

CHAPTER I

INTRODUCTION

1.1 Background of the study

This study examines the knowledge and attitudes towards STD, HIV and AIDS among the school going adolescents and would provide some more information it specifically. Because of the school going students oriented, this study collects their aspirations, their attitudes and information regarding the suffering people in the study areas and suggestions to them as well as role to be played individually for decreasing the increasing trend of such diseases.

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency virus (HIV) which is through blood, semen, using un-sterilized syringe and breast milk. The common method of transmission is unprotected sexual intercourse with the HIV infected persons. Other routes include transfusion on HIV infected blood, organ transplants, skin-piercing equipments, mother to child, breast feeding etc. (UNAIDS, 2000). Once infected with HIV a large proportion die within 5-10 year (WHO) 1999 AIDS reduce the body's ability to fight against disease.

Diseases are easily spread from one person to another person by sexual contact is known as the sexually transmitted disease. In other words sexually transmitted disease generated and transfers one to another by sexual intercourse and injecting drug. STDs shares the higher proportion of maternal morbidity and mortality both in developed and developing countries. STDs can cause pain and some cause infertility and even death if, not treated in time. Each year more than 33 million new case of STDs and HIV/AIDS are arise in the world. Among them I million new cases of HIV/AIDS infections and millions of other viral STDs such as herpes and hepatitis is occur in the world. Almost of the cases are happening the developing countries like Nepal.

It was first identified in the 1980s; spreadness of this disease is seen much more in underdeveloped countries because of the lack of accessibility of accurate information or effective prevention programs. The first HIV infective in Nepal was identified in 1988. The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low levels of condoms use, and pockets of intravenous drug users. As of October 2001, a total of 533 AIDS cases and 1,564 cases of HIV infection were reported to the Ministry of Health, National center for AIDS and STD Control (NCASC, 2000) However, these figures are

probably grossly underestimated given the current medical and public health infrastructure and limited HIV/AIDS surveillance system in Nepal.

Adolescent is the period of physical, psychological and social maturing from childhood to adulthood. It is the period of life spanning the ages between 10-19 years, and youth as between 15-24 years. And young people are those between 10-24 years of age (WHO, 1997). These are the formative phase, when the maximum physical, psychological and behavioral change take place, this period is also known as the second decade of life and rapid development period. Moreover, it is a time when growth is accelerated, major physical change take place and differences between boys and girls are accentuated (WHO, 1997). The boarder term youth encompasses the 15-24 years old age group.

Adolescent period is the horizons and a time of ensure healthy, all round development of second decade of human life. It is a large and growing segment of the population (WHO/UNICEF/UNFPA, 1999). It is one of the most crucial periods of life in which many key socio-economic, biological and demographic events occurred and that set the stage of adult Bongaart et. al, 1998).

Sex is the integral part of human life for maintaining the future generation. Gide Coydon stated that sexual desire is a demand of sexual organ, associated with it in exactly the same way the magnetism is associated with magnet. However, it is a true that the aim of the nature appears to be procreation; the aim of the individual is to achieve the fullest possible satisfaction in the sexual organ (Aryal, 2004, cited in Wilson, 1931). That is sexual behavior has two major functions one reproduction and other pleasure. Reproduction is a most essential for the everlasting existence of human being in this earth. For this propose actual activities should take

place between men and women (Aryal, 2004, in cited Bhatia, 1979). All the human being is sexual but adolescent and youth is the very crucial age group in the context of sexual relationship behaviors.

1.2 Statement of the Problem

High-risk behavior unprotected multiple partners injecting drug use, and commercial sex can Increase the vulnerability to HIV infection. Heterosexual intercourse is the main leading cause of HIV/AIDS in sub-Saharan Africa, injecting drug use and commercial sex have been the main divers of epidemics in Asia especially developing countries like Nepal. The worldwide incidence of sexually transmitted disease is high and increasing trends. The situation has considerably with emergence of the HIV epidemic.

Adolescent in developing countries like Nepal have many more like early marriage, unwanted pregnancies, spreading HIV/AIDS and other STDs. Truth information about sexuality, STD's and HIV/AIDS is one of the problematic jobs because Hindu relation prohibits them to talk about their adolescent behavior only. Religion predominately prohibited to different sexes to be exposed before marriage. A Problem of uninformed and unprotected adolescents' sexual activity is increased exposes to STDs including STDs with HIV/AIDS. Adolescents of developing countries are less informed about sexuality, STDs and HIV/AIDS and also they cannot talk openly about it. Less number of adolescents participates in such activities because most of them hesitate to talk about sex and sexuality. The effect of social barriers such as religion, cultural values and traditional custom and society norms are exist in developing countries.

An adolescent constitutes a sizable proportion of the total population of Nepal. According to 2001, census nearly 24 percent of total population is adolescent and it is continuing to grow for at least 20 years. The average annual growth rate of adolescent population is also increasing. Health and development of increasing adolescent is a great concern for the country as they comprise the future human resource. However, many adolescents are deprived from adequate and quality education and opportunities of acquiring mark able skills. They face various problems such as unemployment, violence, exploitation vulnerable to the rising incidence of STDs and HIV/AIDS, unsafe abortion and malnutrition. Information on the prevalence of STDs including HIV/AIDS for the population in Nepal particularly in adolescent is extremely limited for nationwide.

These days adolescent are involving drug addicts which is main problem of Nepal as well as city areas than the rural. In the context of city area Lalitpur district is not apart from the affected area of HIV/AIDS and STDs of the Kathmandu valley inaccessibility to adequate information and education and education on adolescent sexual and reproductive health still a major problem least developing countries like and this is more worrisome with the issue of HIV/AIDS and STDs. Therefore, I am going to research some aspect of school adolescent in secondary level in HIV/AIDS and AIDSs sector.

Nepal as a cosignatory of the ICPD, 1994 has committed itself to improving the reproductive health status of the people throughout the nation. As the action the government of Nepal formulated the 'National Reproductive Health Strategies, 1998' for the implementation integrated reproductive health package including HIV/AIDS and STDs. Adolescent population in Nepal presents both challenges and potentials. Therefore,

providing information especially reproductive health information on today' young people is of critical importance of the country's future economic and social well being.

1.3 Objective of the Study

1. To analyze the knowledge and attitudes towards about HIV/AIDS and STDs of adolescents.
2. To access the view of school going adolescent on HIV/AIDS.
3. To identify the view of adolescents about appropriate age to start the sexuality education.
4. To find out the relation between different variable (co-relation).

1.4 Significance of the study

This research helps to make HIV/AIDS prevention for secondary students and make to HIV/AIDS education more effective and fruitful at secondary level.

This study is beneficial for curriculum designer especially at secondary level national planner and policy makers.

This study is helpful to further researcher as the source of research.

1.5 Limitation of the study

This study is covered only the school adolescent .So ,it does not represent the whole adolescent of Nepal attitude and toward about HIV/AIDS.

This research is school based study there for finding may not represent out of school adolescents and other population.

This study is focused on knowledge and attitude of the students on only some aspects of reproductive and sexual health as STDs and HIV/AIDS.

1.6 Organization of the study

This study has been organized into six chapters. The first chapter holds introduction, which includes background of the study statement of the problem, objectives, significance, limitation and organization of the study.

The second chapter deals with literature review and conceptual framework of the study. The third chapter deals with the parts of methodology of this study. The four chapter of this the description of demographic and socio-economy characteristics of the respondents.

In the chapter five, chapter knowledge, attitude, and towards STDs, HIV and AIDS of the respondents are presented. The sixth chapter is the last chapter that deals with summary, conclusions and recommendations.

1.7 Operational Definition of the Terms Used

Knowledge: Meaning of knowledge is the information understanding and skills that everybody gain through education or experiences. In this study knowledge refers to the understanding of causes and modes of transmission, sign and symptoms, preventive and control measure of STDs and HIV/AIDS.

Attitude: According to oxford advanced dictionary meaning of attitude is the feeling, thinking of behaving. "An attitude is a dispositional readiness to respond to certain situation persons or objectives in a consistent manner, which have been learnt and become one's typical mode of response (Frands, 1978). An attitude has affective cognitive and action components (Certain, 1993). In this study attitude refers to the favorable or unfavorable reactions to statement in the attitude scale provided by the researcher.

Adolescence: It is defined as the stage of life during which individual reach sexual maturity; it is period of transition from purity of maturity (UN, 2001-2003) WHO defines adolescence as the period of life spanning the ages between 10 to 19 years. In this period of transition adolescents go through some of the greatest psychological or physical change in their lives. This research work represents the students of class 8, 9 and 10 who belong to adolescent.

STDs: The disease transmitted from one individual to other through sexual contact is called sexually transmitted disease or venereal disease. STDs are transmitted through sexual contact during unprotected intercourse.

HIV: Human Immune Deficiency virus is a virus that causes AIDS is a health condition in which a person is affected by a series of disease because of poor immunity.

AIDS: Acquired immune deficiency syndrome is a combination of disease caused by HIV virus, which affects the immune system of body with the result of body, becomes unable to fight against diseases or infection.

Epidemic: Appearance of an infectious disease or condition that attacks many people at the time in the same geographical area.

Pandemic: Epidemic which spread from country to country or over the whole world e.g. the recent epidemics of AIDS, other notable disease which have occurred in pandemic in the past is influenza, cholera and plague.

CHAPTER II

LITRATURE REIVIEW

This chapter deals with the review of developed theories in the context of the study of HIV/AIDS and STDs, because literature review is the mirror of the study. It gives information about both theoretical and empirical on the basis of developed theories on HIV/AIDS and STDs. Likewise, a conceptual framework will be suggested as guidance for the present study.

2.1 Theoretical Literature Review

In many societies adolescent face pressure to engage in sexual activity. Young women particularly low income adolescents are especially vulnerable. Sexually active adolescent of the both sexes are increasingly at high risk of contracting and transmitted diseases, including HIV/AIDS, and they are poorly informed about how to protect themselves. Programe for adolescent have proven most effective when they are secure the full involvement of adolescents in identifying their reproductive and sexual health needs and designing programs that address to these needs ICPD,1994. Adolescent are typically poorly informed about how to protect themselves [UN, 1994]. STDs poses significant risk for adolescent.

The highest rates of infection for STDs, including HIV, are found among young people of age 20 to 24 and the next higher rate occurs among adolescents 15 to 19 .Each years, 1 out of every 20 adolescents contacts a STDs. Some of which can cause lifelong problems (such as infertility) if left, (Karki, 2003).

However, the majority of adolescent's sexual relations begin with marriage because of rising age at marriage in the most South Asian countries the incidence of premarital sex is also rising and which is unprotected causing greater risk of unwanted pregnancy unsafe abortion and STDs. The younger the adolescent with an unwanted pregnancy the more likely she is to seek abortion. An induced abortion often done clandestinely and by untrained practitioner poses grave danger to the reproductive health and life of the adolescent girl. It is estimated that between 1 and 9.4 million abortions occur among girl adolescents ever year globally (WHO 1997: 13). Adolescent boys and girls, particularly those who are unmarried are lacking information on reproductive health; existing reproductive health care facilities are unfriendly with adolescent. Parents play a minor role in education of children on reproductive health and sexuality, but cultural factures

interface discussions on private matters with their children. Parents may also lack knowledge of reproductive health. Adolescents also lack accurate information about their physiology, sexuality and reproductive health. Only 3 percent and 25 percent of late adolescent girls in Pakistan and Sri Lanka could correctly mention the number of fertile days in the menstrual cycle respectively. In Bangladesh, only 39 percent of unmarried adolescent girls are reported to have prior knowledge of menstruation before they experienced it (UNFPA, 1998:6-21). There are over one billion young people ages 15 to 24. In all developing countries, the proportion of the population aged 15 to 24 peaked around 1985 at 21 percent. Between 1995 and 2050 it will decline from 19 to 24 percent, but actual numbers will grow from 859 million to 1.06 billion. If enough employment, opportunities can be created, these new workers could give greater productivity and economic development, and generated substantial revenues for health care, education and social security (UNFPA, 1999:23). Sexual attitude and behavior of adolescent are finding highly influence by peer's behavior (Jo et al., 1986) found that adolescent females who have sexually active best friends on the basis of sexual experience. Walter found that students whose friends and intercourse without use of condoms were much more likely to get involved in high risk sexual or drug behaviors (Panta, 2004, cited in puri, 2002). Diclemente found that sexually active adolescents who perceived peer's norms to support condom use were more likely to use condoms consistently (Puri, 2002, cited in Panta, 2004).

