

Knowledge and Attitude on STIs and HIV/AIDS
Among College Students;
A Study of Jana Kalyan Campus, Tharmare, Salyan



By

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RECOMMENDATION LETTER

This dissertation work entitled "**Knowledge and Attitude on STIs and HIV/AIDS**" Among College Students. A study of Jana Kalyan Campus Tharmare Salyan is a sole work of Mr. Dilli Kumar Dangi, completed under my supervision for the partial fulfillment of requirements for Master Degree of Arts in Population Studies (Pop. 510 Thesis). To the best of my knowledge, this study is original and carries useful information about STIs and HIV/AIDS in Nepal. Therefore, I recommend this to the dissertation committee for evaluation.

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This dissertation entitled "**Knowledge and Attitude on STIs and HIV/AIDS**" Among College Students submitted by Mr. Dilli Kumar Dangi has been accepted as a partial fulfillment for the Master's Degree of Arts in Population Studies.

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ACRONYMS AND ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
CDPS	-	Central Department of Population Studies
CSW	-	Commercial Sex Worker
DNA	-	Deoxyribonucleic Acid
FHI	-	Family Health International
FP	-	Family Planning
FPAN	-	Family Planning Association of Nepal
GO	-	Government Organization
GRID	-	Gay Related Immuno-Deficiency
HIV	-	Human Immunodeficiency Virus
ICPD	-	International Conference on Population and Development
IDU	-	Injecting Drug Users
IEC	-	Information, Education and Communication
INGO	-	International Non-governmental Organization
LAV	-	Lymphademopathy Associated Virus
MOH	-	Ministry of Health
MSM	-	Men who have Sex with Men
NCASC	-	National Center for AIDS and STDs Control
NDHS	-	Nepal Demographic Health Survey
NGO	-	Non-governmental Organization
PRB	-	Population Reference Bureau
PSC	-	Population and Social Committee
PSSN	-	Population Student Society of Nepal
RNA	-	Ribonucleic Acid
SIV	-	Simian Immuno-deficiency Virus
SLC	-	School Leaving Certificate
SPSS	-	Statistical Package for Social Science
STIs	-	Sexually Transmitted Infections
SWs	-	Sex Workers
UNAIDS	-	Joint United Nations Program on HIV/AIDS
UNESCO	-	United Nations Educational Scientific Cultural Organization
UNFPA	-	United Nation Population Fund
USA	-	United States of America
VDC	-	Village Development Committe
WBC	-	White Blood Cell
WHO	-	World Health Organization

ABSTRACT

The study on knowledge and attitude among the college student has been carried out using primary sources of data collected from Jana Kalyan campus of Salyan district in 2008. Where included 125 student from B.Ed. first year and second year. The objectives of the study are as follows.

- ⇒ To identify socio-economic and demographic characteristics of college students.
- ⇒ To identify the knowledge on STIs and HIV/AIDS among college students.
- ⇒ To examine attitude to prevent the transmission of STIs and HIV/AIDS among college students.

Semi-structured questions were prepared and handled to the respondents to measure their response. Percent distribution frequency tables and cross tables are used to describe socio-economic and demographic status of respondents.

Out of the different sources of information, maximum of the respondents have known about the STIs and HIV/AIDS through radio and it is also found out that unsafe sexual intercourse is the main cause for the transmission of STIs and HIV/AIDS. Both males and females said that using condom during sexual contacts is the primary measure for the prevention of HIV/AIDS.

Out of total respondents majority of respondents had heard about STIs and HIV/AIDS (91% and 94%). Majority of respondents had heard about syphilis from radio. Majority of respondents said that youths and adolescents are the most vulnerable groups in our society.

CHAPTER I

INTRODUCTION

1.1 Background of the Study

HIV stands for Human Immunodeficiency Virus. It was originally found in Paris in May 1983 by Luc Montagnier. It belongs to a group of viruses called retroviruses. Viruses copy their genetic material into the genetic material of human cells. This means that infected cells stay infected for the rest of their lives. Through mechanisms which are still not fully understood, HIV prevents the immune system from working properly. Normally, the body's immune system would fight against infection. But HIV is able to infect key cells (called CD4 cells) which co-ordinate the immune system's fights against infection. Many are actually destroyed by being infected. Others, including CD4 cells which are not themselves infected no longer work properly.

AIDS stands for Acquired immune deficiency syndrome. AIDS is the result of damage to the immune system. A damaged immune system is unable to protect the body against certain specific "opportunistic" infections and tumors. These are called opportunistic because they are caused by organisms which are normally controlled by the immune system but which "take the opportunity" to cause disease if the immune system has been damaged. Unlike most other diseases different people with AIDS may experience different clinical problems, depending on which specific opportunistic infections they develop. This is what a syndrome means a collection of different signs and symptoms that are all part of the same underlying medical condition.

AIDS is a medical problem. The only issue is when we will solve it. Some suggest that the concept of AIDS is purely invented. Still others, taking more of a middle ground, recognize the biomedical reality of HIV but also recognize the social aspects involved in the cultural meaning making that is associated with the worldwide pandemic known as AIDS. One extreme position is that AIDS is not real it is a total "cultural construction". The product of western modernity wrapped in the narratives and discourses of the

science of the modern era, only a "fact" as viewed through the narrow epistemology of western medicine (www.aidsmap.org).

AIDS is caused by a group of related viruses referred to as HIV. HIV like most other viruses, requires reproduction within the cells of the body. Once inside the body, the virus attacks itself to the surface of cells commonly referred to as T-cells (T-lymphocytes). A defining characteristic of retroviruses is that they are able to transcribe RNA into DNA, allowing the virus to integrate into the host DNA of the cell nucleus. Thus HIV becomes resident in the cell nucleus and grows in the body as cells divide and multiply. The newly emerging T-cells which usually are involved in fighting infection are compromised. T-cells are involved in attacking infected cells in our bodies. The HIV infected T-cells increase in the body, the immune system becomes more and more depressed allowing foreign bodies to enter the body and survive.

The term AIDS was not coined until 1981 and HIV, the virus which causes AIDS was not discovered until 1983 recent evidence suggests that HIV was already present in the west as early as the 1950 (Frankin and Leonard 1997:7). Somebody says that HIV/AIDS was first reported in Africa in 1981, the first cases noted were mostly in gay men 'the diseases was first termed gay related immunodeficiency (GRID) (David 2003:56).

In the International Conference on population and development (ICPD) in Cairo in sep. 1994, much concern was expressed about the importance of the life cycle of adolescents the powerfully formative time of transition to adulthood, What happens to the individuals during this period shapes how they will live their adult life in the reproductive areas as well as in the social and economic realm, ICPD was especially concerned over the vulnerable reproductive health status of adolescents, particularly females between the age 15 to 19 years, partly due to their changing and sexual behavior (ICPD 1994).

AIDS is the late stage of infection with HIV. AIDS is caused by HIV, which attacks and destroys certain white blood cells, which are essential for the body's immune defense system. When HIV infects the virus becomes activated and then progressively to the serious infections and other condition that characterize AIDS (WHO 1991; 2- 4).

Sexually Transmitted Infections (STIs) are a group of disease which are transmitted predominantly by sexual contact and caused by wide range of bacterial, viral, protozoa, fungi agents and ectoparasites. Syphilis, Gonorrhoea, Human immunodeficiency Virus infection, Genital warts, Genital herpes, Chlamydia infection and Trichomoniasis are some of the sexually transmitted diseases, which are recently replaced by another newer term sexually transmitted infections that incorporates wider variety of infections (Engender Health 2006).

A person infected with HIV may not show any sign or symptoms for 5 to 10 years and may transit the virus to other when AIDS finally set in the person may get several sign and symptoms such as fever, loss of weight, diarrhoea and persistent the presume of HIV in the body of the infected available defected the presence of antibodies to the HIV. During this (window period) a HIV infected person's tests would report a false/negative, which would result in his/her to the risk of HIV infection. The practice of "safe sex" through the use of condoms could reduce the risk of HIV infection considerably use of disposable needles, syringes and ensuring the supply of infection free blood and blood products are other measures needed for reducing the risk of HIV infection. A women infected with HIV needs to seriously consider the risk of infecting her baby before deciding to go for a pregnancy. (Bhande and Kanitkar 2001)

The pandemic of this century the AIDS was first recognized internationally in 1981 in USA. The UNAIDS 2006 had estimated that 39.5 million people were living with HIV worldwide. These included 2.3 million children under 15 years of age and 17.7 million women. A total number of AIDS deaths in 2006 were 2.9 million exactly what it was two years previously 2.6 million adults, almost half of whom were women and 380,000 children under the age of 15 died of AIDS in 2006 (AIDS epidemic update 2006).

HIV/AIDS was first reported in Nepal in July 1988. Since then there had been a gradual increase in the number of cases. In 1994 it was estimated that 5000 people in the country were infected with HIV/AIDS. The NCASC of the ministry of Health and population has estimated an average of 70000 adult HIV- positive people in Nepal (NCASC 2002). As of 14 June 2008 a

total of 1884 AIDS cases among the 11,835 cases of HIV infection were reported to NCASC (NCASC 2008).

By the end of the 2003, the number of people living with HIV was estimated to be 40 million (UNAIDS and WHO 2003). Most people do not know that they are infected. The epidemic has not been overcome anywhere rather it is spreading more rapidly. More than 95 percent of the HIV infected people now live in the developing world, which has experienced 95 percent of all deaths are largely among young adults who would normally in their maximum productive and most active reproductive years. Many young girls have migrated from rural areas for better livelihood garments and carpet industries in Nepal. They were exposed to infection of STIs and HIV positives. Poverty may be the main reason of prostitution and flesh trade in Nepal. The altitude of discrimination, abuse and violence against girls children. Among these enrolled in school and campus level, a significant proportion of the students had recorded as drop out.

The college students are productive part of the population of the nation. Lack of adequate knowledge on reproductive health education, health services and poor socio economic status and cultural background of the students. Most of people in this group are suffering from different kind of problem.

1.2 Statement of the Problem

HIV/AIDS one of the dangerous diseases in the world was firstly introduced within the developed countries, but in the present HIV/AIDS problem have deep-rooted mostly in developing countries. Many researches found that 95 percent of the total infected population resides in these countries and mostly infected persons are seen in the age of 18-35 years.

The first case of AIDS was identified in Nepal in July 1988. Since then the number have grown slowly but steadily. In Nepal only three male and one female were detected of HIV infection for the year, when it was diabolized at first on the year 1988. Since the incidence rate is increasing early year and the new case detected in the year 2008 June was 334. The national data as of June 14, 2008 revealed 11835 individuals having HIV of which 1884 were developed acquired immune deficiency syndrome (AIDS). Of the total AIDS cases 486 were died (NCASC 2008).

