KNOWLEDGE AND ATTITUDES ON STIS AND HIV/AIDS

(A Study of Higher Secondary School Students in Nuwakot District)

A Dissertation Submitted to
the Central Department of Population Studies
Faculty of Humanities and Social Sciences, Tribhuvan University, in Partial Fulfillment of the Requirement for the Degree of Master of Arts in Population Studies.

By
Bishnu Lamichhane
Central Department of Population Studies,
Tribhuvan University, Kirtipur, Kathmandu
July, 2010

Tribhuvan University
Faculty of Humanities and Social Sciences
Central Department of Population Studies
Kirtipur, Kathmandu
NEPAL

RECOMMENDATION

This is to certify that the dissertation entitled **Knowledge and Attitudes on STIs and HIV/AIDS** is an independent work of Mr. Bishnu Lamichhane, completed under my supervision as a partial fulfillment for the requirement for the Master's Degree of Arts in Population Studies. To the best of my knowledge, the study is original and stands on primary database. I therefore, recommend this dissertation to Evaluation Committee for the final approval and acceptance.

July, 2010

.....
Prof. Dr. Ram Sharan Pathak
Central Department of
Population Studies
Tribhuvan University
Kirtipur, Kathmandu

Tribhuvan University
Faculty of Humanities and Social Sciences
Central Department of Population Studies
Kirtipur, Kathmandu
NEPAL

APPROVAL SHEET

This dissertation entitled **Knowledge and Attitudes on STIs and HIV/AIDS** submitted by Mr. Bishnu Lamichhane has been accepted as a partial fulfillment of requirement for the Master's Degree of Arts in Population Studies.

Approved by

.....

Prof. Dr. Prem Singh Bisht

(Head of CDPS)

.....

Mr. Shiva Hari Adhikari

(External Examiner)

July, 2010

.....

Prof. Dr. Ram Sharan Pathak

(Supervisor)

ACKNOWLEDGEMENTS

First of all, I would like to express my sincere gratitude to Professor Dr. Ram Sharan Pathak for his affectionate supervision. This research work would have never been completed without his continuous and stimulating guidance.

I am grateful to Professor Dr. Prem Singh Bisht, Head of the Central Department of Population Studies (CDPS) for his suggestion. Likewise, my sincere appreciation goes to all respected Professors, Associate Professors, Lectures, and whole CDPS family members for their kind cooperation and help in various stages of this study.

My special hearty thanks go to friend Mr. Chandra Prasad Adhikari for his great help and valuable suggestion, and encouragement to prepare dissertation in this shape. I would like to thank Mr. Praman Adhikari for his valuable feed back to prepare this dissertation.

I extend my deep appreciation to my family members, mother Khadga Kumari and life partner Ms. Binda for their financial as well as other kinds of cooperation that brought me to achieve University education.

At last, I never forget the valuable and kind participation of my respondents.

July, 2010 Bishnu Lamichhane

ABSTRACT

The main purpose of the study is to examine the knowledge and attitudes on STIs and HIV AIDS of Higher Secondary School students in Nuwakot district. The study is based on primary data.

The higher number of respondents are Brahmin, (40.38%), majority of the respondents are Hindu (82.05%), and a large proportion of respondents (98.72%) have studied in government schools. Most of the respondents' father (27.56%) have primary level of education and mothers have attended non formal education. Most of the respondents' parents are engaged in agriculture occupation, the average family size of the respondents is 5-10 members.

Almost all (99.36%) respondents have heard about STIs and higher proportion (99.35%) know the transmission of STIS. Males are more knowledgeable about the ways of transmission of STIS than female respondents. Most important source of information on STIs is Radio (92.05%) than teacher (81.29%).

Knowledge of HIV/AIDS is universal. Higher proportion (80%) of respondents have known full form of HIV/AIDS. More than half (53.32%) reported difference between HIIV and AIDS. Most of the respondents (83.97%) know the ways of transmission of HIV/AIDS. Almost (97%) all reported that sexual contact is ways are of the most important of transmission. Almost 82 percent know the preventive methods of HIV/AIDS. Majority of the respondents (84.56%) reported use of condom during sexual intercourse. About 72 percent respondents reported that HIV/AIDS can not be cured. The main source of HIV/AIDS is Radio (85.89%) and TV (86.53%).

Almost all (98.0%) of the respondents reported that they should love and respect to the infected persons. Respondents suggest that community should encourage the infected persons so that they would

not hesitate to survive in society like other normal people. The important role can be played by the government and non-governmental organizations as well as individuals to make aware to the citizens about STIS and HIV/AIDS.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

AIDS	:	Acquired Immune Deficiency Syndrome
CBS	:	Central Bureau of Statistics
CDC	:	Centre for Disease Control
CDPS	:	Central Department of Population Studies
CPRT	:	Center for Population Research and Training
DoHS	:	Department of Health Services
FP	:	Family Planning
GO	:	Government Organization
HIV	:	Human Immunodeficiency Virus
HMIS	:	Health Management Information Centre
ICPD	:	International Conference on Population and Development
IEC	:	Information, Education and Communication
INGO	:	International Non-Governmental Organization
MoH	:	Ministry of Health
MoPE	:	Ministry of Population and Environment
NCASC	:	National Centre for AIDS and STDs Control
NDHS	:	Nepal Demographic and Health Survey
NFHS	:	Nepal Family Health Survey
N/INGO	:	Non Governmental National and International Organization
RH	:	Reproductive Health
SLC	:	School Leaving Certificate
STDs	:	Sexual Transmitted Diseases
STIs	:	Sexually Transmitted Infections
SWs	:	Sex Workers
TU	:	Tribhuvan University
TUCL	:	Tribhuvan University Central Library
UN	:	United Nations
UNAIDS	:	United Nations AIDS
UNFPA	:	United Nations Population Fund
WHO	:	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Adolescence is the period of rapid emotional growth and development. The word adolescent is derived from Latin word 'Adolescence' which means grow to maturity. Adolescence is defined as the stage of life span during which individual reach sexual maturity; it is the period of transition from puberty to maturity. Some adolescents become sexually active in early age. In many countries unmarried girls and boys have sex in their adolescent stage and have greater possibility to attack with Human Immune Deficiency Virus (HIV) and other STIs.

The adolescents are at greater risk of STI/HIV infection due to ignorance, risky behaviour and lack of information and services, menstrual hygiene. The main purpose of reproductive and sexual health education is to make young people aware of the various mental, physical and emotional changes at the period of adolescence. Furthermore, they should emphasize on providing knowledge about the disadvantages of early sexual intercourse especially unsafe sex. The higher secondary level students will involve in sexual activities after marriage in the very near future and therefore are needed to be well informed about the various diseases that are easily transmitted by unprotected sexual intercourse. Sexual behaviour and activity during adolescence are the fundamental cores of STIs, AIDS and unwanted pregnancies.

STIs increase the likelihood of HIV transmission considerably, as well as having other reproductive health consequences such as chronic pain, infertility or life-threatening ectopic pregnancies. While data on STIs in developing countries are scarce, particularly for young people, WHO estimates that at least a third of the more than 333 million new

cases of curable STIs each year occur among people under age 25. Young people are also substantially more likely than adults to become re-infected after having been treated.

International Conference for Population and Development (ICPD) has recognized the special needs of adolescents and recommended for formulation of policies and programmes addressing their needs. Following the ICPD recommendations, various governments have formulated policies and programmes. The World Population Day 2003 was celebrated all over the world by a slogan: One Billion Adolescent: Right to Health, Information and Services.

The single most important preventive measure for people is to know their own HIV status. If they are infected, this knowledge helps them protect themselves; if they are infected, the information helps them to protect their partners. Testing also provides the entry point to appropriate treatment and care for individuals who test positive.

HIV/AIDS being an incurable and fatal disease, many people believe that knowledge of the disease itself will stimulate people to protect themselves from it. Hence, this study is focused on the knowledge of adolescents studying at higher secondary schools regarding this issue.

1.2 Statement of the Problem

The population in age group 10-19 years is defined as adolescents. Adolescence is further categorized into two categories namely as early adolescence (10-14) and late adolescence (15-19). Adolescent is the period of transition from childhood to adulthood. All adolescents experience biological as well as social change during this period. For instance, many adolescent of this age go through puberty, experience change in their body structure, leave home, leave school and get married (Acharya, 1999).

In Nepal, adolescents comprise of more than one fifth (22%) of the total population (CBS, 1995) which is rather more (23.3%) in 2001 (CBS, 2003) owing to high fertility and a youthful population. The proportion of adolescents in the total population is likely to increase in the coming years. A number of socio cultural factors and traditional beliefs operating in Nepalese society have contributed to a high level of illiteracy, early age at marriage, early and frequent child-bearing and their associated complications, unintended pregnancies and unsafe abortion related health risks for adolescent.

HIV/AIDS has been increasing since the first case was detected in 1988 in Nepal. Only three male and one female were detected of HIV infection for the year when it was diagnosed at first in the year 1988. Since then the incidence rate is increasing each year and the new cases detected in the year 2002 is 360 for male and 107 for female.

The national data as of February 28, 2005 reveals 4755 individuals having HIV of which 856 have developed Acquired Immune Deficiency Syndrome (AIDS). Of the total AIDS cases, 237 have died. HIV transmission is increasing in population of 14 to 49 years age group.

Nuwakot is a hilly district lying at the northwest of Kathmandu valley. Incidence of STIs in Nuwakot district is one of the highest in the country, i.e. above 100 new cases per 100,000 populations. In addition this district experiences a high prevalence of women's trafficking for commercial sex work in India. These women return to their villages after they are identified with HIV/AIDS and many of them stay with their family and marry (CREHPA, 1999).

1.3 Objectives of the Study

The main objective of the study is to reflect the picture of knowledge and attitudes of higher secondary school adolescents regarding HIV/AIDS and STIs in selected schools in Nuwakot district. The specific objectives of the study are given below:

- To examine the socio-economic and demographic background of respondents and parents.

- To explore knowledge on symptoms, modes of transmission and preventive measures of STIs among study population.

– To explore knowledge, modes of transmission and preventive measures of HIV/AIDS among study population.

– To identify views and attitude of study population on HIV/AIDS and STIs infected persons in their community.

1.4 Significance of the Study

The son of former South African President Nelson Mandela, Makgatho Mandela had died of the pandemic was vital in the fight against stigmatizing AIDS victims. Mr. Mandela's son died April,2005 at the age of 54. The openness of these leaders showed that HIV/AIDS knew no boundaries (UN, 2005). Thus it is most essential to create awareness about this pandemic everywhere.

In Nepal, adolescents constitute over one-fifth of the total population. They are the backbone of the society and parents of tomorrow. They have great responsibility to make the society developed in future. The adolescents are vulnerable; they have high risk of increasing and transmitting STIs including HIV/AIDS. That is why the research study will help to know the knowledge and attitude of adolescents regarding STIs and HIV/AIDS. The available studies on adolescent sexuality are limited in number and are rarely studied from the view point of demographic perspective. Moreover there have not been conducted any studies regarding knowledge and attitude towards STIs and HIV/AIDS among adolescents in Nuwakot District. It will also help to know the prevention as well as transmission knowledge of STIs and HIV/AIDS of adolescents and the research has great significance for the policy makers and planners.

One of the major social problems in Nuwakot district is found girls trafficking. An estimated number of 1,53,000 girls are trafficked in Indian brothels from mountain and hills of Nepal. A large proportion of' these figure were reported to have been trafficked from Nuwakot. The trafficked women returning from Indian brothels have high risk of HIV transmission. Some studies have shown that more than 70 percent of them are infected with HIV/AIDS (Acharya, 2002). Hence, it is more necessary to increase the level of awareness among people in Nuwakot district. As such this study has great significance for the GOs, NGOs and local community.

Adolescent population has less access to information regarding puberty, physical changes, reproductive health, contraceptives, STIs and HIV infection. If adolescent boys and girls are supported with proper information as mentioned above, knowledge creates positive attitude and help maintain public health.

This study will help to understand the importance of knowledge and attitude regarding reproductive health including STIs and HIV/AIDS among adolescent as well as parents and community.

1.5 Limitation of the Study

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

First of all, this study being academic and limited to both time and resources, the sample populations are taken only from four higher secondary schools of Nuwakot district. Therefore, the findings of the research can be generalized only for the areas having similar characteristics and not for whole country.

This is completely school based study, so it may not represent out of school adolescent and population group other than adolescent. Even

in adolescent group the study may ignore the early adolescent since the students in higher secondary schools are generally above 15 years of age. Therefore this study is concentrated only on late adolescents of four higher secondary schools in Nuwakot district.

Several confining variables may have played to determine the knowledge however, such factors could not be included in this study.

1.6 Organization of the Study

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

In the second chapter, review of literature and conceptual framework are presented.

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

The socio-economic and demographic characteristics of respondents are described in the fourth chapter.

In fifth chapter the knowledge and attitudes towards STIs and HIV/AIDS of the respondents have been dealt.