Adolescents often feel neglected in family planning program. Correcting this problem, special counseling is required to their sexuality and other needs as parts of transition to adulthood. So specific reproductive health need of adolescents must be openly acknowledged, of course there are many other health hazardous facing adolescents but sexual and reproductive health issues merit separate consideration and he proposes to pay the attention to six component of reproductive health: adolescents reproductive health, STDs/AIDS, infertility, cervical cancer, violence against women and abortion (Liljestrand 1997, cited in Panta, 2004).

Khanal (1999:52) stated that, adolescent have right to seek knowledge and information about health and sensitive sexual issue. Information on sexual maturity, sexuality and gender information could be delivered through various outlets, including counseling and family life, education centers, health clinics, youths and women's groups and so on. Contraceptives suitable for your people like condoms, oral pills, injections, implants and emergency contraception should be available to adolescents. At present however,

unmarried adolescents are either restricted from the free supply of their choice or hesitant to seek them because of the society's negative attitude. Only condoms are freely available for everybody in Nepal because of their promotion for HIV/AIDS prevention while other contraceptives methods for adolescents are not really available.

More than 3 million people died of AIDS and nearly 5 million people became newly infected with HIV in 2004. There were just under 40 million people living with the disease-nearly half of them women -yet fewer than 1 in 5 people at high risk of infection had access to proven preventions. The number of AIDS orphans climbed to 15 million of whom life in Sub-Saharan Africa (UNFPA, 2004).

The ICPD noted the severity of HIV/AIDS in 1994 and, responding to the expansion of the epidemic, the review five years later (ICPD+5) defined specific and urgent goals. Key follow up actions specified that HIV/AIDS prevention should be "an integral component" of sexual and reproductive health programmes at the primary care level. Strengthening this approach to services was a UNEFPA priority in 2004, complementing ongoing commitments to women and young people and to condom programming.

The socio-economic impact of HIV/AIDS is felt at all the society, individual household family community, nations and to variety degree in all sectors-small holder; agriculture commercial agriculture, mining manufacturing tourism transport health, education and so on mass media campaigns, school AIDS education programmes, condom social marketing and seminar intervention are recognized to be necessary but not sufficient for slowing spread of HIV. Almost everywhere it is being realized that providing information influence to the number of sexual determinants and drug infective behavior, some to these causes are economics. If it possible to understand them it should also be possible to change which include social, cultural, physical and logical factors (WHO, 1995:21).

The high level of HIV infection among younger and young people's signals society's failure to protect it children, the world risks its future. If levels of HIV prevalence rise not only will the health consequences are serious but also the demographic, economic and social consequences (Halperin, 2001).

In some communities many adolescents heard their own households, raise children and care for their parents who are dying of AIDS. Without immediate action, what is true of these communities today could become true of towns, cities and even entire nations in the future (UNAIDS, 2001).

Unfortunately, HIV infected is increasing most rapidly among young people. Half of all new infection in the United States occur in people younger than 25. From 1994 to 1997,

44 percent of all HIV infections among females and 63 percent among African-Americans. While the number of new AIDS case in declining among all age groups, there has not been a comparable decline in the number of HIV infections among young people (CDC, 1998). Unprotected sexual intercourse puts young people at risk not only for HIV, but also for other sexually transmitted diseases (STDs) and unintended pregnancy. Currently adolescents are experiencing sky rocketing rates of STDs. Every year three million teens or almost a quarter of all sexually experienced teens than among older adults (Eng and Butter; 1996) some sexual active young African-American and Latin women are at especially high risk for HIV infection, especially those from the poorer neighborhoods. A study of disadvantage out of school youth in the United State job crops found that young African-American. Women had the highest rate of HIV infection and that women 16-18 years old had 50 percent higher rates of infection than young men. Another study of African-American and Latin adolescent females found that young women with order boyfriends (3 years older or more are at higher risk for HIV (Miller, 1997).

2.2 Empirical literature Review

This subsection presents the review of empirical literature related to HIV/AIDS and STDs.

2.2.1 Background of the HIV/AIDS

Human Immunodeficiency Virus (HIV) is an infection agent that acquired immunodeficiency Syndrome (AIDS) a disease that leaves a person vulnerable to life threatening scientist wave indentified two parts to this virus HIV - 1 is the primary cause of AIDS worldwide and HIV -2 is found mostly in west Africa HIV belong to the recto-virus family of viruses

HIV transmission occurs when a person is exposed to body fluids infected with virus such as blood semen virginal secretion and breast milk .The primary modes of HIV transmission are;

- i. Sexual relation with an infected person;
- ii.. Sharing hypodermic needles or accidental pricking by a needle contaminated with infected blood;
- iii. Transfer of the virus from an infected mother to her baby during pregnancy, child birth or breast feeding.

When HIV enters the body it infects lymphocytes white blood cell of immune system. The virus commanders the genetic material of the host cell infection the cell to replicate more viruses. The newly formed viruses break from the process.

Some people who have HIV infection may not develop any of the clinical illnesses that define the full-blown disease of AIDS for years or more.

World situation HIV/ AIDS pandemic the 1st case of AIDS was reported in 1981 in USA. The conceptive organism of HIV/AIDS virus was identified in 1983. The epidemic has transcended all barriers including race, ethnicity, geography, gender and social economic - status and Nepal remains no exception.

However only in 1981 the 1st HIV case appeared in USA among homosexuals. The systemic blood testing of HIV only began since 1983. So far about 39.5 million people have already been living with HIV. The global AIDS epidemic killed 301 million people in the past year.

2.2.2 The scenario of the World

AIDS was first recognized in the United States in 1981. However, it is clear that AIDS cases had occurred in several parts of the world before 1981. The evidence now suggested that AIDS epidemics began at roughly the same time in several parts of the world, including the United States and Africa.

As the end of 2004, 39 million people worldwide were living with a symptomatic human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS), and more than 20 million had died of AIDS since the beginning of the epidemic. More than 95 percent of people living with HIV and AIDS live in low and middle income countries nearly two-thirds are in Sub-Saharan Africa and nearly one fifth live in South or Southeast Asia. In 2004, 4.9 million people were newly infected 23.1 million people died of AIDS (UN, 2005).

An estimated 38.6 million people worldwide were living with HIV at the end of 2005. And estimated 4.1 million people become newly infected with HIV and 2.8 million lost their lives to AIDS. Overall, the HIV incidence rate (the proportion of people who have become infected with HIV) is believed to have peaked in the late 1990s and to have stabilized subsequently, notwithstanding increasing incidence in several countries (UNAIDS, 2006). Africa remains the global epicenter of the AIDS South Africa's AIDS epidemic-one world - show no evidence of a decline.

AIDS is the most devastating health disaster in the human history. It continues from one individual to family, community, nation and the world. In the context of world, 25 million people who had died by the end of 2005, at least 40 million people are living with AIDS now. 4.9 million people were infected with it in 2005-95 percent of them in Sub -

Saharan Africa, Eastern Europe, and Asia. Countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined significantly in Western Europe or North America, where the epidemic has spread from the gay male population to ethnic minorities, the poor, and other marginalized groups.

Sub-Saharan Africa is the hardest hit region in the world. Most of the Africans die with this illness rather than other causes of death. South Africa has the largest number of people living with HIV and AIDS between (4.5-6.2) million Swaziland has the highest adult HIV prevalence rate. More than 30 percent of adults are infected with HIV and AIDS (PRB, 2006) Countries throughout the industrialized world face serious challenges from AIDS. Infection rates have not declined significantly in Western Europe or North America, where the epidemic has spread from the gay male population to ethnic minorities, the poor, and other marginalized groups.

Globally, the AIDS pandemic shows no sign of slowing, despite concerted efforts to control it and a few success stories. The difficulties in reducing the number of new infections are also compounded by poor access to lifesaving treatment. The joint United Nations programme on HIV/AIDS (UNAIDS) estimates that only about 15 percent of the 6.5 million people in developing countries who need treatment have access to anti-retroviral drugs. Globally 15.7 million adults with AIDS are women and 1.3 million are children below the age of 15 (NCASC, 2004).

HIV/AIDS spreads continuously all over the world. Now at least 40 million people are suffering from HIV and 25 million people had died till the end of 2005. The disease is crippling progress at the personal, family, community and national level. Now, 38.6 million people are infected in the world. Prevalence rate refers to the percentage of adults' age 15 to 49 infected with HIV. Sub-Saharan Africa, North and middle East Africa, South and Southeast Asia, East Asia, Oceania, Latin America, Caribbean, Eastern Europe, Western Europe, North America etc. Regions where people are infected by the HIV/AIDS

Scientists believe that they have solved this lingering mystery, the answer is chimps, AIDS mystery solved culprit is the chimp. This article was published in Feb 1999. Dr. Beatrice Hahn, who led the team that traced the origin of HIV to a subspecies of chimps in Africa with her husband George Shakh in their laboratory at the University of Alabama in Birmingham, USA. They had convincing proof that the virus spread on at least three separate occasions from chimpanzees to people in Africa.

Despite high HIV/AIDS transmission rate in injecting drugs user (IUD) female sex workers and labor migrants the overall HIV prevalence rate in the country has decreased by nearly 20 percent within the last decade a report says.

The report maintains that 4760 people get infected with HIV/AIDS every year and 4701 die due to the delay disease.

Table: 2.2.1 World situation of HIV/AIDS

Region	People living With HIV	people newly infected in 2005	prevalence (% of adults, Infected)	Deaths Due to AIDS in 2005
World	40,300,000	4,900,000	1.1	3,100,000
Sub-Saharan Africa	2,58,000,000	3,200,000	7.2	2,400,000
North Africa/Middle East	510,000	67,000	0.2	58,000
South /Southeast Asia	7,400,000	990,000	0.7	480,000
East Asia	870,000	140,000	0.1	41,000
Oceania	74,000	8,200	0.5	3,600
Latin America	1,800,000	200,000	0.6	66,000
Caribbean	300,000	30,000	1.6	24,000
Eastern Europe/ Central Asia	1,600,000	270,000	0.9	62,000
Western/Central Europe	720,000	22,000	0.3	12,000
North America	1,200,000	43,000	0.7	18,000

Source: Joint United Nations Program on HIV/AIDS(UNAIDS), and World Health Organization (WHO),AIDS Epidemic Update, December 2005:3 The Global Challenge of HIV and AIDS, Population Bulletin, Vol:6,No.1,Population Reference Bureau, march 2006.

According to (NCASC,2010) the estimated number of people living with HIV in Nepal is about 64000 out of this only 16262 case have been reported among them about 29 percent where women aged (15-49) of the total infected person 29.4 are labor migrants and infection.

