

CHAPTER ONE

INTRODUCTION

1.1. General Background

Adolescence is the period of transition from childhood to adulthood. During this period they acquire their identity, moving towards physical maturity and economic independence. The adolescence period is a time in which individuals explore and develop their sexuality gender and sex roles. World Health Organization (WHO) defines adolescents are individuals between 10 to 16 years of age. Puberty generally begins around age of 11 for girls and 13 for boys. It continues till 16 to 18 years of age.

The STDs, HIV and AIDS are of the major public health problems in the world. STDs, HIV and AIDS is stated as the latest and challenging health issue in the medical science which has been becoming a major issue in the world since the 21st century. It is very serious or dangerous.

Sexually transmitted infections (STIs) include syphilis, Gonorrhoea and HIV and AIDS. AIDS is not a hereditary phenomenon. It is characterized by the number of syndromes occurring together. Evidence indicates that HIV doesn't transmit easily but it transmits by body fluids such as blood, semen, breast milk, vaginal fluids. AIDS doesn't transmit by causal contact i.e. insect bite, sneezing, coughing.

Acquired Immune Deficiency Syndrome (AIDS) was first recognized internationally in 1981. AIDS is an infectious disease caused by HIV. HIV stands for Human Immune Deficiency Virus. AIDS is the last stage of HIV infection. AIDS was first reported in 1981 in the California of the United States of America. The causative organism of AIDS and HIV was identified in 1983. The first case of AIDS in Nepal was reported in 1988.

As of 2006, an estimate 40 million adult and children around the world were living with Human Immunodeficiency Virus HIV and AIDS. Knowledge of how HIV is transmitted is crucial for enabling young people to avoid HIV

infection. The National Center for AIDS and STDS control (NCASC) of the Ministry of Health and Population has estimated on average of 70,000 adult HIV positive people in Nepal. As of September 2006, a total of 1,171 AIDS cases among the 7,894 cases HIV infection were reported to NCASC, (2006). Injecting/Intravenous drugs (IUDS) with their high risk behaviour are most vulnerable to HIV and AIDS epidemic in Nepal.

STDs are every where being a major public health problem in developed and developing countries. The prevalence rates are higher in developing countries where knowledge of SITs and treatment is less accessible. The worldwide prevalence of sexually transmitted infection is high and increasing day by day with the emergence of the HIV and AIDS, the awareness of STIs became a great importance too. (Northbridge, 1999).

Adolescent in developing countries like Nepal have high risk of STDs, HIV and AIDS because there are problems of early marriage. Unwanted pregnancies, spreading HIV, AIDS and other STIs. Actual information about sexuality, STIs, HIV and AIDS is one of the problematic jobs because Hindu religion prohibits them to talk about their adolescent behavior only. Religion predominately prohibited to different sexes to be exposed before marriage. A problem of uniformed and unprotected adolescent sexual activities is the increased exposure to STDs including HIV and AIDS.

HIV is a virus that gradually attacks immune system cells. As HIV progressively damages these cells, the body becomes more vulnerable to infections. Which it will have difficult in fighting off. It is not at point of very advanced HIV infection that a person is said to have AIDS. It can be years before HIV has damaged the immune system enough for AIDS to develop.

The latest statistics of the global HIV and AIDS were published by UNAIDS in November 2009, adults living with HIV and AIDS were 81.3 million.

During 2008 more than two and a half million adults and children become infected with HIV and AIDS. By the end of that year, an estimated 33.4 million people worldwide were living with HIV and AIDS. The year also saw two million deaths for AIDS, despite recent improvements in access to antiretroviral treatment (UNAIDS, 2009).

In Nepal according to NDHS 2006. About 73 percent of women and 92 percent of men age 15-19 have heard knowledge of AIDS varies by background characteristics and this is more evident among women and men.

Therefore HIV and AIDS has been increasing since the first case was detected in 1988 in Nepal. Only three male and one female were detected of HIV infection for the year when it was diagnosed at first the year 1988. Since then the incidence rate is increasing each year and the cases detected in the year 2009, male and female reached out of total 1,4133 HIV positive where male was 9303 and female 4830 and 2441 AIDS out of total HIV, where male is 1719 and female is 722. So, Nepal is developing countries where low illiteracy people necessary to give the knowledge HIV and AIDS.

1.2. Statement of the Problem

AIDS education, consultant and information experts argue that mass awareness about the killer disease have reached and adequate level. HIV and Aids problem have been deep rooted mostly in developing countries. The prevalence rate is even higher in the developing countries, where as nearly 95% of total infected populations reside. Out of all STDS the major ones are gonorrhoea, syphilis, and trichinosis regarding STDS has become quite important and necessary too.