At last, sixth chapter presents the summary of findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Background of the HIV/AIDS

Human Immuno Deficiency Virus (HIV) is an infectious agent that causes acquired Immuno Deficiency Syndrome (AIDS), a disease that leaves a person vulnerable to life threatening infections. Scientists have identified two types of this virus. HIV-1 is the primary cause of AIDS worldwide and HIV-2 is found mostly in West Africa. HIV belongs to the retrovirus family of viruses (Khanal, 2005).

HIV transmission occurs when a person is exposed to body fluids infected with the virus, such as blood, semen, vaginal secretions, and breast milk. The primary modes of HIV transmission are (1) sexual relations with an infected person; (2) sharing hypodermic needles or accidental pricking by a needle contaminated with infected blood; and (3) transfer of the virus from an infected mother to her baby during pregnancy, childbirth, or through breast-feeding.

When HIV enters the body, it infects lymphocytes, white blood cells of the immune system. The virus commandeers the genetic material of the host cell, instructing the cell to replicate more viruses. The newly formed viruses break free from the host, destroying the cell in the process. The new viruses go on to infect and destroy other lymphocytes.

Over a period that may last from a few months to up to 15 years, HIV may destroy enough lymphocytes that the immune system becomes unable to function properly. An infected person develops multiple life-threatening illnesses from infections that normally do not cause illnesses in people with a healthy immune system. Some people who have HIV infection may not develop any of the clinical illnesses that define the full-blown disease of AIDS for ten years or more. Doctors

prefer to use the term AIDS for cases where a person has reached the final, life-threatening stage of HIV infection.

2.2 HIV/AIDS in the World

AIDS was first reported in 1981 in United States of America. The causative organism of AIDS- HIV was identified in 1983. The pandemic nature and the magnitude of the public health problems associated with HIV infection were recognized much later when the proportion of persons infected with HIV rose very rapidly. However, considerable efforts are being made to curtain 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 why this issue needs an issue of global thinking and intervention (Aryal, 2000).

The number of people living with HIV has been rising in every region, compared to two years ago, with the steepest increases occurring in East Asia, and in Eastern Europe and Central Asia. The number of people living with HIV in East Asia rose by almost 50 percent between 2002 and 2004, an increase that is attributable largely to China's swiftly growing epidemic. In Eastern Europe and Central Asia, there were 40 percent more people living with HIV in 2004 than in 2002. Accounting for much of that trend is Ukraine's resurgent epidemic and the ever growing number of people living with HIV in the Russian Federation.

Studies have found a connection between higher AIDS incidence and lower income. For instance, a study of African American women in North Carolina found that those with HIV infection were more likely than non-infected women to be unemployed; receive public assistance; have had 20 or more lifetime sexual partners; have a lifetime history of genital herpes infection; have used crack or cocaine; or have traded sex for drugs, money or shelter (CDC, 2005).

The worldwide incidence of STI is high and increasing. The situation has worsened considerable with the emergence of HIV epidemic. Although the incidence of some STIs has established in parts of the world, there have been increasing cases in many regions (UNFPA, 1994)

2.3 HIV/AIDS in Asia

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 8.2 million people were living with HIV at the end of 2004, including the 1.2 million people who became newly inflected in the past year. AIDS claimed some 540,000 lives in 2004. Among young people 15-24 years of age, 0.3 percent of women and 0.4 percent of men were living with HIV by the end of 2004.

Asia is not just vast but diverse, and HIV epidemics in the region share that diversity, with the nature, pace and severity of epidemics differing across the region. Overall, Asian Countries can be divided into several categories; according to the epidemics they are experiencing. While some countries were hit early (for example, Carnbodia, Myanmar and Thailand), others are only now starting to experience rapidly expanding epidemics and need to mount swift, effective responses. They include Indonesia, Nepal, Viet Nam, and several provinces in China. In Myanmar and in parts of India and China, HIV has become well entrenched in some sections of society, despite modest efforts to halt the virus' spread. Other countries are still seeing extremely low levels of HIV prevalence, even among people at high risk of exposure to HIV, and have golden opportunities to pre-empt serious outbreaks. These countries include Bangladesh, East Timor, Laos, Pakistan, and the Philippines.

China, although moving at a varied pace, HIV has spread to all of China's 31 provinces, autonomous regions and municipalities. In some parts, such as Henan, Anhui, and Shandong, HIV was already spreading a decade ago among rural people who sold blood plasma to supplement their incomes. Elsewhere, the virus has established a more recent but firm presence among injecting drug users and, to a lesser extent, sex workers and their clients. Much of the current spread of HIV in China is also attributable to injecting drug use and paid sex. HIV prevalence among drug injectors was measured at between 18 percent and 56 percent in six cities in the southern provinces of Guangdong and Guangxi in 2002, while in Yunnan province some 21 percent of injectors tested positive for HIV in 2003. Sexual transmission of HIV from injecting drug users to their sex partners looks certain to feature more prominently in China's fast-evolving epidemic. Some 47 percent of surveyed female drug injectors in Sichuan province and 21 percent in neighbouring Yunnan province reported selling sex for money or drugs in the previous month, according to recent studies. Condom use was reportedly quite high but it was hardly the norm. Once HIV becomes well-established in commercial sex circuits, onward spread of the virus could be quite rapid if current behaviour trends, persist. In 2003, almost one quarter of surveyed sex workers in Guangxi never used condoms and about one half used them only occasionally. In Sichuan, only around 40 percent of sex workers reported using condoms with all their clients in the previous month, according to a 2002 study. Little is known about the possible role of sex between men in China's epidemic. A rare survey of men who have sex with men in Beijing, conducted in 2001-2002, found that approximately 3 percent of the men were HIV-infected (almost all of whom had been unaware of their serostatus).

India's epidemics are even more diverse than China's. Latest estimates show that about 5.1 million people were living with HIV in India in 2003. Serious epidemics are underway in several states. In Tamil

Nadu, HIV prevalence of 50 percent has been found among sex workers, while in each of Andhra Pradesh, Karnataka, Maharashtra and Nagaland, HIV prevalence has crossed the one percent mark among pregnant women. In Manipur, meanwhile, an epidemic driven by injecting drug use has been in full swing for more than a decade and has acquired a firm presence in the wider population. HIV prevalence measured at antenatal clinics in the Manipur cities of Imphal and Churachand has risen from below I percent to over 5 percent, with many of the women testing positive appearing to be the sex partners of male drug injectors. Several factors look set to sustain Manipur's epidemic, including the large proportion (about 20%) of female sex workers who inject drugs and the young ages of many injectors (40Percent of male injectors surveyed in 2002 were under 25 years of age)

There are signs that injecting drug use is playing a bigger role in India's epidemics than previously thought. Most surveillance sites for injecting drug users are in the northern states where injecting is common behaviour, but other parts of the country have yielded equally troubling evidence. In the southern city of Chennai, for example, 26 percent of drug injectors were already infected with HIV when a sentinel site was established there in 2000; by 2003, 64 percent were infected. In most cities where injecting drug users have been surveyed, at least one quarter of them and, in Chennai, 46 percent said they lived with a wife or regular sex partner. This has probably contributed to the fact that Chennai also has among the highest HIV-prevalence rates among pregnant women in the country. It is likely that partners who injected drugs infected many of those women.

2.4 HIV/AIDS in Nepal

Since the detection of the first AIDS case in 1988. The HIV epidemic in Nepal has evolved from a low prevalence to concentrated epidemic HIV/AIDS is not just a public health challenge but also socio-

developmental challenge affecting the most economically productive population 15-49 years. Given Nepal's location (China and India which are fast affected by HIV/AIDS epidemic) and its mobile uneducated youth with virtually no access to ASRH services. Nepal is posted for potential HIV/AIDS epidemic. As of 2007, national estimates indicate that approximately 70,000 adults and children are infected with the HIV in Nepal, with an estimated prevalence of about 0.49Percent in the adult population. As of October 2009, a total of 14,787 cases of HIV including 2,627 AIDS cases had been reported to the National center for AIDS and STD Control (NCASC). The sex ratio among HIV positive cases is nearly 2:1. Nepal is categorized as a "Concentrated" epidemic country as HIV prevalence rates in some of the sub population groups (IDUs, migrants) are more than 5Percent. According to NCASC most cases of HIV occur among labour migrants (41%) and increasing number occurs among their wives (a combined 27Percent of HIV cases in low-risk women in rural and urban areas). Clients of sex workers account for 16Percent of HIV infections, IDUs 10.2Percent, MSM 3.9Percent and female sex workers 1.8Percent (MOHP, 2009).

Heterosexual transmission is the primary mode of HIV transmission, which correlates with unsafe sex. The national data as of February 28, 2005 reveals 4755 individuals having HIV of which 856 have developed AIDS. Of the total AIDS cases, 237 have died. HIV transmission is increasing in population of 14 to 49 years age group. Sex workers- their clients, seeking care for STIs and injecting drug users (IDUs) were reported having high rate of HIV. Remarkably, the number of housewives with HIV infection is increasing. It is thought that HIV might have passed to them through their husbands who might have exposed to high-risk behaviour of HIV transmission. Given the high rate of HIV amongst the populations with high-risk behaviors, Nepal ranks in 'concentrated epidemic' countries (NCASC, 2005).

HIV/AIDS and sexually transmitted infection now a day are emerging as a major threat Nepalese context. Since the first case of AIDS detected in 1988 in Nepal, the number of cases over the years have been gradually increasing. For example, the cumulative HIV/AIDS situation in 1996/97 was recorded to be 790 cases of which 61.6 percent were females. This situation in 1998/99 has sharply increased to 1108 cases, an increase of 1.4 times as HIV positive in 1996/97, 152 cases recorded have had AIDS. This figure for 1997/98 was recorded at 25 cases. Additionally. 62 of the 152 AIDS patients and 108 of the 225 AIDS patients were also recorded have had died. This suggests that death due to AIDS in 1997/98 was 1.5 times greater as corn pared to that of 1996/97 (Pant, 2000).

2.5 Global Situation of STIs

STIs continue to be a major and growing public health problem in many parts of the world, especially in developing countries with an estimated annual incidence of 340 million curable STIs in 1999.

The epidemic of STfs in the developing countries is characterized by high incidence and prevalence, high rate of complications, increasing problem of antimicrobial resistance due to inadequate treatment and increasing risk of transmission and acquiring HIV infection (UNAIDS, 2001). The increasing urbanization and industrialization in developing world leads to migration of young men and women in search of employment in urban areas and even in other countries. This growing phenomenon often results in increased unsafe commercial sexual activities that help to the spread of STIs and HIV epidemic.

There are a number of pressing sexually related public health and social policy issues facing countries around the world today. According to the United States Centers for Disease Control and Prevention, in the United States a teen becomes pregnant every 30 seconds, and every 13 seconds a teen contract a STI. For most people in the United States, engaging in heterosexual intercourse without the

use of a condom is the behavior that puts them at greatest risk for infection with HIV, which can lead to AIDS and is often ultimately fatal. Although there is currently no cure for AIDS, there are medications that can help delay the onset of symptoms. Another serious STI is syphilis, which if left untreated for many years, can lead to paralysis, psychiatric illness, and death. Gonorrhea and Chlamydia may produce no obvious symptoms in a woman, but they can lead to sterility if she is not treated. STIs should be diagnosed and treated by qualified medical practitioners, and all sexual partners must be treated in order to avoid reinfection.

Individuals can reduce their exposure to such sexual risks by practicing abstinence, using appropriate methods of contraception to avoid unwanted pregnancies, and using of safer sex practices. Such practices include using condoms to avoid exchanging bodily fluids, limiting the number of sexual partners, and restricting sexual behaviors to those with less risk, such as manual stimulation and massage.

2.6 The Situation of STIs in Nepal

Nepal being a landlocked and one of the least developing countries in the world with immense problem of poverty, illiteracy, ignorance and number of Young unemployed population, has all the predisposing factors of increasing proportion of population being at the risk of STI and HIV.

STI prevalence among sex workers (SWs) is notably higher. Data from Pokhara, Kathmandu and tarai revealed that syphilis prevalence among SWs was about 18.8 percent in tarai, 19 percent in Kathmandu and 13.8 percent in Pokhara. Clients of sex workers (truckers) were found to have 5.3 percent syphilis. Among other STIs bacterial vageinosis was found in 21.6 percent, Trichornoniasis in 21.1 percent, Chlamydia in 2.8 percent, Gonorrhoea in 0.8 percent and HIV in 0.8 percent among SWs in Pokhara. Trochomonas

infection in female STI varied from 6 percent in FP attendees, 9.3 percent in female STI patients, 9 percent in female SWs of tarai and 21 percent in SWs of Pokhara.

Similarly among family planning attendees, Trichomoniasis was 6 percent, Chlamydia was 1.7 percent. Gonorrhoea was 1.7 percent, active syphilis was 1.0Percent and HIV was 0.3 percent as per results of study conducted in 1999 (NCASC, 2004). There are a total of 17429 patients of sexually transmitted disease in 2002. The highest case was found in tarai (9418) followed by Hill (6935) and Mountain (1076) (MoH, 2002).

