in 2007 in Kathmandu valley, from 22% to 6.7% in Pokhara, from 32% to 11% in

Eastern terai and from 12% to 11% in Mid and Far west Terai. The problems of IDUs are less in Mid and Far West hills and mountains and mostly concentrated in urban areas and cities. There is still threat of spread of HIV infection as the majority of IDUs is married and has spouses and other sexual partners, and children and they have injecting networking sharing needles and syringes and they also have extensive sexual network with sex works.

Adolescents Young People:

Young people form the largest proportion of the at-risk population with an estimated 27% of the population aged between 15 and 29 years. They are at the centre of HIV epidemic and are increasingly vulnerable to HIV due to changing values, group norms, and independence. Their vulnerability is exacerbated by Nepal's context of poverty, migration, gender inequity, ethnic or caste discrimination, political instability, civil conflict and lack of employment and career opportunities. Many young people migrate to countries like India, the Middle East, Malaysia, and Korea for work as migrant labor. Young people from Mid and Far west have migrated "en masse' during conflict to escape forceful recruitment or abduction by armed groups. Young people are also attracted to go out of the country to explore the outer world and earn livelihood *(HIV and Conflict Situation 2006).*

The Young migrants are at most risk due to their sexual active age and risk taking behaviors. During decade long conflict have made young men to leave the country "en masse" for fear of recruitment or execution & migrated to high risk areas of India. Migration separates families and separation has been found to be correlated with high level of extra marital and premarital high risk sexual behaviors and at risk of STI and HIV. The living in groups, loneliness, use of alcohol or drugs and peer pressure promote high risk sexual activities among migrants like gambling, debt and engaging in commercial sex *(HIV and Conflict Situation 2006).*

There is also growing evidence that political conflict and economic hardship have placed additional strain on already vulnerable households and individuals, leading them to move from their homes to other places within or outside Nepal, exposing many to the potential risks of infection. These men are infecting spouses and other in many parts of the country. By pushing rural people from war-form area to cities the conflict may have helped spread of HIV and AIDS *(HIV and Conflict Situation 2006).*

The proposed population of the study also comes under this group; however, the study has focused the unmarried adolescent and youth.

Migrants:

The Population Census 2001 shows 762,000 Nepalese were working abroad in 2001. Out of them nearly 600,000 were working in India. There are other sources of information, which conflict with these data. Unofficial estimates indicate that there are more than a million Nepali workers in India alone. The All India Migrant Nepalese Association claims that 3 to 3.5 million Nepalese currently work in India. For the Far-western hill districts, 60 to 80 percent of the adult male population is considered to be migrants *(CARE/FHI, 2002).*

Seasonal and long term labour migration has emerged as a major factor driving HIV epidemic in Nepal indirectly making migrants vulnerable to HIV through commercial sex & consequently making their wives more vulnerable. IBBS conducted in 2006 among migrants show that 67.5 % of youth in the far-west migrant before age of 20. The data also shows that 27% of migrants engage in high risk sexual behavior in India. Coverage of prevention program is very low among these groups as preventive program are directed at Terai highway district. The program coverage are not dis-aggregated according to geographical regions or programs for migrants are limited to only some districts like Achham, Doti, but the review of reports from different agencies indicate that other districts have emerged as potential districts for migrations and vulnerable to HIV epidemic *(IBBS, 2006).*

Men Who Have Sex with Men (MSM):

MSM are one of the most stigmatized and marginalized MARPs. Although accurate data on sex between men are not available, a recent report suggests that MSM activity in Nepal is not different from the MSM activities of the rest of the South Asia region. The information regarding the social, cultural and behavioral dynamics of MSM community in Nepal is extremely limited. In the Kathmandu Valley HIV prevalence of 3.9 percent was found among them *(CREHPA/BDS/SACTS/FHI, 2005).*

The knowledge of safe sex and condom use is low in this community. Furthermore, many men who have sex with men are also married, which puts their spouses at risk of becoming infected with HIV.

HIV Prevalence among STI and TB Patients:

STI and HIV sentinel surveillance conducted in 6 sentinel sites from 1998 to 2001 by NCASC also indicated increasing HIV prevalence among STI patients. There was geographical variation and HIV prevalence had range of 0% among female STI clients in maternity hospital. However, HIV prevalence in general population is less than 1 percent, Nepal has concentrated HIV epidemic among the IDUs (Kathmandu, Pokhara) and Migrants of far west who had sex work with FSWs in INDIA *(NCASC 2006).*

Figure 1: Year wise detection HIV infection by year and sex 1988- 2006

Year	Total Sample	Total HIV infection		Total
		Male	Female	
1988	9,016	3	1	4
1989	5,180	-	2	2
1990	8,619	2	3	5
1991	17,000	12	14	26
1992	33,955	39	38	77
1993	38,228	41	40	81
1994	16,523	18	22	40
1995	21,867	71	39	110
1996	10,457	50	85	135
1997	9,475	394	95	489
1998	3,611	166	54	220
1999	5,170	174	48	222
2000	3,039	301	95	396
2001	1,470	264	60	324
2002	5,596	360	107	467
2003	2,179	505	209	714
2004	6,326	942	340	1,282
2005	7,654	907	327	1,234
2006	16,890	1,750	931	2,681
Total	222,295	5,999	2,510	8,509

Source: NCASC 2006

2.6 Attitudes towards Condom Use and Premarital Sexual Behavior

According to the Behavioral Surveillance Survey Round 2, 1999 conducted by New Era 80 percent of the sex workers work 3-7 days a week. Majority of clients is from truckers (79 percent), migrant workers (44 percent), the police/army (39 percent), industrial worker (29

percent), and rickshaw puller (25 percent). Most of the sex workers (92 percent) provide sex in average 1-2 clients per day. Nearly 96 percent of the truckers and male laborers had sexual contact with women and 5 percent of the truckers have visited sex workers in India. Although the majority of the sex workers and clients have heard about condoms and AIDS, the correct and consistent condom use among them is very low.