Bhaktapur is the historical oldest place. Excessive migration from various regions has made it a multi-ethnic and multi cultural city. In such advanced and modernized city according to the latest census 2001, the total population of Bhaktapur district is 2, 25, 465. Among them, the population of adolescent is 54,425. Thus, the analysis of secondary schools adolescent's knowledge on STDs, HIV and AIDS.

Adolescents have greater risks of infections because they are more likely to have unprotected sex and have multiple sex partners owing to either ignorance or lack of accessible services of contraceptives.

In Nepal STDs, HIV and AIDS may be spread due to the following reasons.

- Poor economic condition and unemployment.
- Seasonal migration of youth in search of job and education to foreign countries.
- Lack of sex education in school and college level adolescents.
- Low level of awareness of STDs, HIV and AIDS through media and government.
- Growing urbanization, modernization and westernization.
- Trafficking of young girls.
- Increasing in the rate of drug addition and prostitution.

This study attempts to find the opinions of adolescents about STDs, HIV and AIDS and also the related problems, they are facing in the society.

1.3. Objectives of Study

The main objective of the study is to examine the knowledge attitude towards STDs, HIV and AIDS in Bhaktapur district. The specific objectives of the study are:

- To examine the socio-economic and demographic background of respondents and parents.
- To explore knowledge on symptoms, modes of transmission and preventive measures of STDs, HIV and AIDS among respondents.
- To examine attitude of adolescents towards STDs, HIV and AIDS.

1.4. Significance of the Study

The study has done to identify the knowledge, attitude towards STDs, HIV and AIDS among secondary level students.

Nepal is developing country with low economic status. Most people are far from educational opportunity, they have not sufficient knowledge about HIV and AIDS.

The increasing number of STDs, HIV and AIDS infected population suggests that it will be great problem in the near future in Nepal too. The adolescents especially of city areas are increasing at high risk of contracting and transmitting STDs, HIV and AIDS. The prevalence and transmission rate is even higher in developing countries, where adolescents are growing with poverty, lack of education, health services and lack of knowledge about STDs, HIV and AIDS.

This research is directly based on school's adolescents. It will be helped to understand the importance of knowledge and attitude towards STDs, HIV and AIDS among Secondary Level School students.

1.5. Limitations of the Study

This research is limited only among the adolescents of some selected schools of Bhaktapur.

This study is based on the primary data collected only in Bhaktapur district. So, it may not represent the whole country.

This study is based on knowledge, attitude about STDs, HIV and AIDS among secondary level adolescents.

1.6. Organization of Study

The study in Nepal has been organized into seven chapters. The first chapter is the introduction which contains general background, statement of the problem, objective of the study, significance of the study, limitation, of the study, organization of the study and definitions of the important terms.

The second chapter represents the literature review which includes Global Overview on STDs, HIV and AIDS, situation of HIV and AIDS in Nepal and conceptual framework.

The third chapter deals with methodology which includes selection of the study area, sources of data, sample design and sample selection, questionnaire design, data collection, data processing, analysis and interpretation.

Chapter five gives knowledge towards sexuality, STDs, HIV and AIDS which is divided into three parts namely knowledge on STDs, HIV and AIDS.

This sixth chapter represents attitude towards STDs, HIV and AIDS.

Chapter seven deals with the sum many of the findings; conclusions and recommendation, references and questionnaire are also included at the end.

1.7. Definitions of the Terms Used

Knowledge: In this study, knowledge refers to the understanding of the causes for modes of transmission, symptoms and prevention of STDs, HIV and AIDS.

Attitude: In this study, attitude is the way of feeling and thinking. It refers to the favorable and unfavorable reaction to the statements.

HIV: It defines as the Human Immune Deficiency Virus which affects and immune system of the body and causes AIDS.

AIDS: Acquired immune deficiency Syndrome which affects the immune system of the body AIDS is not a single disease but it is a syndrome i.e. a group of symptoms which results from the weakening of the body's defense system by HIV due to which the immune system becomes unable to fight against infections.

Immune system: The immune system is a complex process of many organs e.g. blood, lymph, glands etc. which are important for protecting the body against infections from recognizing diseases, killing and then remembering what look like so that they will be able to fight them off again.

STDs: Sexually transmitted diseases are those diseases which are transmitted by unsafe and unprotected sexual contacts.

Adolescence and Youth: WHO defines adolescence as the period of life spanning ages between 10-19 years. The adolescence period is a time, in which individuals explore and develop their sexuality, gender and sex roles. The maximum amount of changes in physical, mental, psychological and social behaviour takes place.