HIV transmission is increasing in population of 14 to 49 years age group. The HIV/AIDS is growing problem in Nepal with poor socio-economic status, most of the people are illiterate, and they used to get married at early age. In urban area huge number of female is involved in commercial sex work (CSW) and they have not sufficient knowledge about HIV/AIDS and they are other sources of HIV virus transmission.

The main cause of transmission of HIV and STDs is unprotected sexual intercourse. Some of the factors which were considered for rapid transmission of HIV/AIDS inside the country (Aryal 2000: 95-96).

- ⇒ Trafficking of young village girls for prostitution outside the country.
- ⇒ Seasonal migration and mobility of youth in search of job.
- ⇒ Low level of awareness of HIV / AIDS.
- ⇒ Lack of sex education in academic curriculum.
- ⇒ Low practice of mass-media on AIDS prevention and control.
- ⇒ Poor health services.
- ⇒ Sexually disharmony.
- ⇒ Social stigma and cultural norms & values.

Nepal is multiethnic, multilingual and multicultural with poor socioeconomic status. The study area is entirely rural area with low socioeconomic status as well as backward in educational field too. Salyan district lies in Mid-western part of Nepal in which this research study was based. Salyan is multiethnic and multicultural district. Chhetri, Brahmin, Magar and Dalits are main castes in this district. It has low level of education, transport and health facilities. From this area so many people are visiting India and they are the main source of transmission of HIV/AIDS. Basically knowledge on HIV/AIDS of college level students can play vital role in their society but unfortunately we have to say that, they have not sufficient knowledge about it. Government sectors, NGOs and INGOs are not interested to give training about health education, actually they are giving to health worker. This study is the first study of this place about HIV/AIDS and STIs. Therefore the analysis of knowledge on HIV/AIDS prevalence has been done among the college level students to fill in the research gap in this area on the basis of information collected from students. NCASC 2008 reports revealed that the age wise data

of HIV/AIDS infection is 4.18 percent in 15-19 age group, 15.72 percent in age cohort 20-24 years age group. Young people 20-29 years make the highest suffering group from HIV/AIDS.

Adolescent and youth aged 15-24 years are scattered in the community and they are also mobile. Their risk taking behaviors is the most susceptible to contact disease like STIs, HIV/AIDS. They are not matured physically and mentally but they want to involve in unsafe sex with opposite sex partner. If they make knowledge toward HIV/AIDS and STIs they will careful about them.

1.3 Objectives of the Study

The main objectives of this study is to identify the knowledge and attitude on STIs and HIV/AIDS among college level students and the specific objectives of the study are as follows:

- ⇒ To identify socio-economic and demographic characteristics of college students.
- ⇒ To identify the knowledge on STIs and HIV/AIDS among college students.
- ⇒ To examine the attitude to prevent the transmission of STIs and HIV/AIDS among college level students.

1.4 Significance of the Study

In the context of our country, especially in the rural area, college students are known as educated who can spread their level to awareness to their wider knowledge about HIV/AIDS. Today's youth are the future of nation. However, whether the students are educated about HIV/AIDS or not is the matter of common concern. We cannot expect the vital role of those education group who are not given the sound education about the sexual health. The measurement of awareness level and knowledge base of college student regarding to HIV/AIDS and STIs is vital at first to designate their role in their peer group or community.

In most of the societies, adolescents and youth have to face pressure to engage in sexual activity. Sexually active adolescents of both sexes are, increasing at risk of contracting and transmitting sexually transmitted disease, including HIV/AIDS and they are typically poorly informed about how to protect from them? Programme for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproduction and sexual health need and in designing programme that respond to their needs.

This research study is helpful to know the attitude and knowledge on HIV/AIDS and STIs. It helps to provide idea about the types of programme and policy need to prevent the spread of HIV/AIDS among campus students. This study helps to aware people about safe sex. It is also important to identify the health risks involved and the health condition of the study group since they have HIV/AIDS, they are exposed to various types of innovative study will be beneficial to improve the prevalent knowledge and attitude of the adolescents and infection rate among them.

The present study has great significant for those person, planners, policymakers, NGOs/INGOs and other related sectors to make policy and program. What is the situation and what type of program are needed for the young population for their improvement of knowledge about HIV/AIDS? The help of this research study may find out the solution of such question.

This study is based on the campus level students both boys and girls. Some previous studies were done in urban areas school and college level students only. Thus study on "Knowledge and Attitude on STIs and HIV/AIDS Among College Level Students" is different from other study. This study is purely based in rural or remote areas college.

1.5 Limitations of the Study

This study consists of the knowledge and attitude on STIs and HIV/AIDS among college level students of Jana Kalyan campus Tharmare Salyan. Each and every study has own limitation and a study carried out in the particular area may not represent the whole nation and particular group cannot represent the whole population. This study is conducted by student to fulfill

the course of Master's in population studies. Lack of time and money this study is limited as follows:

- ⇒ This study is limited only among the students of Bachelor level in Jana Kalyan Campus Tharmare Salyan. So the finding of the study may not be generalized for other population group and other level students and places.
- ⇒ This study has considered a limited number of respondents, there are only 125 respondents from Jana Kalyan campus Salyan.
- ⇒ This study has taken into account of the college level students therefore does not represent the view on non-school and youth of other school/college level form the same community.
- ⇒ This study is limited only to the knowledge and attitude about HIV / AIDS and STIs.

1.6 Organization of the Study

This study is organized in six chapters. The first chapter discusses of the introduction of the study: background of study, statement of the problem, objectives of the study. significance of the study limitations of the study. The second chapter provides review of the theoretical and empirical literature and the conceptual framework and considered variables.

The third chapter deals methodology of the study. The study includes selection of study area, sample selection method and sample size, nature of data, questionnaire design, method of data collection, data processing and technique of data analysis and interpretation.

The fourth chapter deals socio-economic and demographic characteristics of respondents. Caste of respondents, age, sex and marital status of respondents, parent's education and parent's occupation are included. Knowledge and attitude on STIs and HIV/AIDS on respondents are analysed in the fifth chapter and finally the last chapter provides the summary, conclusion, recommendations of this study and further research issues.

CHAPTER – II

LITERATURE REVIEWS

2.1 Theoretical Literature

Acquired Immune Deficiency Syndrome (AIDS) was first reported in 1981 in USA. It is caused by the Human Immune Deficiency virus (HIV) which is spread through blood (including menstrual blood), semen and vaginal fluids of infected people, but can only be passed on to another person if those fluids get into his/her body. The most common method of transmission is unprotected sexual intercourse with HIV positive partner, transfusions of HIV infected blood, tissue or organ transplants, use of contaminated needles, syringes or other skin piercing equipment and mother to child transmission during pregnancy, birth or breast feeding (PRB, 2006:3).

Acquired immune deficiency syndromes was first reported in 1981 in united states of America. This causative organisms of AIDS, Human Immunodeficiency virus (HIV) was identified in 1983. The pandemic nature and the magnitude of the public health problem associated with HIV infection were recognized much later when the proportion of persons infected with HIV rose vary rapidly. However considerable efforts are being made to contain the spread of HIV as the impact of HIV/AIDS seems to be very serious in a long-term aspect. The HIV virus does not respect geographical boundaries so no country of the globe is immune to HIV/AIDS. This is global thinking and intervention (Aryal 2000:90).

The impact of HIV/AIDS on youth cannot be underestimated. It is affecting their family situation, their health and well-being and even their social behaviour in the age of AIDS. While HIV/AIDS information is increasingly available comprehensive knowledge of HIV risk remains low among young people (PRB 2006:4).

Religious, socio-cultural practice and other traditional rigidities especially with respect to sex and reproductive health have made task more difficult in the context of Nepalese society. It was a paradox that sex was one of the commonest things we had in our life still we talk least about it in our society. It was a subject that so considered being a very personal secret and

confidential. Whenever children ask their parents about sex and sexual organs, they either ignore them or scold them or even tell them utter lies (Gurbacharya).

Many people still thinking that issues related to AIDS were getting over attention. As the epidemic was comparatively new in this part of the world, it kills for less people as compared to other disease. But there were number of reasons why this problem should get proper attention. The HIV/AIDS prevention is difficult from many other diseases prevalent in our region. It was well documented that main route of HIV transmission was through sex. Sexual behavior being a very private affair could not be easily discussed and sometimes was difficult to communicate with the people. The social stigma associated had made the preventive programmes more difficult (Aryal, 2000:93).

It has long been suspected that HIV had its origin as a zoonotic disease. Because HIV is so similar to Simian Immunodeficiency Virus (SIV) a virus that causes AIDS like symptoms in some kinds of monkeys, this link was hypothesized (Frumkin and Leonard 1997:13). New research has confirmed this long suspected hypothesis suggesting the common chimpanzee as the origin of HIV-1. Tests carried out on strains of SIV suggest that HIV-1 arose first in this species. The natural range of this species also corresponds with the areas where HIV-1 is endemic, suggesting that the chimpanzee is the main reservior for HIV-1. The research also postulates that chimpanzees have been the sources of introduction of SIV into human populations on at least three separate occasions (Beine, 2003:57-58).

Biological, cultural and socio-economic conditions contribute the women's vulnerability to HIV. During unprotected vaginal intercourse a women's risk of becoming infected in up to 4 times higher than that of man. The vagina has a greater area of susceptible tissue compared with the male urethra and often sustains microtrauma during intercourse (PRB 2006:5).

Prostitution of the Nepalese girl's is one of the major contributions for the spread of HIV/AIDS in Nepal. The women and girls involve in prostitution in Mumbai and other cities in India. If they are found to have HIV positive, they are generally sent back in Nepal that has largely contributed for

the spread of HIV/AIDS in Nepal. There are some factors which contribute for the spread of HIV/AIDS they are trafficking of young girls specially from villages for the prostitution outside the country, seasonal migration, mobility of youth in search of job growing urbanization, low level of awareness HIV/AIDS, injecting drug use (IDU), low level of coverage of mass media on AIDS prevention, stigmatization of HIV infected persons and poor health infrastructure (Roka 2002:77).

Poverty, gender, inequality, low levels of education and literacy, denial, stigma and discrimination are major contribution factors to HIV Vulnerability in Nepal. A national situation analysis identified young people, mobile population, female sex workers, men having sex with men and IDUs as most vulnerable. Among these groups limited information is available about homosexual behaviors in their destination in case of labor migrants (Acharya 2005, 26-27).

Without HIV prevention measures about 35 percent of children born to HIV positive women will contract the virus. In high prevalence countries, however, AIDS is responsible for an increasing share of U5MR. In Africa, its share rose from 2 percent in 1990 to 6.5 percent in 2003 (WHO 2005:13) Fewer than 50 percent of drugs infections consistency used condoms with sex workers (USAID 2004:37). HIV enter in Nepal through the prostitutes either women or girls involved in prostitute in Mumbai and other cities of India. The open border with India and HIV acceleration in India are causes of HIV expansion in Nepal. HIV transmitted from male to female is more during menstruation. There is no evidence that HIV is transmitted by kissing and transmission was not associated with race presence of HIV in saliva (Sharma 1996).