A study on HIV/Syphilis prevalence in pregnant women in four urban areas of Nepal showed that the prevalence rate of syphilis in the study population suggests a marked risk for pregnant women of contracting HIV infection for at least two reasons: the modes of transmission of HIV and other STIs are similar, the important role of STIs in facilitating the transmission of HIV (Bista, 1997).

Regarding the symptoms of STD, nearly one-fourth (24%) had suffered from sores/ulcer around vagina and slightly less than one fifth (18%) from too much pain inside vagina during intercourse. The corresponding figures were 18 percent and 13 percent in the control areas respectively. Similarly, about eight percent of the CSWs in the project area and five percent in the control area also had experienced purulent discharge (New ERA, 1995).

Nuwakot is a hilly district lying at the northwest from Kathmandu valley. Incidence of STIs in Nuwakot district is one of the highest in the country, i.e. above 100 new cases per 100,000 populations. In addition this district experiences a high prevalence of women's trafficking for commercial sex work in India. These women return to their villages after they are identified with HIV/AIDS and many of them stay with their family and marry (CREHPA 1999).

2.7 Knowledge on STIs and HIV/ AIDS

A study on }-IIV/AIDS knowledge, sex and condoms in first grade high school adolescents in Gombe State. North East Nigeria reports that 676 (80%) have heard of HIV/AIDS through Radio 261 (31%), health worker 245 (29%) and friends 118 (14%). Six hundred and sixteen (73%) have heard of AIDS related death and included school mate 49(8%), brother 55(9%), sister 49(8%). Six hundred and eight (72%) of students have discussed AIDS with a friend (170) 28Percent, schoolmate I 57 (26%). Six hundred and seventy six (80%) have received sex education from one or both parent. Similarly three hundred and thirty (39%) have discussed AIDS with parents. Six hundred fifty (77%) of students have received lectures on HIV/AIDS from their teachers. How one gets HIV/AIDS include sexual intercourse 659(78%), unscreened blood 616(80%) sharing needles and blades 633(75%), and mother to child 625 (74%). 'Three hundred and four (36%) have ever had sexual intercourse, 63(21%) made Sexual debut at 13years 63(21%) at 15years, 52(17%) at 18years (UNAIDS, 2005).

Inaccessibility to adequate information and education on adolescent sexual and reproductive health is still a major problem among youths in Nigeria and this is more worrisome with the issue oft IV/AIDS (UN AIDS, 2005).

Knowledge about STls is generally poor among young people. A study among young sex workers in Cambodia found that their limited knowledge was based on a mixture of facts, myths and rumors and was not always correct (Skhom, 2002). An unfortunate misconception among many young people, including in Kampala, Uganda, and Ho Chi Minh City, Viet Nam, is that S"1-I symptoms will go away over time or that good personal hygiene will prevent STIs (and HIV). One in five female university students in Ilorin, Nigeria, 30 per cent of youth

in parts of Chile and half of young men and women in sites in Guatemala also hold this belief (UNFPA. 2003).

In Nepal, knowledge of AIDS is much higher among men (72%) than among women (50%). .Although women's knowledge of AIDS is lower than men's, the percentage of women who have heard of AIDS has nearly doubled in the last five years from 27 percent in 1996. Two fifths of women and two-thirds of men believe that there is a way to avoid HIV/AIDS. As level of education increases, respondents knowledge of AIDS also increases: knowledge of AIDS is almost universal among respondents who have passed their SLC.

Fifty-eight percent of women and nearly one-third (32%) of men have either not heard about AIDS or do not know whether the disease can be avoided. Three percent of women and 2 percent of men think that there is no way to avoid HIV/AIDS.

One- third of women and three-fifths of men agree that using condoms is a way to avoid HIV/AIDS, while 37 percent of women and 54 percent of men mentioned limiting the number of sexual partners.

Men are two and half times (51%) more likely than women (21%) to spontaneously say that AIDS can be avoided by using condoms. Thirteen percent of women and 28 percent of men stated that the disease could be avoided by limiting the number of sexual partners, while 18 percent of women and 21 percent of men believe that avoiding sex with a person who has many partners can prevent HIV/AIDS. The percentage of respondents who mentioned avoiding sex with prostitutes was Much higher among males (25%) than among females (3%).

Three programmatically important ways to avoid the transmission of HIV/AIDS are abstaining from sex, using condoms, and limiting the number of sexual partners. Women are much less knowledgeable about programmatically important ways to avoid HIV/AIDS than men.

Nearly twice as many women (62%) as men (33%) are not aware of any programmatically important ways to avoid the disease. Four times as may men as women mentioned one way (20°Percent and 5 °Percent respectively) and one in three women and nearly one in two men mentioned two or three ways to avoid HIV/AIDS. Younger respondents, those residing in urban areas, respondents living in the hill zone, and those living in the western development region are more aware of programmatically important ways of HIV/AIDS prevention than their counterparts. The relationship between respondent's level of education and AIDS prevention knowledge is very strong. Eighty-seven percent of women with and SLC and above knew two or three programmatically important ways of HIV/AIDS prevention, compared with only 19 percent of women with no education. A similar pattern is observed for men (NDHS, 2001).

Twenty percent among adolescents and about 26 percent among youth reported that they know how to avoid AIDS. The knowledge of protecting one for deadly sexually transmitted disease among the adolescent and youths shown by the data is far from satisfactory because these groups of population are considered to be highly vulnerable to AIDS exposure (Pant, 2006).

A study by FPAN reveals that 85 percent of respondent have knowledge of STIs. Two thirds of respondents reported HIV/AIDS as the main type of STIs, followed by syphilis (20%) and gonorrhea (13%). Fifty two percent of the respondents said electronic media as main source of information; followed by school (19%), print media (12%), friends and relatives (10%) and health workers (7%). The role of parents as source of information on STIs is negligible in the study area. The overwhelming majority (94%) has heard of HIV/AIDS. Ninety three percent of the respondents perceive unsafe sexual intercourse as one of the important ways of HIV/AIDS transmission, followed by unsafe blood transfusion (78%) and sharing injection (74%) (Pathak, 2002).

A KAP survey among 1400 young people in seven different districts of Nepal shows that Nepalese are highly aware of the HIV risk, but that this awareness does not necessarily translate into safe sexual behavior. Although an overwhelming majority (92%) of teenagers have heard about HIV/AIDS, only 74 percent of teenagers knew that they should use condoms while having sex, and only two thirds (69%) said that they should not have sex with commercial sex workers. The study also shows that almost 20 percent teenagers considered premarital sex as proper, one in five boys and nearly one in ten girls interviews that they have had sexual experience. Sixty-five percent boys said that they had used condoms while 74 percent of girls said that their partners used a condom during intercourse.

The incidence of H1V/AIDS among adolescents is limited but increasing particularly among girls. For example in Nepal, adolescents constitute about 16 percent of the HIV/AIDS cases with adolescents girls representing 72 percent of the cases. Knowledge of HIV/AIDS is limited among adolescents: for example, only 19-24 percent of married adolescent girls are reported to have ever heard of HIV/ADIS in Bangladesh and Nepal (UNFPA, 1998).

A study conducted to women in Nuwakot district reveals that 64 percent of women have heard of HIV/AIDS. According the survey, 77 percent of them reported HIV/AIDS is transmitted through sexual intercourse, 19 percent through blood transfusion, 12 percent through needle/syringe, 3 percent infected mother to her fetus, 4 percent sitting together/sharing food, clothes etc. (CREHPA, 1999)

2.8 Situation of Adolescents

Adolescence is a period of transition from childhood to adulthood in which physical and behavioral changes take place. This is the transition period between puberty and adulthood, "the teenage years''. This is also a period of "milestone" for everyone. This is a time of preparation for undertaking greater responsibilities. Adolescent's

health is the outcome of several factors such as socio-economic status, environment in which they live and grow, good guidance, and family/ community.

UNFPA, UNICEF and WHO define "Young people" as between the ages of 10 and 24, "Youth" as those aged 15-24, and "Adolescents" as the population aged 10-19. Adolescents aged 10-14 is known as early adolescents and 15-19 as late adolescents (UNFPA, 1998).

An estimated 6,000 youth a day become infected with HIV/AIDS-one every 14 seconds the majority of them young women. At the end of 2001, an estimated 11.8 million young people aged 15-24 were living with HIV/AIDS, one third of the global total of people living with HIV/AIDS. Only a small percentage of these young people know they are HIV-positive.

Marriage does not always protect young women against HIV infection. Since a much higher percentage of young men than young women become sexually active early, young women are likely to marry an already sexually experienced man. In Pune, India, a study in an STI clinic found that 25 per cent of the 4,000 women attending the clinic were infected with an STI and 14 per cent were }-1 I V positive. Among the 93 per cent who were married, 91 per cent had only one partner, their husbands (UNFPA, 2003)

STIs increase the likelihood of HIV transmission considerably, as well as having other reproductive health consequences such as chronic pain, infertility or life-threatening ectopic pregnancies. While data on STIs in developing countries are scarce, particularly for young people, WHO estimates that at least a third of the more than 333 million new cases of curable STIs each year occur among people under age 25. Young people are also substantially more likely than adults to become re-infected after having been treated (UNFPA, 2003).

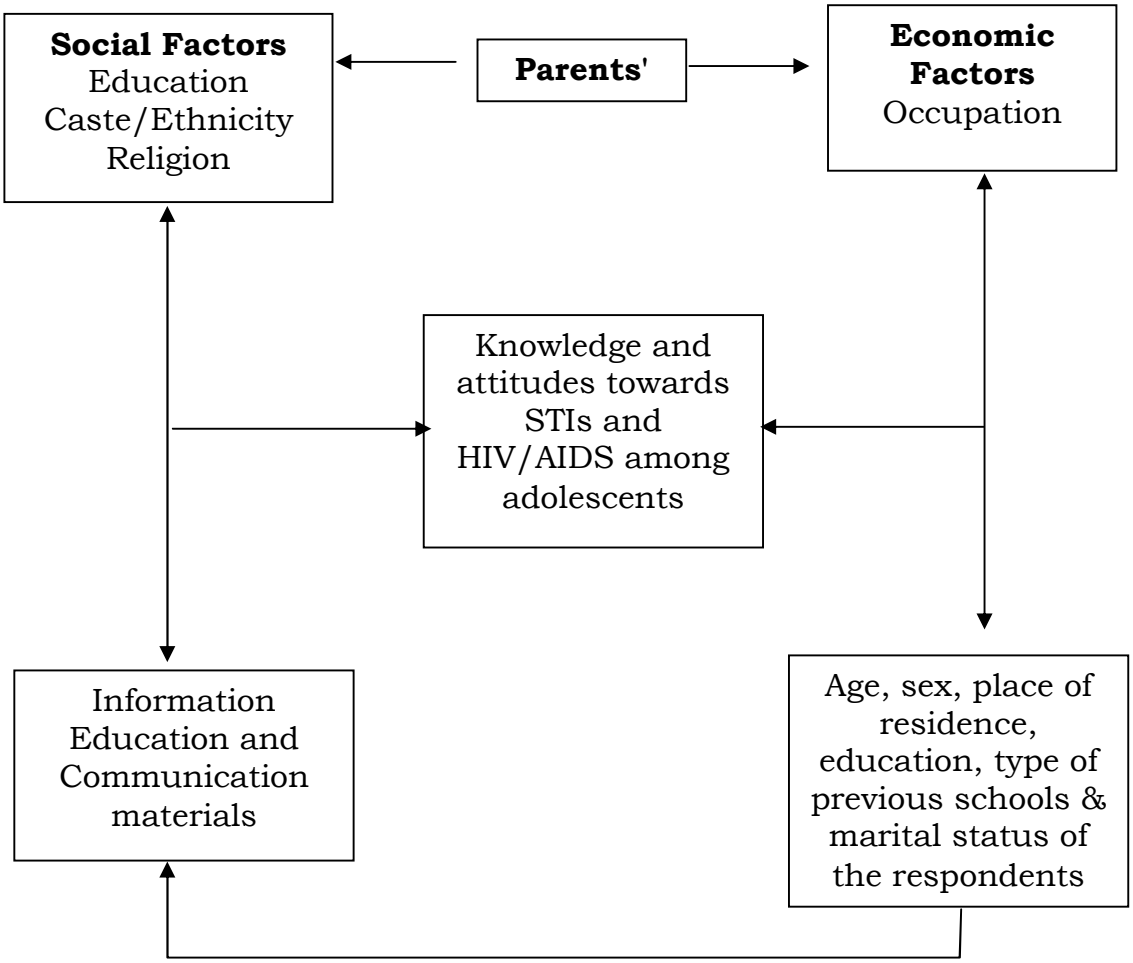
In Nepal. adolescents comprise of more than one fifth (22%) of the total population (CBS, 1995) which is rather more (23.3%) in 2001 (CBS, 2003) owing to high fertility and a youthful population. The proportion of adolescents in the total population is likely to increase in the coming years. According to the population projection made by MOPE and CBS, the adolescent population will be 6094225 and 6985927 in the year 2011 and 2021 respectively. Despite the fact that the share of adolescent in total population will be decreased that of 2001, the number will be much higher by then (CBS and MOPE, 2003).