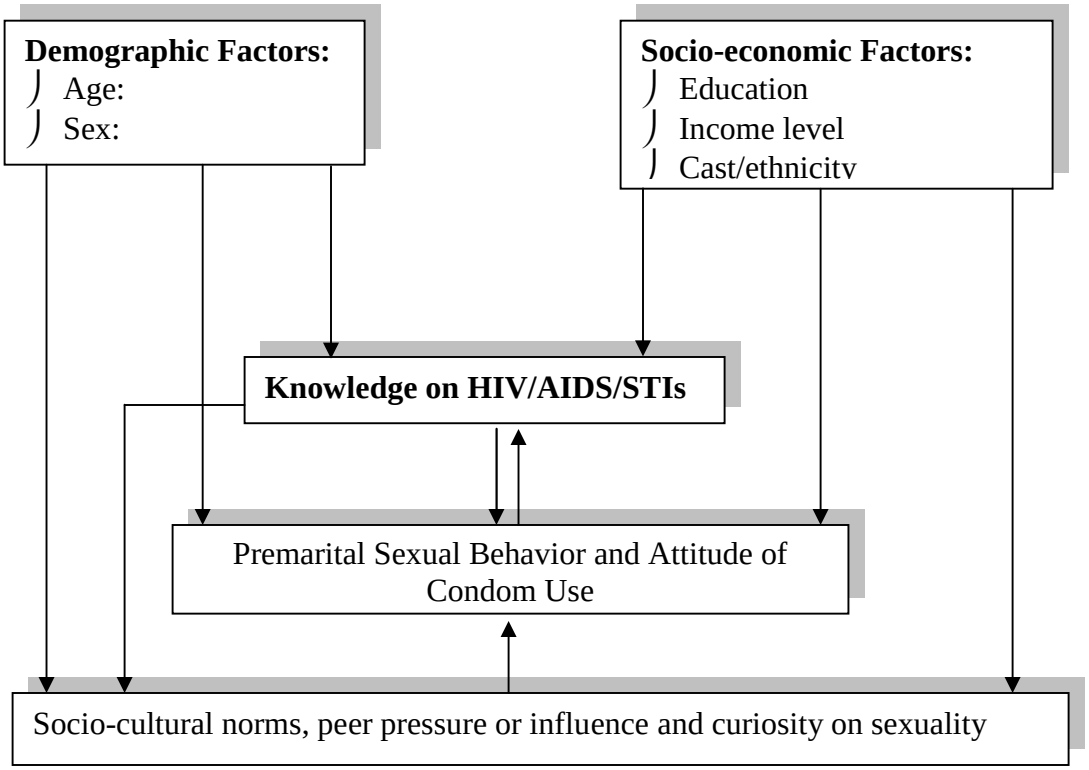
According to the survey of teenagers of Nepal carried out by UNICEF/UNAIDS, the teenagers are highly aware of HIV risk, but this awareness does not guarantee safe-sex behavior. Although overwhelming majority (92 percent) of teenagers have heard of HIV and AIDS, only 74 percent of teenagers knew that they should use condom when having sex, and only two-thirds (69 percent) could say that they should not have sex with commercial sex workers. The study shows that almost 20 percent of teenagers considered premarital sex as proper. One in five boys and nearly one in 10 girls interview had had a sexual experience. 65 percent of boys said that they had used condom during sexual intercourse. Unprotected sex led to a 14 percent pregnancy rate and 22 percent sexually transmitted diseases (STD) infection rate inn boys and 13 percent rate in girls. The pregnancy rates were high in districts where girls were pressured in having sex. The number of boys who had had sex was far higher than the number of girls. This suggests that a high number of boys were visiting commercial sex workers, constituting high-risk behaviors.

Condom use rate was higher among the Indo Aryan, with 71 percent among boys who had sex and 88 percent among girls. This compared with the Tibeto Burman with 64 percent of boys and 71 percent of girls who had sex said they used a condom during sexual intercourse. Marginalized ethnic groups had the lowest rate of condom use, 50 percent among boys and 62 percent among girls who had sex. Most teenagers said they were interested in learning more about sex and sexual health. They wanted more information about STI, HIV and AIDS and safe sex. Radio and television were the best sources of information on HIV and AIDS. Clubs too were good places to learn about sex and HIV/AIDS. These are all methods of learning without parental knowledge (*UNICEF/UND, April 2001*).