The Nepali literature on trafficking and prostitution are often found arguing that the Indian sex markets has a great demand for Nepali women trafficking from hill area to Indian bothels has been perpetually existing at an alarming rate is the hypotheses of Nepali NGOs working in this area (Acharya 2002:140-141).

Many demographic studies have showed that education of women has multidimensional effect. This analysis also camp up with the finding that if

women are educated at least up to secondary, they are with very high chances of acquiring the knowledge on AIDS. Similarly husbandly educational also has strong association with knowledge on AIDS. Many women seem to acquire knowledge of AIDS from family planning clinic. Women who are living Tarai Seem to have lower knowledge of AIDS. Similarly women living together with their husband also are less likely to have the knowledge on HIV/AIDS (Acharya 1999: 127-136).

Almost a quarter of people living with HIV are under the age of 25. Young people now represent half of all new cases. An estimated 6,000 young people are infected every day. One every 40 minutes, the majority are women and girls. In sub-saharan Africa, 63 percent of those who were HIV positive in 2003 were between the age of 15-24. In the Russian Federation and other countries of Eastern Europe and central Asia, more than 80 percent of those living with HIV are under the age of 30, a majority of them young men. In these regions as well as in Southeast Asia and China, HIV is spread primarily by drug injection and commercial sex work. One third of new cases of curable sexually transmitted infection every year are contracted by young people under 25. Women between 15 and 24 are 1.6 times more likely than young men to be HIV positive (UNFPA 2005:51).

UNFPA (2006) has undertaken a study about the knowledge level of adolescent towards HIV/AIDS in India. The study was conducted on 400 adolescents girls (200 from rural and 200 from urban areas). The key findings of this study was that there is significant different in the knowledge among rural and urban residence. The teacher plays major role in bringing the change in attitude, myths, and disbelief towards HIV/AIDS. The knowledge of HIV/AIDS varies by educational level. In Peru 99 percent of educated had heard about AIDS followed by 47 percent with no education (UNFPA, 2006).

Radio, television, newspapers and magazines are considered as the major sources of information. Every seven in ten male and almost half of the female have heard about HIV/AIDS by radio. But in some countries Television is serving as more effective sources of HIV information. In highly infected countries the main sources of information were friends and relatives (UN, 2002).

Women are most aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partner or by abstaining from sexual intercourse. Among men, the most commonly known prevention methods are use of condoms (80 percent) and limiting sex to one uninfected partner (83 percent), knowledge of condoms and the role that they can play in preventing the transmission of AIDS is much less common among women than men (58 percent and 84 percent) (NDHS2006;202).

2.2 Empirical Literature Review

The first case of AIDS was reported in 1981 in USA. Since then, AIDS has become the most devastating and threatening diseases of the human beings, More than 60 million people are already infected and about 40 million people are estimated to be living with HIV, among which one third are age between 15-24 years, of the estimated 16000 person are becoming newly infected with HIV each day, More than 90 percent are women, more than 50 percent are children aged 14 years or younger (OLI 2005; 158).

2.2.1 Global Situation of HIV/AIDS

According to estimates made by UNAIDS and WHO, the number of persons living with HIV/AIDS as of December 1998 has grown to 33.4 million about ten percent more than the previous year, 5.8 million are estimated to have been newly infected with HIV in 1998, 2.5 million AIDS death have occurred in 1998, of the total HIV/AIDS affected person, women from more than one third of the persons newly infected with HIV in 1998, 36 percent were women of the number of the persons living with HIV/AIDS as December 1998. One tenth of the newly HIV infected persons in 1998 were children below the age of 15, most of whom were thought to have acquired the infection from their mother before or after birth or through breastfeeding (Bhande and Kanitkar 2000, 232-233).

At the end of the 2005, 40.3 million people are living with HIV/AIDS infection and 3.1million people have died from STDs related disease in the year. About 37.2 million (92%) adult, 2.3 million (8%) children 19.7million (53%) male, 17.5 million (47%) female are living with HIV/AIDS. About 13500 newly HIV infection every day in 2005. Globally 1 out of 100 adult people of the world are infected with HIV (1.1% adult prevalence rate) over

40 million (95%) HIV positive are in developing countries, 25.8 million (70%) in sub-Saharan African countries and 8.3million (14%) in Asia. Among them almost 50 percent are women . About 50 percent are 15-24 years olds. 70 million HIV+ over last 2 decades. Over 20 million AIDS related death since beginning of epidemic (Chaudhary 2006: 27-28).

Table No. 1: Global Situation of the HIV/AIDS in 2006

Year	Adult and children living with HIV	Adult and children newly infected with HIV	Adult/ prevalence	Adult and children death due to AIDS
2006	39.5 million	4.3 million	1.0 million	2.9 million
2004	36.9 million	3.9 million	1.0 million	2.7 million

(UNAIDS/WHO 2006:2).

2.2.2 Scenario of HIV/AIDS in Asia

The estimates at the end of 2005, 8.2 million people are living with HIV/AIDS in Asia. 1.1 million people newly infected during 2005. 0.52 million people have died during 2005. Only India has 5.1 million people with HIV, China has over 1 million people infected. 3000 people are newly infected per day, 125 people are infected every hour and 2 person every minute and 1 person every 30 second are infected in Asia. Highly marginalized vulnerable group are sex worker, injecting drug user, multiple sex worker, men having sex with men (Chaudhary, 2006:29).

The estimate showed that some 8.3 million (4.5-12 million) adult and children living with HIV. The number of women living with HIV was 2 million and adult and children newly infected with HIV was 1.1 million. Adult prevalence was 0.4 percent and child and adult death due to AIDS was 520000. An estimated 5.1 million Indians were living with HIV in 2003 surveys carried out in various parts of India in 2001 found that 30 percent street based sex workers did not know that condoms prevent HIV infection (UNAIDS/WHO 2005:34).

2.2.3 Status of HIV/AIDS in Asia

The estimation shows that 7.4 million people (range 5-10.5 million) in Asia are living with HIV around half in died in 2003 and about twice as many 1.1 million through to have become newly infected with HIV. Among youth people newly 15-24 years of age, 0.3 percent of women and 0.4 percent of men living with HIV by the end of 2003, epidemics in this region remain largely concentrated among injecting drug users (IDUs), men who have sex with men (MSM), sex workers, clients of sex workers and their sexual partners (UNAIDS, 2004:15).

Overall Asian countries can be divided into several categories with their diversity in natural, pace and soverity of epidemics of HIV infection. Some countries like Cambodia, Myanmar and Thailand were hit early and other are now starting to experience the rapidly expanding epidemics and need to promote effective responses. Countries likes Indonesia, Nepal, Vietnam and several provinces of China are of this latter categories. Bangladesh, East Timor, Laos, Pakistan and Philippines have still low level of HIV prevalence even among people at high risk of exposure to HIV (UNAIDS 2004:16).

Most new infection in Asia occurs in men when by sex and large numbers of do so. Household based surveys in a number of Asian countries suggest that among 5 percent to 10 percent of men infected by sex which makes commercial sex a large hieratic industry in Asia. Many sex workers especially very young women from rural areas are either forced into the industry join it under duress because of lack of other employment opportunities (UNAIDS 2004:5).

2.2.4 HIV/AIDS situation in South Asian Countries

The first HIV infection in South Asia are lower than Africa but the spread of HIV is rapid. However, the epidemic in south Asia is newer and many countries are yet to develop a proper monitoring system.

Table 2: HIV/AIDS Situation in South-Asia in 1997 July

Country	Reported AIDS cases	Date of last report	Estimated HIV infection	Date per 10000 population
Bangladesh	10	3/97	< 20000	< 16

Bhutan	0	11/96	75	12
India	3183	4/97	2500,000	262
Maldives	5	4/97	60	23
Nepal	87	4/97	5000	22
Pakistan	135	12/97	-	-
Shrilanka	74	4/97	6000	32

Source: PSC 1998 (Aryal 2000:91)

2.2.5 HIV/AIDS Situation in Nepal

First case of HIV/AIDS in Nepal was reported in July 1988. Then after the figure are increasing gradually each year. According to the UN AIDS and WHO estimates there may be about 33532 HIV positive persons in the country. Women living with HIV/AIDS are 10,373 and children under 15 living with the epidemic are 926 (Aryal 2000:94).

The cumulative figure of HIV/AIDS shows that majority of the male (7999) are infected being the client. It is equally potential for females that the main method of transmission is sexual intercourse. Despite some exceptional cases, this age is considered female's reproductive life span.

Table No. 3: Cumulative HIV/AIDS situation of Nepal as of 14 June, 2008

Condition	Male	Female	Total
HIV positive (Including AIDS)	7999	3836	11835
AIDS (Out of total HIV)	1345	539	1884*
Cumulative HIV infection by sub group and sex			
Sex workers (SWs)	3	746	749
Client of SWs/STD	5280	104	5384
Housewives	-	2660	2660
Blood or organ recipients	23	9	32
Injecting drug user (IDUs)**	2193	42	2235**
Men having sex with men	57	-	57
Children	393	258	651
Sub group not identify	50	17	67
Age group			
0-4	160	89	249
5-9	182	130	312
10-14	63	44	107
15-19	234	240	474
20-24	1107	709	1816
25-29	1855	924	2779
30-39	3267	1283	4550
40-49	621	342	1263
50-above	210	75	285
Total	7999	3836	11835

* Cumulative death 486

** Mode of transmission - IDUs or sexual intercourse

Source: NCASC 2008 June 14.

From the above table, it comes to know that mostly the transmission is caused by sexual intercourse. The greatest numbers of infected person are the clients of sex worker and they are mainly aged 25 to 39 year. The injecting drug users are in the second highest position of infected HIV.

Table 4: The reported number of HIV and AIDS cases since 1988 to 2006.

Year	Total sample	HIV +			AIDS		
		Male	Female	Total	Male	Female	Total
1988	9016	3	1	4	1	1	2
1989	5180	0	2	2	0	0	0
1990	8099	2	3	5	0	2	2
1991	17000	12	14	26	2	3	5
1992	33995	39	38	77	1	4	5
1993	38228	41	40	81	4	6	10
1994	16523	18	22	40	2	9	11
1995	21867	71	39	110	12	4	16
1996	10957	50	85	135	13	18	31
1997	9475	394	95	489	76	24	100
1998	3611	166	54	220	38	16	54
1999	5170	174	48	222	35	29	54
2000	3039	301	95	396	117	48	165
2001	1470	264	60	324	62	23	85
2002	5596	360	107	467	70	14	84
2003	2179	505	209	714	61	19	80
2004	6326	992	340	1282	112	32	144
2005	7654	907	327	1234	90	21	111
2006	16890	1750	931	2681	197	70	267
Total	222295	5999	2510	8509	893	333	1226

Source: Nepal Pop. Report 2007: 100

The table shows that the total number of sample were 222295 from which 8509 cases were found HIV positive, 1226 cases were found AIDS and total number of death cases were 367 since 1998 to 2006.