CHAPTER TWO

REVIEW OF LITERATURE

Sexually transmitted disease remains as one of the major cause of acute illness, mortality with severe and far reaching health, social and economic consequences for mortality of men, women and children all over the world.

Human Immune Deficiency Virus (HIV) is in infections agent that causes Acquired Immune Deficiency Syndrome (AIDS), a disease that leaves a person to life threading infection. AIDS was first internationally recognized in 1981 in United State of America and its causative agent i.e. HIV virus was identified in 1983.

Adolescents around the world are reported facing with the lack of adequate information about reproduction, sexuality, family planning and exposure to other health related problems. Parents feel uncomfortable to talk about sexual matters to their children. So, most of such information is not transmitted to young's boys and girls.

According to WHO, approximately (20%) of the world's population i.e. 1.2 billion individuals are adolescents.

2.1. HIV and AIDS in the World

The number of people living with HIV and AIDS has risen from around 8 million in 1990 to nearly 40 million today and has been growing. Around 63 percent of people living with. HIV and AIDS are sub- Saharan African (UNAIDS/ WHO 2006). In percent of population aged 15-49 the top 15 HIV and AIDS prevalence countries outside Africa are Haiti, Bahamas, Trinidad and Tobago, Belize, Guyana, Suriname, Papua New Guina, Cambodia, Honduras, Jamica, Thiland, Ukraine, Estonia and Myanmar (PRB, 2006).

AIDS has killed more 2.9 million people since it was first raged in 1981 in America, making it one of the most destructive epidemics in recorded may. Despite recent improved access to antiretroviral treatment and care in many of the world. Nearly 40 million people were living with HIV and AIDS in the

world out of total HIV infected people 95 percent are from sub-Saharan Africa, Eastern Europe and Asia. In Southeast Asia, 74,000 are living with HIV and AIDS and 48,000 have died from the AIDS (PRB, 2006).

AIDS is a global problem today. The whole world is suffering from this fatal disease. UNAIDS and WHO estimated that the number of people newly infected with HIV with in 2000 stands at 5.4 million. Among them 4.7 million are adults 2.2 million are women, 600000 are below 15 years. Number of people living with HIV and AIDS at the end of December 2000 is 36.11 million. Among them 34.7 million are adults; 16.4 million are women 1.4million are below 15 years. Total numbers of AIDS deaths in 2000 are 3 million. It is estimated that the total number of AIDS deaths since the beginning of the epidemic to end of December is 21.8 million. Among them 17.5 million are adults, 3 million are women and 4.3 million are below 15 years. Around 1/3rd of the world's HIV infected population are boys and girls between the ages of 10-24 years. Every day, 7000 of them acquire HIV. That means 2-6 millions new infections among them every years.

The global statistics published by UNAIDS, who in 2006 informed that nearly 39.5 million have been living with HIV and AIDS since 1981. Similarly, 37.2 million adults, 17.7 million women, 2.3 million children were living with HIV and AIDS. Moreover, HIV newly infected 4.3 million people and AIDS out of this figure 3.8 million were adult. Youth less than 28 years old accounts half of all the new HIV infected population. Worldwide, around 6000 people infected with HIV every day. In developing countries, 6.8 million people are in immediate need of live saving AIDS drug of these only 1.65 million are receiving the drugs (UNAIDS / WHO, 2006).

2.2. HIV and AIDS in Asia

South Asia has one of the fastest growing epidemics in the world. Since its entry into region, every country has been new infection. HIV prevalence is also rising rapid in many puts of the south Asia. Prevalence rate of HIV is 7 percent of adult infected in South Africa. Around 480000 people died due to AIDS in 2005 in south Asia (PRB,2006).

HIV infection level in an Asian country comparatively lower than other countries. Nevertheless, in some Asian countries are very much suffered by this disease. In the - context of Asian countries, 8.2 million people were living with HIV at the end of 2005. 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, Vietnam and several province of china. Moreover, some countries including Bangladesh, East Timor, Laos, Pakistan and Philippines are experience extremely low level of HIV prevalence (Khanal, 2005).

National HIV infection levels in Asia are low comparing with some other continents, like Africa. But the populations of many Asian nations are large that means even low national HIV prevalence have large number of people living with HIV. Latest estimates show some million people newly infected in the past year. The AIDS claimed some 540000 lives in 2004. among young people 15-24 years of age, 0.3 percent of women and 0.4 percent o men were living with HIV by the end of 2004 (NCASC, 2004).

2.3. HIV and AIDS in SAARC Countries

The first HIV infection in SAARC countries was reported in India in 1986. This means that the endemic was introduced in the region later than other parts of the world. The infection rates in south Asia are lower than Africa but -the spread of HIV is rapid. However, current trends show that this region will be severely affected very soon. For this reason the estimates of HIV in SARRC countries are often made on the basis of inadequate information (Aryal, 2000).