2.7 Conceptual Framework

In the study, the conceptual framework assumes to explain premarital sexual behavior and use of condom as influenced by socio-economic factors as well as socio-culture norms, by force, peer pressure. Here socio-economic factors affect demographic characteristics; mass media influences knowledge on STI, HIV and AIDS as well as premarital sexual behavior and use of condom. The above relationship is mentioned in the following conceptual framework:

Figure 2: The Conceptual Framework of the Study



CHAPTER– III

METHODOLOGY

This chapter discusses a set of methods, which is employed to conduct the research. The study aims to explore the knowledge on STI and HIV and AIDS, attitude towards condom use and premarital sexual behavior, which is one of the new topics in the context of Nepal. Therefore, this study is completely based on the primary data. This chapter consists of selection of study area, sample selection, questionnaire design, and method of data collation, data processing, analysis and interpretation.

3.1 Study Area

This study has been conducted in Banke district that lies in the Mid-west development region of Nepal. From the point of view of migration, internally displaced population as well as the sexual activity is relatively high-risk in the area due to growing urbanization along the highway area, concentration of female sex workers, their male clients and migrants. Since it is almost impossible to carry out such research from secondary data, the study has been carried out completely on the basis of primary data collection from the selected semi urban sites of Banke district.

3.2 Sample Selection

For the study, the data are collected in March-June 2008 from the selected VDCs - Naubasta ,Rajhena, Chisapani,Samsergunj, Bankatuwa, Kohalpur,Titihiriya, Raniyapur, Sonpur, Mahadevpuri, Kachanapur, Baijapur, Karkandho, Bageshwori, Paraspur, Ganapur, Khajura Khurdh, Bageshwori and Indarpurof - Banke district. For the study, 100 (M-50, F-50) unmarried adolescent and youth are taken as sample from the selected study site. The respondents are conveniently taken from the adolescent and unmarried young people for the study. It has been agreed that the identity of the surveyed site and respondents should maintain the confidentiality.

3.3 Questionnaire Design

For the study, the questionnaire has been constructed on the basis of knowledge on STI, HIV and AIDS, attitude towards condom use and premarital sexual behavior. The questionnaire is divided into five different sections. The first three sections of the questionnaire cover the

socio-economic and demographic characters of the respondents. And the next two section of the questionnaire are also designed to cover respondents' knowledge of STI, HIV and AIDS, premarital sexual behavior and attitude towards condom use. The questionnaire has been designed expecting to cover both qualitative and quantitative information from the respondents.

3.4 Data Collection

The data of for study were collected from the field survey conducted in March-June 2008 within the specified sample site. The questionnaires were directly administered to the adolescent and unmarried young people aged 14 to 24 years by applying the direct interview method. Therefore, the main source of data in this study is primary in nature. Since it is very interpersonal matter, serious precautions and confidentiality are maintained while conducting interview and filling of questionnaires. Besides, the secondary information is taken from different resources including internet websites and researches for the use of this study.

3.5 Data Processing

The completed questionnaires are taken into process. The completed questionnaires are checked manually first and then the data are managed in Excel worksheet. The analysis has been done in the normal process based the tabulated data.

3.6 Data Analysis and Interpretation

The data and figures that obtained from Microsoft excel programming has been analyzed and interpreted mainly based on its research design. The frequency and cross-tabulation are either in figure/number, in percentage or in both.

CHAPTER– IV

ANALYSIS AND INTERPRETATION

4.1 Socio-Economic and Demographic Characteristics

Socio-economic and demographic characteristics such as ethnicity, literacy status by grade, age and sex are the main characteristics of the study population.

Banke is one of districts having diverse geographical situation in the Mid West region of Nepal where the study area is located; there is diversity in caste/ethnic composition. The main caste/ethnic groups are Brahmin, chhetri, Newar, local tribe (Tharu and Madhesi), Magars, and Occupational castes (Kami, Damai, Sarki). But the study focused on only Janjati community ie Gurung, Lama, Tamang and Magar(Thapa, Darlami, Sijali, Barakoti, Pun, Gharti, Budha, Pulami).

4.1.1 Ethnicity

Out of the 100 respondents, it is found that Magar-65 followed by Gurung-27, and Tamang-8 (Table-1). There were different sub groups of Magar and taken into one group. Like wise, Tamag and Lama were found during the field work, they are taken in the category of Tamang.

Table: 1: Percentage of Respondents by Ethnicity

Ethnicity	Male		Female		Total	
	Number	%	Number	%	Number	%
Magar	27	54	38	76	65	**65**
Gurung	17	34	10	20	27	**27**
Tamang	6	12	2	4	8	**8**
Total	**50**	**100**	**50**	**100**	**10**	**100**

Source: Field Survey, 2008

4.1.2 Educational Status by Sex

Out of the total respondents, there is equal number of male and female. The educational status of the respondents is shown below (Table-2).

Table 2: Percentage Distribution of the Respondents by Education Level

Education	Male	Female	Total
Illiterate	3	4	7
Literate including Primary (grade-5)	4	4	8
Lower Secondary(6-8 grade)	9	17	26
Secondary	20	22	42
Intermediate/Bachelor Level	14	3	17
Total	**50**	**50**	**100**

Source: Field Survey, 2008

The table 2 shows that there are still 7 percent illiterate and 8 percent are just literate (up to grade 5). This shows that 15 percent of the Janjati population can hardly access the knowledge of HIV and AIDS. Likewise, 26 percent of the total respondents have just got lower secondary level education. This level of education is also not enough in terms of knowledge, attitude, behavior and practice (KABP), however, they can be aware by reading the IECs. Out of the total respondents, 42 percent have got secondary level education and only 17 percent of the total respondents have obtained Intermediate (+2) and bachelor level of education.