Nepal has a concentrated HIV epidemic with prevalence estimated as high as 50 percent among certain most at risk populations. Injecting drug users, sex workers, men who have sex with men and migrants have the highest risk group, although prevalence in the general population is currently estimated at 0.5 percent (NDHS 2006).

Young people are particularly vulnerable group to HIV and from largest proportion of most at risk populations. Their vulnerability is exacerbated by Nepal's context of poverty, migration, gender inequality,

ethnic or caste discrimination, political instability and civil conflict. A 2000 survey of 1400 unmarried teenagers 12-18 years from rural and urban areas across 7 districts of Nepal found the following HIV related awareness and risk behaviours.

- ⇒ 92% of teenagers had heard of HIV/AIDS.
- ⇒ 74% of were aware that condoms should be used during sex.
- ⇒ 69% were aware that sex with a sex worker was risky (UNAIDS, 2007: 1)

Knowledge of AIDS is widespread in Nepal. 73 percent of women age 15-49 and 92 percent of men age 15-49 have heard of AIDS. Women are most aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (65%) or by abstaining from sexual intercourse (60%). Among men the most commonly known prevention methods are use of condoms (84%) and limiting sex to on uninfected partner (83%). Only 51 percent of women and 75 percent of men age 15-49 know that a healthy looking person can have the AIDS virus. Minority of women 20 percent and men 36 percent have comprehensive knowledge of HIV/AIDS transmission, that is they know that both condom use and limiting sex partners to one uninfected partner are HIV prevention method. Fifty-six percent of women and 61 percent men expressed accepting attitudes toward people living with HIV/AIDS. 28 percent women and 44 percent men age 15-24 have comprehensive knowledge about HIV/AIDS (NDHS 2006: xxvii-xxviii).

2.2.6 Conceptualization of STIs and HIV/AIDS

The root cause of HIV/AIDS infection mainly steams from certain action or behaviour of human beings. Those actions are unprotected sexual intercourse, sharing of needles and other equipment and interchange of blood. The human contact is vital and relevant in the spread of HIV/AIDS. The most relevant issues are listed below.

Social norms and values:- The social norms and values that accept the male behavior including multiple sex partners and consumption of alcohol and drug abuse.

Prostitution:- This is a major factor in the spread of STIs. The prostitute acts reservoir of infection.

Broken Home:- Social studies indicate the promiscuous women are usually drawn from homes. e.g. Homes which are broken either due to death one or both parents or their separation.

Sexually disharmony:- Married people with strained relations divorced and separated persons are often victims of STIs.

Poverty:- The disease spreads most rapidly among societies where women are not valued and male behavior is resisted and where there exists women prostitution.

High Economic Strata:- The high rate of infection is also among the rich strata of the society because they are bound by lifestyle and have income or wealth to indulge themselves in alcohol, drug, abuse and unsafe sex (Bohara, 2004:21).

In conclusion, the review of literature suggests that the center of the AIDS epidemic spread is from Africa to Asia. Thoroughly the main routes of HIV transmission in India and Nepal are common in HIV/AIDS problems. The open border, mobile population between India and Nepal disappointed commercial sex workers women from brothels are though as fuels of the epidemic in south countries. The main routes of HIV/AIDS are unequal state when we compare South Asian Countries.

2.3 Variables Considered

There are three variables namely socio economic variables, intermediate variables and demographic variables.

Socio-economic variables

- Family income
- Caste/ethnicity of respondent
- Religion of respondents
- Occupation of parents

- Conflict

Intermediate variables

- Level of education
- IEC programme

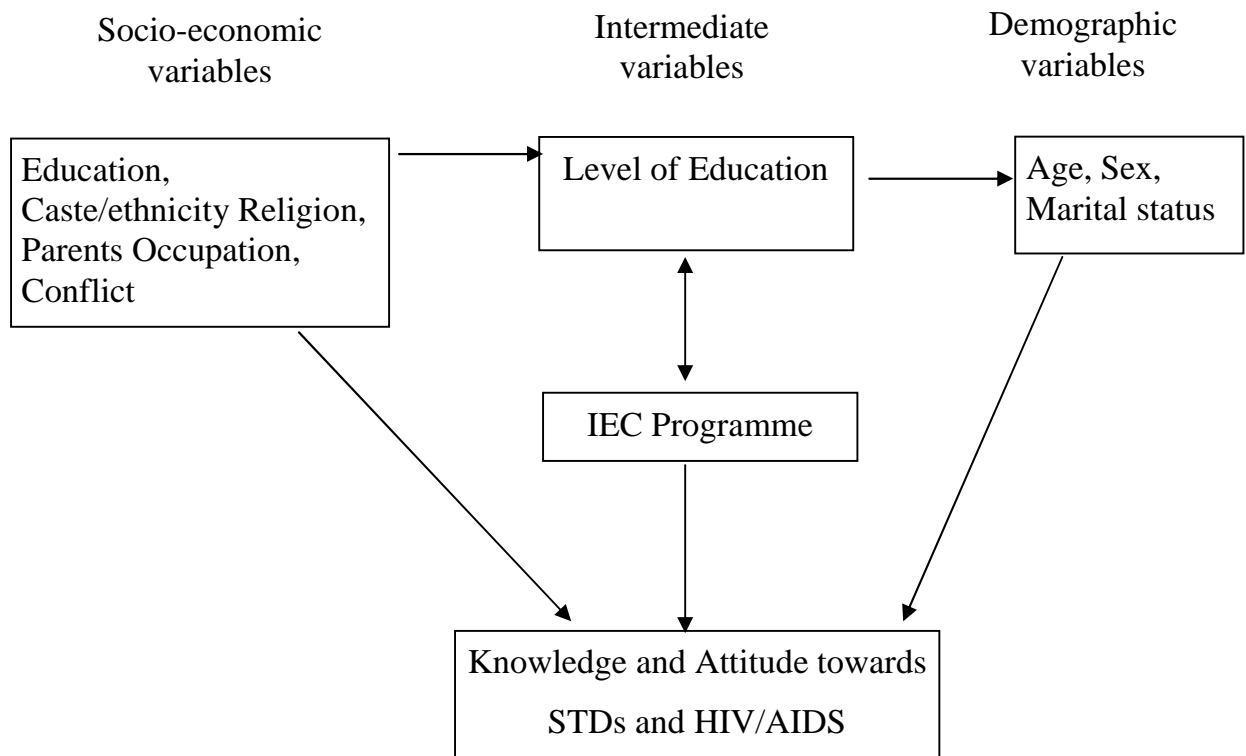
Demographic variables

- Age sex structure of respondent
- Marital status of respondent

2.4 Conceptual Framework

The conceptual framework assumes to explain knowledge and attitude on STIs and HIV/AIDS as influence by social, economic and demographic variables. Socio economic variables effects demographic characteristics which influence knowledge on STIs and HIV/AIDS. The socio economic variable and knowledge on STIs and HIV/AIDS influence attitudes to avoid the STIs. Here in this framework, student's socio economic status like education, occupation of parents and income influence the knowledge and attitude of students regarding STIs and HIV/AIDS. Similarly students demographic characteristics like age, sex, marital status may influence their knowledge and attitude regarding STIs and HIV/AIDS.

On the basis of above assumptions the following conceptual framework has been developed to analyze the knowledge and attitude on STIs and HIV/AIDS among college level students in Salyan district.



CHAPTER – III

METHODOLOGY

This chapter discusses a set of method which is totally based on analysis of the information obtained from field known as primary sources. However some secondary sources are used to compare the study. The nature of the data is mostly quantitative.

3.1 Selection of Study Area

This research is a study of college level students of Jana Kalyan Campus Tharmare Salyan. Salyan district is one of the rural area with low socio-economic status based on agriculture. Its neighbor's districts are Dang, Rukum, Rolpa, Jajarkot, Surkhet and Banke. Due to poverty, most of the young people of this area are leaving their home in search of employment, go to foreign countries, especially India is the main destination for employment. Study area is far from the opportunity of development and lacks health facilities. However, there exists health post in the study area but one doctors and health workers over there.

3.2 Sample Selection Method and Sample Size

First, the study area was selected using purposive sampling. Due to the lack of the time and small area, it was not possible to take the large census of the areas, so that researcher chose Jana Kalyan Campus for sampling. There were 273 students in B.Ed. part I and II according to college enrollment register among which 125 were present on that day. Using the defacto-method of data collection. Questions were distributed for all students and their records were taken.

3.3 Nature of Data

Both primary and secondary sources of data are collected in this study. This study is conducted on the basis of quantitative approach. This type of data were collected from the field survey by administering appropriate questionnaire.

3.4 Questionnaire Design

The questionnaire were designed to meet the requirements of the objectives. Generally it was designed by considering the knowledge and attitude on STIs and HIV/AIDS among college students. The semi-structured questionnaire were designed for the quantitative data collection most of the questions were pre-coded and some open question have been included in the questionnaire. The whole set of question divided in the following aspect.

- (i) Individual questionnaire.
- (ii) Household questionnaire.
- (iii) Knowledge and attitude related questionnaire.

3.5 Method of Data Collection

This study is based on primary and secondary data. With the cooperation of staff and teacher of the college, initial arrangement was made before distributing the questionnaire to the students. The required information for this study were collected by distributing well prepared and pre-tested questionnaire to the selected respondents of college students in the selected college. After distributing the questionnaire students were kept in an environment that their privacy was maintained and they were free to express their attitude and knowledge regarding subject mater the respondents were carefully surpervised during the administrate of questionnaire to minimize data error.

3.6 Data Processing

After the collecting the data from field by respondent questionnaire were edited. After then a code book was prepared. The questionnaires were coded according to the code book. All the questionnaire were edited to see the mistakes and then they were tabulated as per the objective of the study and relevance of the data.

3.7 Technique of Data Analysis and Interpretation

The data obtained from the field survey processed and analysed to interpret their implications in the help of using micro computer programme SPSS. Necessary tables were generated using the SPSS program the data were processed into frequency table, cross table and Percentage that is only descriptive statistics were used.

CHAPTER - IV

ANALYSIS OF SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

4.1 Background Characteristics of the Respondents

Background characteristics include demographic and socio-economic information including individual as well as household characteristics. In particular age, sex, religion, marital status, housing status, parent's education status, parent's occupation, family income included in this chapter. We can show the background characteristics by following table no. 5.

In this study (55.8%) respondents are male and (44.8%) are female. According to age group most of the respondent are fall in age group 20-24 years (68.8%). By education (56%) of the respondent are in B.Ed. 1st year and (44%) are in 2nd year. Similarly more than (50%) are Chhettri. By marital status (72.8%) are found unmarried and (5.6%) were separated. Among total respondents (46.4%) were stay at their own home. (40.8%) people earned less than Rs. 5000 in month, only (10.4%) were found more than 20000 Rupees. About (50%) respondents reported agriculture is the main sources of family income.