2.3 HIV and AIDS in Caribbean

It is estimated that more than half million people are infected with HIV. Out of the twelve countries, the highest HIV prevalence is in Latin America and the Caribbean region. In Haiti, Bahamas, Barbados, Dominican Republic and Guyana the HIV/AIDS epidemic has spread to the general population. In other Caribbean countries, the HIV/AIDS epidemic is

still concentrated among the population groups who engage in high-risk behavior-commercial sex worker, men who sex with men, and injecting drug users-but it is accelerating rapidly and is posed to strike the general population.

Currently, the primary mode of transmission of HIV and AIDS in the Caribbean is sexual intercourse between men and women. Women account more than one third of all AIDS cases in the Caribbean, and the infected of mother can contact the disease during pregnancy, child birth or breast feeding. Many young people begin tend not to use condoms to protect themselves; they are at high risk of contracting HIV.

Table 2.3 HIV/AIDS Prevalence rates among adults (age 15-19) in Caribbean countries, Dec 2010.

S.N	Country	HIV/AIDS prevalence Rate (%)
1	Haiti	5.17
2	Bahamas	3.77
3	Bardados	2.89
4	Guyana	2.13
5	Belize	1.89
6	Dominican	1.89
7	Honduras	1.46
8	Suriname	1.17
9	Jamaica	0.99
10	Trinidad and Tobago	0.94
11	Argentina	0.69
12	Venezuela	0.689

Source: UNAIDS, Report the Global HIC/AIDS Epidemic, June 2010,

The Caribbean's epidemics and countries' AIDS response vary considerably in extent and in intensity. HIV infective levels have decreased in urban parts of Haiti and in the Bahamas and have remained stable in neighboring Dominican Republic and Barbados. Because of the accessibility of antiretroviral treatment in both Bahamas and Barbados appears to be reduction AIDS deaths. It is known as the 2nd most affected region in the world. And, AIDS in the leading cause of death is the region (WEO|UNAIDS. 2006).

2.4 HIV/AIDS in Asia

HIV infection level in Asian countries is comparatively lower than other continents. But in some Asian countries are very much suffered by this disease. In the context of Asian continents 8.2 million people were living with HIV at the end of 2004. Asian countries can be divided into several categories, according to the epidemic prevalence. While some other countries such as; Cambodia, Myanmar and Thailand are just in starting phase and starting rapid experience of epidemic such as; Indonesia Nepal, Viet Nam, and several province of China. And some countries including Bangladesh, East Timor, Laos, Pakistan, and Philippines are experiencing extremely low level of HIV PREVALENCE (Khanal, 2009). Later estimates show that some 8.3 million people were living with HIV in Asia at the end of 2009 -more than two-thirds of them in one country, India. India is the country which the largest number of people suffering with this epidemic in the world. In Asia, about one in six people 16% in need of antiretroviral treatment are now receiving it. While progress been strong in Thailand while the coverage of treatment still remains below 10 percent in India. China has expanded the HIV surveillance and improved in estimating of the AIDS pandemic disease. Approximately, 650,000 people were living with HIV in 2005 in China. Injecting drug users account for almost half 44 percent out of their total infected percents. Injecting drug users and unprotected sex are the main courses of spreading of HIV in Asia.

Table 2.4. Estimated HIV Infections by Risk Groups, 2009

Population sub-groups (15+ years)	Total Infections	% share
Injection drug user	2,534	4.2
Men who have sex with men	3,688	6.2
Female sex worker	605	1.0
Client of sex worker	2,996	1.0
Labor migrants	17,653	29.2
Remaining low risk males	15,697	26.2
Remaining low risk females	16,800	28.0
Total	59,984	100.0

Source: NCASC, 2011

An example Viet Nam, where HIV spread into 59 provinces and all cities. In 2005, and estimated 360000 adults and children were living with HIV in Myanmar and national adult prevalence stood at 1.3 percent. HIV epidemic remain relatively limited in Bangladesh, the Philippines, Indonesia and Pakistan, although each of these countries risk

as more serious epidemic if prevention methods are not improved (UN AIDS, 2006). HIV prevalence is also rising rapidly in many parts of eastern and southern n Asia. China and India will see millions of additional infectious unless they launch effectives, large-scale prevention programmes (PRB, 2006).

2.5 Scenario among the SAARC Countries

HIV/AIDS one of the burning issue among SAARC countries. Evidence form selected SAARC countries suggests poor knowledge on HIV/AIDS. Among ever-married adolescents' girls in 199, there were 5.4 million new infections worldwide; 4.0 million are Sub-Saharan Africa and around one million South East Asia (UNFPA, 2000:15). The limited infection (RTIs) and STDs among both married and unmarried adolescent's girls and boys in SAARC region. The incidence of HIV/AIDS among them is limited but increasing particularly among girls (UNFPA, 1998:6-21). Sex education suited to the needs of diverse groups of people should be an integral part of AIDS prevention program, but it is a very sensitive, controversial and complex subject matter which raises many questions for which there are no easy answer. Who should be targeted for sex education? What should be its contents? What is the optimum strategy for improving it? Content and strategies of sex education for groups of people differing in age, sex, education and occupation should be tailored to the needs interest and absorbing capacity of each group. (Moni, 1996)

Table 2.5 HIV/AIDS Situation of the SAARC country

Country	HIV prevalence	Antiretroviral treatment needing people	People antiretroviral treatment in 2003
Bangladesh	130	1950	5
Bhutan	<100	14	5
India	4580000	19500	13000
Maldives	<100	15	-
Nepal	6000	9000	100
Pakistan	670000	100500	13000
Sri Lanka	4800	720	25
Total	6million	881699	27635

Source: NCASC, 2011

2.6 The scenario of HIV /AIDS in Nepal.

According to official report, HIV infection has increased by more than 100 percent among women and by 200 % among children in the past 18 months. The number of HIV infected housewives reached 1883 on May 14 this year from 765 in Dec2005, according to data available at the national center for AIDS and STD control (NCASC). Similarly, the number of children infected with reached 428 from 138 in the same period.

According to the data, infection through blood transfusion or organs transplant has increased by 144.44% while it increased by 47.66% among the clients of sex workers nine cases of infection among recipients of organs and blood were reported until 2005, but the number was 22 in may, 2007.

Similarly, infection among Tritravenous Drug Users (IDUs) has increased by 67.40%. Altogether, 1134 such cases were reported in 2005, but the number had reached 1900 by may this year. The number of clients of sex workers infected with HIV has reached 4421 (4317 males and 104 females) from 2994 (2898 males and 96 females) in 2005. In 2005 the number of sex workers infected with HIV was 606. This had reached 615 by May, 2007. The overall number of HIV infected people in the country reached 9329 by may, 2007 from 5647 in 2005, according to NCASC records.

In the contest of Nepal, the first HIV/AIDS was identified in July, 1988. Since then, spread nests of this disease has become very large because of the extensive use of commercial sex workers, high rate of sexually transmitted diseases, low level of using condom, lack of education, and increasing rate of drug user. Nepal is facing increases in HIV prevalence among high-risk groups such as, sex worker, injecting drug user (IUD) men who have sex men and migrants. There is urgent need to scale up effective interventions, especially among IUDs. Nepal being land locket of the least developed 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 STD and HIV.

Table 2.6. a Estimated number of infection (2009) by age group.

Children	0-14	3544
Adult	15-49	52504
Adult	50+	7480
Total	63528	

Source: NCASC, 2011.

The national center for AIDS and STD control (NCASC) of the ministry of health and population has estimated an average of 70000 adult HIV positive people in Nepal (NCASC, 2006).

Nepal' HIV epidemic is largely concentrated in high risk groups especially female sex workers (FSW), IUDs MSMs and migrants .Injection drug use appears to be extensive in Nepal and to significantly overlap with commercial sex. Another important factor is the high number of sex worker who migrant or are trafficked to Mumbai, India to work, thereby increasing HIV prevalence in the sex workers in Nepal more rapidly. According to UNAIDS, 75,000 people were living with HIV at the end of 2005 (The World Bank, November 2006). According to 31 July, 2006 (NCASC), 1115 cases of AIDS and 7373 HIV infections and 340 have already died from AIDS (Bhandari, 2006).

Under the HIV/AIDS surveillance plan, NCASC has been conducting integrated bio-behavioral surveys (BBS) on a regular basis since 1999 MONF RHW MKOAR at-risk population, such as female sex worker (FSWs), injecting drug users (IUDS), men having sex with men (MSM), labor migrant, and clients of FSWs in geographical areas of Nepal. The result conducted so far clearly indicated that the HIV epidemic in Nepal is in the early concentrated stage and is driven by injecting drug use, commercial sex, and migration. Finding from the last round of the IBBS conducted in 2005 among IDUs show that about 30 percent of male IDUs in Kathmandu (New ERA and SACTS, 2005a), Pokhara (New ERA and SACTS, 2005b) reported having sex with FSWs, and more than half do not use condom when they have sex with FSWs. Similarly, migrants who have sexual intercourse with sex workers in India have a higher risk of HIV infection and only a few use condoms when they have a higher risk of HIV infection and only a few use condoms when they have sex with their spouse (New ERA and SACTS, 2006).

Table 2.6.b. The Situation of HIV/AIDS in Nepal (end of August 2010)

Sub-group	Male	Female	Total
Sex workers	7	866	873
Injecting Drug user	2559	58	2617
Men who have sex with men	151	NA	151
Blood or organ reception	35	14	49
Client of SWs/STDs	7111	104	7215
House wives	NA	4209	4029
Male partners	27	NA	27
Children	624	413	1037
Sub group not identified	55	29	84
Total	10569	5693	16262

Source: NCASC, 2011

The platform for action adopted by government at the 1995 Fourth World Conference on women in Beijing recognizes that low social status is at the root of women vulnerability to HIV. Approximately 90% of the 1 million children under 15 years living with HIV/AIDS around the world acquired the virus from their mother. The data shows that the high rate of infection among male compared to female. Among male, the high rate of infection has been reported clients of males with 7111 as well as Injecting Drug Users (IUD) with 2559. Overall by age, the infection starts from 15-19 year age group and reaches at peak at 30-39 years.

Table 2.6.c. The Situation of HIV/AIDS in Nepal (end of August 2010)

Cumulative HIV infection by age group	Male	Female	Total
0-4	253	152	405
5-9	279	198	477
10-14	103	67	170
15-19	263	274	537
20-24	1271	911	2182
25-29	2293	1330	3612
30-39	4336	1976	6312
40-49	1406	609	2015
50+	365	176	541
Total	10569	5693	541

Source: NCASC, 2011

Similarly, according to ministry of health and population, national center for AIDS and STDs control (NCASC) cumulated HIV/AIDS. The situation of Nepal in Ashwin 2066 (17, October 2009) shows the following table.

Thus STDs and HIV/AIDS has been a burning problem in Nepal. Youth and adolescent are among the groups most unalterable to HIV infection. The following factors considered for rapid transmission of HIV inside the country.

- a) Early marriage and low level of awareness about STDs and HIV/AIDS.
- b) Trafficking of young village girl for prostitution outside the country.
- c) Seasonal migration and mobility of young for search of job.
- d) Low coverage of mass media on STDs and AIDS prevention.

e) Poor health infrastructure.

In Nepal (23-62 %) have the highest proportion of adolescents boys aged (15-19) are married CBS (1991/2001) about 63 percent adolescents and youth of age group 15-19 are the high risk groups among the population from the point of view of STIs.

Table 2.6.d. Cumulative HIV infections by sub-group and sex

Sub groups	Male	Female	Total
Sex workers (SW)	6	830	836
Clients of SWs/STD	6463	104	6567
Housewives	NA	3699	3,699
Male partners	10	NA	10**
Blood or organ recipients	29	13	42
Injecting drug a sex (MSN)	2472	49	2.521
Men having sex with men	111	NA	111
Children	556	363	919
Sub-group	54	28	82
Not – identified			
Total	9691	4,982	14804

Source: NCASC, 2011 ; NA: Not Applicable ** Indicates only males

In Nepal major mode of HIV transmission is sexual and primarily heterosexual in nature. People with high risk behaviors such as CSWs (Commercial sex workers) persons with STIs are the main group infected with HIV.