4.1.3 Age of the Respondents

Demographic characteristics of the study also include age. The distributions of the reported ages of the respondents are mentioned below (Table-3).

Table 3: Percentage of the Respondents by Age

	Age											
	14	15	16	17	18	19	20	21	22	23	24	**Total**
Male	1	12	3	5	6	4	7	3	4	3	2	**50**
Female	6	8	6	6	2	2	8	6	1	1	4	**50**
Percent	**7**	**20**	**9**	**11**	**8**	**6**	**15**	**9**	**5**	**4**	**6**	**100**

Source: Field Survey, 2008

Both male and female respondents are high of age 15 and 20 years. There are one, one male respondent of the age14 and 24 years. In the same way, there are only one, one respondents of the age 22, 23 and 24. The age of four respondents (Male-1, Female-3) were not identified (Table-3).

4.2 Knowledge on STI, HIV and AIDS

The chapter includes the knowledge of the adolescent Students' knowledge on STI and HIV and AIDS. It also presents analysis from the point of view of the effect of socio-economic and demographic variables on knowledge on STI and HIV and AIDS among the respondents within the study sites.

4.2.1 Knowledge on HIV/AIDS by Sex

Ninety One respondents have reported that they have heard about HIV and AIDS and 9 respondents (female-4, male-5) have not heard about HIV and AIDS (Table-4). It is found that 90 percent of male and 92 percent of female respondents are aware of HIV and AIDS. And 10 percent of male and 8 percent of female have not heard of HIV and AIDS. Those who are illiterate and few of them have visited early primary class.

Table 4: Percentage of the Knowledge on HIV and AIDS by Sex

Heard about HIV and **AIDS**	**Male**	**Female**	**Total**	**Percentage**
Yes	45	46	91	91
No	5	4	9	9
Total	**50**	**50**	**100**	**100**

Source: Field Survey, 2008

4.2.2 Knowledge on HIV and AIDS by Education Level

The total respondents from Secondary & above have knowledge on HIV and AIDS ie 100 percent. Likewise 88 percent of the respondents of both primary and lower secondary level have knowledge on it. But only 29 percent of the respondents of illiterate Janjati community have knowledge on HIV and AIDS. It means 71 percent of the total respondents are unaware about HIV and AIDS. This mass is the critical mass for the transmission of HIV (Table-5).

Table 5: Knowledge on HIV/AIDS by Education Level

Education Level	Total Respondents	# of Respondent having Knowledge on HIV/AIDS	%
Illiterate	7	2	29
Literate including Primary (grade-5)	8	7	88
Lower Secondary(6-8 grade)	26	23	88
Secondary	42	42	100
Intermediate/Bachelor Level	17	17	100
	100	91	

Source: Field Survey, 2008

4.2.3 Sources of Information on HIV and AIDS by Sex

The study focused on the source of communication channel from which the respondents were exposed to the information of HIV and AIDS. The respondents were asked the channels they were exposed for the first time. Table 6 shows that 38 percent of the total respondents have heard from teacher/text book followed by TV & radio/FM i.e. 16 percent and 13 percent each. The least effective channel is found the community event i.e. 4 percent (Table-6). But, out of the total respondents 9 percent of them didn't answer any of the given sources. The analysis shows that more female are informed and shared about sexuality from family members rather than male.

Table 6: Source of Information of HIV and AIDS by Sex

Source of Information	Male	Female	Total
Radio/FM	9	4	13
TV	7	9	16
Teacher/ Text Book	18	20	38
Newspaper/Magazine	3	2	5
Peers	2	3	5
Family Members	2	3	5
Social Workers/NGO	3	2	5
Community Event/drama	1	3	4
Total	45	46	91

Source: Field Survey, 2008

4.2.4 Knowledge on Curability of HIV and AIDS

Although the table 5 shows that more female are aware on HIV and AIDS in comparison to male, in which 92 percent female where as only 90 percent male are aware of HIV and AIDS. But here the respondents were asked whether HIV and AIDS is curable or not to access the knowledge. It was found that 75 percent of them have knowledge that HIV and AIDS is not curable and 23 percent responded that HIV and AIDS is curable. Two percent of them said they don't know. This analysis shows male are aware by 78 percent and female are aware by 72 percent about whether HIV and AIDS is curable or not.

Table 7: Knowledge on Curability of HIVand AIDS by Sex

Is HIV and AIDS Curable	Male	Female	Total	Percentage
Yes	10	13	23	23
No	39	36	75	75
Non response(don't know)	1	1	2	2
Total	**50**	**50**	**100**	

Source: Field Survey, 2008

4.2.5 Knowledge on Modes of HIV Transmission by Sex

Out of the total respondents, 34 percent of the respondents have reported their knowledge on all modes of HIV transmission. The respondent of 33, 12 and 10 percent reported that HIV is transmitted only by unsafe sex, sharing injecting device and infected blood transfusion respectively. The table shows that 89 percent of the respondents know at least one mode of HIV transmission and 11 percent of them don't know even one mode of HIV transmission which may lead risk of getting HIV at any risky moment may transmit HIV unknowingly from one person to another (table 8).