UNFPA reports that 0.3 percent of the population in age group 15-24 are living with HIV/AIDS in the year 2001 (UNFPA, 2003). According to Population Reference Bureau the HIV/AIDS prevalence rate was 0.4 percent for the age group 15-49 by the end of 2001which has risen to 0.5 percent by the end of 2003 (PRB, 2004).

2.9 Conceptual Framework

The conceptual framework attempted to show that parental background characteristics such as education and occupation could play an important role to determine the knowledge and attitudes towards STIs and HIV/AIDS of their children. Also, the respondent's own age, sex and education may affect the knowledge and attitudes towards STIs and HIV/AIDS. Government policy on adolescents to bring changes on them regarding their sexuality and alerting them on STIs and HIV/AIDS through IEC materials and orientation also plays a vital role in determining knowledge and attitude on STIs and HIV/AIDS of the adolescent.

Figure 2.1: Conceptual Framework of the Study



CHAPTER THREE

METHODOLOGY

3.1 Selection of Study Areas and Population

Nuwakot district has diverse geographical and socio-cultural nature. It is 457 to 5144 meter high from sea level. The total area of the district is 1121 sq. km. It lies on latitude 85^0 eastern to 85^0 45' east and the longitude is 27^0 45' northern to 28^0 to 20' north. The total population enumerated in 2001 is 2,88,478 with sex ratio 98. The district has 61 VDCs and one municipality with only about 8 percent urban population. In this district the majority of people are Hindu (61.0%) followed by Buddhist (37.9%). The total literacy rate of this district is 49 percent which are 59 and 39 for male and female respectively (DDC, 2001).

There are 34 Higher Secondary Schol in Nuwakot District. Among them 4 Higher Secondary School are included in the study. The students of grade eleven and twelve are included from these schools. The school are selected in different locations to the whole part of district.

3.2 Sampling Technique and Selection of Respondents

According to the review of school enrollment registers, there were a total of 670 students in selected four higher secondary schools. Out of 670 students, 156 samples were taken which is approximately 23 percent of the total population. Purposive sampling methods are used to select the school and respondents. The population size in the selected four schools and the sample size are listed in Table 3.1

Table 3.1: Distribution of Sampling Population

S.N.	Name of school	Population	Sample
1	Mahendra H.S. School	152	35
2	Janagayan H.S. School + J.N. College	316	73
3	Bhawani H.S. School	112	25
4	Kshtrapal H.S. School	90	23
	Total	670	156

Source: Field Survey, 2010.

3.3 Questionnaire Design

The semi-structured questionnaire was designed for the quantitative data collection. Most of the questions were pre-coded and some open questions had also been included in the questionnaire. The study questionnaire included the socio-economic and demographic characteristics of the respondents. The whole set of questionnaire was divided into four sections:

- Individual and Household Characteristics of respondents
- Knowledge on STIs and HlV/AIDS
- Attitudes towards infected people
- Attitudes on role of different authorities to decrease the incidence.

3.4 Nature of Data and Method of Data Collection

Both primary and secondary sources information were used in this study. Literature review is based on secondary source whereas data were colleted through primary source. Basically, the study was conducted on the basis of quantitative technique approach.

The quantitative data were collected using self-administered questionnaire. The study was focused on late adolescent age group of 15 to 19. The selected respondent was asked his/her age at the time of questionnaire distribution and ignored if he, she was out of age boundary and just next student was selected. Before administering

questionnaire, students were pre-informed by researcher himself in the orientation hour about the importance and objectives of the study. Since, there was no need to write name and roll number of the respondents. So, they were fully confident about the secrecy of the information they provided. The purposively selected students were asked to go to the ground to give their personal and private information confidently.

3.5 Data Processing

The filled questionnaires were edited thoroughly. After all questionnaires were edited, a codebook was prepared for the semi-open and open questions. The questionnaires were coded according to the codebook. All the questionnaires were edited to see if there are mistakes in skipping as well as other errors. After completing the manual edition, the master table in SPSS was created and all data were entered. When the data entry was completed then they were edited to find out the entry errors known as data cleaning.

3.6 Data Analysis

The data analysis is simply based on descriptive type of analysis. The frequency table, cross tabulation and other necessary information were extracted from edited data in SPSS. On the basis of this information, the analysis and interpretation have been made.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

4.1 Individual Characteristics of the Respondents

Several variable were used in questionnaire to examine the socio economic characteristics of respondents as well as to find out the relationship between dependent and independent variables. The variables used to collect individual background characteristics have bee described within this subsection.

4.1.1 Age Sex Composition

The respondent were selected from late adolescent age groups 15-19 following table shows the distribution of respondents by age and sex.

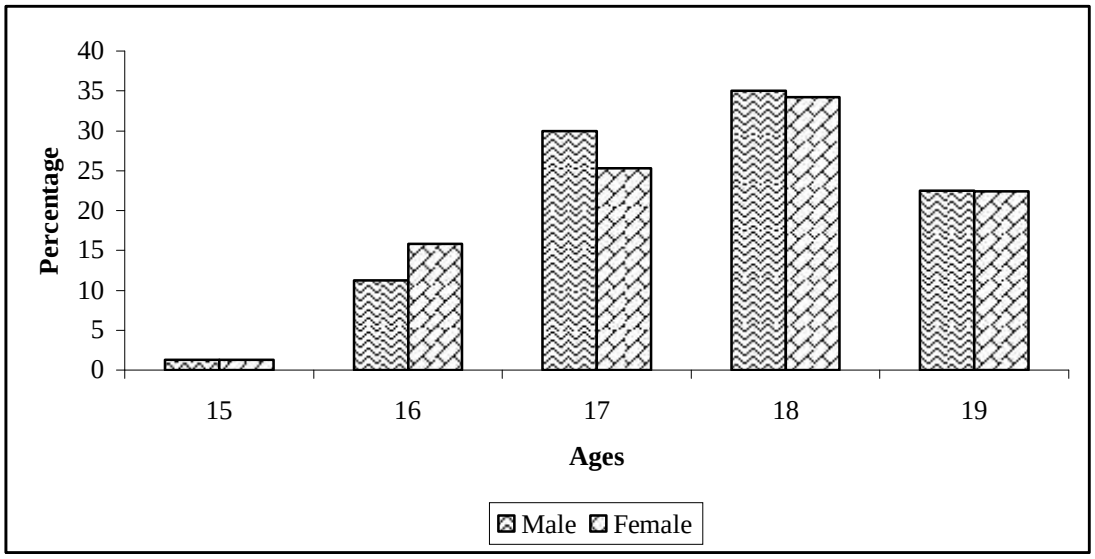
Table 4.1: Distribution of Respondents by Age and Sex

Age	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
15	1	1.25	1	1.32	2	1.28
16	9	11.25	12	15.79	21	13.46
17	24	30.0	20	25.32	44	28.20
18	28	350	26	34.21	54	34.62
19	18	22.5	17	22.37	35	22.44
Total	80	100	76	100	156	100.00

Source: Field Survey, 2010.

Table 4.1 shows that more than one third (34.62%) respondents are 18 years old followed by 17 years old (28.20) . By sex male and female both of 15 years found in this study the male dominants in all age groups respondents of 16 years.

Figure 4.1: Distribution of Respondents by Age and Sex



4.1.2 Marital Status

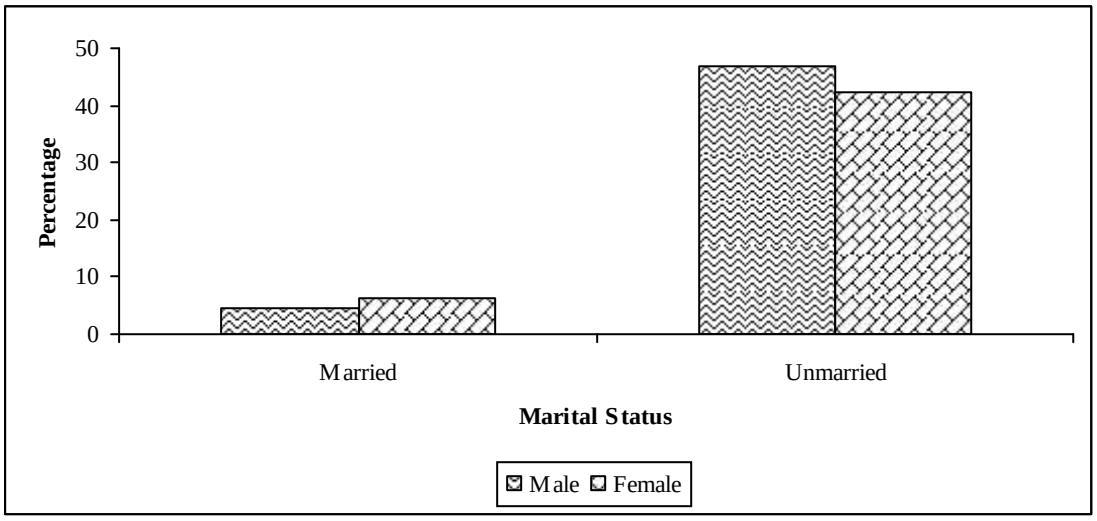
Marital status of the respondents can be considered as one of the key factors for knowledge and attitudes on STIs and HIV/AIDS. Table 4.2 shows that every ten in higher secondary school's students are married. More girls have got married earlier (6.41%) than boys (4.49%) are marriage the data shows the girls get married earlier then boys.

Table 4.2: Distribution of Respondents by Marital Status

Marital status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Married	7	4.49	10	6.41	17	10.00
Unmarried	73	46.79	66	42.31	139	89.00
Total	80	51.28	76	48.72	156	100.00

Source: Field Survey, 2010.

Figure 4.2: Distribution of Respondents by Marital Status



4.1.3 Caste / Ethnicity

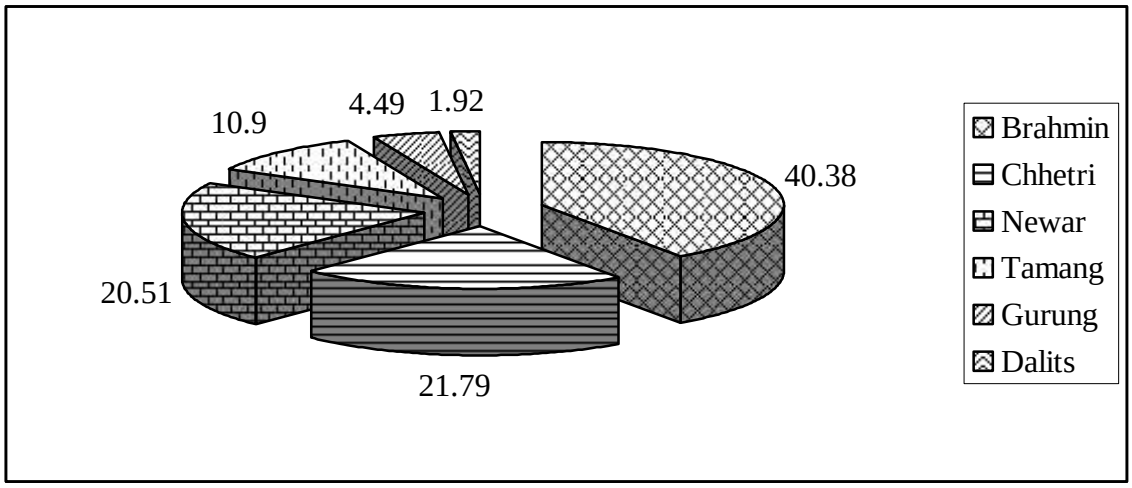
Table 4.3 gives the information about the caste and ethnicity of the respondents. The total respondents found into six caste / ethnic groups among them higher number of respondents are Brahmin (40.38%) followed by Chhetri (21.79%) Newer (20.51%) Tamang (10.90%) Gurung (4.49%) and Dalits (1.92%)

Table 4.3: Distribution of respondents by Caste/ Ethnicity

Caste ethnicity	Number	Percent
Brahmin	63	40.38
Chhetri	34	21.79
Newer	32	20.51
Tamang	17	10.90
Gurung	7	4.49
Dalits	3	1.92
Total	156	100.00

Source: Field Survey, 2010.