In the Knowledge on HIV and AIDS in SAARC Countries, In this region has highest prevalence rate of HIV, which comprise 1.3 percent for female aged 15-19 (UNFPA, 2006), India has the highest number of people living with HIV and AIDS in almost all the years. In 2003, UNAIDS estimated that 5.3 million people were living with HIV and AIDS which number was increased to 5.7 million in 2005, in Nepal it was estimated that 62000 people were living with

HIV and AIDS in 2003, which increased to 75000 by the end of 2005. Other countries are Pakistan, Bangladesh and Sri Lanka, which have 56,000, 7,500 and 4,700 in 2003 which increased to 85,000, 11,000 and 5,000 in 2005 respectively.

2.4. STDs, HIV and AIDS in Nepal

The first HIV infection 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 condom use and pockets of intravenous drug users. As of April 30, 2005, a total of 876 AIDS and 4904 Cumulative cases of HIV infection were reported to the ministry of Health, National centre for AIDS and STIs control. (Acharya, 2005)

The HIV and AIDS has become a major public health in Nepal. It has been increasing since the first case was detected in 1988 in Nepal. The HIV infected person have been increasing rapidly in Nepal because of extensive use of commercial sex workers, high rates of sexually transmitted disease, low use of condom, drug users etc. Nepal ranks sixth among Asian nations in absolute numbers of HIV positive persons. Considering existing open borders with India, the threat of HIV and AIDS in Nepal is tangible because of migrant working population in metros of India, lack of job opportunity in Nepal, drug transfer and silk route. The main identified mode of HIV transmission in Nepal is heterosexual contact, primarily commercial sex workers and their clients, intravenous drug users, migrant workers (UNAIDS, 2004).

Actual HIV and AIDS infection in Nepal is feared to be many times higher than the recorded cases. In the context of Nepal, estimated number of adults and children living with HIV and AIDS is estimated at 62,000 by the end of 2003 (UNAIDS/ Nepal, 2004). Current estimated HIV infection rate of 0.5 percent pervades on adult population between the ages cohorts of 15-49. Of the total reported HIV and AIDS infections, NCASC data reveal that males comprise 73 percent and females 27 percent. Young people (20-29 ages) make the highest suffering group from HIV and AIDS.

Sexual transmitted infections are proven co-factors increasing the risk of HIV transmission. Their appropriate diagnosis and treatment are critical. It is estimated that about 200,000 new STI episodes take place in Nepal en every year. STI prevalence rate among women is estimated at 4.7 percent (MOH, 2002).

STI prevalence among sex workers (SWs) is notably higher. Data from Pokhara, Kathmandu and Terai revealed the syphilis prevalence among SWs were 18.8 percent in Terai, 19 percent in Kathmandu and 13.8 percent in Pokhara clients of sex workers (Truck drivers) were found to have 5.3 percent syphilis. Similarly among family planning attendees, trichomoniasis was 6.0 percent, chlamysia was 1.0 percent and HIV was 0.3 percent as per results of study conducted (UNAIDS, 2004).

In the Knowledge of the HIV and AIDS in Nepal, Nepal Family Health Survey (NFHS) for the first time included question on the awareness of women about HIV and AIDS. The result of the survey showed that only slightly more than one- fourth (27%) pf ever married women had heard about AIDS. More than two in three (67%) of the urban women had heard about AIDS compared to only about one- fourth (23%) of rural women (MOH, 1997).

The result of NDHS 2001, showed that, almost half the women (49.6%) had heard of AIDS and 36.4 percent had believed that three is away to avoid AIDS. Same figure was slightly more than seven in ten (71.7%) and about two in three (66.6%) for men. In 2001, major chosen alternatives as means of avoiding AIDS were reported as use of condom (50.8%) for men and (20.6%) for women, and avoiding multiple partners (28.1 %) men and (12.9%) for women. (MOH, New ERA and C Macro 2002:197-198).

The result of NDHS, 2006 indicates that more than, seven in ten (72.6%) women age 15-49 have heard of AIDS compared with more than nine in ten (91.7%) men in the same age group. It indicates that (83.5%) of men aged 15-49 say that the risk of getting the AIDS virus can be reduced by using condoms every time they have sexual intercourse and 82.6 percent of men reported that

the risk of getting AIDS virus can be reduced by limiting sexual intercourse to one uninfected partners. Same figure are 58.3 percent and 64.6 percent for women in the same group (MOH, New ERA and Macro International INC, 2007).