Table 8: Knowledge on Modes of HIV Transmission by sex

Modes of HIV Transmission	Male	Female	Total	Percent
Aware about all modes	21	13	34	34
Unsafe Sexual Activity	13	20	33	33
Sharing Injecting Devices	3	9	12	12
Infected Blood Transfusion	7	3	10	10
Infected Mother to Child During Birth	0	0	0	0
Don't know	6	5	11	11

Source: Field Survey 2008

4.2.6 Knowledge on HIV Prevention

Simply asking question whether they have the knowledge on HIV prevention or not. It is reported that 75 percent of the total respondent have knowledge on HIV prevention. Likewise 19 percent of the respondents are not aware about the modes of HIV prevention. And also 6 percent of the total respondents are found at undecided stage on HIV prevention (Table-9).

Table 9: Knowledge on HIV Prevention

Education Level	Male	Female	Total
Yes	37	38	75
No	9	10	19
Undecided	4	2	6
Total	50	50	10

Source: Field Survey 2008

4.2.7 Knowledge on Preventive Modes of HIV and AIDS by Sex

By giving the options, it was reported that 88 percent of them reported that they have at least one mode of HIV transmission where as only 75 percent of them (table 9) have knowledge on it. In total, 38 percent of them have knowledge on all modes of HIV transmission where as 26, 11, 6 and 5 percent of them reported that HIV is prevented through having sex between wife and husband, using safe blood, sterilizing the injecting device and correct and consistent condom use respectively. In total 12 percent of them don't have any idea about modes of HIV transmission (Table-10).

Table 10: Knowledge on Preventive Modes of HIV and AIDS by Sex

Modes of HIV/AIDS Prevention	Male	Female	Total	Percent
Known about all modes of prevention	26	12	38	38
Having Sex between wife & husband only	12	14	26	26
Sterilize the injecting device before using	2	4	6	6
Safe Blood Transfusion	3	8	11	11
Not conceive by infected mother	0	2	2	2
Correct & consistent Condom Use	0	5	5	5
Don't know about the modes of Prevention	7	5	12	12
Total	50	50	100	100

Source: Field Survey 2008

4.2.8 Knowledge on Difference between HIV and AIDS

The respondents are asked to explore their knowledge on difference between HIV and AIDS to all respondents and it was 55 percent of them have knowledge on difference between HIV and AIDS and 44 percent of them don't know about the difference. And only one percent of the respondent was found in confused (Table-11).

Table 11: Knowledge on Difference between HIV and AIDS

Knowledge on difference between HIV & AIDS	Male	Female	Total	Percentage
Yes	23	32	55	55
No	26	18	44	44
No idea	1	0	1	1

Source: Field Survey, 2008

4.2.9 Knowledge on STIs by Sex

The respondents are asked to explore their knowledge on STIs to all respondents. It was reported that 75 percent of them have heard and understood about STIs. Likewise, 23 percent of the respondent reported that they haven't heard about STI. And only two percent of them reported that they don't have any idea about STI (Table-12).

Table 12: knowledge on STIs by Sex

Heard about STI	Male	Female	Total	Percentage
Yes	38	37	75	75
No	11	12	23	23
No Idea(not heard about STI)	1	1		2
Total	**50**	**50**	**100**	**100**

Source: Field Survey, 2008

4.2.10 Knowledge on Types of STIs by Sex

It was reported that 75 percent of the total respondents have heard about STIs when they are asked in formal wording whether they have heard "Sexually Transmitted Infections" or not. When they were asked types of STIs in colloquial language like syphilis "Bhiringi", Gonorrhea "Dhatu Rog", 75 percent of the respondents reported that they have heard about at least one type of STIs. Regarding the STIs, the technical name as syphilis, gonorrhea, trichominiasis, candidiacies, herpes, clamediya, it's difficult to understand in the community. Need to ask them

directly as 'Bhiringi' or "Dhatu Rog". 21 percent of the total respondents know both syphilis and gonorrhea. Out of the total respondents, 41 percent and 13 percent of them know about syphilis and gonorrhea respectively. In total 25 percent of the respondents reported that they don't have any idea about the types of STIs (Table -12).

Table 13: Knowledge on Types of STIs

Types of STIs	Male	Female	Total
Both syphilis & Gonorrhea	10	11	21
Syphilis	22	19	41
Gonorrhea	7	6	13
No idea	11	14	25
Total	50	50	100

Source: Field Survey 2008

4.3 Attitude towards Condom Use and Premarital Sexual Behavior

Sex, sexuality and sexual behavior are quite biological phenomenon. No one can stay away from sex, sexuality and sexual behavior. It is important that how individuals take in terms of these matters within him or her. Human beings stay in society and follow different social rules and values. The sexual behavior is mostly influenced by the social values and cultural norms of the particular society. Premarital sexual behavior is not accepted in any societies; however the level of strictness towards sexual behavior is different communities by religion, ethnicity, customs or tradition, ethical, moral and ideology. The attitudes of human being towards sex and sexual behavior changes as the society changes. Condom is one of the important means of family planning and STI prevention. First of all, condom is still stigmatized so that adolescent hesitates to purchase. Other hand general population don't have positive attitude toward using condom use. This chapter deals towards premarital sexual behavior and condom use.