Thus STDs and HIV AIDS are major health problem in Nepal but just one fourth of the reproductive ages of women know about HIV/AIDS in Nepal. Although STDs and HIV AIDS are found low than other developing countries due to lack of effective preventive measures and low level of awareness, STDs but HIV/AIDS spreaded fast.

Cumulative HIV and AIDS Situation of Nepal as of Asar 2068 (16 July, 2011)

Out of the total 18237 infected population, 11787 are male population and 6450 are female population. In this data present that male are more infected then female in the cases reported at Asar month. Similarly, out of the 943 of the sex worker, 927 are female and only 7 are male. Total of the 2729 are estimated injecting drugs users 2666 are male and only 63 are female. The highest of the clients of sex workers 8169, about 8065 are male and female 104. Similarly, and so on.

This table shows that the highest infected are reported that age group 30-39 which are 7082 total and male 4819 and female 2263 followed by 3972 in age group 25-29, male are 2482 and female 1490. Similarly, the age group 40-49 are 2394 are total and male are 1670 and female are 724 and so on.

Table 2.2.e. Cumulative HIV infection by sub-group and sex

Total HIV infections reported	Male	Female	Total	Cases Reported in This Month
	11,787	6,450	18,237	168
Sub-groups				
Sex Workers (SW)	7	927	934	5
Injecting Drug Users	2,666	63	2,729 *	8
Men having Sex with Men	197		197	6
Blood or Organ Recipients	36	15	51	1
Clients of Sex Worker	8,065	104	8,169	82
House wives		4,843	4,843	48
Male Partners	44		44 **	4
Children	713	465	1,178	14
<i>Sub-group NOT identified</i>	59	33	92	0
Total	11,787	6,450	18,237	168

** Male Partners of FSW/Female IDU/Female Migrant

Table 2.2 6.f. Cumulative HIV infection by age group and sex

Age group (Years)	Male	Female	Total	Cases Reported in This Month
0 - 4	289	168	457	6
5 - 9	315	219	534	6
10 - 14	120	82	202	2
15 - 19	280	299	579	5
20 - 24	1,362	1,002	2,364	7
25 - 29	2,482	1,490	3,972	33
30 - 39	4,819	2,263	7,082	64
40 - 49	1,670	724	2,394	32
50 - above	450	203	653	13
Total	11,787	6,450	18,237	168

Source: NCASC, 2011 [as of 16 July 2011]

2.7 The prevalence of HIV

The available of HIV prevalence data show that 49% to 68% of injecting drug user (IUD) was HIV positive in the year 2001. About 17% female workers in Kathmandu and 0.8% in Pokhara were estimated. In the year 2001, HIV was estimated to be prevalent among 17% EHWs who returned from India. A study was conducted in 1993 showed that the prevalence of STDs in a serious problem among FSWs in Kathmandu. Three female out of

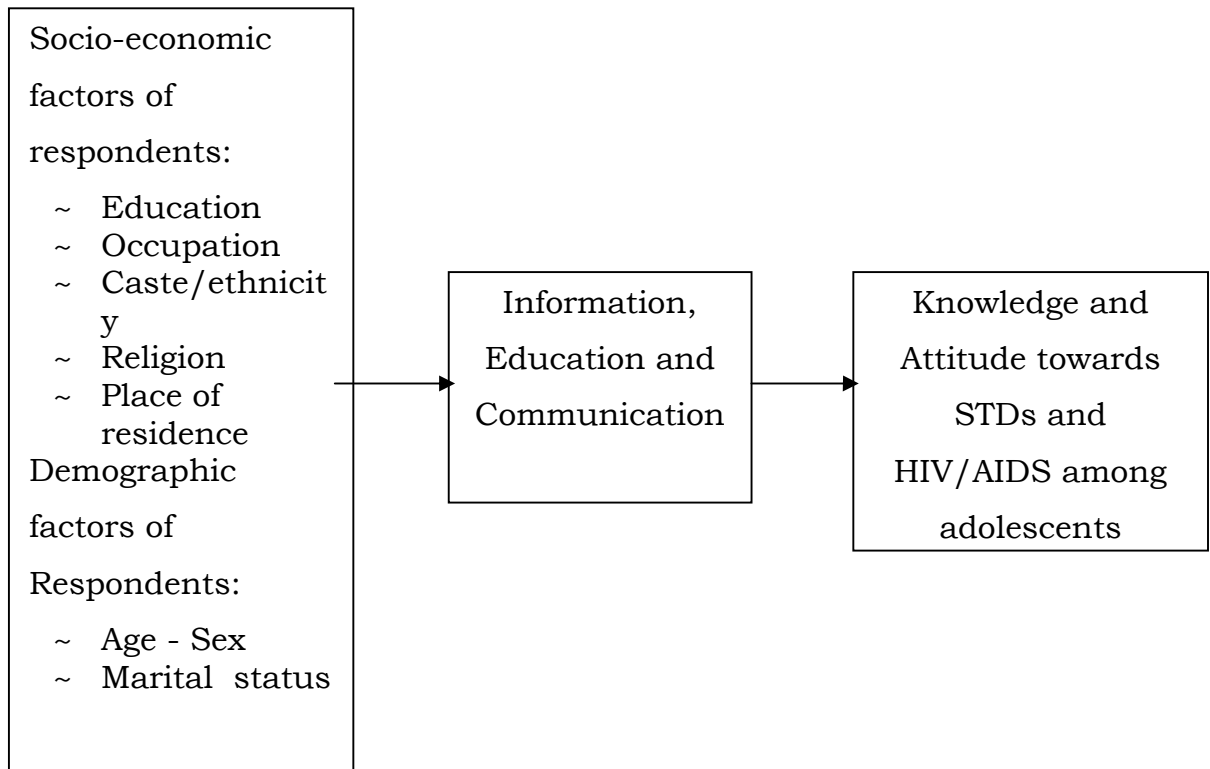
four FSWs were found to have a STDs related problem (NCASC, 2004). Poverty, low level of education, poor income, gender inequality, stigma, and discrimination are some major factors contributing to HIV vulnerability in Nepal. According to national situation, young people, mobile population, FSWs multiple sex partners, and injecting drug user (IUD) are most vulnerable.

2.8. Proposed conceptual Framework for the study

The following conceptual framework helps to analyze the knowledge and attitude on STDs and HIV/AIDS among secondary school students. There are various factors to determine the level of knowledge and attitude towards STDs and HIV/AIDS, parental socio-economic background characteristic such as education, occupation caste/ethnicity, and religion could play an important role to determine the knowledge and attitude towards STDs and HIV/AIDS of their children. Demographic factors of respondents such as age, sex, educational level, marital status, caste/ethnicity religion may also affects the knowledge and attitude towards STDs and HIV/AIDS. IEC or media equipment such as radio, television, newspaper etc. has crucial role in dissemination of knowledge and attitude towards STDs and HIV/AIDS. All above are thought to be determinants factors in knowledge and attitude on STDs and HIV/AIDS framework also clarifies about the factors and their role in determining level of knowledge and attitude.

If such policies are directly related to increase the knowledge and attitudes of students that will surely bring the change on behaviors of students. Therefore, proposed conceptual framework has another greater importance.

Independent variable **Intermediate Variables** **Dependent Variables**



CHAPTER III

RESEARCH METHODOLOGY

3.1 Selection of study area and population.

Lalitpur district is selected as the study area for the research because it is the permanent residential area of researcher in different social-cultural circumstances. Lalitpur district has diverse geographical and socio-culture nature.

The total population enumerated in 2058 is 337785 and 2063 is 381327. The district has 41 VDC and 1 municipality .The total population enumerated in 2001 male 172455 and female 165330. The total area of the district in 385 km and density is 877km.

In this district the majority of people are Hindu (70.43) and Buddhist (26.25) .The total literacy rate of this sub-metroplication is 70.9 percent female 60.4 percent male 81.0 percent and total school 477 and Newar residential area is 40.32 percent and occupation agriculture 34.89 percent and non agriculture 65.71 percent.

3.2 Sampling Technique and selection of respondents.

Sampling technique is the back bone to obtain the desired information of the study. There were altogether 235 students in 2 schools. At the time of field survey Probability sampling method was adopted. Among the total universe the study sample contains of 105 student 52 Shree Shanti h. s. s. boys 25 and girl 27 other respondent from Shree Shramick Shanti H.S.S. Chasal total student are 53 and boys 26 and girls 27. Selected purposively who were met in the school.

S.N.	Name of school	Sample Population		
		Boy	Girls	Total
1	Shree Shanti H.S.S	25	27	52
2	Shramik Shanti H.S.S.	26	27	53
	Total	41	54	105

Source: Field Survey, 2011.

3.3 Data collection method

The data of the study are based on primary source. A careful approach to administer the questionnaire is considered only to unmarried secondary school adolescent in the class randomly (lottery method). Before administrating the questionnaire students are informed by researcher herself for collecting data.

3.4 Questionnaire Design

Questionnaire was constituted the major tool of the study. It was designed to explore the necessary information with respect to secondary adolescents about knowledge, attitude and towards on HIV/AIDS and STDs and preventive measure of some attempts to identify the sources of information about HIV/AIDS and STDs.

This study is utilized both quantitative and qualitative research approaches to collect information from the respondents. Household and individual questionnaire was designed to collect the data.

Included all type of questions were divided in to 4 categories, they are;

- Individual questionnaire
- Household questionnaire
- Knowledge on STDs and HIV/AIDS
- Attitude on STDs and HIV/AIDS

3.5 Data Collection Technique

This study uses both types of primary and secondary sources. Existing data were collect through primary source whereas literature review is based on secondary sources. Quantitative technique was used as major approach in collecting information, however, qualitative was also used as supplement of quantitative method.

Mainly, this study was focused on school going adolescents of grade IX, and X Respondents were selected by applying probability-sampling technique with the help of simple random sampling method (Lottery method). Before filling up the question they were suggested /convinced about the nature of questions. The selected respondents were asked the already made and supervised questionnaire being kept them together in their own grade group separately. Questionnaires were distributed to all the students at one time and they were made to fill all the questions of questionnaire very confidently with clarifying where they confused. I went for collect data in NACAS, CDPS, UNAIDS, CBS.

3.6 Data processing

The completed questionnaire was entered into the computer immediately after editing and coding. Capture software data based IV was used for data entry. After cleaning data was transferred into Statistical package for social science (SPSS) for further processing and analysis, Frequency distributions, cross tables are the main output of the analysis.

3.7 Data Analysis

The data analysis is simply based on descriptive from. The frequency tables cross tabulations and other necessary information's were extracted from the SPSS edited data. On the basis of tables, extracted information as well as other necessary information the analysis and interpretation have been made.

3.8 Operational Definition of the variable

1) Age of respondents: The completed age of respondents.

This study is limited to the adolescents. There are two boxes have been provided where respondents were suggested to fill the give boxes with the complete age with two digits.

2) Sex of respondents:

Respondents were categorized into two that male and female.

3) Religion of respondents:

This question has also been categorized into two main religions they are Hindu and Buddhist. Some other religion people also appeared then they coded separately.

4) Size of family:

Including this question, two boxes have been made where respondents were suggested to fill the boxes with digits.

5) Education of parents:

For the highest level of education attainment of respondents mother and father respondents could report it.

6) Occupation of parents:

This question refers the current and major occupation of parents. For this purpose, question has been divided into six categories, when respondents could choose.