Table No. 5: Distribution of the respondent by background characteristics

Back ground characteristics	Frequency	%
Sex		
Female	56	44.8
Male	69	55.2
Age group		
17-19	23	18.4
20-24	86	68.8
25-29	14	11.2
30-34	2	1.6
Educational Status		
B.Ed. first year	70	56.0
B.Ed. Second year	55	44.0
Caste/Ethnicity		
Chhetri	63	50.4
Brahmin	29	23.2
Magar	14	11.2
Dalit	6	4.8
Gurung	5	4.0
Thakuri	4	3.2
Newar	2	1.6
Others	2	1.6
Marital Status		
Unmarried	91	72.8
Currently married (Spouse live together)	27	21.6
Separated	7	5.6
Present living status		
Home	58	46.4
Hostel	6	4.8
Rented home	45	36.0
Relative home	16	12.8
Income group		
1000-5000	51	40.8
6000-10000	26	20.8
11000-15000	15	12.0
16000-20000	11	8.8
21000 and above	13	10.4
Not stated	9	7.2
Main family income		
House rent	14	11.2
Business	20	16.0
Agriculture	62	49.6
Service	22	17.6
Others	7	5.6
Total	125	100.0

Source -: Field Survey, 2008

4.2 Caste of Respondents

The majority of the respondents are Chhetri (50.4%) followed by Brahmin (23.2%) and only (1.6%) are Newar and other like Chaudhary, Rai etc. According to sex, out of total female respondents more than (57%) are Chhetri and only (1.8%) found Gurung and out of total male respondents (44.9%) found Chhetri and only (3%) found Thakuri and other means Rai and Chaudhary etc.

Table No. 6: Distribution of the respondent by caste according to sex

Caste of the respondents	Sex				Total	
	Female		Male		N	%
	N	%	N	%		
Brahmin	11	19.6	18	26.1	29	23.2
Chhetri	32	57.1	31	44.9	63	50.4
Magar	5	8.9	9	13.0	14	11.2
Gurung	1	1.8	4	5.8	5	4.0
Dalit	3	5.4	3	4.3	6	4.8
Newar	2	3.6	0	.0	2	1.6
Thakuri	2	3.6	2	2.9	4	3.2
Others	-	-	2	2.9	2	1.6
Total	56	100.0	69	100.0	125	100.0

Source -: Field Survey, 2008 (Dalit means: Bishwakarma, Damai, Badi)

4.3 Age and Sex Structure

The highest number of respondents (68.8%) belongs to age group 20-24 year, followed by (18.4%) of the respondents are in age group 17-19 years and only (1.6%) are in the age group 30-34 years. According to sex, most of the female respondents (62.5%) are in the age group 20-24 years followed by (19.6%) are in the age groups 17-19 years, (14.3%) are in age group 25-29 years and only (3.6%) are in the age group 30-34 years. Among male respondents highest number (73.9%) of the respondents are in the age group 20-24 years followed by (17.4%) are in the age group 17-19 years and (8.7%) are found in age group 25-29 years.

Table No. 7: Distribution of the respondents by age according to sex

Age group of the respondents	Sex				Total	
	Female		Male		N	%
	N	%	N	%		
17-19	11	19.6	12	17.4	23	18.4
20-24	35	62.5	51	73.9	86	68.8
25-29	8	14.3	6	8.7	14	11.2
30-34	2	3.6	0	.0	2	1.6
Total	56	100.0	69	100.0	125	100.0

Source -: Field Survey, 2008

4.4 Education of Respondents

Education is the vital part to drive the life in sustainable manner possible. This study has collected data from 125 respondents of B.Ed. first year and second year students. Out of total respondents (56%) found in B.Ed. first year and (44%) found in B.Ed. 2nd year. Similarly by age higher number of students (61.4%) found in the age group 20-24 year and lowest number (2.9%) in the age group 30-34 years in B.Ed. first year and out of total students of B.Ed. second year highest number of students (78.2%) found in the age group 20-24 years and lowest (7.3%) of the respondents found in the age group 17-19 years.

Table No. 8: Distribution of the respondent's educational status by age

Age group	Educational Status of the respondents				Total	
	B. Ed. first year		B. Ed. Second year		N	%
	N	%	N	%		
17-19	19	27.1	4	7.3	23	18.4
20-24	43	61.4	43	78.2	86	68.8
25-29	6	8.6	8	14.5	14	11.2
30-34	2	2.9	0	.0	2	1.6
Total	70	100.0	55	100.0	125	100.0

Source -: Field Survey, 2008

4.5 Marital Status of Respondents

According to table no. 9 most of the respondents (72.8%) are unmarried followed by (21.6%) are found currently married and (3.6%) are found separated.

Out of the total female respondents (71.4%) are unmarried followed by (21%) currently married and 7.1 % are separated and among male respondents

(73.9%) are unmarried followed by (21.7 %) are married and less (4.3%) are separated.

According to age group almost (91.3%) unmarried in age group 17-19 years. Similarly only (50%) respondent are married in age group 30-34 year.

Table No. 9: Distribution of the respondent's marital status by age and sex

Age & Sex	Marital status of the respondents						Total	
	Unmarried		Currently married		Separated		N	%
	N	%	N	%	N	%		
Sex								
Female	40	71.4	12	21.4	4	7.1	56	100.0
Male	51	73.9	15	21.7	3	4.3	69	100.0
Age group								
17-19	21	91.3	1	4.3	1	4.3	23	100.0
20-24	61	70.9	22	25.6	3	3.5	86	100.0
25-29	8	57.1	3	21.4	3	21.4	14	100.0
30-34	1	50.0	1	50.0	0	.0	2	100.0
Total	91	72.8	27	21.6	7	5.6	125	100.0

Source -: Field survey, 2008

4.6 Parent's Educational Status

Parents educational status play vital role in educating their children. In questionnaire the education level of father and mother were asked separately. The majority of respondents (52%) have illiterate mother and (28%) have illiterate father. And only few number of respondent's father had completed secondary level. We can conclude that most of the respondents mother are illiterate than their father.

Table No 10: Distribution of the respondents by their father's and mother's educational status

Educational Status	Educational Status of Father		Educational Status of Mother	
	N	%	N	%
Illiterate	35	28.0	65	52.0
Informal	11	8.8	12	23.2
Primary (1-5)	15	12.0	14	11.2
Lower Secondary (6-8)	16	12.8	4	3.2
Secondary (9-10)	4	3.2	3	2.4
S.L.C.	21	16.8	9	7.2
Intermediate	14	11.2	1	0.8
Bachelor & above	9	7.2	-	0.0
Total	125	100.0	125	100.0

Source -: Field Survey, 2008

4.7 Parents Occupation

The occupation of parent can also be taken as the important variable that determine the social, economic status of the household and also affect the knowledge and attitude on STIs and HIV/AIDS. The respondents were asked about the parent's occupation. The major occupation as shown in the below.

The majority of the respondent's father are involving in agriculture (66.4%) followed by services (18.4%), business (11.2%), (2.4%) are engaged in labour sector and others (1.6%) like construction, daily wages etc.

Table No. 11: Distribution of the respondent's by their father's Occupational status

Occupation	Occupational status of the father	
	N	%
Agriculture	83	66.4
Services	23	18.4
Business	14	11.2
Labour	3	2.4
Others	2	1.6
Total	125	100.0

Source -: Field Survey, 2008

Similarly majority of respondents mother are engaged in agriculture (63.2%) followed by house wives (28%), services (4.8 %), business (1.6%) and stated other like daily wage, raring cattle etc.

Table No. 12: Distribution of the respondents by their mother's Occupational status

Occupation	Occupational status of the mother	
	N	%
Agriculture	79	63.2
Services	6	4.8
Business	2	1.6
Housewives	35	28.0
Labour	1	0.8
Others	2	1.6
Total	125	100.0

Source -: Field Survey, 2008

CHAPTER - V

KNOWLEDGE AND ATTITUDE ON STIs AND HIV/AIDS AMONG COLLEGE LEVEL STUDENTS

This chapter deals with the intent of knowledge about STIs and HIV/AIDS among college student and it also discuss about their attitude towards different issue related to sexuality (heard about STIs, HIV/AIDS and their names, transmission, preventive measure and source of knowledge). Similarly regarding the attitude of respondents, their opinion on HIV/AIDS are described.

5.1 Knowledge on STIs

Table shows that 91% of the respondent heard about STIs (for male 90% and for female 93%). According to age group, all the respondents from the age group 25-29 years heard of STIs followed by for age group 17-19 years (82%) and for age group 20-24 years (93%) and 50% for age group 30-34 years.

Table No. 13: Distribution of the respondent's who heard about STIs by age & sex

Age & sex	Heard about STIs				Total	
	Yes		No		N	%
	N	%	N	%		
Sex						
Female	52	92.9	4	7.1	56	100.0
Male	62	89.9	7	10.1	69	100.0
Age group						
17-19	19	82.6	4	17.4	23	100.0
20-24	80	93.0	6	7.0	86	100.0
25-29	14	100.0	0	.0	14	100.0
30-34	1	50.0	1	50.0	2	100.0
Total	114	91.2	11	8.8	125	100.0

Source -: Field Survey, 2008

5.2 Knowledge about different STIs

Table shows that (61%) of the respondents have knowledge about syphilis followed by Gonorrhoea (43%), Hepatitis 'B' (30%) and Trichomoniasis (10%).

By sex, out of the total male respondents (79%) of them have knowledge about syphilis whereas Gonorrhoea (45.2%) and Hepatitis 'B' (27.4%). Similar pattern is observed for female as well as by age group.

Table No. 14: Distribution of the respondent's who have knowledge about STIs according to age & sex

Age & Sex	Knowledge about STIs (in %)						Total number
	Syphilis	Gonorrhoea	Cancroids	Trichomoniasis	Genital warts	Hepatitis 'B'	
Sex							
Female	40.4	40.4	1.9	13.5	1.9	32.7	52
Male	79.0	45.2	6.5	8.1	3.2	27.4	62
Age group							
17-19	52.6	47.4	-	10.5	5.3	21.1	19
20-24	62.5	40.0	6.3	8.8	2.5	30.0	80
25-29	64.3	50.0	-	21.4	-	35.7	14
30-34	100.0	100.0	-	-	-	100.0	1
Total	61.4	43.0	4.4	10.5	2.6	29.8	118

Source -: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple response.

5.3 Knowledge on symptoms of STIs

The respondent who have knowledge about STIs at least one of the STIs was also asked about the symptoms of STIs. Tables shows that (41.2%) of the respondent responded fever is main symptoms of STIs followed by yellow pus like discharge from vagina (32.5%) and headache (20.2%).