The NDHS showed that, the level of awareness of AIDS is lower among older respondents, especially among respondents age 40-49, and among ever married women and men, respondents living in rural areas are less likely to know about AIDS than urban residents. For example, 69 percent of rural women have heard of AIDS, compared with 91 percent of urban women.

Knowledge is much higher among women residing in the hills than in the mountains and terai. Similarly, knowledge is higher among women in the other region knowledge of AIDS ranges from a low of 43 percent among women in the central terai to a high of 91 percents among women in the western hill sub region (NDHS, 2006).

Education and wealth are strongly associated with AIDS awareness. Knowledge of AIDS is universal among women with SLC of higher level of education, compared with just over half of women with no education. Similarly, awareness is lowest among women living in the poorest households and higher among women who have travelled away from their home, particularly among those who have been away for six months or more over in the past twelve months (NDHS, 2006).

In 1994, the ICPD stress the importance of adolescences to sexual and reproductive health throughout the life cycle. The 1999 special session of General Assembly, ICPD +5 recognized the right of adolescents to the highest attainable standards of health provision of appropriate, specific, user friendly and accessible service to address effectively their reproductive and sexual health needs including reproductive health education counseling and health promotion strategies.

In the context of Nepal, the case of HIV was identified in July 1988 only four people were infected from the HIV. The increase rate of HIV positive was low by late 1996. In 1996, this number reached to 135. After one year in 1997, this

number rapidly rose to 489. In the year 2004, 1282 people were infected with HIV positive. By the end of 2005, more than 950 than cases of AIDS and 5,800 cases of HIV infection rose to 1296 out of 9043 number of people living with HIV around the country (NCASC, 2006). Nepal is facing increasing in HIV prevention among high risk groups such as, commercial sex workers, injections drug uses (IDU). Men who have sex men (MSM), and migrants. Nepal has the low prevalence rate of HIV and AIDS (0.5%), however, some of the groups like sex works clients of sex workers, intravenous drug users, both rural and rural area, migrants workers, the prevalence rate is higher (NCASC, 2006). UNAIDS estimated that 75,000 people were living with HIV at the end of 2005. The infection by HIV and AIDS of male population in Nepal (NCASC, 2006).

According to Ministry of Health and Population, National Centre of AIDS and STD Control (NCASC) cumulative HIV and AIDS situation of Nepal as Jestha, 2066 (14 June, 2009) shows the following tables:

Table 1: Situation about HIV and AIDS

Condition	Male	Female	Total	New cases in the
HIV positive (Including AIDS)	9303	4830	14133	248
AIDS (Out of table HIV)	1719	722	2441	57

Source: NCASC, 2009.

Table 2: Cumulative HIV infection by sub- group and sex

Sub- groups	Male	Female	Total	New cases in The month
Sex Workers (SW)	6	813	819	5
Injecting Drug Use	2420	49	2469	20
Men having Sex with Men (MSM)	101	0	101	0
Blood or Organ recipients	29	13	42	1
Clients of SWs/ STDs	6169	104	6273	99
Housewives	0	3479	3479	93
Male partners	9	0	9	3
Children	516	345	861	20
Sub- group NOT identified	53	27	80	1
Total	9303	4830	14133	248

Source: NCASC, 2009.

Table 3: Cumulative HIV infection by age group and sex

Age group (Years)	Male	Female	Total	New cases in this month
0-4	205	123	328	8
5-9	240	168	408	9
10-14	82	58	140	3
15-19	248	258	506	4
20-24	1192	827	2019	18
25-29	2105	1130	3235	44
30-39	3792	1646	5438	89
40-49	1149	484	1633	49
50-above	290	136	426	24
Total	9303	4830	14133	248

Source: NCASC, 2009.

Note: The cumulated number of deaths were 533.

In 1998, the government of Nepal Launched the first national AIDS prevention and control programme. In 1995, a national policy was adopted by the MOH, emphasizing the importance multisectral involvement with high priority for STIs prevention and control. It also introduced the programme for coordinating, monitoring and evaluation, promotion action for safe practices, counseling and service to people living with HIV and AIDS provisions were made for reducing discriminatory practice and stigma against people -living with HIV and AIDS (World Bank, 2006).

2.5 Knowledge of HIV and AIDS

In Nepal, Knowledge of AIDS is higher. The Nepali Family Health Survey (NFHS) for first time included questions on the awareness of women about HIV and AIDS. This survey showed that only one fourth ever married women has heard about HIV and AIDS. More than 67 percent of the urban women had heard about AIDS compared to only about 23 percent women heard about AIDS in rural areas. Similarly, knowledge of AIDS was found highest among women in the western regions were found more knowledge with percent while women from the far western development region were found leas knowledge 10 percent about AIDS (NFHS, 1996).