7) Knowledge about STDs:

Under this question, to know the knowledge of respondents on STDs, a question was asked.

8) Knowledge on symptoms of STDs:

The major symptoms were categorized and pre-coded where respondents were free to choose any one, more than one.

9) Knowledge on mode of transmission of STDs:

The major mode of transmission was pre-coded. There were 3 major modes of transmission and some more modes were found after data collection. Respondents were categorized on the basis of their choice on mode of transmission.

10) Knowledge on preventive measures of STDs:

On the basis of various preventive measures, respondents have been categorized according to their background characteristics.

11) Knowledge on HIV/AIDS:

To know the knowledge on HIV/AIDS, some questions were asked. They were categorized into various background characteristics according to their response.

12) Knowledge on mode of transmission of HIV/AIDS:

Including this questions, the same process was applied. Respondents were categorized into various background characteristics on the basis of their multiple responses after finishing the field survey data collection such as; sex, grade, age group, etc.

CHAPTER IV

BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

This chapter provides the socio economic and demographic characteristics of the respondents, socio-economic background provides information about caste, ethnicity, religion, education occupation, residence and demographic characteristics about sex, age and marital status of the respondents.

4.1 Individual Characteristics

This part deals with the information on the different characteristics of respondents including social as well as demographic characteristics of the adolescents such as level of education religion, caste age and sex.

4.1.1 Level of Education

Education is the most important, common and basic right of the human being. It provides the knowledge and awareness about the different topics. This study has collected data of altogether 105 respondents including 51 (48.6%) respondents from grade nine and 54 (51.4%) respondents from grade ten.

Table 4.1 Percentage distribution of respondents by level of education

Class	Boys		Girls		Total	
	No	(%)	No	(%)	No	(%)
IX	26	56.5	25	42.4	51	48.6
X	20	43.5	34	57.6	54	51.4
Total	46	100.0	59	100.0	105	100.0

Source: Field Survey, 2011

4.1.2 Age and Sex Composition

In demographic analysis, age and sex is pillar of demographic study, though sex is personal characteristics of person, information on sex can be normally obtained without difficult. The age sex composition of population has significant implication for the field of demographic analysis.

The table 4.2 shows that majority of respondents are the age 15 years, 32.5 percent followed by 30.5 percent respondent are age of 14 years. Lower percent of respondents 6.7 percent belong to age group 13. Similarly, 37.0 percent age of male respondents belonged to age 16 years and 30.4 percent of respondents belong to age group 15 years.

Whereas, 23.9 percent, 6.5 percent and 2.2 percent male respondents belongs to age group 14,16 and13 years respectively.

Table 4.2 Percentage distribution of respondents by age and sex

Age Group	Sex				Total	
	Boys		Girls			
	No.	(%)	No.	(%)	No.	(%)
13	1	2.2	6	10.2	7	6.7
14	11	23.9	21	35.6	32	30.5
15	14	30.4	20	33.9	34	32.4
16	17	37.0	7	11.9	24	22.9
17	3	6.5	5	8.5	8	7.6
Total	46	100.0	59	100.0	105	100.0

Source: Field Survey, 2011

In case of females respondents majority of respondents (35.6%) are age group 14 years followed by (33.9%) age group 15 years, (11.9%) age group 16, (10.2%) are 13 years and 8.5 percent female respondents are in age group 17years.

4.1.3 Caste/Ethnicity

Caste ethnicity may be one of the factors to determine the knowledge and attitude on STDs and HIV/AIDS, because in certain caste ethnic group, there is different norms, culture values and perception to see about sexually transmitted disease.

Table 4.3 Percentage distribution of respondents by caste/ethnicity

Caste/Ethnicity	Number	Percent
Brahamin	11	10.5
Chhetri	18	17.1
Newar	40	38.1
Tamang	21	20.0
Magar	9	8.6
Dalit	3	2.9
Others	3	2.9
Total	105	100.0

Source: Field Survey, 2011

Table 4.3 shows that majority of the respondents are from Newar (38.1%), followed by Tamang (20.9%), Chhetri (17.0%) and Brahamin (10.5%). The lowest proportions of respondents are from Magar, Dalit, and others are 8.6, 2.9and 2.9 Percent respectively.

4.1.4 Religious Composition

Religion of the residence is also one factor that may influence the knowledge about STDs and HIV/AIDS. In Hindu religion sex before marriage is not allowed and is seen as social taboos but values of every religion are not same so it influences the human behavior.

Table 4.4 Percentage distribution of respondents by religion

Religion	Number	Percent
Hindu	73	69.5
Buddhist	20	19.0
Islam	3	2.9
Christian	9	8.6
Total	105	100.0

Source: Field Survey, 2011

Table 4.4 shows that the majority of respondents are form Hindu, (69.5%) which is followed by Buddhist (19.0%) and Christian (8.6%) and Islam is 2.9 percent respectively.

4.2 Household Characteristics

These sections include the parent's education and occupational status.

4.2.1 Educational level of Parents

Educational attainment of parents is one of the important socio-economic factors which can play vital role for the level of knowledge of their children on STDs/HIV/AIDS.

Table 4.5 Percentage distribution of parent's education

Level of Education	Father		Mother	
	No.	%	No.	%
Non-formal	14	13.3	33	31.4
Primary	16	15.2	18	17.1
Lower secondary	21	20.0	22	21.0
Secondary	10	9.5	11	10.5
SLC	9	8.6	8	7.6
Intermediate and above	26	24.8	8	7.6
Illiterate	9	8.6	5	4.8
Total	105	100.0	105	100.0

Source: Field Survey, 2011

According to table 4.5, about 8.6 percent respondent's father and 4.8 percent respondent's mother are illiterate.

The highest percentage of respondent's father have passed Intermediate and above (24.8%) whereas higher percent of respondent's mother have Lower secondary level of education (21.0%), followed by 20.0 percent respondent's father has Lower secondary level, whereas 15.1 percent respondent's mother have passed primary level.

Lower percent (8.6%) respondent's father have passed SLC and above whereas only 7.6 percent respondent' mother have passed SLC and above.

Majority of the respondent's father's level of education is higher in comparison to mothers.

4.2.2 Parents Occupational Status

Occupation of parents can also be taken as an important variable that determines the social and economic status of the household and also affects the knowledge and attitude on STDs and HIV/AIDS of their children. Table 4.7 below shows the distribution of respondents according to occupation of parents.

Table 4.6 Percentage distribution of respondents by parent's occupation

Parent's Occupation	Father		Mother	
	No.	%	No.	%
Agriculture	17	16.2	8	7.6
Business	36	34.3	3	2.9
Service	14	13.3	1	1.0
Teaching	5	4.8	2	1.9
Other specify	33	31.4	78	74.3
House wife			13	12.4
Total	105	100.0	105	100.0

Source: Field Survey, 2011

Table 4.7 shows that majority of the respondent's father were engaged in Business (4.3%), other specify (27.9%) followed by Agriculture (16.2%) services 13.3percent and the least percent were engaged in Teaching (4.8%).

Similarly, most of the respondent's mother was other specifies (74.3%), House wife (12.4%), followed by Agriculture (7.6%), Business (2.9%) and teaching (1.9%) and 1.0 percent are in services respectively.

CHAPTER V

KNOWLEDGE AND ATTITUDE TOWARDS STDs AND HIV/AIDS

This chapter presents the analysis about the extent of knowledge on STDs and HIV/AIDS among adolescents and it also discusses their attitudes on STDs and HIV/AIDS. Knowledge on sexually transmitted infection is measured in terms of several variables.

In the context of knowledge, heard of STDs and HIV/AIDS, knowledge on modes of transmission, knowledge on symptoms of STDs and HIV/AIDS and knowledge on preventive measure have been examined.

5.1.1 Heard of STDs

The most important variables to access the knowledge on STDs was taken as heard of STDs. The question was asked if the respondents have heard about STDs or not. The responses are presented in table 5.1.

Table 5.1 Percentage distribution of respondents by heard of STDs according to grade and sex

Class	Heard of STDs					
	Yes		No		Total	
	No.	%	No.	%	No.	%
IX	46	48.4	5	55.6	51	49.0
X	49	51.6	4	44.4	53	51.0
Total	95	100.0	9	100.0	104	100.0
Sex						
Boys	41	43.2	5	55.6	46	44.2
Girls	54	56.8	4	44.4	58	55.8
Total	95	100.0	9	100.0	104	100.0

Source: Field Survey, 2011

Table 5.1 shows that 43.2 percent male respondents and 56.8 female respondents have heard about sexually transmitted disease and 55.6 percent male and 44.4 percent female respondents have not heard about sexually transmitted disease.

In class 9 have heard about it 48.4 and 55.6 percent have not heard about it. Similarly, 51.6 percent respondents of class 10 have heard sexually transmitted disease and 44.4 percent respondents have not heard about it.

Respondents who have heard about sexually transmitted disease were further asked to state which STD they have heard. The 5.2 table depicts the percentage of respondents who know the different types of STDs.

Table 5.2 Percentage distribution of respondents by types of STDs heard

Types of STDs										
Class	Syphilis		Gonorrhoea		HIV/AIDS		Other		Total	
	No	%	No	%	No	%	No	%	No	%
9	33	70.2	29	61.7	40	85.1	3	6.4	51	48.57
10	23	46.0	25	50.0	46	92.0	3	6.0	54	51.43
Sex										
Boys	24	55.8	22	51.2	39	90.7	0	.0	46	43.81
Girls	30	55.6	34	63.0	47	87.0	6	11.1	59	56.19
Total	54	55.7	56	57.7	86	88.7	6	6.2	105	100.0

Source: Field Survey, 2011

As stated in table 5.2, 100 percent respondents of 51 respondents of grade IX and 54 percentage respondents of grade X have heard about AIDS.

Similarly, in case of syphilis 70.2 percent of grades IX 46.0 percent of grade X have heard about it. About 55.0 percent male and 55.5 percent female respondents have heard about syphilis. Similarly, 61.7 percent of grades IX and 50.0 percent of grade X have heard about Gonorrhoea.

According to table 5.2, 43.81 percent male respondents, 90.7 have heard about HIV/AIDS which is followed by Gonorrhoea 51.2 percent, syphilis 55.8 percent and whereas majority of female respondents, 87.0 percent have heard about HIV/AIDS which is followed by 55.6 percent have heard about Gonorrhoea 63.0 percent and syphilis. AIDS, Syphilis and Gonorrhoea are heard by large percent of respondents compared to others STDs. This is due to inclusion of this disease in their textbook.

5.1.2 Source of information on STDs

Source of information may have important role to achieve knowledge about STDs for the adolescents. Respondents were asked about the media through which they heard about STDs. The responses are tabulated in table 5.3.

Table 5.3 Percentage distribution of respondents by source of information on STDs by grade

Source of Information	Class IX		Class X		Total	
	No	%	No	%	No	%
Radio	35	51.5	33	48.5	68	64.76
TV	18	40.9	26	59.1	44	41.90
Newspaper	8	36.4	14	63.6	22	20.95
Textbook	40	52.6	36	47.4	76	72.38
Other(specify)	1	25.0	3	75.0	4	3.81
Total	51	48.5	54	51.5	105	100.0

Source: Field Survey, 2011

It is notable from the table 5.3 that first strongest source of knowledge to get information on STDs and HIV/AIDS for all grade is textbook (72.38%) followed Radio (64.76%) and Television (53.4%) found to be second strongest source of knowledge, newspaper (20.95%) and others (3.81%) respectively.

5.1.3 Knowledge on modes of transmission of STDs

Knowledge about the ways of transmission of STDs shows the further clarity about the knowledge on STDs and HIV/AIDS. The adolescents must have the knowledge about modes of transmission so that they can prevent for STDs. The Respondents having knowledge on ways of transmission of STDs are presented in table 5.4.