Table No. 15: Distribution of the respondent's knowledge about symptom of STIs according to age & sex

Age & Sex	Symptom of STIs (in %)					Total number
	Fever	Headache	Stomachache	Vomiting	Yellow pus like discharge from vagina	
Sex						
Female	25.0	28.8	-	11.5	32.7	52
Male	54.8	12.9	14.5	9.7	32.3	62
Age group						
17-19	26.3	10.5	10.5	21.1	21.1	19
20-24	46.3	22.5	7.5	6.3	33.8	80
25-29	35.7	21.4	7.1	21.4	35.7	14
30-34	-	-	-	-	100.0	1
Total	41.2	20.2	7.9	10.5	32.5	118

Source -: Field Survey, 2008

Note: Total percent may exceed 100 due to multiple response.

By sex most of the female respondent responded yellow pus like discharge from vagina (32.7%) to be the symptoms of STIs. where as most of the male respondent responded fever (54.8%) as symptoms of STIs.

According to age, (26.3 %) of the students responded fever in the age group 17-19 years and all of the (100%) respondent in the age group 30-34 years responded yellow pus like discharge from vagina.

5.4 Sources of STIs

Different types of source are playing vital role to get knowledge on STIs. Among the respondents who had heard of STIs were further asked about the source of knowledge. Table 16 gives the information about sources of STIs, out of the total respondents (47%) of the respondents reported that radio as main sources followed by reported health worker (45.6%), reported textbook (38%) and reported teacher (30%).

Table No. 16: Distribution of the respondent's source of knowledge about STIs according to sex

Sex	Source of knowledge about STIs (in %)							Total number
	Radio	T.V.	Pamphlets	Text book	Friends	Teacher	Health workers	
Female	46.5	21.2	9.6	25.0	19.2	19.2	40.4	52
Male	56.5	33.9	11.3	48.4	19.4	38.7	50.0	62
Total	47.4	28.1	10.5	37.7	19.3	29.8	45.6	114

Source -: Field Survey, 2008

Note: Number of multiple answers do not necessary due to total cases.

According to sex out of the total female respondent (46.5%) of them reported radio as the main sources of STIs followed by health workers (40.4%), textbook (25%), television (21%) is main sources of knowledge of STIs. Among male respondent most (56.5%) reported radio and followed by health worker (50%), textbook (37.7%).

5.5 Transmission of STIs

There are different types of transmission of STIs. In order to find out the knowledge on mode of transmission of STIs, respondents were asked about the way of transmission whether (44%) reported about contaminated blood and needles followed by unsafe sexual intercourse (43%), infected mother to baby (25%).

Table No. 17: Distribution of the respondent's transmission of STIs by age & sex

Age & Sex	STIs transmission (in %)							Total
	Mother to baby	Living together	Using same towel	Using same toilet	Contaminated needles and blood	Unsafe sexual intercourse	Mosquito	
Sex								
Female	25.0	3.8	5.8	7.7	40.4	32.7	3.8	52
Male	25.8	1.6	9.7	8.1	46.8	51.6	-	62
Age group								
17-19	15.8	-	5.3	-	31.6	52.6	5.3	19
20-24	23.8	3.8	10.0	11.3	46.3	38.8	1.3	80
25-29	42.9	-	-	-	42.9	50.0	-	14
30-34	100.0	-	-	-	100.0	100.0	-	1
Total	25.4	2.6	7.9	7.9	43.9	43.0	1.8	114

Source -: Field survey, 2008

Note: Total percent may exceed 100 due to multiple response.

According to sex, (40%) of the total female respondents, expressed contaminated blood and needles as the main mode of transmission, followed by unsafe sexual intercourse (33%) and only (3.8%) reported mosquito bite is the mode of transmission. Similarly, (51.6%) of total male respondent expressed unsafe sexual intercourse as the main mode of transmission and only (1.6%) reported living together is the main mode of transmission of STIs.

According to age group, (52.6%) respondent from the age 17-19 year reported unsafe sexual intercourse is the main mode of transmission of STIs (46.3%) reported contaminated needles and blood from age group 20-24 years, (50%) of the respondents age group 25-29 years reported unsafe sexual intercourse and all respondent from age group 30-34 years were reported main mode of transmission of STIs are infected mother to baby, contaminated blood and needles and unsafe sexual intercourse.

5.6 Heard about HIV/AIDS

To access the knowledge on HIV/AIDS, respondents asked whether they heard about HIV/AIDS or no. Out of the total respondent (94.4%) heard about HIV/AIDS. According to sex, most of the female respondents 92.9% heard about HIV/AIDS and (96%) male respondents had heard about HIV/AIDS.

According to different age group all of the respondent from the age group 17-19 and 30-34 years heard about HIV/AIDS, (94.2%) from the age group 20-24 years heard about HIV/AIDS and (85.7%) age group 25-29 years heard about HIV/AIDS.

Table No. 18: Distribution of the respondent's who heard about HIV/AIDS by age sex

Age & Sex	Heard about HIV/AIDS				Total	
	Yes		No		N	%
	N	%	N	%		
Sex						
Female	52	92.9	4	7.1	56	100.0
Male	66	95.7	3	4.3	69	100.0
Age group						
17-19	23	100.0	0	.0	23	100.0
20-24	81	94.2	5	5.8	86	100.0
25-29	12	85.7	2	14.3	14	100.0
30-34	2	100.0	0	.0	2	100.0
Total	118	94.4	7	5.6	125	100.0

Source -: Field Survey, 2008

5.7 Meaning about AIDS

The respondent who have knowledge about HIV/AIDS were asked whether they have knowledge about full form of HIV/AIDS. Out of the total respondents (81%) of the respondents have knowledge on full form of HIV/AIDS and still (20%) of them do not. By sex, majority of the respondents have knowledge of full form of HIV/AIDS (83 percent for male and 77 percent for female).

According to age all of the respondent age group 30-34 years responded correct form of AIDS and followed by 82.6 % from the age group 17-19 year, (80.2%) in the age group 20-24 years and (75%) in the age group 25-29 years responded correct form of AIDS. By educational status (88.2%) student of second year responded correct form of AIDS and (74.6 %) student of first year give correct form of AIDS. It is not better because most of the student who heard about AIDS have not write correct form of AIDS.

Table No. 19: Distribution of the respondent's who have knowledge about full form of the HIV/AIDS by age, sex and educational status

Background characteristics	Knowledge about the full form of the HIV/AIDS				Total	
	Correct		Incorrect		N	%
	N	%	N	%		
Sex						
Female	40	76.9	12	23.1	52	100.0
Male	55	83.3	11	16.7	66	100.0
Age group						
17-19	19	82.6	4	17.4	23	100.0
20-24	65	80.2	16	19.8	81	100.0
25-29	9	75.0	3	25.0	12	100.0
30-34	2	100.0	0	.0	2	100.0
Educational status						
B.Ed. 1 st year	50	74.6	17	25.4	67	100.0
B.Ed. 2 nd year	45	88.2	6	11.8	51	100.0
Total	95	80.5	23	19.5	118	100.0

Source -: Field Survey, 2008

5.8 Source of Knowledge on HIV/AIDS

Among the respondent who have heard about HIV/AIDS were further asked about the sources of knowledge. Tables gives the information about sources of STIs out of the total (56%) of the respondents reported that radio as main sources followed by textbook (40%), teacher (35.6%) and health worker (34.7%) as main sources of HIV/AIDS. According to sex, (48.2%) of female and (55.1%) of male respondents responded radio is the main sources of information about HIV/AIDS and least number (5.4%) female and (10.1%) male respondents responded parents are the main sources of knowledge about HIV/AIDS.

According to age, all of the respondent in the age group 30-34 year responded newspaper, magazine & radio are the main sources of knowledge about AIDS. Similarly (56.5%) in the age group 17-19 years responded radio and teacher are main source, (50%) respondent from the age group 25-29 years responded radio is the main source of information about AIDS. By educational status more than half students from the B.Ed. first year responded radio and (60%) of the respondents from B.Ed. 2nd year responded radio is the main sources of information about AIDS.

Table No. 20: Distribution of the respondents by source of knowledge about AIDS according to age, sex and educational status

Age, Sex & Educational status	Sources of knowledge about AIDS									Total number
	Radio	T.V.	Newspaper & Magazine	Text book	Friends	Teacher	Health workers	Parents	Go/NGOs/INGos	
Sex										
Female	48.2	23.2	17.9	32.1	16.1	26.8	32.1	5.4	7.1	52
Male	55.1	31.9	31.9	39.1	24.6	37.7	26.1	10.1	10.1	66
Age group										
17-19	56.5	52.2	47.8	52.2	34.8	56.5	39.1	8.7	13.0	23
20-24	50.0	20.9	19.8	36.0	17.4	25.6	26.7	9.3	9.3	81
25-29	50.0	35.7	14.3	7.1	14.3	42.9	21.4	-	-	12
30-34	100.0	-	100.0	50.0	50.0	-	50.0	-	-	2
Educational Status										
B.Ed. 1 st year	52.2	31.3	26.9	43.3	22.4	37.3	35.8	7.5	9.0	67
B.Ed. 2 nd year	60.8	29.4	29.4	35.3	23.5	33.3	33.3	9.8	15.7	51
Total	55.9	30.5	28.0	39.8	22.9	35.6	34.7	8.5	11.9	118

Source -: Field survey, 2008

Note: Total percent may exceed 100 due to multiple response.

5.9 Transmission of HIV/AIDS

The ways of transmission of HIV/AIDS showed that further clarifies the knowledge on HIV/AIDS. So, in order to find out their knowledge of mode of transmission of HIV/AIDS the question was asked. Out of total respondents (67%) reported about unsafe sexual intercourse followed by infected mother to baby (47%), contaminated needles and blood (40%).

By sex, (61.5%) of female and (71.2%) of male respondent have expressed unsafe sexual intercourse is the main way of transmission of HIV/AIDS followed by infected mother to baby (46%), contaminated needles and blood (40%).

According to age, (73.9%) respondents from the age group 17-19 years have expressed unsafe sexual intercourse, is the main mode of transmission of HIV/AIDS. Similarly other age group also have seen that scenario about the mode of transmission. But age group 30-34 year respondents (100%) responded main mode of transmission are unsafe sexual intercourse, contaminated blood and infected mother to baby.

Table No. 21: Distribution of the respondents who have knowledge of transmission about HIV/AIDS by age & sex

Age & Sex	Knowledge of transmission about HIV/AIDS							Total number
	Unsafe sexual intercourse	Living together with infected person	Unsterilized needles	Contaminated blood	Infected mother to baby	Kissing	Mosquito bites	
Sex								
Female	61.5	19.2	34.6	46.2	48.1	-	-	52
Male	71.2	10.6	43.9	34.8	45.5	7.6	1.5	66
Age group								
17-19	73.9	13.0	56.5	52.2	65.2	13.0	4.3	23
20-24	65.4	17.3	37.0	37.0	40.7	2.5		81
25-29	58.3	-	33.3	25.0	41.7	-	-	12
30-34	100.0	-	-	100.0	100.0	-	-	2
Total	66.9	14.4	39.8	39.8	46.6	4.2	.8	118

Source -: Field survey, 2008

Note: Total percent may exceed 100 due to multiple response.