NDHS showed that the knowledge of AIDS is much higher among male (72%) than the female (50%). It was indicated that the males have knowledge about AIDS (NDHS, 2001) According to UNFPA, majority (99%).

A study by FPAN shows that (85%) of respondents have knowledge of AIDS, two thirds of respondents reported HIV and AIDS as on kind of STDs, followed by syphilis (20%) and gonorrhoea (13%). Fifty two percent of respondents said that electronic media is the main source of information, followed by school (19%), print media (12%), friends and relatives (10%) and health worker (7%). The role of parents in making their children aware is negligible in the study area. Ninety three percent of the respondents perceive unsafe sexual intercourse as one of the chief way of HIV and AIDS transmission, followed by unsafe blood transfusion (78%) and sharing injection (74%) (Pathak, 2002).

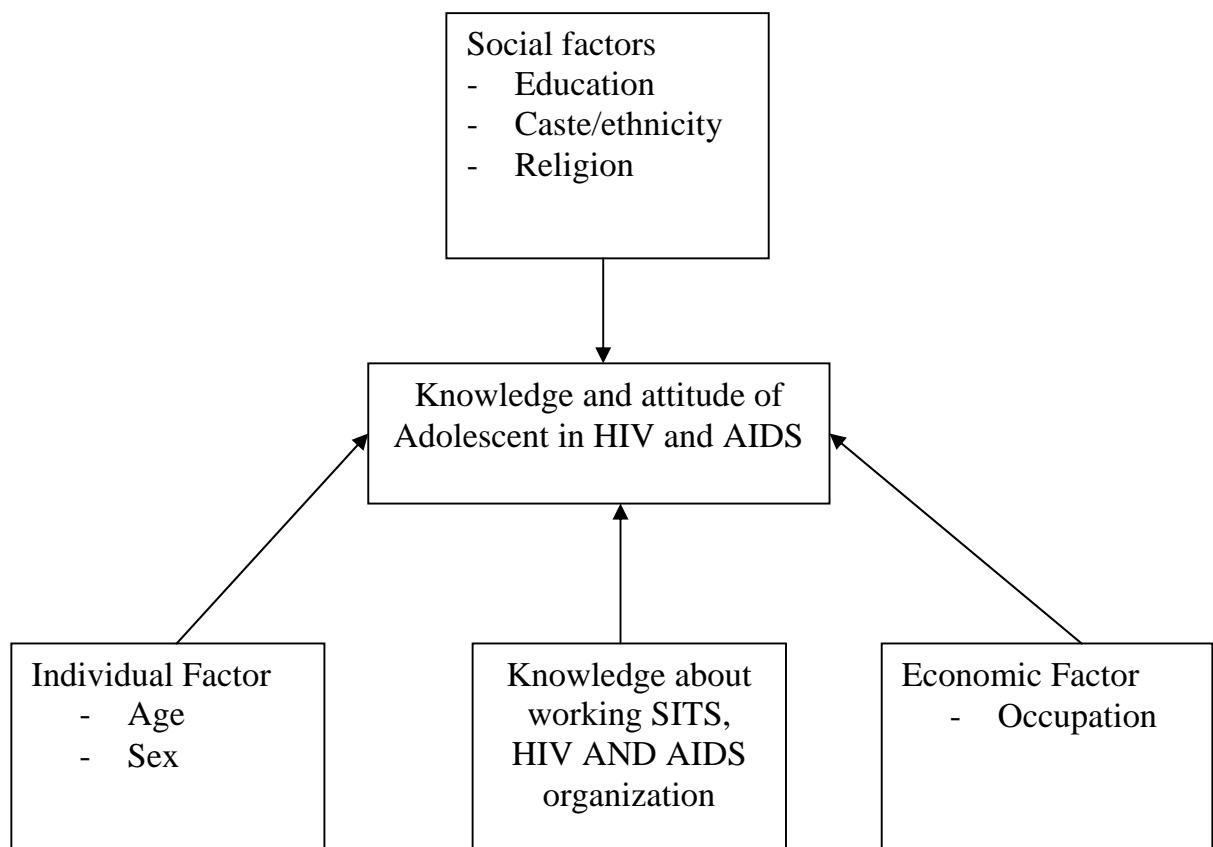
A KAP survey among 1400 young people in seven different district of Nepal shows that Nepalese are highly aware in HIV risk, but this awareness does not necessarily translate into safe sexual behaviours. Although an over whelming majority (92%) of teenagers has heard about HIV and AIDS. Only (74%) of teenagers knew that they should used condoms while having sex and only two third (69%) said that they should not have sex with commercial sex workers. The study also reveals that almost (20%) teenagers considered pre- marital sex experience. The knowledge of HIV and AIDS is limited among adolescent: only 19-24 of married adolescent girls are reported to have heard of HIV and AIDS in Bangladesh and Nepal (UNFPA, 2006).