Figure 4.3: Distribution of respondents by Caste/ Ethnicity



4.1.4 Religion

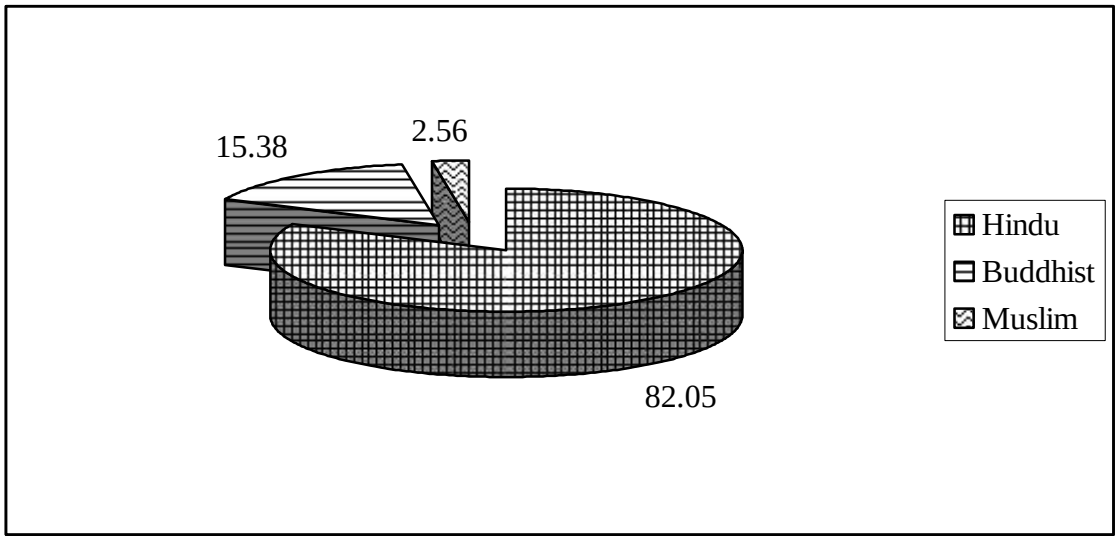
Table 4.4 shows the majority of the students studying at higher secondary schools are Hindu (82.05) followed by Buddhism (15.38) and Muslim (2.56)

Table 4.4: Distribution of Respondents by Religion

Religion	Number	Percent
Hindu	128	82.05
Buddhist	24	15.38
Muslim	4	2.56
Total	156	100.00

Source: Field Survey, 2010.

*Figure 4.4:*Distribution of Respondents by Religion



4.1.5 Types of Previous School

The question was asked to the respondents whether they have studied in government or Boarding school in their S.L.C level. Table 4.5 shows the distribution of respondents by the type of their previous school .

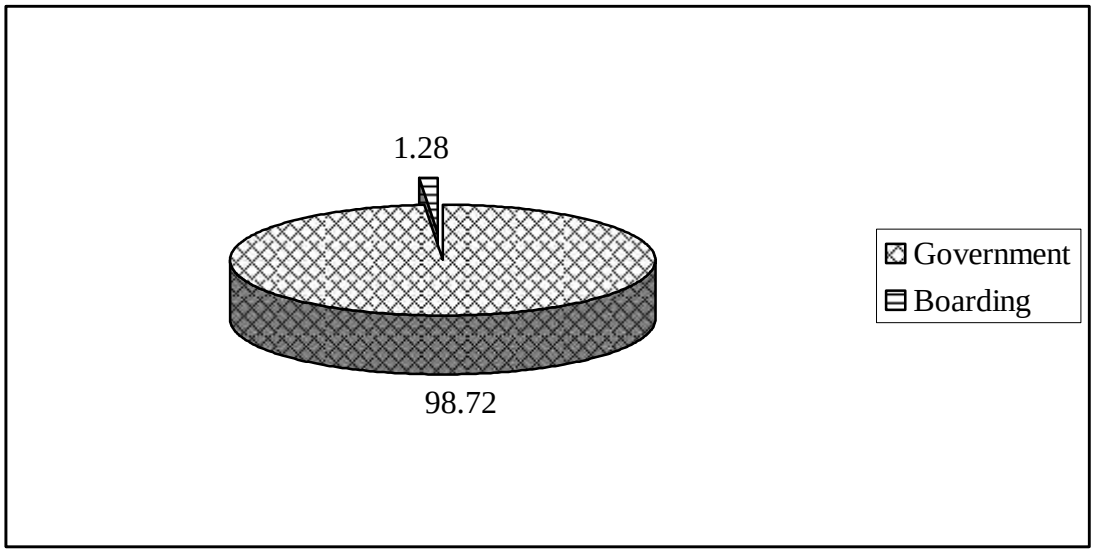
Table 4.5: Distribution of Respondents by Types of School Previously Attend

Type of school	Number	Percent
Government	154	98.72
Boarding	2	1.28
Total	156	100.00

Source: Field Survey, 2010.

According to Table 4.5 only 1.28Percent of the respondents have studied in boarding school and higher percentage (98.72%) are studied government school.

Figure 4.5: Distribution of Respondents by Types of School Previously Attend



4.2 Household Characteristic of the Respondents

In this subsection the household background of the respondents is aimed to collect. Household characteristics includes parents education, parents occupation and family size. The questions regarding these household characteristics were include in the questionnaire.

4.2.1 Education Level of Parents

The educational attainment of the parents is an importance socio-economic factor. This factor can play the vital role for the level of knowledge of their children. The result combined for both of the parents is shown in table 4.6

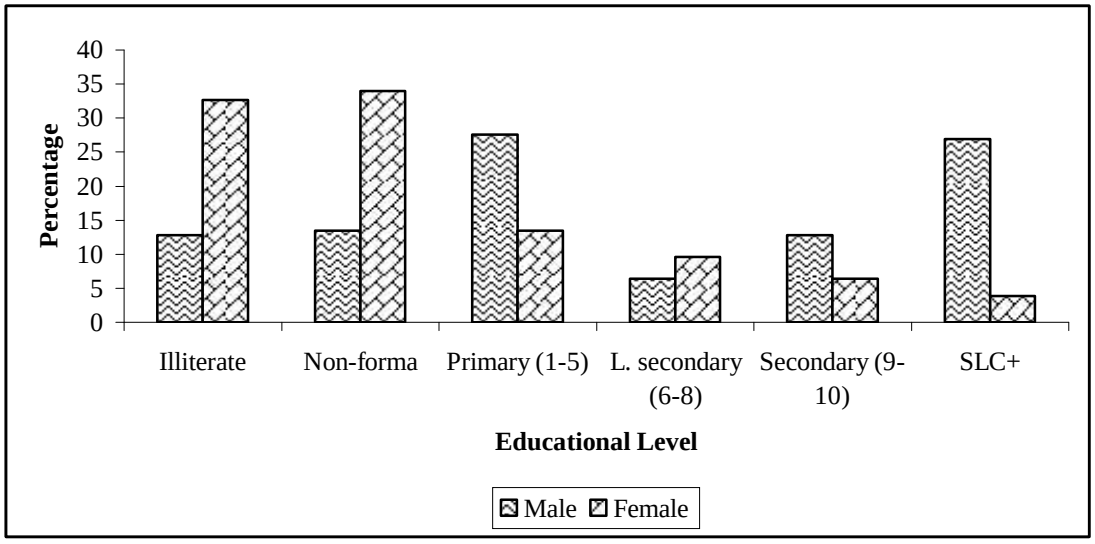
Table 4.6: Distribution of Respondents by Parent's Educational Attainment

Level	Father		Mother	
	Number	Percent	Number	Percent
Illiterate	20	12.82	51	32.69
Non-formal	21	13.46	53	33.97
Primary	43	27.56	21	13.46
L. secondary	10	6.41	15	9.62
Secondary	20	12.82	10	6.41
SLC+	42	26.92	6	3.85
Total	156	100.00	156	100.00

Source : Field Survey. 2010.

From Table 4.6 it is seen that nearly 33Percent of the respondents reported that their mother are illiterate likewise 33.98 percentage mother have non-formal education comparing to fathers (13.46%). Only about 4 percent of the respondents reported that their mothers educational attainment is S.L.C and above the corresponding figure for father is nearly 27 percent.

Figure 4.6: Distribution of Respondents by Parent's Educational Attainment



4.2.2 Parent's Occupation

The occupation of parents can also be taken as the important variables that determine the socio-economic status of the household and also affects the knowledge on STIs and HIV/AIDS. Table 4.7 examines the occupation of father and mothers of the respondents.

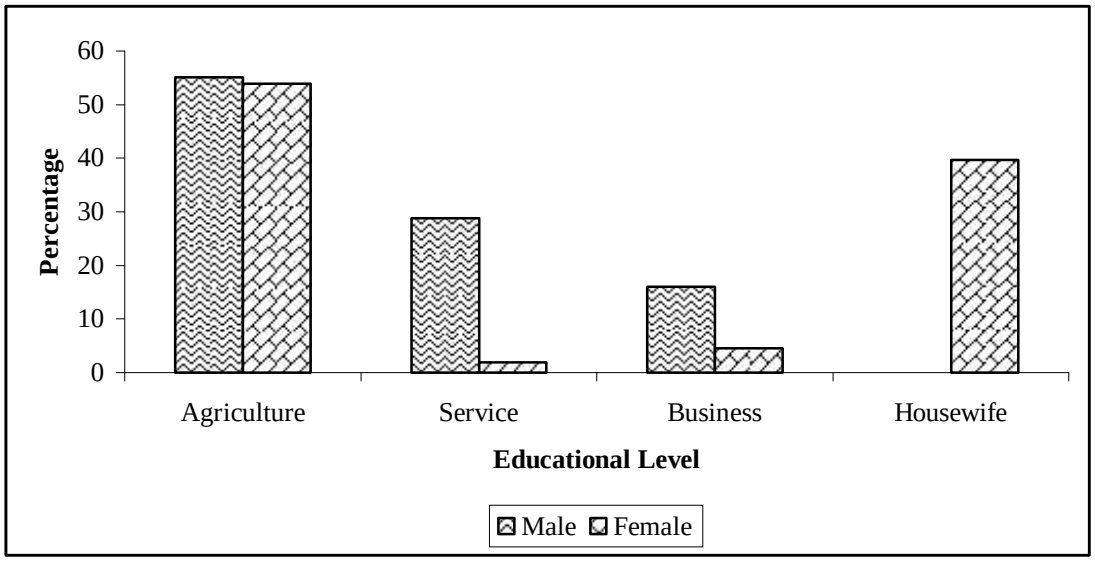
Table 4.7: Distribution of Respondent by Parents Occupation

Occupation	Father		Mother	
	Number	Percent	Number	Percent
Agriculture	86	55.13	84	53.85
Service	45	28.85	3	1.92
Business	25	16.03	7	4.49
Housewife	-	-	62	39.74
Total	156	100.00	156	100.00

Source: Field Survey, 2010.

As stated in Table 4.7 most of the respondent's parents are dependent on agriculture. Fifty five percent respondents fathers are involved in agriculture followed by 29 percent in service and 16 percentage in business. In case of mother about 54 percentage respondents that their mother are engaged in agriculture and about 40 percent are in house work. The share of mother engaged in business is 4.49 percent and only 1.92 percent mothers are in service sectors.

Figure 4.7: Distribution of Respondent by Parents Occupation



4.2.3 Family Size

Small family size is an indicator of healthy and happy family. There is more possibility of family relation as well as frankly discussion on health related topics and other in small family. To find out the family size of the respondents at the field survey , and open question was asked to fill the no of their family members and result is presented in table 4.8

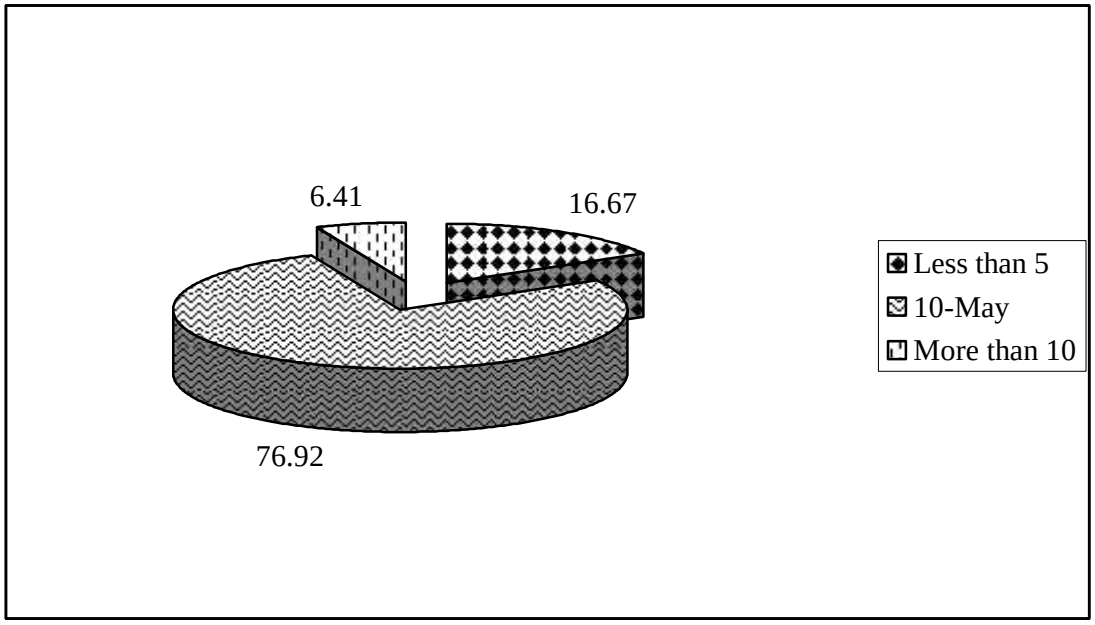
Table 4.8: Distribution of Respondents by Family Size

Family size	Number	Percent
Less than 5	26	16.67
5 - 10	120	76.92
More than 10	10	6.41
Total	156	100.00

Source: Field Survey, 2010.