Table 5.4 shows that, no matter grade difference, majority of the respondents stated sexual contact with infected person as the most important mode of transmission of STDs, (48.57%) of grade IX and (51.43%) of grade X, (79.5%) respondents of grade IX and (78.0%) respondents of grade X reported Sexual contact, 40/40 percent respondents reported Mother to fetus contaminated needled and blood (38.2%), respondents of grade X reported mother to fetus in one of Infected blood transfusion whereas (34..0%) respondents of grade X and 25percent grade IX have reported on it.

In case of boys respondents (70.7%) have said sexual contact with infected person in one of the strongest modes of transmission of STDs whereas (84.9%) girls respondents have reported on it.

Table 5.4 Percentage distribution of respondents by knowledge on modes of transmission of STDs by grade and sex

Modes of transmission of STDs										
Class	Sexual contact		Mother to Fetus		Infected blood transfusion		Living together with infected person		Total	
	No	%	No	%	No	%	No	%	No	%
IX	35	79.5	18	40.9	11	25.0	13	29.5	51	48.57
X	39	78.0	20	40.0	17	34.0	4	8.0	54	51.43
Total	74	78.7	38	40.4	28	29.8	17	18.1	105	100.0
Sex										
Boys	29	70.7	23	56.1	14	34.1	11	26.8	46	43.81
Girls	45	84.9	15	28.3	14	26.4	6	11.3	59	56.19
Total	74	78.7	38	40.4	28	29.8	17	18.1	105	100.0

Source: Field Survey, 2011

Similarly, 45.6 percent girls respondents and 56.1percent boys and 28.3 percent girls respondent have reported mother to fetus. Similarly, 26.8 percent boys are reported Living together with infected person and 11.3 percent girls respectively.

5.1.4 Knowledge on symptoms of STDs

It is important to ask the symptoms of sexually transmitted infection to evaluate the knowledge about respondents. Table 5.5 gives the information about knowledge on symptoms of STDs.

Table 5.5 Percentage distribution of respondents by knowledge on symptoms of STDs by sex

Sex	Knowledge about symptoms of STDs					
	Yes		No		Total	
	No	%	No	%	No	%
Male	40	38.5	6	5.8	46	43.81
Female	50	48.1	8	7.7	59	56.19
Total	90	86.5	14	13.5	105	100.0

Source: Field Survey, 2011

Above table shows that total 105 respondents, Knowledge about symptoms of STDs total yes respondents are 86.5 and 13.5 are no responses. 38.5 percent male have knowledge and 48.1 percent female have knowledge about STDs. Similarly, 5.8 percent male have no knowledge and 7.7 percent female about it.

Table 5.6 Percentage distribution of respondents by knowledge on symptoms of STDs by grade and sex

Symptoms of STDs	Class				Sex					
	IX		X		Boys		Girls		Total	
	N	%	N	%	N	%	N	%	N	%
Lower abdomen pain	39	50.6	38	49.4	36	46.8	41	53.2	77	73.3
Bleeding other than menstruation period	27	50.9	26	49.1	24	45.3	29	54.7	53	50.5
Sore/Abrasion around vagina itching	4	44.4	5	55.6	4	44.4	5	55.6	9	8.6
Other(specify)	0	.0	1	100	1	100	0	.0	1	1.0
Total	51	44.4	54	55.8	46	45.3	59	54.7	105	100

Source: Field Survey, 2011, N= Number

Table 5.6 shows that among the respondents who have heard STDs, no matter grade difference, most of them understand that the main symptoms of STDs is Lower abdomen pain and Bleeding other than menstruation period whereas 50 and 50 percent and followed by itching around genital organs which is 44.4 percent by the grade IX respondents. Similarly, grade X respondents, major symptoms of STDs is Lower abdomen pain (46.8%) followed by Bleeding other than menstruation period (45.3%) and Sore\Abrasion around vagina itching (44.4%) respectively. Similarly, most of the female respondents is Sore\Abrasion around vagina itching (55.6%) followed by the Bleeding other than menstruation period (54.7%) and 53.2 percent Lower abdomen pain respectively.

5.1.5 Knowledge on preventive method of STDs.

It is important to ask about the preventive method of STDs to evaluate the knowledge about the preventive method of STDs. Among the respondents who have ever heard about STDs, were asked about the method of prevention from STDs.

The result from the survey is presented in table 5.7 shows that among respondents of grade IX, the highest 65.0 percent recorded the prevention methods Abstinence during-infection period of partner followed by the Use condom during sexual intercourse and

Sex with only one partner are same 51.9 and 51.2 percent and lowest percent 33.3 are Always clean own sexual organ.

Table 5.7 Percentage distribution of respondents according to knowledge on prevention from STDs

Prevention method of STDs	Grade of the students					
	IX		X		Total	
	No.	%	No	%	No.	%
Use condom during sexual intercourse	42	51.9	39	48.1	81	77.14
Sex with only one partner	42	51.2	40	48.8	82	78.10
Abstinence during-infection period of partner	13	65.0	7	35.0	20	19.05
Always clean own sexual organ	3	33.3	6	66.7	9	8.57
Total	51	48.6	54	51.	105	100.0

Source: Field Survey, 2011

Among respondents of grade X, the highest percent is Always clean own sexual organ (66.7%) followed by Use condom during sexual intercourse and Sex with only one partner which is same 48.1 percent and lowest percent Abstinence during-infection period of partner which is 35.0 percent. The total number of the respondents, 78.10 percent are recorded Sex with only one partner followed by use condom during sexual intercourse (77.14), Abstinence during-infection period of partner and Always clean own sexual organ are 19.05 and 8.57 percent respectively.

5.2 Knowledge on HIV/AIDS

In this study knowledge on HIV/AIDS has been addressed through various questions first of all, whether heard about HIV/AIDS, full form of HIV/AIDS, source of information, modes of transmission and method of prevention. The data obtained about it are presented simultaneously.

5.2.1 Heard of HIV/AIDS

To examine the knowledge on HIV/AIDS respondents were asked whether they have heard about HIV/AIDS or not. All of the respondents reported that they have heard about HIV/AIDS because of their text book where information about HIV/AIDS is included.

The table 5.8 shows that nearly 100 percent of the respondents are heard HIV/AIDs, total 46 boys respondents all are heard but 69 girls total respondents only 4 respondents haven't heard about HIV/AIDs.

Table 5.8: Percentage distribution by ever heard HIV\AIDS and sex

Sex	Ever heard about HIV\AIDS					
	Yes		No		Total	
	No	%	No	%	No	%
Boys	46	45.1	0	.0	46	43.81
Girls	55	52.9	4	2.0	59	56.19
Total	101	98.0	4	2.0	105	100.0

Source: Field survey, 2011

5.2.2 Source of Information on HIV/AIDS

Information is the most important for all types of research and different ways for collecting information's. Respondents had reported various sources from where they got knowledge on STDs/HIV/AIDS. Among the various source of information which are the respondents are recorded.

Table 5.9 Percentage distribution of respondents by source of information on HIV/AIDS

Source of information on HIV/AIDS	Grade					
	IX		X		Total	
	No	%	No	%	No	%
Radio	42	53.8	36	46.2	78	7.43
TV	33	50.0	33	50.0	66	62.86
Newspaper	15	60.0	10	40.0	25	23.81
Textbook	44	49.4	45	50.6	89	84.76
Doctor	4	100.0	0	.0	4	3.81
Parent	2	66.7	1	33.3	3	3.00
Teacher	17	51.5	16	48.5	33	31.43
Other(specify)	0	.0	0	.0	0	0.0
Total	51	48.6	54	51.4	105	100

Source: Field survey, 2011

About the 105 respondents in grade IX and X, most of them, 84.76 percent source of information by the textbook followed by 62.86 percent are radio, 31percent are teachers 23.81 percent are source newspaper. Lowest percent only 3.8 and 3.0 are informed by doctors and parents.

As stated in table 5.10, no matter grade differences all of the respondents reported that the main way of transmission of HIV/AIDS is unsafe sexual contact Transfusion of infection blood which is 91.43 percent followed birth from infected person 81.90 percent

and use of sterilized syringe 59.05 percent, Shaking hands and kissing are 15.24 percent and only 0.95 percent are transmission of HIV/AIDS.

Table 5.10 Percentage distribution of respondents by knowledge on modes of transmission of HIV/AIDS

Transmission of HIV/AIDS	Grade				Sex of the respondents					
	IX		X		Boys		Girls		Total	
	No	%	N	%	No	%	No	%	No	%
Unsafe sexual contact Transfusion of infection blood.	47	49.0	49	51.0	43	44.8	53	55.2	96	91.4
Birth from infected person	41	47.7	45	52.3	41	47.7	45	52.3	86	81.9
Use of sterilized syringe	33	53.2	29	46.8	34	54.8	28	45.2	62	59.1
Shaking hands and kissing	11	68.8	5	31.2	10	62.5	6	37.5	16	15.2
Mosquito	0	.0	1	100	0	.0	1	100	1	0.9
Total	51	48.6	54	51.4	46	43.8	59	56.2	105	100

Source: Field Survey, 2011

Table 5.11: Percentage distribution of respondents by knowledge on symptoms of HIV/AIDS

Symptoms of HIV/AIDS	Grade of the students				Sex					
	IX		X		Boys		Girls		Total	
	No	%	No	%	No	%	No	%	No.	%
Loss of body weight	45	48.9	47	51.1	43	46.7	49	53.3	92	87.62
Diarrhea more than one month	37	52.1	34	47.9	31	43.7	40	56.3	71	67.62
Fever more than one month	39	53.4	34	46.6	33	45.2	40	54.8	73	69.52
Others	2	100	0	.0	0	.0	2	100	2	1.90
Total	51	48.6	54	51.4	46	43.8	59	56.2	105	100.

Source: Field Survey, 2011

Table 5.11 shows that total sex difference, majority of respondents agree that main symptoms of HIV/AIDS is loss of weight (87.62%), (69.52%) respondents of fever more than one month, 67.62 percent symptoms diarrhea more than one month only one percent are symptom of others and so on.

5.2.3 Knowledge on preventive method of STDs and HIV/AIDS

To inspect whether the students have knowledge on preventive measure of HIV virus or not the question was included in questionnaire. The responses are presented in table 5.12.

Above table shows that 95.24 percent of the total respondents said the preventive measure of HIV/AIDS in use of condom followed by 60.0 percent no use of infected person and 55.24 percent no birth from infected mother. Similarly, 35.24 percent check blood before transfusion, 5.71 avoid sex with multiple partner and zero percent other specific.

Similarly, 35.24 percent check blood before transfusion, 5.71 avoid sex with multiple partner and zero percent other specific.

Table 5.12: Percentage distribution of respondents by knowledge on preventive method of HIV virus

Preventive measure of HIV/AIDS	Class				Sex					
	IX		X		Boys		Girls		Total	
	No	%	No	%	No.	%	No.	%	No.	%
Use condom	49	49.0	51	51.0		46.0	54	54.0	100	95.2
No use of infected person	35	55.6	28	44.4	28	44.4	35	55.6	63	60.0
No birth from infected mother	28	48.3	30	51.7	32	55.2	26	44.8	58	55.2
Check blood before transfusion.	21	58.3	15	41.7	19	52.8	17	47.2	37	35.2
Avoid sex with multiple partner	5	83.3	1	16.7	3	50.0	3	50.0	6	5.7
Other(specify)	0	.0	0	.0	0	.0	0	.0	0	.0
Total	51	48.1	54	51.9	46	44.2	59	55.8	105	100

Source: Field Survey, 2011

5.2.4 Perception to the infected person HIV/AIDS Infected Person

In order to know their attitude on HIV/AIDS infected person, respondents were asked about what is your perception about AIDS infected person.