5.10 Knowledge of Prevention on STIs and HIV/AIDS

Among respondents who have heard about HIV/AIDS were further asked about knowledge of prevention of HIV/AIDS. The 46% of female respondents expressed condom as the most preventive method of HIV/AIDS followed by avoiding transfusion of unscreened blood (40.4%), avoiding multiple sex partner (31%). Similarly among male respondents (57.6%) expressed about using condom during sexual contacts followed by avoiding sexual intercourse with multiple sex partner (30%), infected mother to baby (19%).

According to age group most of the students 56.5% in the age group 17-19 expressed using condom is the preventive method of AIDS . Similarly (51.6%) respondents in the age group 20-24 years expressed avoiding multiple sex partner is the preventive measure of HIV/AIDS. Similarly, 50% in age group 25-29 years also expressed using condom during sexual contact and all of the respondents aged 30-34 years were expressed not giving birth from infected mother is preventive measure of STIs and HIV/AIDS.

Table No. 22: Distribution of the respondent's prevent against the infection of STIs and HIV/AIDS by age & sex

Age & Sex	Prevent against the infection of STIs and HIV/AIDS (in %)							Total
	Avoiding Sexual intercourse with multiple sex partner	Using condom during sexual contacts	Avoiding transfusion of unscreened blood	Abstaining from sexual intercourse	Don't give birth from infected mother	Avoid unsafe sexual intercourse	Using only sterilized needles	
Sex								
Female	30.8	46.2	40.4	21.2	23.1	11.5	11.5	52
Male	30.3	57.6	18.2	15.2	19.7	18.2	16.7	66
Age group								
17-19	47.8	56.5	39.1	39.1	30.4	26.1	34.8	23
20-24	51.9	23.5	12.3	18.5	13.6	9.9	1.2	81
25-29	25.0	50.0	33.3	8.3	8.3	8.3	8.3	12
30-34	-	50.0	50.0	50.0	100.0	-	-	2
Total	30.5	52.9	28.0	17.8	21.2	15.3	14.4	118

Source -: Field survey, 2008

Note: Total percent may exceed 100 due to multiple response.

5.11 Opinion on HIV/AIDS

The respondents were asked about the opinion on HIV/AIDS. By analyzing the data, the majority of the respondents (72%) reported that HIV/AIDS is fatal disease, (60.2%) said it is sexually transmitted disease, (44.1%) said communicable disease and (35.6%) said it is transferable disease.

Table No. 23: Percentage distribution of respondents by opinion on HIV/AIDS

Opinion on HIV/AIDS	Number of respondents	%
Fatal disease	85	72.0
Sexual transmitted disease	71	60.2
Communicable disease	52	44.1
Transferable disease	42	35.6

Source: Field Survey, 2008. N = 118

Note: Total percent may exceed 100 due to multiple response.

5.12 Opinion on Vulnerable Group of HIV Transmission

In order to find out opinion on vulnerable group of HIV/AIDS transmission among the respondents a question were asked. The who had heard of HIV/AIDS (59.3%) reported that youth and adolescents were the most vulnerable group from HIV/AIDS in society followed by drivers (24.6%), doctors (6.8%), Police and Army (4.2%), children (2.5%). By sex

out of the total female respondents (50%) were reported that youth and adolescents as for vulnerable group for HIV/AIDS in society followed by drivers (25%), doctors (7%). Similar pattern is observed for male as well as age group.

Table No. 24: Distribution of the respondent's most vulnerable group from STIs and HIV/AIDS by age, sex and educational status

Age, sex and educational status	Most vulnerable group from STIs and HIV/AIDS (in %)						Total number (%)
	Youth & Adolescent	Children	Doctors	Drivers	Police & Army	Not stated	
Sex							
Female	50.0	5.8	7.7	30.8	5.8	-	100.0
Male	66.7	-	6.1	19.7	3.0	4.5	100.0
Age group							
17-19	60.9	-	8.7	17.4	8.7	4.3	100.0
20-24	59.3	1.2	7.4	27.2	2.5	2.5	100.0
25-29	50.0	16.7	-	25.0	8.3	-	100.0
30-34	100.0	-	-	-	-	-	100.0
Educational status							
B.Ed. first year	50.7	3.0	10.4	28.4	4.5	3.0	67
B.Ed. second year	70.6	2.0	2.0	19.6	3.9	2.0	51
Total	59.3	2.5	6.8	24.6	4.2	2.5	118

Source -: Field Survey, 2008

5.13 Attitude to Reduce Chance of Getting HIV

To find out the attitude of the students to reduce chance of getting HIV virus. About (45%) respondent disagree about this, 26.3 % respondent agree about question and 28.8 % don't know about the question. Most of the respondent were disagree because AIDS is not transmitted only by sexual contact it is transmitted through blood, saliva, syringes etc.

Table No. 25: Distribution of the respondent's attitudes to reduce chances of getting HIV/AIDS through not having Sexual intercourse at all

Not having Sexual intercourse at all (reduce chances of getting HIV/AIDS)	Frequency	Percentage
Agree	31	26.3
Disagree	53	44.9
Don't know	34	28.8
Total	118	100.0

Source -: Field Survey, 2008

5.14 Attitude towards people Living with HIV/AIDS

The respondent were asked about treatment among infected people and other normal people, the most of the respondents 67.8 % agree, 16.9% disagree about the HIV positive people should get similar treatment as other normal people in the society.

Table No. 26: Distribution of the respondent's attitudes towards HIV/AIDS infected persons

Attitudes towards HIV/AIDS infected person	Frequency	Percentage
Agree	80	67.8
Disagree	20	16.9
Don't know	18	15.3
Total	118	100.0

Source -: Field Survey, 2008

5.15 Respondents Role to Spreads Knowledge about HIV/AIDS

Most of the respondents (73.7%) don't play any role in spreading knowledge about HIV/AIDS only (26.3%) play role in spreading knowledge about HIV/AIDS. According to sex most of the female (73.1%) and male (74.20%) have not play any role, only (26.9%) female and (25.8%) male play role to spread knowledge about STIs and HIV/AIDS.

Similarly by age, (60.9%) in age group 17-19, (79%) in age group 20-24 years, (66.7%) in age group 25-29 year and (50%) have not play any role to spread knowledge about STIs and HIV/AIDS. Only (39.1%) in age group 17-19, (21%) in age group 20-24 years (33.3%) in age group 25-29 years and half of the respondent in age group 30-34 years play vital role to spread knowledge about STIs and HIV/AIDS.

According to educational status most student (31.4%) of B.Ed. 2nd year play some role and (22.4%) students of first year play role to spread knowledge about HIV/AIDS and STIs.

Table No. 27: Distribution of the respondent's who have roles to spread knowledge about HIV/AIDS by age, sex and educational status

Age, Sex and Educational status	Spread the knowledge of HIV/AIDS				Total	
	Yes		No		N	%
	N	%	N	%		
Sex						
Female	14	26.9	38	73.1	52	100.0
Male	17	25.8	49	74.2	66	100.0
Age group						
17-19	9	39.1	14	60.9	23	100.0
20-24	17	21.0	64	79.0	81	100.0
25-29	4	33.3	8	66.7	12	100.0
30-34	1	50.0	1	50.0	2	100.0
Educational status						
B.Ed. 1 st year	15	22.4	52	77.6	67	100.0
B.Ed. 2 nd year	16	31.4	35	68.6	51	100.0
Total	31	26.3	87	73.7	118	100.0

Source -: Field Survey, 2008

CHAPTER - VI

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

6.1 Summary of the Findings

This study was initiated to assess the level of knowledge and attitude on STIs and HIV/AIDS among students of Jana Kalyan Campus Tharmare Salyan. The study was completely based on the primary data collected at the concerned groups and a total of 125 respondents were included for this study. The collected data were analysed through SPSS. Major findings of the study can be expressed as follows:

6.1.1 Socio-economic and Demographic Characteristics of Respondents

- ⇒ Most of the respondent (55.2%) were male and (44.8%) were female.
- ⇒ Most of the respondents (68.8%) were age group 20-24 years followed by age group 17-19 year (18.4%), in age group 25-29 year (11.2%) and only (1.6%) in age group 30-34 year.
- ⇒ Among total respondents (56%) of the respondents were B.Ed. first year and (44 %) were second years.
- ⇒ More than half (50.4%) respondents were Chhetri followed by Brahmin (23.2%) and Magar (11.2%) and lowest caste Thakuri (3.2%) were found in study area.
- ⇒ Most of the respondents were unmarried (72.8%) followed by currently married (21.6%) and separated (5.6%) were found in the study area.
- ⇒ Majority of the respondents (91.3%) in age group 17-19 years were unmarried followed by in age group 20-24 year (71%), in age group 25-29 year (57%), in age group 30-34 year (50%).
- ⇒ Most of the respondent (46.4%) stay their own home and followed by rented home (36%), relatives home (12.8%) and (4.8%) were stay at hostel.
- ⇒ Majority of the respondents family (40.8%) earned below Rs. 5000 in a month. Similarly (20.8%) earned between Rs. 6000-10000, 12

% earned in between Rs. 11000-15000, 8.8 % earned above Rs. 21000.

- ⇒ Main sources of income in family was agriculture (49.6%) and followed by services (17.6%) business (16%) and house rent (11.2%).
- ⇒ Most of the respondent's parents are illiterate. 28 % father were illiterate and (52%) mother were illiterate.
- ⇒ Majority of the respondents father were involved in agriculture (66.4%) followed by services (18.4%), labour (11.2%).
- ⇒ Majority of respondents mother were involved in agriculture (63.2%) and (28%) respondents mother were housewives. It means that most of the mother of respondents were home career and they are live their home and don't go out of home.

6.1.2 Knowledge and Attitude on STIs and HIV/AIDS

- ⇒ Out of the total 125 respondents more than (91%) had heard of STIs.
- ⇒ Majority of respondents (61.4%) had heard about syphilis followed by Gonorrhoea (45%).
- ⇒ Majority of respondents (41.2%) have concept that fever is the main symptoms of STIs and followed by yellow pus like discharge from vagina (32.5%).
- ⇒ Majority of respondents (47.4%) seems to be the most effective means of communication for sources of STIs is radio followed by healthworker (45.6%), teacher (29.8%).
- ⇒ Most of the respondents (43.9%) know that transmission of STIs is through contaminated needles and blood followed by unsafe sexual intercourse (43%), infected mother to baby (25.4%).
- ⇒ Majority of respondents (94.4%) had heard about HIV/AIDS.
- ⇒ Most of the respondents (55.9%) know about HIV/AIDS by radio followed by textbook (39.8%), teacher (35.6%), health worker (34.7%).
- ⇒ Majority of the respondents (66.9%) know that unsafe sexual intercourse is the most common mode of transmission of

HIV/AIDS followed by infected mother to baby (46.6%) contaminated needles and blood (40%).