4.3.1 Awareness on Condom by Sex

The respondents are asked to explore whether the respondents have heard about condom or not. It has been reported that 97 percent of the respondents have heard about condom where as 3 percent are still unaware about condom. By gender, 98 percent of male and 96 percent of female are aware on condom respectively. It shows that female is still behind in getting knowledge on condom (Table-14).

Table 14: Respondents' Knowledge on Condom by Sex

Heard about Condom	Male	Female	Total	Percentage
Yes	49	48	97	97
No	1	2	3	3
Total	**50**	**50**	**100**	**100**

Source: Field Survey, 2008

4.3.2 Attitude (Perception) on Condom by Sex

The respondent's perceptions are explored towards condom by asking whether condom is useful or not. 66 percent respondents reported that 66 percent of them expressed that the condom is useful and only 34 percent of them reported condom is not useful. The most interesting thing is that same percentage of male and female respondents have expressed same attitude towards condom use. It shows that the condom is perceived equally by the gender perspective too (table-15).

Table 15: Respondents' Attitude (Perception) on Condom by Sex

Usefulness of Condom	Male	Female	Total	Percentage
Yes (Useful)	33	33	66	66
No (Not Useful)	17	17	34	34
Total	**50**	**50**	**100**	**100**

Source: Field Survey, 2008

4.3.3 Experience on Sexual Intercourse by Sex

The respondents are asked whether they involved in the sexual intercourse. It is revealed that 38 out of 100 respondents have experience of premarital sexual intercourse. It has been reported that 25 male ie 50 percent and 13 female ie 26 percent of the respondents have experienced the premarital sexual intercourse. But 4 percent of them didn't response (Table-16).

Table 16: Respondents' Experience on Sexual Activities by Sex

Experience of Sexual Activities	Male	Female	Total	Percentage
Yes	25	13	38	38
No	24	34	58	58
No response	1	3	4	4
Total	**50**	**50**	**100**	**100**

Source: Field Survey, 2008

4.3.4 First Sex Partner by Sex

In order to explore the reality of first sexual partner of both male and female, the respondents were asked whom they had first sexual intercourse done with. In response, highest percentage of them had first sexual intercourse with friends/lovers (47%) followed by relative (29%). By sex, both male and female have first sexual intercourse mostly with friends/lovers.

Table 17: Exposure to Intercourse by Sex Partner

First Sexual Partner	Male	Female	Total	Percentage
Friend/Lover	12	6	18	47
Relatives	6	5	11	29
Locally known person	5	2	7	18
Unknown person	2	0	2	5
Total	**25**	**13**	**38**	**100**

Source: Field Survey, 2008

4.3.5 Respondents' Exposure to Intercourse by Sex and Age

There might be so many factors to influence an adolescent and young people for intercourse before the marriage. Age is one of the most important determinants that encourage a person to have experience of sexual intercourse. It has been reported that 3 male and 2 female respondents had sexual exposure at the age of 14 for the first time. Most of male and female have started intercourse at the age of 18 years ie 24 percent. Likewise, 42 percent of the respondents have had sexual exposure at the age of 15 and 16 years (Table-18).

Table 18: Age at first Sexual Intercourse by Sex

Age at first sexual intercourse	Male	Percent	Female	Percent	Total	Percentage
14 Years	3	12	2	15	5	13
15 Years	5	20	3	23	8	21
16 Years	7	28	1	8	8	21
17 Years	1	4	2	15	3	8
18Years	7	28	2	15	9	24
19 Years	2	8	0	0	2	5
20 Years	0	0	3	23	3	8
Total	**25**	**100**	**13**	**100**	**38**	**100**

Source: Field Survey, 2008

4.3.6 Condom Use at the first Intercourse by Sex

Out of 38 respondents who are exposed to intercourse, 19 respondents used condom and 19 didn't during their first intercourse. It indicates that only 50 percent of both male and female respondents used condom for the first time. 11 male respondents out of 25 and 8 female respondents out of 13 reported that they used condom during the first intercourse. It has been found that 44 percent male and 62 female have reported that they had used condom during the first intercourse. This shows that the female looks more responsible to use condom and sincere about getting prevent themselves from possible transmission of HIV and STI (Table-18).

Table 19: Percentage of condom use at the first intercourse by sex

Condom Use during the first Intercourse	Male	Percent	Female	Percent	Total	Percent
Yes	11	44	8	62	19	50
No	14	56	5	38	19	50
Total	**25**		**13**		**38**	

Source: Field Survey, 2008

4.3.7 Consistent Condom Use During the Intercourse by Sex

The respondents who were exposed to premarital sex were asked whether they use condom consistently during the sexual intercourse or not. In response, 56 percent of male and 69 percent of female reported that they use condom consistently during the sexual intercourse. In total, 61 percent reported that they use condom regularly and 39 percent reported that they don't. This shows that there is more likely to transmit STIs and HIV among the adolescent and youth (Table-20).