Roka (2002) has examined the knowledge of HIV and AIDS among school adolescent of Bhaktapur district reveals that the knowledge of HIV and AIDS among students is significance majority (90%) of the student has heard about HIV and AIDS and some misconception is also observed mainly about the mode of transmission of HIV and AIDS. By sex female have less knowledge as compared to male students. The pre- marital sex occurs but very few percent of boys and girls use contraception during sex occurred outside marriage. Radio is the main source of information of HIV and AIDS. The sources of information vary by place of residence.

2.6. Conceptual Framework

The following conceptual framework which is made on the basis of above review of literature, helps to analyze, the knowledge and attitude of STDs, HIV and AIDS among secondary level of students. In general knowledge attitude is influenced by socio-economic and demographic factor and level of education. Besides, the knowledge is determined by other factors like knowledge about organization working against HIV and AIDS.

Conceptual Framework of the Study



CHAPTER THREE

METHODOLOGY

3.1. Selection of Study Area

Bhaktapur is renowned for its elegant art, colorful festivals, traditional dances and typical Newar lifestyle. Tourists also visit ancient city of culture's Bhaktapur. Bhaktapur Darbar square and Changu Narayan Temple are the two cultural heritages that are enlisted in the world Heritage that are enlisted in the World Heritage list from Bhaktapur. Bhaktapur covers an area of 6.88 sq. Km. (Bhaktapur Municipality only).

The district Bhaktapur lies between 27° 36' to 27° 44' north latitude and 85° 25' to 85° 32' east longitude. It lies in the central development region in Bagmati zone with Bhaktapur Municipality as headquarter. Bhaktapur is divided into 16 VDC.

The total population of Bhaktapur is 225, 4671 (CBS, 2001) consisting 114,798 male population and 110,663 female population. Population density is 1895 sq1 Km.

3.2. Sources of Data

In this research primary as well as secondary data were used. Primary data was collected by field survey. Secondary data have also taken from annual reports and various publications. Questionnaires were prepared and interviewed to the sample of target population. The finding is mainly based on primary data obtained from field survey.

3.3. Sample Design and Sample Selection

In Bhaktapur district, there are 371 schools (both government and private). Among them 128 are secondary level schools. Here 34 schools are government and remaining 94 schools are private. So, data was collected from (5%) of the total number of secondary schools, i.e. six schools were selected by lottery method and 120 respondents were selected. These respondents were also selected by lottery methods. Names of all students were listed in a piece of paper and the name was drawn randomly.

Table 4: Distribution of students according to school and classes

Name of Schools	Class 9		Class 10		Total	
	Male	Female	Male	Female	Male	Female
Shree Padma Higher S.S	5	5	5	5	10	10
Shree Sharada Sec. School	5	5	5	5	10	10
Shree Bidhyarathi .S.S	5	5	5	5	10	10
Everest Sec. School	5	5	5	5	10	10
Bal Vidhya Mandir	5	5	5	5	10	10
Sunshine Sec. School	5	5	5	5	10	10
Total	30	30	30	30	60	60

Source: Field Survey, 2010.

3.4. Questionnaire Design

Questionnaire is divided into four parts.

1. General introduction of the respondents.
2. Their demographic and socio-economic status
3. Their knowledge and attitude on STDs, HIV and AIDS
4. Their behaviour towards STDs, HIV and AIDS

3.5. Data Collection

The questionnaire was distributed to each of the selected respondents, to be filled by the respondent himself/herself in the class. All the respondents were assured that their information would be kept secret and not used outside the research purpose.

3.6. Data processing, Analysis and Interpretation

The data acquired from the respondents were classified, edited and then tabulated. The tabulated data were analyzed by listing simple statistical tools, simple frequency tables, cross tables, percentage etc were used to analyze and interpret the data.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

This chapter presents the demographic and socio-economic characteristics of the respondents. Demographic characteristics provides information on age, sex, marital status and place of the residence of the respondents, while the socio-economic characteristics give information on caste/ethnicity, religion, level of education, occupation, family size etc. of the respondents.

4.1. Individual Characteristics

This section presents the demographic characteristics of the respondents which includes age and sex composition marital status and place of residence.

4.1.1. Age-Sex Composition

Age and sex composition plays an important role in determining the population distribution of the study area. Thus an attempt has been made to collect information of the age and sex structure of the respondents.