Table 5.13: Percentage distribution of the respondents by perception on HIV/AIDS infected person

Behave to the infected person	Grade of the students					
	IX		X		Total	
	No.	%	No	%	No.	%
Some of them are die	0	.0	1	1.0	1	1.0
Respect them	15	14.3	26	24.8	41	39.0
Friendly behave with them	34	32.4	25	23.8	59	56.2
Don't consult	0	.0	1	1.0	1	1.0
Don't know	2	1.9	1	1.0	3	2.9
Total	51	48.6	54	51.4	105	100.0

Source: Field Survey, 2011

According to table 5.11 no matter the grade difference, majority of the respondents 56.2 percent reported that all of HIV/AIDS infected person Friendly behave with them followed by Respect them (39.0%), (2.9%) have no idea about it and least percent 1.0,1.0 said Don't consult and Some of them are die . The person behind the result as don't know is the lack of sufficient knowledge on HIV/AIDS.

5.2.5 Behavior of Respondents towards HIV infected person

Educated adolescents being an elite group of society, it is worth to assess their behaviour towards the infected person. The question was asked to the respondents about the behaviour with HIV infected person. The responses are tabulated in table 5.13.

Table 5.14: Percentage distribution of respondents by behaviour towards infected person

Behavior	Number	Percent
Positive	85	80.95
Negative	20	19.05
Total	105	100.0

Source: Field Survey, 2011

According to table 5.13 majority of the respondents, 80.95 percent answered they should behave positively towards infected person. But 19.05 percent respondents reported that

they should behave negatively. This indicates that even now some school adolescents are far from the correct behaviour with the HIV/AIDS infected persons.

Table 5.15: Percentage distribution of respondents by reason for negative behaviour towards infected person.

Reason for negative behavior	Number	Percent
Fatal disease	25	23.8
not curable/ transmitted	42	40.0
Epidemic	32	30.5
Other(Specify)	6	5.7
Total	105	100.0

Source: Field Survey, 2011

Table 5.15 shows that majority of the respondents (40.0%) reported that they should behave negatively because it is /not curable transmitted disease. Followed by trend of society says epidemic (30.5%) respondents reported it, 23.8 percent respondents reported that fatal disease and 5.7 percent says that others different causes they should behave negatively because it is fatal disease.

5.2.6 Views on Vulnerable Group for HIV infection

In order to know adolescents views on vulnerable group for HIV infection based on their understanding about AIDS, respondents were asked a question about it. The responses are tabulated in table 5.12.

Table 5.16: Percentage distribution of respondents by views on vulnerable group for HIV infection

Vulnerable group	Grade of the students					
	IX		X		Total	
	No.	%	No.	%	No.	%
Drug users	15	14.3	18	17.1	33	31.4
Commercial sex worker.	34	32.4	30	28.6	64	61.0
More mobile person.	1	1.0	2	1.9	3	2.9
Adolescence and youth	1	1.0	4	3.8	5	4.8
Total	51	48.6	54	51.4	105	100.0

Source: Field Survey, 2011

It is clear from the table 5.15 that most of the respondents (61.0%) said that the commercial sex workers are vulnerable to HIV/AIDS in the society, followed by drug addicts (31.4%), adolescence and youth are vulnerable group of the respondents and more mobile person 2.9 percent are vulnerable group to HIV virus.

5.2.7 Sexual education to control the STDs and HIV/AIDS

Education is the most important for increase the knowledge about any things then the sexual education is vital role for safe and healthy sex or without fear of STDs. To know the view of respondents about the sexual education question was designed in the questionnaire and asked to the respondents. As their opinion, 87.6 percent respondents said yes and no 12.4 percent.

Table 5.17: Percentage distribution of respondent to have sexual education to control the STDs and HIV/AIDS

Need to sexual education	Number	Percent
Yes	92	87.6
No	13	12.4
Total	105	100.0

Source: Field Survey, 2011

Above table shows that out of the 105 total students of the grade IX and X, the necessary of the teenagers student's sexual education, 87.6 percent are says yes and 12.4 percents of the students says no. but most of the students feel necessary sexual education for the secondary level students.

5.2.8 Suggestion to avoid HIV/AIDS

Respondents were asked about their opinion towards the disease and their confidence towards its remedies and awareness. Their responses toward the inquiries are presented in table 5.17.

Table 5.18: Percentage distribution of respondents Suggestion to avoid HIV/AIDS

Suggestion to avoid HIV/AIDS	Number	Percent
Don't do unsafe sexual intercourse	13	12.4
Sex with only one partner	30	28.6
Use of condom during the sexual intercourse.	40	38.1
No birth from infected mother	2	1.9
HIV/AIDS progemme should be providing in community.	7	6.7
No use of infected syringe.	2	1.9
Check the blood before transfusion.	7	6.7
Respect the infected person.	4	3.8
Total	105	100.0

Source: Field Survey, 2011

Above table shows that 38.1 percent respondents give the suggestion about use of condom during the sexual intercourse followed by 28.6 percent respondents give suggestion about sex with only one partner and 12.4 percent respondents suggested don't do unsafe sexual. Similarly, check the blood before transfusion 6.7 percent, respect the infected person and below the 2 percent of the respondents suggested about no birth from infected mother and no use of infected syringe.

From the above table it has seen that wide range of respondents agree with their confidence level to council others and awareness. It is due to their knowledge and attitude towards STDs and HIV/AIDS.

CHAPTER VI
STATISTICAL ANALYSES

6.1: Correlation Analysis

The correlation is one of the most common and most useful statistics. A correlation is single number that describes the degree of relationship between two variables. The correlation coefficient is a quantitative measure that represent the degree of relationship between the pairs of variables. This coefficient also indicate how closely the two variables are related. Its result in the value of that range from +1 to -1. It measures the degree of correlation existing between two phenomena. It is a good measure of coefficient of correlation is one which supplies answer the pure number, independent of the units in which the variables have been expressed and also indicates the direction of correlation.

Karl Pearson's method is the most popular and usually denoted by the 'r' is given by

$$r = \frac{n\sum xy - \sum x \cdot \sum y}{\sqrt{n\sum x^2 - (\sum x)^2} \sqrt{n\sum y^2 - (\sum y)^2}} \text{ or,}$$

$$r = \frac{\sum xy}{\sqrt{\sum x^2 \cdot \sum y^2}}$$

where, **r** = Karl Pearson's **Correlation**

n = Total no. of series

$\sum xy$ = Total no. of xy

$\sum x$ = total no. of x

$\sum y$ = total no. of y

An attempt is done to investigate the relationship between age, sex, grade, caste and ethnicity, religion, knowledge of STDs and knowledge of HIV/AIDS.

Correlations

Variables	Age	Sex	Grade	Religions	Caste	Knowledge of STDs	Knowledge of HIV/AIDS
Age	1	-.231*	.002	.000	-.046	-.243*	-.062
		.018	.987	.998	.640	.013	.534
Sex	-.231*	1	.140	-.059	-.075	-.070	.128
	.018		.153	.551	.449	.479	.199
Grade	.002	.140	1	.058	-.018	-.040	.136
	.987	.153		.559	.854	.686	.173
Religions	.000	-.059	.058	1	.163	.056	-.080
	.998	.551	.559		.096	.569	.423
Caste	-.046	-.075	-.018	.163	1	-.042	.030
	.640	.449	.854	.096		.675	.766
Knowledge of STDs	-.243*	-.070	-.040	.056	-.042	1	.205*
	.013	.479	.686	.569	.675		.040
Knowledge of HIV/AIDS	-.062	.128	.136	-.080	.030	.205*	1
	.534	.199	.173	.423	.766	.040	

*. Correlation is significant at the 0.05 level (2-tailed).

There was significant correlation between age and sex. Where ($r = -0.231^*$, $p < 0.05$)

There was significant correlation between age and caste. Where ($r = -0.046^*$, $p > 0.05$)

There was significant correlation between age and Knowledge of STDs. Where ($r = -0.243^*$, $p > 0.05$)

There was significant correlation between age and Knowledge of HIV/AIDS. Where ($r = -0.062$, $p > 0.05$)

There was significant correlation between sex and grade. Where ($r = -0.140$, $p > 0.05$).

There was significant correlation between sex and religions. Where ($r = -0.059$, $p < 0.05$)

There was significant correlation between sex and caste. Where ($r = -.075$, $p > 0.05$)

There was significant correlation between sex and Knowledge of STDs. Where ($r = -.070$, $p > 0.05$)

There was significant correlation between grade and religion. Where ($r = .058$, $p > 0.05$)

There was significant correlation between grade and caste. Where ($r = -.018$, $p > 0.05$).

There was significant correlation between grade and Knowledge of STDs. Where ($r = -.040$, $p < 0.05$)

There was significant correlation between religion and Knowledge of HIV/AIDS. Where ($r = -.080$, $p > 0.05$)

There was significant correlation between caste and Knowledge of STDs. Where ($r = -.042$, $p > 0.05$)

There was significant correlation between Knowledge of STDs and Knowledge of HIV/AIDS. Where ($r = -.205^*$, $p > 0.05$)

CHAPTER VII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 Summary of the Findings

This is the study on knowledge and attitude towards STDs and HIV/AIDS among secondary level students. Sampling technique is the back bone to obtain the desired information of the study. There were altogether 235 students in 2 schools. At the time of field survey, this research purposive. Sampling method was adopted. Among the total universe the study sample contains of 105 student 52 Shree Shanti h. s. s. boys 25 and girl 27 other respondent from Shree Shramik Shanti H.S.S. Chasal total student are 53 and boys 26 and girls 27. Selected purposively who were met in the school.

The main objectives are to examine the knowledge and attitude on STDs and HIV/AIDS of school adolescents, to identify school adolescents' knowledge on modes of transmission, syndrome and preventive measures of HIV/AIDS and STDs, and to identify school adolescents perspectives towards STDs and HIV/AIDS infected. From the field surveys following major findings are found.

This study has collected data of altogether 105 respondents including 51 (48.6%) respondents from grade IX and 54 (51.4%) respondents from grade X.

Majority of respondents is the age 15 years, 32.5 percent followed by 30.5 percent respondent are age of 14 years. Lower percent of respondents 6.7 percent belong to age group 13. Similarly, 37.0 percent age of male respondents belonged to age 16 years and 30.4 percent of respondents belong to age group 15 years.

Majority of the respondents are from Newar (38.1%), followed by Tamang (20.9%), Chhetri (17.0%) and Brahamin (10.5%). The lowest proportions of respondents are from Magar, Dalit, and others are 8.6, 2.9 and 2.9 Percent respectively.

Most of respondents are form Hindu, (69.5%) which is followed by Buddhist (19.0%) and Christian (8.6%) and Islam is 2.9 percent respectively.

About 8.6 percent respondent's father and 4.8 percent respondent's mother are illiterate.

The highest percentage of respondent's father have passed Intermediate and above (24.8%) whereas higher percent of respondent's mother have Lower secondary level of education (21.0%), followed by 20.0 percent respondent's father has Lower secondary level, whereas 15.1 percent respondent's mother have passed primary level.

Lower percent (8.6%) respondent's father have passed SLC and above whereas only 7.6 percent respondent' mother have passed SLC and above.

Majority of the respondent's father was engaged in Business (4.3%), other specifies (27.9%) followed by Agriculture (16.2%) services 13.3percent and the least percent were engaged in teaching (4.8%).

Similarly, most of the respondent's mother was other specifies (74.3%), House wife (12.4%), followed by Agriculture (7.6%), Business (2.9%) and teaching (1.9%) and 1.0 percent are in services respectively.