Table 20: Consistent Condom Use during the Sexual intercourse by sex

Consistent Condom Use	Male	Percent	Female	Percent	Total	Total Percent
Yes	14	56	9	56	23	61
No	11	44	4	44	15	39
Total	**25**	**100**	**13**	**100**	**38**	**100**

Source: Field Survey, 2008

4.3.8 Reasons of Condom Use by Sex

It is revealed that 97 percent of the respondents have heard about the condoms. But 44 percent of 25 male and 62 percent of 13 female respondents have reported condom use during the first sexual intercourse. The respondents were asked for what purpose they used condoms. They use condom giving equal priority to prevent from getting pregnancy and prevent themselves from HIV transmission ie 48 percent for each. And only 4 percent of the respondents use condom to be safe from STI. By gender, 67 percent of the female respondents use condom to keep themselves safe from getting pregnant where as only 36 percent of the male respondents use condom for family planning purpose. Likewise, 57 percent of male and 33 percent of female use condom to prevent from getting HIV (Table-21).

Table 21: Reasons' of Condom Use by Sex

Reasons of condom use	Male	Percent	Female	Percent	Total	Percent
Family Planning (To be safe from premarital pregnancy)	5	36	6	67	11	48
To be safe from STIs transmission	1	7	0	0	1	4
To be safe from HIV/AIDS Transmission	8	57	3	33	11	48
Total	**14**	**100**	**9**	**100**	**23**	**100**

Source: Field Survey, 2008

4.3.9 Reason for not using Condom

Sexual behavior is very interpersonal matter. Using condom is also directly related to the respondents' attitude towards condom and level of perception to the possible consequences of unsafe sex. In order to explore the reasons the adolescent and unmarried youth were asked why they did not use condom during their sexual contact. Male and female respondents gave different reasons for using condom. On average, 33 percent, 7 percent and 60 percent of the respondent don't use condom because of shyness, not availability and not pleasure respectively. By gender, only 18 percent of male respondents didn't use condom where as 75 percent of female respondents not using condom due to shyness. Likewise, 73 percent of the male respondents don't use condom due to no pleasure where as only 25 percent of female not using

condom due to 'no pleasure'. Regarding the availability, it was the least reason for not using condom to both male and female (table-22).

Table 22: Reasons for not Using Condom

Reasons of not Using Condom	Male	Percent	Female	Percent	Total	Percent
Shyness	2	18	3	75	5	33
Not Available	1	9	0	0	1	7
No Pleasure	8	73	1	25	9	60
Total	**11**	**100**	**4**	**100**	**15**	**100**

Source: Field Survey, 2008

4.3.10 Consequences of Unsafe Sex

Condom is considered as one of the most important contraceptive to prevent individual form getting either pregnancy, STI and HIV too. Though 97 percent of the total respondents have heard about condom and 66 percent of them said that condom is useful. Out of 38 respondents, still 15 of them (male-11, female-4) are not using condom during the sexual contact (table 20). The respondents who don't use condoms during the sexual contact are asked whether they have faced any consequences or not. The respondents have reported that they are exposed with different consequences. They frequently get recurrent STIs and unwanted pregnancy. Few of them have reported that they have not got any type of the consequences due to unprotected sex (table-23).

Table 23: Consequence of Unsafe Sex

Consequences of Unsafe Sex	Male	Percent	Female	Percent	Total	Percent
STI	5	45	1	25	6	40
Unwanted Pregnancy	3	27	1	25	4	27
Not any	3	27	2	50	5	33
Total	**11**	**99.99**	**4**	**100**	**15**	**100**

Source: Field Survey, 2008

The study has revealed that 40 percent of the total respondents had encountered with sexually transmitted infection. 27 percent got unwanted pregnancy and 33 percent have not got any type of result. Out of 4 female, 25 percent of female respondents encountered with premarital pregnancy and 25 percent of them got STI. The luckier is that 50 percent of them

have not got any short of result. Likewise, out of 11 male, 45 percent got STI and 27 percent got unwanted pregnancy (sex partner). And 27 percent of male reported that they didn't encounter with any sort of result however they had had sex without using condom regularly.

Most important information is that 14 male were reported consistent condom use but out of them 3 male reported STI and 4 male (sex partner) reported unwanted pregnancy. Likewise, 6 female out of 9 who use condom regularly also got STI. This shows that condom use skill is lacking among the adolescent and youth.

CHAPTER– V

SUMMARY FINDING, CONCLUSION AND SUGGESTIONS

The study analyzed the knowledge on STI and HIV/AIDS, attitude towards condom and premarital sexual behavior among the adolescents and unmarried young people of selected VDCs of Banke District. For this study, the data ware collected from field survey, conducted in March – May 2008. In total 100 (M-50, F-50) adolescent and unmarried youth were randomly selected from the few selected rural VDC of Banke District.

5.1 Summary of the Findings

The sample respondents were from different socio-economic and demographic characteristics. The summary of the findings is prearranged in basic demographic characteristic that includes general information, level of education and socio-economic status of the respondents, knowledge on STI and HIV/AIDS, attitude towards condom and premarital sexual behavior of the respondents.

5.1.1 Basic Demographic Characteristics

- The highest number of the respondents is from Magar i.e. 65 percent out of total sample size of 100 adolescent and unmarried youth.
- Seven percent of the total respondents are illiterate, 8 percent, 26 percent; 42 percent and 17 percent of them are from literate/primary level, lower secondary, secondary level and higher secondary/Bachelor level respectively.
- Male and female respondents have passed secondary level by 20 and 22 percent respectively.
- Out of the total respondents 20 percent are from the age of 15 years and followed by the age of 20 years (15 percent).