Table 4.8 shows that 76.92 percent have the family size of 5-10 persons. The percent of respondents that fall in family size of less then 5 members is nearest 17 percent and the respondents who have family size more than 10 constitute about 6 percent.

Figure 4.8: Distribution of Respondents by Family Size



4.2.4 Household Facility

The respondents were asked to specify whether they have the household facilities such as electricity, radio, T.V, phone. Availability of these facilities help to increase the level of knowledge on STIs and HIV/AIDS. Table 4.9 shows the distribution of respondents by availability of the household facilities.

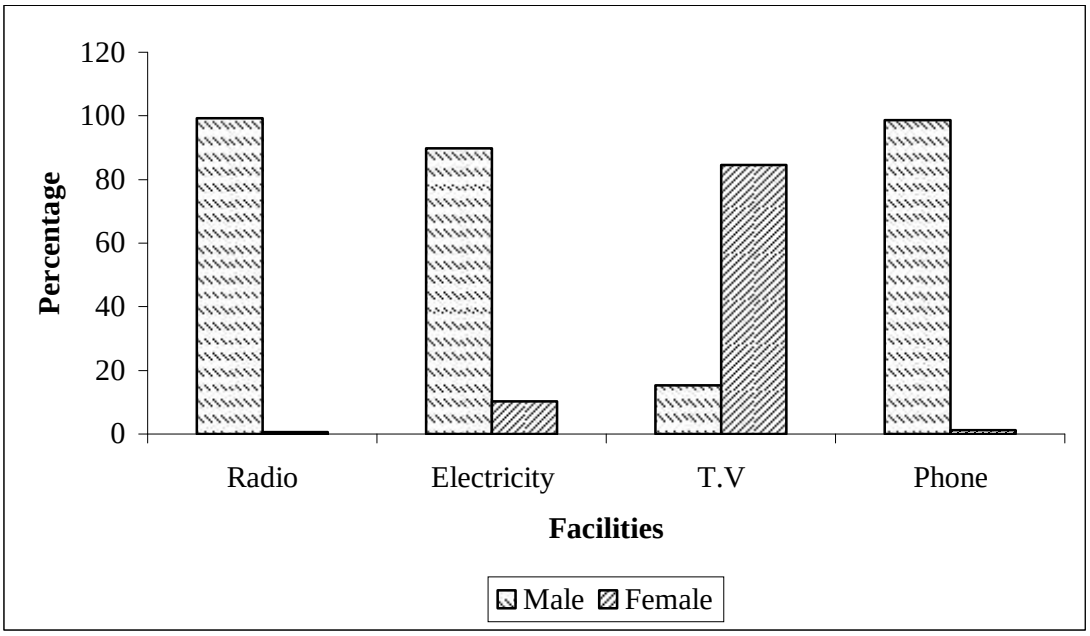
Table 4.9 : Distribution of Respondents by Facility at Home

Facilities	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Radio	155	99.36	1	0.64	156	100.00
Electricity	140	89.74	16	10.26	156	100.00
T.V	24	15.38	132	84.62	156	100.00
Phone	154	98.72	2	1.28	156	100.00

Source: Field Survey, 2010.

From Table 4.9 shows that 99.36 percent respondent have Radio and 98.72 Percent have phone like wise 89.74 percent have electricity and only 15.38Percent have television facility at home.

Figure 4.9: Distribution of Respondents by Facility at Home



CHAPTER FIVE

KNOWLEDGE AND ATTITUDES TOWARDS STIs AND HIV/AIDS

5.1 Knowledge on STIs

The knowledge on sexually transmitted infection is measured in terms of several variables. First it is examined whether the respondents have hearted about STIs or not then knowledge on symptoms, knowledge on models of transmission and knowledge on preventive measure have been examined. the knowledge is categorized into high medium and low. Based on the number of options respondents reported. The operational deification for difference level of knowledge has been set in the third chapter.

5.1.1 Heard of STIs

The foremost important variables to assess the knowledge on STIs can be taken as heard of STIs. The question was asked if the respondent have heard about STIs or not. According to the Table 5.1 almost all (99.36) have hearted about sexually transmitter infection. Only one female respondent reported that she has not heard about STIs.

Table-5.1 : Distribution of Respondents by Hearing of STIs According to Sex

Heard of STIs	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	80	100	75	98.68	155	99.36
No	-	-	1	1.32	1	0.64
Total	80	100.00	76	100.00	156	100.00

Source: Field Survey, 2010.

The respondents who have heard about sexually transmitted infection were further asked to state which STIs they have heard. The following table gives the distribution of responding resorting different STIs.

Table 5.2 : Distribution of respondents by type of STIs.

STIs Types	Number	Percent
Gonorrhea	98	63.23
Syphilis	60	38.71
HIV/AIDS	154	99.35
Other	16	10.32

Source: Field Survey, 2010.

Note:- Total percent are may exceeds hundred due to multiple responses.

N = 155

As stated in Table 5.2 the HIV/AIDS is very common type of sexually transmitted infection which is heard by almost all respondents (99.35%). Only two respondents did not mention HIV/AIDS under STIs . The next common name of STIs is Gonorrhea which is hearted by nearly 63.23 percent and syphilis by 38.71 percent some other disease such as trichonomonaisis, venereal wart. Chanchroid are reported by only 10.32 percent of the respondents.

5.1.2 Knowledge on Symptoms of STIs

It is important to ask the symptoms of sexually transmitted infection to evaluate the knowledge about it. First of all respondents were asked whether they know about symptoms of STIs or not.

Table 5.3 : Distribution of respondents by knowledge on symptoms of STIs

Knowledge	Number	Percent
Yes	152	98.06
No	3	1.94
Total	155	100.00

Source: Field Survey, 2010.

N = 155

The percentage is taken to according to Table 5.3 152 respondents (98.66%) know the symptoms of STIs. the 3 respondents (1.94%) state that they do not know the symptoms of STIs.

The respondents who know the symptoms of STIs were asked to mention the symptoms. According to Table 5.4 shows that 128 respondents (82.58%) reported foul white discharge from vagina followed by sores/abrasion around \Vagina itching around sexual organs (81.94%) pus from penis (69.03%) lower abdominal pain during intercourse and in normal situation (33.55%) bleeding other then menstruation period (29.68%) as the symptoms of STIs some respondents (6.45%) reported change in weight as symptoms of sexually transmitted infection .

Table - 5.4: Distribution of respondents by symptoms STIs

Symptoms	Number	Percent
Foul white discharge from vagina	128	82.58
lower abdominal pain during intercourse	52	3.55
Bleeding other then menstruation period	46	29.68
Soirees / Abrasion around vagina, itching	127	81.94
Drop or pus from penis	107	69.03
Changes in weight	10	6.45

Source: Field Survey, 2010. N = 155

Total percentage may exceed due to multiple response.

5.1.3 Knowledge on Transmission of STIs.

In questionnaire the question to assess the knowledge on transmission of STIs was included. First of all respondents were asked whether they know the mode of transmission of STIs or not. According to Table 5.5, 154 respondents (99.35%) know the mode of transmission of sexually rest of respondents reported that they don't know the mode of transmission of STIs.

Table 5.5 : Distribution of Respondents by Knowledge of mode of Transmission

Knowledge	Number	Percent
Yes	154	99.35
No	1	0.65
Total	155	100.00

Source: Field Survey, 2010.

N = 155

The respondents who have knowledge on mode of transmission of STIs were further asked to state the modes.

Table 5.6: Distribution of Respondents by Mode of Transmission

Way of transmission	Number	Percent
Sexual contact with infected persons.	150	96.77
Living together persons	10	6.45
Infected mothers to fetus	130	83.87
Dirtiness of sexual organs	40	25.81
None use of condoms	4	2.58
Blood transfusion	6	3.87
Drug abuse	2	1.29

Source: Field Survey, 2010. N = 155

Total percentage may exceed due to multiple response.

According to Table 5.6, 150 respondents (96.77) stated the sexual contact with infected person is the most important modes of transmission. Like wise, 130 respondents 83.87 reported infected mothers to fetus or new born baby as mode of transmission the proportion that stated dirtiness of sexual organ could cause disease 25.81 percent and the respondents who reported living together with infected person is way to transmitted the disease is 6.45 percent. Similarly, only few respondents mentioned some other wages.

5.1.4 Preventive Measures of STIs

It is essential to check whether the students have knowledge on preventive measures of sexually transmitted infection or not. The question was included and the results indicating acceptance of respondents for each measure is shown in table no. 5.7.

Table 5.7: Distribution of Respondents by Preventive Measure of STTIS

Preventive measures	Number	Percent
Use of condom during sexual inter course	152	98.06
Sex with only one partner	130	83.87
Abstinence during intention period	110	70.97
Always clean own sex organs.	75	48.39
Avoid sharing foods, cloths toilet	16	10.32

Source: Field Survey, 2010. N = 155

Note. The percentage may exceed hundred due to multiple responses.

As shown in Table 5.7 use of condom during sexual intercourse is the most preferred ways of prevention from sexually transmitted infection which has been reported by 152 respondents (98.06%). Like wise, sex with only one partner is reported by 130 respondents (83.87%). Sexual abstinence during infarction period by 110 respondents (70.97%) clean own sexual organs 75 respondents (48.39%) and avoids sharing foods clothes toilet etc. by 16 respondents (10.32%)

5.1.5 Source of Information

Table 5.8 provides the information on the distribution of respondents who have knowledge on STIs by source of information. The electronic media is the main sources of information .

Table-5.8: Distribution of respondents b y sources of information of STIs

Sources of information	Number	Percent
Radio	145	93.55
T.V	125	80.65
News paper	111	71.61
Text book	90	58.06
Teacher	126	81.29
Friends	100	64.52
Parents	59	38.06
Health persons	4	2.58

Source: Field Survey, 2010. N = 155

The major sources of information for STIs is Radio 93.55%) followed by teacher (81.79%) and T.V. (80.65%) and other sources of information are newspaper (71.61%) friends (64.52%) textbook (58.06%) parent (38.06%). The role of health persons as source of information on STIs is negligible in the study area. It can also be generalized were that parents do not share much about sexual disease with their children.

5.2 Attitudes Towards STIs

After knowing knowledge about sexually transmitted infection it is important to assess this some information such as suggestion for avoiding STIs and suggestion for the infected persons were gathered during the field survey.

5.2.1 Suggestion for Avoiding STIs

Together knowledge attitudes and perceptions of respondents were also measure for this the respondents were asked to suggest for avoiding the sexually transmitted disease the Table 5.9 gives detail information about it.

Finger 5.9 Distribution of Respondents by Suggestion for Avoiding STIs

Suggestions	Number	Percent
Use of condom during a interacts	112	72.26
Always clean own sexual organs	20	12.90
Keep sexual relation to only one porter	100	64.52
Beware disease and infected persons	15	9.68
Avoid intercourse with infected persons	40	25.81
Acquire the sexual education	15	9.68
Keep the infected persons operate in society	3	1.94
No birth from infected mothers	7	4.52
Do not have bad friend	3	1.94
Sex in matured age only	3	1.94
Not stated.	10	6.45

Source: Field Survey, 2010. N = 155

Note:- The percentage may exceed hundred due to multiple response.

The main suggestion which is given by majority of respondents is to use during a sexual intercourse which is reported by 112 respondents (72.26%) in this matter keep sexual relation with only one partner have been reported by 100 respondents (64.52%) 40 respondents (25.81%) respondents suggest avoiding interiors with infected partners. In 15 respondents suggests gives suggestions sexual education should be acquired and beware of disease and infected person (9.68) and 6.45 percentage respondents have not mentioned any preventive measure.

5.2.2 Suggestion for Infected Persons

The process of assessing attitudes to wards infected people it is worth to ask them the suggestions they want to give to the infected persons. The questions was asked to collect the information and the result is listed in the following table .

Table 5.10: Distribution of Respondents by Suggestion to Infected Person

Suggestions	Number	Percent
Go for treatment	51	32.90
Use condom or avoid sex	55	35.48
Do not afraid with the disease	26	16.77
Make aware to others	45	29.03
Do not give birth	15	9.68
Counseling with health personal	11	7.10
Take medicine regularly	7	4.52
Keep sexual organs clean	17	10.97
Not stated	14	9.03

Source: Field Survey, 2010. N = 155

The percentage may exceed hundred due to multiple responses.

According to Table 5.10 the highest number of respondents 35.48 percentage reported that they should suggest infected person to avoid sex and to use condom in case of sex. Like wise nearly same 32.90 percentage respondents said that they would suggest going for treatment timely without hesitation.

5.3 Knowledge on HIV/AIDS

In this study, knowledge on HIV/AIDS has been assessed through various questions. First of all very common question "have you ever heard about HIV/AIDS?" is given in the questionnaire. Similarly other supporting questions such as full form of HIV and AIDS, difference between HIV and AIDS, preventive measures ways of transmitting, treatment are used further to analyze the knowledge on HIV/AIDS.