Among them, 43.2 percent male respondents and 56.8 female respondents have heard about sexually transmitted disease and 55.6 percent male and 44.4 percent female respondents have not heard about sexually transmitted disease.

As stated in table 5.2, 100 percent respondents of 51 respondents of grade 9 and 54 percentage respondents of grade 10 have heard about AIDS.

Most of the respondents (61.0%) said that the commercial sex workers are vulnerable to HIV/AIDS in the society, followed by drug addicts (31.4%), adolescence and youth are vulnerable group of the respondents and more mobile person 2.9 percent are vulnerable group to HIV virus.

As their opinion, 87.6 percent respondents said yes and no 12.4 percent.

Majority of the respondents 56.2 percent reported that all of HIV/AIDS infected person Friendly behave with them followed by Respect them (39.0%), (2.9%) have no idea about it and least percent 1.0,1.0 said Don't consult and Some of them are die .

About 38.1 percent respondents give the suggestion about use of condom during the sexual intercourse followed by 28.6 percent respondent's give suggestion about sex with only one partner and 12.4 percent respondents suggested don't do unsafe sexual.

Similarly, check the blood before transfusion 6.7 percent, respect the infected person and below the 2 percent of the respondents.

Out of the 105 total students of the grade IX and X, the necessary of the teenagers student's sexual education, 87.6 percent are says yes and 12.4 percents of the students says no. but most of the students feel necessary sexual education for the secondary level students.

7.2 Conclusion

After analyzing the data obtained from field study, it is found that the percent of adolescents in secondary level (only class IX and X) from the urban area. According to the result the level of literacy rate among the parents is lower.

Respondents father are more literate than their mothers. Respondent's parents were found with low educational level, low employee and low economic condition.

Among the respondents who said to have heard about STDs, all of them said to have heard of HIV/AIDS followed by syphilis and Gonorrhoea but they are ignorant about others venereal diseases like urinary problems.

Textbook is found to be the strongest sources of knowledge to provide the information regarding STDs and HIV/AIDS. The others important sources of information are television, health worker and radio, newspaper and friends.

Majority of the adolescents have knowledge about the preventive measure of STDs and HIV/AIDS among them (93.5%) male and (91.9%) female respondents have the knowledge about means of transmission of these fatal diseases through the sexual contact.

Public awareness is the best measure and counseling service in the second appropriate measure to tackle the problem of HIV infected people. However, sound knowledge and respective are found in the study area and their status of looking AIDS infected person is also positive attitude, behaviour and knowledge among the adolescents.

At last but not the list, 12.6 percents says don't know about the HIV/AIDs and STDs so government must be lunched many adolescences targeted programme for their awareness and personal development.

7.3 Recommendations

Its finding cannot be generalized on others group. From the finding of the study and conclusion made for the findings, following recommendations are thought to be valuable for the further improvement on the awareness, changing attitude and reducing and controlling of STDs and HIV/AIDS.

- Parents overall socio-economic status is found to be determining the knowledge and attitude of their children towards STDs and HIV/AIDS.
- Education plays the vital role to determine every change in society. Education about sexual health and sexuality programme should be launched in community level.
- The IEC play a vital role in the increased awareness and prevention of STDs and HIV/AIDS. Therefore, this programme should be provided more efficiently and regularly.
- Knowledge on STDs and HIV/AIDS through different media such as radio and television also strengthen through non-formal education campaign.
- Majority of adolescents reported that use of condom is the most important method of preventing HIV/AIDS and STDs transmission.
- Sex education should be provided to the society through information, education and communication programmes.
- Sexuality education is highly welcomed by students of lower secondary and secondary school. Therefore, the sexuality education school is provided in school level education.
- The plan and policy should be targeted to adolescent's health, education and overall improvement of their physical, social and psychological change.
- Government should make the distinct vision about awareness making, process of cure and implementation process should be strict in health sector of government.
- Knowledge on preventive mode of transmission and other information of STDs and HIV/AIDS should be provided regularly.
- HIV/AIDS programs should be launched base on the adolescents by NGOs and INGOs.

- Counseling care support components would be more appropriate to identify knowledge and attitude dealing with future consequences, of HIV/AIDS.
- Social cultural norms are obstacles in the society to discuss about STDs and HIV/AIDS. Therefore, AIDS education should be provided according to the cultural and social background of society.
- The environment should be created in such a way that everybody knows AIDS day or December 1st.

It has been found some common points, for example, generation of skillful training and employment opportunities, awareness about STDs and HIV/AIDS, love and encourage to the infected people are to be performed by the various sectors such as government NGO/INGOs, community and individual as well.

7.4 Further research issue

Based on the finding of the study and the conclusion drawn, it is attempted to recommend some points for the improvement on knowledge, attitude among the school going adolescent.

- This study was based on only the school adolescent's students. So, it does not represent the whole adolescent of Nepal, attitude and towards about HIV/AIDS. Therefore, it is essential for the whole Nepal adolescent school student's research.
- This study is only focused on knowledge and attitude of the school going students about some aspect of reproductive and sexual health as STDs and HIV/AIDS.
- Population, health and sex education courses should be extending and compulsory in secondary school level.
- Government should be make district vision about awareness building programme for adolescent cure and implementation process should be strict in health sector of the government.
- The sexual education is focus to school providing in different level of student.
- In school for students government, INGOs, NGOs and others private sector must be focus them of HIV/AIDS program for adolescents.

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Appendix
Questionnaires
Patan Multiple Campus
Patan, Lalitpur

Sec I: Individual Characteristics

Questionnaires for the research of Master of art Dissertation survey on “knowledge and Attitude of STDs and HIV\AIDS among Secondary School Going Adolescent” in Lalitpur District

Name of school:

Name of Student:

Age:

Sex:

Male 1

Female 2

Place of Residence:

Rural 1

Urban 2

Grade: Nine 1

Ten 2

Religion: Hindu1

Buddhist2

Islamic.....3

Christian4

Other.....XX

Cast\Ethnicity:

Sec II: Household Characteristics

S.N	Question	Description/Response Category	Coding	Skip
1.	How many members are there in your family?	-	1	
2.	What is your father educational level?	Illiterate Non-formal Primary Lower secondary Secondary SLC Intermediate and above	1 2 3 4 5 6 7	
3.	What is your father occupation?	Agriculture	1	

		Business	2	
		Service	3	
		Teaching	4	
		Other Specify	XX	
4.	What is your mother educational level?	Illiterate	1	
		Non-formal	2	
		Primary	3	
		Lower Secondary	4	
		Secondary	5	
		SLC	6	
		Intermediate and above	7	
5.	What is your mother occupation?	Agriculture	1	
		Business	2	
		Service	3	
		Teaching	4	
		Housewife	5	
		Other Specify	6	
6.	Which facility are available in your house?	Radio	1	
		Television	2	
		Telephone	3	
		Newspaper	4	
		Other specify	5	

Sec III: Knowledge on STDs and HIV\AIDS				
S.N	Question	Description/Response Category	Coding	Skip
7.	Can you talk about your personal problems with your parents?	Yes No	1 2	
8.	Do your parents response your problem?	Yes No	1 2	
9.	Have you ever hear about STDs?	Yes No →	1 2	Q.12
10.	If yes, which STDs have you heard?	Gonorrhea Syphilis HIV\AIDS Other(specify)	1 2 3 4	
11.	From which source did you heard?	Radio TV Newspaper Textbook Other(Specify)	1 2 3 4 5	
12.	Do you know the symptoms of STDs ?	Yes No →	1 2	Q.14
13.	If yes, what the symptoms of STDs?	Lower abdomen pain Bleeding other than Menstruation period Sore\Abrason around vagina Ithcing Other(specify)	1 2 3 4	
14.	Do you know STDs can be transmitted	Yes No →	1 2	Q.16

Sec IV: Attitude on STDs and HIV\AIDS

15.	If yes, what are the factors for STDs transmission?	Sexual contact with infected person Living together with infected person Infected mother to child Infected blood transfusion	1 2 3 4	
16.	Have you experience any STDs?	Yes No	1 2	
17.	Are STDs curable?	Yes No	1 2	
18.	If yes, where did you go for treatment?	Hospital Private clinic Dhami\jhakri Other (specify).....	1 2 3 4	
19.	What are preventing method from treatment?	Use condom during sexual intercourse Sex with only one partner Abstinence during-infection period of partner Always clean own sexual organ	1 2 3 4	
20.	What are the suggestions for avoiding STDs?	Use condom during sexual Intercourse. Sex with only one partner. Abstinence during- infection period of partner Always clean own Sexual organ	1 2 3 4	
21.	Have you ever heard about HIV\AIDS	Yes No	1 2	
22.	From which source do you hear?	Radio TV Newspaper Textbook Doctor Parent Teacher Other(specify).....	1 2 3 4 5 6 7 8	
23.	Do you know the full form of HIV\AIDS?	Yes No	1 2	
24.	What are the different between HIV and AIDS?		
25.	Do you know which the following agent of AIDS?	Bacteria Worms Virus Insects	1 2 3 4	
26.	Does HIV\AIDS transmit one person to another ?	Yes No	1 2	
27.	In your opinion, what is AIDS?	Fatal disease Curable Epidemic Other(Specify)	1 2 3 4	
28.	Do you think HIV\AIDS can be cured by continue medicine?	Yes No Not sure Other(Specify)	1 2 3 4	
29.	Which of the following are the routes of transmission you heard?	Unsafe sexual contact Transfusion of infection blood. Birth from infected person Use of sterilized syringe. Shaking hands and kissing. Mosquito	1 2 3 4 5 6	

30.	Have you know how can HIV\AIDS prevented	Use condom No use of infected syringe No birth from infected mother Check blood before transfusion. Avoid sex with multiple partner. Other (specify).....	1 2 3 4 5 6	
31.	What is the major symptom of HIV\AIDS?	Loss of body weight Diarrhea more than one month. Fever more than one month. Other (specify).....	1 2 3 4	
32.	What types of people are more vulnerable for HIV transmission?	Drug users Commercial sex worker. More mobile person. Adolescence and youth Other (specify).....	1 2 3 4 5	
33.	What is the name of contraception that can be used during sexual contact to prevent AIDS?	Pills Depo-Provera Condom Don't know	1 2 3 4	
34.	In your opinion where is the proper place to keep the HIV\AIDS infected people for treatment?	Hospital Health post Private clinic Social organization Other (specify)	1 2 3 4 5	
35.	How do we behave to the infected person?	Some them Respect them Friendly behave with them Don't consult Don't know	1 2 3 4 5	
36.	Who will be the most responsible for decreasing the epidemic of HIV\AIDS?	Individual Government community NGOs\INGOs Other (Specify).	1 2 3 4 XX	
37.	Should AIDS patient be kept out of family?	Agree Disagree Don't know	1 2 3	
38.	Are there any AIDS related programme conducted	Yes No	1 2	
39.	In the end, what is your suggestion to avoid HIV\AIDS?		
40.	How can you diagnose of HIV\AIDS?		
Sec IV: View on Sexual Educational Programme				
41.	Can you ask question with your parents, teacher or other family member about sexual education?	Yes No	1 2	
42.	If no, why you can't?	Fear Shame Other specify	1 2 3	
43.	Is it necessary to educate the teenagers' sexual education?	Yes No	1 2	
44.	Which is the best appropriate age to start sexual education?	Below age 13 years Between age 13 to 19 years Above age 19 years	1 2 3	
45.	Which level would it be more appropriate to give sexual education?	Primary Lower Secondary Secondary	1 2 3	

		Higher Secondary	4	
46.	Sexual health education can protect from STDs including HIV/AIDS		

THE END