5.1.2 Knowledge on STI and HIV/AIDS

- Ninety one percent of the respondents (90 percent male & 92 percent of female) have heard about HIV/AIDS.
- Thirty eight percent of the respondents have heard about HIV/AIDS from teacher/text books and 16 percent from TV and 13 Radio/FM respectively. Very few of them (3 percent) have heard from community events.

- Thirty four percent of the respondents have knowledge of all types of HIV/AIDS transmission. But 33 percent of them have knowledge on HIV transmission through unsafe sexual contact.
- Seventy five percent of the respondents have knowledge on preventive modes of HIV/AIDS.
- Thirty eight percent of them have knowledge of all mode of HIV prevention. And 26 percent of them know that HIV can be prevented through safe sex, having sexual contact between wife and husband only.
- Fifty five percent of the respondents have knowledge on difference between HIV and AIDS.
- Seventy five percent of the total respondents have heard about STIs. But 41 percent of the respondents have heard about syphilis and 13 percent of them have heard about both specific types of STIs-gonorrhea.

5.1.3 Attitude towards Condom Use and Premarital Sexual Behavior

- Ninety seven percent of the total respondents have heard about condom and 66 percent of them think that it is useful.
- Thirty eight percent of the total respondents (50 percent male and 26 percent female) have experience of premarital sexual intercourse.
- Both male and female exposed to first intercourse at the age of 14 years.
- Majority of the respondents exposed to first intercourse at the age of 18 years (24 percent) followed by 15 years (21 percent) and 16 years (21 percent).
- Only 50 percent (male-44 percent & female-62 percent) of the respondents used condom during the first sexual intercourse.
- Sixty one percent of the respondents (male-56 percent and female-69 percent) who involve in intercourse use condom consistently.
- Forty eight percent of the condom users use condom to prevent themselves from HIV and unwanted pregnancy for each. And four percent of the regular users use condom to prevent themselves STI.
- Sixty percent of the respondents do not use condom due to no pleasure.
- Thirty three percent of them don't use condom due to shyness and 7 percent of them don't use due to unavailability of condom.

- Twenty Five percent of the female respondents who didn't use condom during the intercourse got pregnancy.
- Forty percent of the total respondents who did not use condom exposed to STI.

5.2 Conclusion

The data are collected from the 100 (Male-50, Female-50) respondents aged between 14 and 25 within the study site. The collected data have been analyzed. After the analysis, the study has come to the conclusion. There is still illiteracy among the targeted population. Among the hundred respondents, the analysis has found that 90 percent of male and 92 percent of female have heard about HIV/AIDS. Seventy five percent of the total respondents have heard about STIs but 41 percent of them have heard about Syphilis, 13 percent heard gonorrhea and 21 percent of them have heard both syphilis and gonorrhea. Although ninety seven percent of them have heard about the condom, 66 percent of them in total respondents have positive attitude towards condom. But in practice, it is very much different that only 61 percent of them use condom consistently. Text books/teachers, TV and Radio/FM are found more useful channel for the general awareness of HIV and AIDS. Thirty eight percent of the total respondents have knowledge on all preventive modes of HIV prevention. And only 26 percent of the respondents know that safe sexual behavior (between wife and husband) prevent HIV transmission.

Out of the total respondents 38 percent (M-50 percent, F-26 percent) of the respondents are already got experience of sexual intercourse. It was found that both male and female has started sexual intercourse at the age of 14 years. The age is both physically and mentally quite immature that may result worse to their future. Out of the 38 respondents 50 percent of the candidates uses condom during the first intercourse where as 61 percent of them used condom consistently. Forty eight percent of the condom user use condom to keep themselves safe from getting pregnant and HIV transmission. It was found that 33 percent of them not using condom due to shyness and 60 percent of them not using condom due to 'no pleasure. By gender it just opposite, 75 percent female didn't use condom due to shyness where as only 25 percent of them didn't use no pleasure. And only 7 percent of them didn't use condom due to the reason of unavailability of condom. First is the male sex partners deny to use condom. The second is the female can't carry the condoms with them due to stigma in the community and may be disclose of the sexual activities.

5.3 Suggestions and Issues for Further Studies

Today's adolescents and youth are the responsible adult of the recent future. If they are misguided, the nation itself misguided in future. If they get infected with HIV, it will be great curse to present adults and every responsible person. Therefore, based on the study, the following suggestions are suggested to ensure unmarried adolescent and youth for better future.

- Adolescent are not mentally matured so they should be provided education integrating sex education so that they will avoid premarital sexual intercourse.
- Workplace intervention for STI and HIV/AIDS prevention and behavior change communication should be integrated in every sector as a cross cutting issue. .
- The GO/NGO/INGOs should address the adolescent and young population in their program activities either software or hardware.
- Child labor should be discouraged by the policy or government administration.
- The study covers limited sample and limited area. So further study should cover bigger size in terms of sample size and different.
- It is suggested that the further studies should focus either male or female for micro analysis.
- Knowledge and skill for the prevention of STI and HIV should be focused in each sector ie community level user groups, educational institutions, development organizations, factories, corporations.

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