5.3.1 Heard of HIV/AIDS

To access the knowledge on HIV/AIDS, respondents were asked whether they had heard about HIV/AIDS or not. All of the respondents reported that they have heard about HIV/AIDS.

5.3.2 Knowledge on Full Form of HIV

The respondents were asked if they know the full form of HIV. The full form itself gives lots of knowledge about HIV. So this question is valuable to the researcher. As stated in the following table, 124 respondents 79.48Percent reported that they know the full form of HIV.

Table 5.11: Distribution of respondents by knowledge on full form of HIV

Knowledge	Number	Percent
Yes	124	79.48
No	32	20.51
Total	156	100.00

Source: Field Survey, 2010.

The respondents who reported that they knew the full form of HIV were further asked to write the full form. The result is shown Table 5.11 states that 99.49 percent respondents have knowledge on full form of HIV have given correct full form of HIV. Whereas some of the other didn't knowledge (20.51%) on full form of HIV among the 156 respondents.

5.3.3 Knowledge on Difference between HIV and AIDS

It is important to ask if there is any difference between HIV and AIDS or they are same.

Table 5.12: Distribution of respondent by knowledge on difference between HIV and AIDS and by sex

Sex	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Male	45	56.25	35	43.75	80	100.00
Female	38	50.00	38	50.30	76	100.00
Total	83	53.32	73	45.40	156	100.00

Source: Field Survey, 2010. N = 156

Table No. 5.12 shows that more than half (53.32%) of the respondents reported there is difference between HIV and AIDS while others reported there is no difference. The proportion of male is higher (56.25%) than female (50.3%) who stated that there is difference.

5.3.4 Knowledge on Transmission of HIV

The respondents were asked if they know how HIV can be transmitted.

Table no. 5.13 shows the data classified by caste/ethnicity. There were 6 respondents from Gurung caste both of them reported that they know the ways of transmitting HIV/AIDS. More than two thirds (66.7%) respondent of Magar know the way of transmission. Similarly about Newar (78%), Brahmin (88.3%), Chhetri (82.2%) and Tamang (76.5%) have the knowledge on transmitting HIV.

Table 5.13: Distribution of respondents by knowledge on transmission of HIV by caste

Caste	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Brahmin	55	88.30	7	12.70	62	100.00
Chhetri	30	82.20	4	11.80	34	100.00
Tamang	13	76.50	4	23.50	17	100.00
Gurung	6	85.70	1	14.30	7	100.00
Newar	25	78.00	7	21.90	32	100.00
Magar	2	66.70	1	33.30	3	100.00
Total	131	83.97	24	16.03	156	100.00

Source: Field Survey, 2010. N = 156

The question was included to assess the knowledge on ways of transmission of HIV. Table 5.14 gives the distribution of respondents by way of transmission of HIV.

Table 5.14: Distribution of respondents by ways of transmission of HIV

Ways of transmission	Number	Percent
Sexual contact with infected person	127	96.95
Infected blood/organs transfusion	120	91.60
Sharing unsterilized needle	91	69.47
Infected mother to fetus	90	68.70
Breast feeding by infected mother	37	28.24
Sex without condom	3	2.29
Sex with multiple partners	1	0.08

Source: Field Survey, 2010. N = 131

As stated in Table 5.14 shows that highest number of respondent (96.95%) reported that sexual contact with infected person is the way of transmission. Similarly there are 120 respondents (91.60%) reporting infected blood and other organs transfusion' is the way of transmission of this virus. Other ways of' transmission reported by respondents are sharing unsterilized needle (69.47%), infected mother to fetus (68.70%), breast feeding by infected mother, (2.29%), sex without use of condom (2.29%) and sex with multiple partner (0.08%).

The question for ways of transmission was multiple response question. It is important to find, out which is most prominent factor among above mentioned various ways of transmission. For this respondents were asked to circle only one option and the result is shown in the table no. 5.15.

Table 5.15: Distribution of respondents by knowledge on most prominent factor

Prominent factor	Number	Percent
Sexual contact with infected person	83	63.26
Infected blood transfusion	28	21.37
Infected mother to fetus	10	7.63
Breast feeding by infected mother	3	2.29
Sharing needle	7	5.34
Don't know	1	0.76
Total	131	100.00

Source: Field Survey, 2010.

Table 5.15 shows that more than half of the respondents (63.36%) said that the sexual contact with infected person is the most risky factor for the transmission of HIV. Similarly about 21.37 percent reported transfusion of infected blood, 7.63 percent reported infected mother to fetus, 5.34 percent reported sharing needle, 2.29 percent reported breast feeding from infected mother to baby as the prominent ways of HIV transmission. Only one respondent reported that he/she does not know the major risky factor for transmission.

5.3.5 Knowledge on Preventive Measures of HIV/AIDS

As shown in Table 5.16 respondents (89.47Percento) reported that they knew the preventive methods of HIV/,AIDS. Twenty of the respondents mentioned that they did not know the preventive methods of this disease.

The Table no. 5.16 shows the distribution of respondents by knowledge on preventive methods of HIV/AIDS and by their family size.

Table 5.16 Distribution of respondents according to knowledge on preventive measures of H1V/AIDS and by their family size

Family Size	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 5	57	82.6	12	17.39	69	100.00
5-10	69	90.8	7	9.21	76	100.00
More than 10	10	90.9	1	9.1	11	100.00
Total	136	89.41	20	10.52	156	100.00

Source: Field Survey, 2010.

The knowledge on preventive methods is high (90.9%) to the respondents with large family size i.e. more than 10 followed by respondent with less than five family members (82.6). About 90 percent respondent whose family size is 5 to 10 has knowledge on preventive methods of H1V.

The respondents were asked to state the preventive methods of HIV/AIDS. They could give multiple responses for this question. The information provided by the respondents is given in the following table.

Table 5.17: Distribution of respondents by knowledge on preventive measures of HIV/AIDS

Preventive Measures	Number	Percent
Avoid sex with multiple partners	92	67.65
Use of condom during sexual intercourse	115	84.56
Sexual abstinence_	39	28.68
Avoid sharing needle and intravenous drug use	77	56.62
Scan blood before transfusion	79	58.09

Source: Field Survey, 2010. N = 136

Note: Percentage may exceed hundred due to multiple responses

Majority of the respondents (84.56%) reported to use condom during sexual intercourse followed by avoid sex with multiple partner (67.65%), scan blood before transfusion (58.09%), avoid sharing

needle and intravenous drug use (56.62%) and sexual abstinence (28.68%).

5.3.6 Knowledge on Type of Vulnerable People

The question was included to assess the knowledge on type of people who are more vulnerable for HIV transmission. The result is given in the Table no. 5.18.

Table-5.18: Distribution of respondents by knowledge on vulnerable people for HIV infection

Vulnerable people	Number	Percent
Those who keep unsafe relation with multiple partners	121	77.56
Who abuse drug	88	56.41
Commercial sex workers	103	66.02
Homosexuals	30	19.23
More mobile persons	12	7.69
Adolescents and Youths	37	23.71
Having high desire for sex	2	1.28

Source: Field Survey, 2010. N = 156

Note: Percentage may exceed hundred due to multiple responses N=15

Table no. 5.18 shows that 77.56 percent of the respondents reported that the person who keep unsafe sexual relation with multiple partners are vulnerable for the transmission of this virus. Similarly 103 respondents (66.02%) reported commercial sex workers, drug abuser (56.41%), adolescent and youth (23.71%), homosexual more mobile people and the people having high desire for sex (1.28%).

5.4 Source of Knowledge of Information

It is important to find out the source of information from which students hear about HIV/AIDS. The distribution of respondents by source of information is given in Table 5.26.

Table 5.19: Distribution of respondents by sources of information on HIV/AIDS

Sources of information	N	Percent
Radio	134	85.89
TV	132	86.53
Newspaper	115	73.71
Textbook	101	64.74
Teacher	119	76.28
Friends	103	66.02
Parents	57	36.53
Health Persons	5	3.20

Source: Field Survey, 2010. N = 156

Total percentage may exceed hundred due to multiple responses.

As shown Table 5.19 the main source of information is Radio (85.89%) followed by TV (86.53%), teacher (76.28%), newspaper (73.71%)), friends (66.02%), textbook (64.74%), parents (36.53%) and health person (3.20%). From this data we can generalize that the parents are still not so open on the matter of HIV/AIDS with their children.

5.5 Attitudes Towards HIV/AIDS

The attitudes towards HIV/AIDS has been assessed from various attitudes and perceptions about this disease and infected persons.

5.5.1 Attitudes on Curative Measures of HIV/AIDS

It was aimed to collect the information with respondent whether HIV/AIDS can be cured or not.

Table-5.20: Distribution of respondents by attitude on curative measure of HIV/AIDS and by sex

Attitude	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Curable	11	13.75	5	6.58	16	10.52
Not curable	58	72.5	53	69.94	111	71.25
Don't know	11	13.15	18	23.68	29	19.79
Total	80	100.00	76	100.00	156	100.00

Source: Field Survey, 2010.

In total, 111 respondents (71.15%) reported it couldn't be cured whereas about one in ten (10.52%) stated this disease could be cured. The proportion of respondent who stated as don't know is 29 respondents (19.79%).

If we analyze the data from above table separately for sex, we can find that more boys (13.75%) reported it could be cured while only around 7 percent reported so. More number of female reported that they don't know whether it could be cured or not. Nearly 71 percent female said that this cannot be cured and the male stating so is about 73 percent.

5.5.2 Attitudes Towards Various Statements About HIV/AIDS

Some daily used statements about HIV/AIDS were given in questionnaire and respondents had to state whether those statement were true or false. The result stating true for the given statements is given in the following table.

Table 5.21: Distribution of respondents agreeing the statements about HIV/AIDS according to marital status

Statements	Married		Unmarried		Total	
	Number	Percent	Number	Percent	Number	Percent
HIV/AIDS is a disease for a specific group such as drug abuser, prostitute, person having multiple sex partner etc.	9	52.94	108	77.70	117	75.00
HIV/AIDS can be transmitted through mosquito bite	3	52.94	17	12.23	20	12.82
HIV/AIDS can be transmitted by sitting, necking, handshaking with infected person	3	17.64	9	6.48	12	7.9
HIV/AIDS can be transmitted by sharing toilet	2	11.76	14	10.72	16	10.25
HIV/AIDS can be transmitted if a person sit immediately at a place of infected person	2	11.76	18	12.95	20	12.82
HIV/AIDS infected person should be separated from society	1	5.88	24	17.26	25	16.03

Source: Field Survey, 2010. N = 156

N (m) = 139

N (um) = 17

Percentage may not excess due to multiple responses.

From Table 5.21, we can see that 75 percentage respondents stated HIV/AIDS is a disease for a specific group such as drug abuser, person having multiple sex partners. Some respondent (16.03%) indicated true to the statement that states HIV/AIDS infected person should not be adjusted in a community and should be separated. Likewise about 12.82 percent respondent stated true to the statement stating HIV/AIDS can be transmitted if a person sits immediately at a place of infected person. About one in ten stated true to the statement that HIV/AIDS can be transmitted by sharing toilet. And 7.69 percent of the respondents belief that it can be transmitted by handshaking, sitting, necking with infected person.

5.5.3 Attitudes towards the infected people

The educated adolescents are very elite group of society. Thus, it is worth to assess their behavior to the infected person. The question was asked to collect this information and the result is shown in the following table.

Table 5.22: Distribution of respondent by their attitudes towards infected person

Attitudes	Number	Percent
We should love and respect them	153	98.07
We should hate them	3	1.93
Total	156	100.0

Source : Field Survey, 2010.

From the Table almost all (98.07%) of the respondents reported that they should love and respect to the infected person. There are also some respondents who says that the infected person should be hated in the society. The number of students reporting so is 3 that is 1.93 percent.

5.6.4 Perception on Responsible Authority for Lowering the Epidemic

The question was included to collect the information on the most responsible authorities for lowering the prevalence of HIV/AIDS and other STIs. The following table gives the information about it.

Table 5.23: Distribution of respondents stating the most responsible authorities for

Authority	Number	Percent
Individual	60	38.46
Community	37	23.71
Government	40	26.64
N/INGOs	19	12.18
Total	156	100.00

Source : Field Survey, 2010.

The Table 5.23 shows that more than one third of the respondents reported that the individual is one who must be responsible to lower the increasing trend of HIV/AIDS in our society. Likewise 40 respondents (25.64%) said that government is most responsible, nearly 24 percent reported community as the most responsible authority and the remaining 12.18 percent stated that the non', governmental (national or international) should be responsible for lowering the incidence.

5.6.5 Role of Community

All of the sample students were asked to state the role of various authorities that can play important role to decrease the prevalence of HIV/AIDS and other STIs. The questions was open so respondent mentioned some categories/ways which has been summarized in Table 5.24.

Table 5.24: Distribution of respondents by their perception on role of community for lowering the epidemic

Role	No.	Percent
Community should love, encourage to the infected person	83	53.20
Community should generate awareness about the disease	57	36.53
It should provide free or cheap treatment	10	6.41
Not Stated	18	11.53

Source : Field Survey, 2010.