- ⇒ Majority of respondents (72%) had defined that AIDS was fatal disease followed by (60.2%) of the respondents had said it was sexually transmitted disease, (44.1%) communicable disease and (35.6%) transferable disease.
- ⇒ Majority of the respondents (59.3%) reported that youth and adolescent are most vulnerable group of HIV/AIDS in the society followed by the drivers which is accounted for (24.6%) of the respondents.
- ⇒ Most of the respondents (44.9%) were disagree about the getting HIV/AIDS virus through not having sexual intercourse at all, they say HIV/AIDS virus is not transmitted only through sexual intercourse it transmitted from blood, saliva and others.
- ⇒ Most of the respondents (52.9%) know that using condom during sexual intercourse is the effective means of preventing HIV/AIDS and STIs followed by avoiding sexual intercourse with multiple sex partner (30.5%), avoiding transfusion of unscreened blood (28%), infected mother to baby (21.2%).
- ⇒ Majority of the respondents (67.8%) were agree that HIV/AIDS infected people and other normal people should get similar treatment in the society.
- ⇒ Sex education, having sex with only one partner, avoid transfusion of unscreened blood and syringes and by providing awareness the STIs and HIV/AIDS can be prevented.

6.2 Conclusions

This study has found that proportion of knowledge on STIs and HIV/AIDS among boys and girls respondents was not quite different in many cases. The study points out the current level of knowledge of college students on STIs and HIV/AIDS, opinion on HIV/AIDS, sex and vulnerable group, transmission of AIDS. Findings from the study show that there is no sufficient knowledge about STIs and HIV/AIDS because only 94.4 percent have knowledge about HIV/AIDS may not imply to change one's attitude on AIDS. The situation may rather less in the village college because of shyness of

teacher and lack of sufficient knowledge on them. Most of the college students are unmarried. Most of the respondents are Chhettri, most of the respondents have their home. Mother are more illiterate than father. Respondents parents main occupation is agriculture. Most of the respondents economic status is poor they earned below Rs. 5000. Accessible means of communication to all is radio, so information broadcasting from radio remains the means of knowledge about STIs and HIV/AIDS. Using condom during sexual intercourse as a preventive measure for such dreadful disease should be know to all. According to this study youth and adolescent are most vulnerable group in our society. Most of the respondent agree that HIV/AIDS infected people and other normal people should get similar treatment in society. Main preventive measure of transmission of STIs and HIV/AIDS are, avoiding multiple sex partner, using condom during sexual intercourse with unknown partner, avoid blood transfusion, don't give baby from infected mother etc.

Most people of Nepal are far from the educational opportunity and those people who are able to get such opportunity, they have not sufficient knowledge about HIV/AIDS. There is not any effective program, which can make the people aware and playing vital role to prevent form HIV infection. In the context of Nepal poverty and illiteracy play effective role to involve in commercial sex work. Most of the people do not use condom during their sexual intercourse due to lack of prevention knowledge of HIV/AIDS and STDs.

6.3 Recommendations

This study has covered only Jana Kalyan Campus Tharmare Salyan. It has not covered the complete features of all students over this district regarding the knowledge of HIV/AIDS. Based on the findings of the study and conclusions it is attempted to recommend some points for the improvement in knowledge and attitude on STIs and HIV/AIDS among college students.

- ⇒ Information, education and communication (IEC) were important for increasing the knowledge on HIV/AIDS such a programme can be provided through formal education and training to students.
- ⇒ There should be aware the students and parents about sex educations.

- ⇒ There should be launch special programme about HIV/AIDS in Jana Kalyan campus Tharmare Salyan.
- ⇒ As drug abuse and HIV/AIDS are closely related and these two aspects should be properly addressed.
- ⇒ Population, health, environment and sex educations course were incorporate in lower level to college level because of lack of teachers who are expert on the subject matter. It seems necessary to manage the teachers who are experts on this course.
- ⇒ The interacting programme should be launched between male and female students and teachers which enhance the better knowledge and awareness of STIs and HIV/AIDS.
- ⇒ Government should provide awareness programme and free medical check up facility to keep them healthy population.
- ⇒ Advocacy for the needs and rights of young people with focus on policy makers, decision-makers, parents and communities.
- ⇒ Strengthen the capacity of government and non-government organizations to provide services for young people in ways sensitive to their needs particularly in the areas of counseling, reproductive health and STIs treatment.
- ⇒ Development of an age-appropriate 'health life styles' curriculum including basic information about HIV/AIDS and sex education.
- ⇒ Utilisation of mass media should be promoted. New and effective programme in mass media should be broadcasted which draws the attention of all students and youth.

6.4 Further Research Issues

Because of lack of time and resource, this study has not covered every issue related to STIs and HIV/AIDS. Even the area of the study is small. So, the following recommended areas of research can be carried out in further research.

- ⇒ This study on knowledge and attitude on STIs and HIV/AIDS is mainly based on only one college level students of Jana Kalyan Campus Tharmare Salyan. Similar type of study among the other school, college, VDC and whole district to find out variation can be carried out in the respect.

⇒ This study is only based on college level students in rural area, there may be gap in knowledge and attitude between college level students and secondary level students, non schooling adolescents, and youth. Therefore, all the students either in college level students or secondary school students and not schooling young people can be include for further study.

REFERENCES

- Acharya, Bidhan, 2002, *"A Review of Trafficking Problem with Reference to Nepal"* in Bal Kumar K.C. (ed.), *Population and Development in Nepal*, Vol. 10 (Kathmandu: CDPS, T.U.), Pp. 140-141.
- Acharya, L.B. 1999, *"Knowledge of HIV/AIDS: A Case Study of Married Female of age 15-19 in Nepal"* in Bal Kumar K.C. (ed.), *Population and Development in Nepal*, Vol. 6 (Kathmandu Central Department of Population Studies T.U.), Pp. 127-136.
- Acharya, Sunil 2005, *"HIV/AIDS situation in Nepal"* *Population Magazine* vol. III (Kathmandu: PSSN) Pp. 25-34.
- Aryal, Ram Hari 2000. *"HIV/AIDS: An Emerging Issue in the Health Sector with special Reference to Nepal"*. in Bal Kumar K.C. (ed), *Population and Development in Nepal*, Vol 7. (Kathmandu CDPS), Pp. 89-110.
- Beine, David K., *"Ensnared by AIDS Cultural Contexts of HIV/AIDS in Nepal"*, Mandala Book Point, Kantipath, Kathmandu 2003.
- Bhende A and T. Kantitkar, 2001, *Principles of Population Studies* (Bombay: Himalaya Publishing House).
- Bohara, Pradeep Kumar, 2004, *Knowledge, Attitude and Behaviour towards HIV/AIDS and STDs among School Teachers*, an unpublished M.A. Dissertation (Kathmandu: CDPS).
- Chaudhary, Pulkit 2006, *A Broad Information about Sexual Disease and HIV/AIDS* (FPAN, Kathmandu).
- Engender Health, 2006, *Mean as Partners in Reproductive Health in Nepal*.
- Gurbacharya, V.L. 1994, *"HIV/AIDS: Every body's concern Red-light traffic"* (Kathmandu: ABC Nepal) 42-48.
- ILOAIDS, March 2008, *Report on International HIV/AIDS work place Education Programme* (International Labour Office Geneva).
- NCASC, 2002, *National Guidelines on Antiretroviral Therapy* (Teku, Kathmandu: NCASC).
- NCASC 2008, *National STIs Case Management Guidelines, National Center for AIDS and STDs Control* (Teku Kathmandu MOH).

- NCASC, 2008, *Cumulative HIV/AIDS Situation of Nepal as of 14 June 2008* (Kathmandu: National Centre for AIDS and STD Control).
- Nepal Population Report 2007*, Ministry of Health and Population, Population Division Kathmandu, Nepal, 2007.
- New Era, USAID and MOHP 2006, *Nepal Demographic Health Survey 2006*.
- Oli, Puspa, 2005, "*Prospectus on HIV/AIDS*" Population Magazine vol. III (Kathmandu: PSSN) Pp. 158-159.
- Peter R. Lamptey, Jami L. Johnson and Marya, Khan. *The Global Challenge of HIV/AIDS* in Population Bulletin vol. 61. No. 1, March 2006 Population Reference Bureau (PRB).
- Roka, Deb Raj 2002, "*Knowledge of HIV/AIDS among School Adolescents*" in Ram Hari Aryal (ed.) Nepal Population Journal vol. 10 (Kathmandu: PAN)
- Sharma, S. 1996, *AIDS and Sexual Behaviour*. (New Delhi: APH Published Corporation).
- Suvedi, B.K. 2004, "*The AIDS Situation of Nepal*" In Jai, P. Narain (ed.) AIDS in Asia the Challenge Ahead, WHO Regional Office for South East Asia, New Delhi.
- Thapa, K.B. 2006, "*A Study of Knowledge, Attitude and Practice Concerning STD, HIV/AIDS and RH among the adolescents/Youths of Gulmi Districts*". In Journal of HEPASS vol. 2 No. 1. April-Sep. 2006 (HPE Department Faculty of Education T.U. Kirtipur) Pp. 10-14.
- The World Population data sheet 2005* (PRB, Washington DC).
- The World's Youth Data sheet 2006* (Population Reference Bureau Washington DC).
- UN, 1995, *Population and Development: programme of action adopted at the international conference on population and development*, Cairo, 5-13 September 1994, New York.
- UN, 2002, *HIV/AIDS Awareness and Behaviour* (New York, United Nations).
- UNAIDS, 2006, *Community Prospective on HIV: Conflict and Vulnerability to HIV in Surkhet District, Nepal*.

UNAIDS, 2007, *Survey of HIV/AIDS related Knowledge, Behaviours and Service Access among Urban Young People of Nepal*.

UNAIDS/WHO, 2005, *AIDS epidemic update: December 2005* (Geneva: UNAIDS and WHO).

_____, 2004, *Country profile the HIV/AIDS and STIs situation and the National Responses in Nepal Joint United Nation Programme on HIV/AIDS* (New York: UNAIDS).

_____, 2003, *AIDS epidemic update*.

_____, 2006, *AIDS epidemic update*.

UNDP, 2007, *Annual Report Supporting Progress through Equality* (UNDP, Nepal).

UNFPA, 2005, *State of World Population 2005. The Promise Gender Equity, Reproductive Health and the MDGs*.

_____, UNFPA, 2006, *Policy and Programming for HIV/AIDS and Reproductive Health of Young people in South Asia* (Kathmandu: UNFPA).

WHO 2002, *Fact sheet of HIV/AIDS for Burse and Midwives* (New Delhi, India).

WHO 1991, *Basic Information of HIV/AIDS* (Geneva: WHO).

www.aidsmap.org.

www.prb.org. May 2006, PRB by Rachel, Nugent *Youth in a Global World*.