Note: The total percentage may exceed hundred due to multiple responses

N=156

We can see from Table 5.24 that more than half (53.20%) reported that community should love, respect to the infected person. Community should encourage the infected person so that they would not hesitate to survive in society like other normal people. Similarly more than 36.53 percent of the respondents reported that community should play important role making people aware about the disease in the society. One in every ten respondent said that community should provide free or minimal treatment facility to lower the epidemic. There are nearly 12 percent of the respondents who did not mention any role of community.

5.6.6 Role of Government

The role of government was also asked in questionnaire. Table 5.24 gives the various roles of government viewed by the respondents and the number and percentage of respondents.

Table 5.25: Distribution of respondents by their perception on role of government for lowering the epidemic

Role	Number	Percent
Government should provide free or cheap treatment for the infected people	21	13.06
Free distribution of contraceptive means	17	10.89
Government should love and encourage to the victims	11	7.05
Should generate awareness	64	41.026
Should provide skillful training and employment	22	14.10
Should provide economic and social assistance	7	4.48
Should provide sexual education in school and college level	6	9.84
Should prohibit of prostitution	11	7.05
Should discourage to the drug abuser	6	3.84
Not stated	28	7.94

Source : Field Survey, 2010.

Note: The total percentage may exceed hundred due to multiple responses

N=156

The important role that can be played by government is to make aware to its citizens. The proportion who reported this is about 41.26 percent. Similarly the next vital role to be played by the government is to provide skillful training and employment to the infected person which is reported by 14.10 percent. The other roles reported by the respondents are providing treatment (13.46%), free distribution of means like condoms band of commercial sex business (7.05%), economic and social assistance (4.48%) and sexual education and discourage of drug trade (3.84%). According to Table 5.2, little near about 18 percent respondent did not mention any role of government.

5.5.7 Role of NGOs/INGOs

The various roles to be played by non-governmental (national or international) organizations mentioned by respondents are given in following table.

Table 5.26: Distribution of respondents by their perception on the role of N/INGOs

Role	Percent	N
Should provide free shelter	4.48	7
Should provide employment opportunities	3.20	5
Should love and encourage	6.41	10
Should generate awareness	40.38	63
Should distribution contraceptive means	5.12	8
Should provide free treatment	7.69	12
Should provide skillful training	3.20	5
Should coordinate to government's programs	3.84	6
Not stated	31.41	49

Source : Field Survey, 2010.

Note: The total Percentage may exceed hundred due to multiple responses

N = 156

The Table 5.26 clearly shows that the important role on non-governmental organizations is to create awareness in the society about the disease. This role is mentioned by 63 respondents (40.38%). The respondent reporting the role of NGOs to provide treatment for sexually transmitted infection and HIV/ AIDS is about 8 percent, encourage and love about 7 percent, distribution of means about 5 percent, shelter for the victims about 5 percent, coordinate to government programmes nearly 4 percent, skillful training and employment about 3 percent. There are 49 respondents who did not want any role of non-governmental organization to decrease the trend of STIs and HIV/AIDS.

5.6.8 Individual Role

The individual role is most important factor that could lead to lower the increasing trend of HIV/ AIDS and other sexually transmitted diseases. The respondents were asked what will be your role or what will you do for lowering the incidence of these diseases. The result is given in table below.

Table 5.27: Distribution of respondents by their perception on their own role for lowering the epidemic

Role	Number	Percent
We should generate awareness in our society	89	57.05
We should discourage of girls trafficking	12	7.69
We should love, respect and encourage the infected persons	36	23.07
We should encourage to be safe for those who intent to have sex	8	5.12
We should encourage to have sex with only one partner	31	19.87
Not stated	22	14.10

Source : Field Survey, 2010. *N = 156*

The total Percentage may exceed hundred due to multiple responses

It is clearly seen in Table 5.27 that majority of the respondent (57.05%) stated that they can make their society aware about the incidence of these diseases. Similarly about one forth (23.07%) said that they love, respect and encourage the infected people in the society. Nearly one fifth of respondents (19.87%) reported that they would advocate having sex with only one partner. The share of respondents who said that they could contribute by encouraging to use condoms and apply safe sex who intend to keep sexual relation with risky partners is about 5.12 percent. Some respondents (7.69%) reported that they can contribute to discourage the girls

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary of Findings and Conclusions

Based on the small scale study carried out in different four higher secondary schools in Eastern Part of of Nuwakot District from the selected 156 students, the major findings are presented below.

6.1.1 Individual Characteristics

- Highest proportion of respondents (34.62%) are 18 years of age.
- Most of the respondents (89%) are unmarried.
- The highest number of respondents is Brahmin (40.38%) followed by Chhetri (21.79%) according to caste/ethnicity.
- Majority of the respondents are Hindu (82.05%) and the remaining are Buddhist (15.38%).
- A large proportion of respondents (98.72) have studied in government schools in their secondary level.

6.1.2 Household Characteristics

- Most of the respondents' fathers (27.56%) have primary level of education while 33.97 percent respondents' mothers have attained non-formal education.
- Most of respondent's parents (father 55.13 percent and mother 53.85 percent are engaged in agricultural occupation.
- The average family size of the respondents is 5-10 members.
- A large proportion of respondents have radio 99.36 percent and mobile phone 98.72 percent.

6.1.3 Knowledge and Attitudes about STIs

Respondents are found more knowledgeable about STIs. Almost all (99.36%) have heard about STIs. This can be the result of increasing assess to information, education and communication materials. There is inclusion of STI and HIV/ AIDS in secondary level. Even though one respondent have not heard about STIs. HIV/AIDS is very common type of STI among adolescents. There is no effect of parent's education for the knowledge on symptoms of STIs of their children. Males are more knowledgeable than female respondents on symptoms of STIs. Higher percentage of respondents whose previous school was boarding have higher knowledge on symptoms of STIs compared to those of government school. The educational level of respondents inferences the level of knowledge on symptoms of STIs. The respondent studying in grade twelve have higher knowledge on symptoms of STI than those studying in grade eleven.

Almost all respondents (99.35%) know the mode of transmission of STI. Large proportion of the respondents (96.77%) stated the sexual contact with infected person is the most important modes of transmission followed by infected mother to fetus or new born baby (83.87%) as way of transmission. Males are more knowledgeable about ways of transmission of STIs than female respondents. Respondents whose previous school was boarding are more likely to know about STI.

Use of condom during sexual intercourse' is the most preferred way of prevention from STI followed by 'sex with only one partner' and sexual abstinence during infection period'.

Major source for STI is Radio (93.55%), followed by teacher and TV (81.29% and 80.65%). The role of health persons as source of information on STIs is negligible in the study area. Parents do not share much about STIs with their children.

The highest number of respondents 35.48 percent reported that they would suggest infected person to avoid sex or to use condom in case of sex followed by 32.90 percent respondents would suggest to go for treatment timely without any hesitation.

6.1.4 Knowledge and Attitudes about HIV/AIDS

Knowledge of HIV/AIDS is universal. Almost 80 percent of the respondent know the full form of HIV.

More than half of respondents (53.32%) reported there is difference between HIV and AIDS.

Most of the respondents (83.97%) know the ways of transmission of HIV. Almost 97 percent reported that sexual contact with infected person is the way of transmission followed by 91.60 percent infected blood and other organs transfusion'.

Almost 82.6 percent of the respondents know the preventive methods of HIV/AIDS. The majority of the respondents (84.56%) reported to use condom during sexual intercourse followed by avoid sex with multiple partner (67.65%) to prevent from HIV/AIDS. Almost, 78 percent of the respondents reported that the person who keep unsafe sexual relation with multiple partners are vulnerable for the transmission of this virus. Almost 71.25 percent reported HIV/AIDS can not be cured whereas one in ten (10.52) stated this disease can be cured. The main source of information of HIV/AIDS is Radio (85.89%) followed by TV (86.53%). The parents are still not so open on the matter of HIV/AIDS with their children.

One hundred and seventeen respondents stated HIV/AIDS is a disease for a specific group such as drug abuser, person having multiple sex partners. Almost all (98.0%) of the respondents reported that they should love and respect to the infected person.

Almost two Fifths (38.46%) of the respondents reported that the individual is one who must be responsible to lower the increasing trend of HIV/AIDS in our society. Community should encourage the infected person so that they would not hesitate to survive in society like other normal people. The important role that can be played by government non-governmental organization as well as individual is to make aware to the citizens about STIs and HIV/AIDS.

6.2 Recommendations

The students in higher secondary level have good knowledge about STIs and HIV/AIDS. The study however, could not cover the sexual and reproductive health situation and practices of the respondents. Hence, further study can be carried out to assess their knowledge and behaviour on sexual and reproductive health.

It is also necessary to study the level of knowledge and attitudes of STI and HIV/AIDS among the adolescent who are out of schools.

The study has found some common points for example generation of skillful training and employment opportunities, awareness about the infections, love and encourage to the infected people are to be performed by various sectors such as government, non governmental organizations, community and individual as well. Thus the perceptions perceived by the respondents can be considered as the entry point for the planners and policy makers relating to these matters.

REFERENCES

Acharya. B., 2002. "A Review of Trafficking Problems with Reference to Nepal", in Bal Kumar KC (ed.), *Population and Development in Nepal, Vol.* 10. Central Department for Population. Studies. Kathmandu, Nepal.

Acharya. L.B., 1999. "Knowledge of HIV/AIDS: Case of married females of age 15-19 in Nepal", in Bal Kumar KC (ed.), *Population and Development in Nepal* Vol.6. Central Department of Population Studies. Kathmandu, Nepal.

Aryal. R.H., 2000. "HIV/AIDS: an emerging issue in the health sector with special reference to Nepal", in Bal Kumar KC (ed.), *Population and Development in Nepal,* Vol.7. Central Department of Population Studies. Kathmandu, Nepal.

Bista. K.P., A. Kaupan, 1997. *HIV/Syphilis prevalence in Pregnant Women in Four Urban Areas of Nepal.* National Centre for AIDS and STD Control, Department of Health Service. Kathmandu, Nepal.

Central Bureau of Statistics (CBS) 2003. *Population Monograph of Nepal,*
Vol. I. Kathmandu, Nepal.

Central Development Committee, 2005. "HIV Transmission among Black Women of North Carolina", *Morbidity and Mortality Weekly Report 54.*

CREHPA, 1999. *Knowledge and Perceptions on mother to child transmission of HIV/AIDS among women and community health workers in Nuwakot district.* Kathmandu, Nepal.

District Development Committee, 2004. *District Development Plan, ZOO4/05 Programme and Bucket.* Nuwakot.

Khanal. S.K., 2005. *Knowledge and Attitudes Towards of Higher Secondary School Students in Nuwakot District.* Unpublished M.A. Dissertation Submitted to Central Department of Population Studies.

Ministry of Health (MOH), 2003. *Annual Health Report 2001/02,* Kathmandu, Nepal.

Ministry of Health and Population (MOHP), 2009. *Population and Development Nepal Country Report.* Population Division. Kathmandu, Nepal.

Ministry of Health (MOH), 2001. New ERA, and Macro International Inc. *Nepal Demographic and Family Health Survey*. Kathmandu, Nepal.

National Centre for AIDS and STD Control (NCASC), 2004. *National STI Case Management Guidelines.* Department of Health Service, National Centre for AIDS and STD Control. Kathmandu, Nepal.

National Centre for AIDS and STD Control (NCASC), 2005. "Cumulative HIV/AIDS Situation of Nepal as of February 28". Department of Health Service, National Centre for AIDS and STD Control. Kathmandu, Nepal.

New ERA, 1995. *A baseline Study on Commercial Sex Workers and Sex clients on the Land Transportation Routes from Naubise to Janakpur and Birgunj.* Family Health International, National AIDS Prevention Control Project. Kathmandu, Nepal.

Pant. P.D., 2000."Levels, Trends and Patterns in Reproductive Health in Nepal", in Bal Kumar KC (ed.), *Population and Development in Nepal* Vol.6.Central Department of Population Studies. Kathmandu, Nepal.

Pathak. R.S. and Govinda Subedi, 2002.*Meeting Young People's Sexual and Reproductive Health (SRH) Needs in Nepal, A* Study of Finnish Project Area of FPAN.Central Department of Population Studies. Kathmandu, Nepal.

Population Reference Bureau(PRB), 2004.*World Population Data Sheet..* Population Reference Bureau. Washington, DC.

United Nations (UN), 2005. *UN News Service,* January, 10.

UNAIDS, 2005. *HIG Percent AIDS knowledge, sex and condoms in first grade high school Adolescents in Gombe State, North East Nigeria,* the XV International AIDS Conference.

UNAIDS and World Health Organization, 2001. *Aids Epidemic Update:* December 2001.UNAIDS/WHO, Geneva.

United Nations Population Fund (UNFPA), 1994. *International Conference on Population and Development Plan of Action.* UNFPA, Cairo.

United Nations Population Fund (UNFPA), 1998. *The State of the World Population.* UNFPA, New York.

United Nations Population Fund (UNFPA), 2003. *Population and Reproductive Health Country Profiles.* UNFPA, New York.