Table 5: Distribution of respondents by age and sex:

Age in Years	Male		Female		Total	
	N	%	N	%	N	%
13-15	8	13.30	7	11.70	15	12.50
15-17	40	66.70	49	81.70	89	74.16
17- Above	12	20.00	4	6.60	16	13.34
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N=Number

Table 5 represents the age group of the respondent ranging from 13 to 20 years. The latest percentage of the respondents is found in the age group 15-17 years.

4.1.2. Marital status by Sex

Marital status of the respondents can be considered as one of the key factors to determine knowledge and attitude on STDs, HIV and AIDS.

Among the total respondents are found to be unmarried. Among them none of the respondents are married. It indicates that early marriage is not in practice in city areas.

4.1.3. Level of Education

Level of education plays most important role to determine the knowledge of STDs, HIV and AIDS. Among 120 respondents 60 from class 9 and 60 from class 10.

Table 6: Distribution of respondents according to level of education

Grade	Male		Female		Total	
	N	%	N	%	N	%
9	30	50.00	30	50.00	60	50.00
10	30	50.00	30	50.00	60	50.00
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N=Number

Table 6 shows that among 120 respondents 60 (50%) are from class 9 and 60 (50%) from class 10.

4.1.4. Caste/ethnicity

Table 7 shows caste/ethnicity distribution of the respondents. Among them majority are found to be Newar (18.33%) and lowest numbers are found to be Magar (10%).

Table 7: Distribution of respondents by caste/ethnicity

Caste/ethnicity	Male		Female		Total	
	N	%	N	%	N	%
Brahmins	10	16.70	11	18.33	21	17.5
Chhetris	6	10.00	9	15.00	15	12.5
Newar	12	20.00	10	16.00	22	18.33
Gurung	8	13.33	6	10.00	14	11.66
Tamang	10	16.70	6	10.00	16	13.33
Magar	5	8.33	7	11.66	12	10.00
Others	9	15.00	11	18.33	20	16.66
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

4.1.5. Religion

Table 8 shows that majority of the respondents are Hindu (89.19%), Christians are (6.66%) and Buddhist are (4.16%)

Table 8: Distribution of respondents by religion

Hindu	Male		Female		Total	
	N	%	N	%	N	%
Hindu	55	91.66	52	86.66	107	89.16
Buddhist	1	1.66	4	6.66	5	4.16
Christian	4	6.66	4	6.66	8	6.66
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

4.1.6. Housing status

Table 9 shows the respondent's housing status. Out of the total respondents (74.16%) live in their own house, (10%) in hostel (9.16%) intended room and (6.66%) in relatives.

Table 9: Distribution of respondents by housing status

Place of stay	Male		Female		Total	
	N	%	N	%	N	%
Own House	42	70.00	47	78.33	89	74.16
Hostel	4	6.66	8	13.33	12	10.00
Rented room	9	15.00	2	3.33	11	9.16
Relatives	5	8.33	3	5.00	8	6.66
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

4.2. Household/Family Characteristics

This section includes the family size, parent's education level, parent's occupation, household amenities etc. at the time of survey.

4.2.1. Family Size

Table 10 shows that (87.5%) of the respondents have less than 5 members in their family and (12.5%) have family size 5-10 members.

Table 10: Distribution of respondents by family size

Family Size	Male		Female		Total	
	N	%	N	%	N	%
Less than 5	50	83.33	55	91.66	105	87.5
5-10	10	16.67	5	8.34	15	12.5
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

4.2.2. Parent's Education Level

Parent's education can play important role in the physical, mental and socio-cultural development of their children. The environment of family with educated parents is comparatively better than that with illiterate parents.

Educated parent can import positive knowledge and attitude in their children's mind and aware them regarding subject matters like, STDs, HIV and AIDS and other related problems.

Table 11: Distribution of respondents by parent's education level

Literacy/education	Father		Mother	
	N	%	N	%
Literate	112	93.34	84	70.00
Illiterate	8	6.66	36	30.00
Total	120	100.00	120	100.00
Competed Level of Education				
Primary	12	10.71	18	21.42
Lower Secondary	11	9.82	14	16.66
Secondary	20	17.85	23	27.38
S.L.C and above	69	61.60	29	34.52
Total	112	100.00	84	100.00

Source: Field survey, 2010.

Here, N= Number

Table 11 shows the number and percentage distribution of the respondents according to their parent's education. Its shows that (93.34%) of respondents fathers and (70%) of there mothers are literate. About (6.66%) of respondents fathers and (30%) of the respondents mothers are illiterate. About (61.60%) respondent's fathers have attended S.L.C and above and (34.50%) respondent's mothers have attended S.L.C. and above.

4.2.3. Parent's Occupation

Table 12 shows that (39.16%) respondent's fathers are involved in service (16.66%) respondent's fathers are involved in agriculture and (63.33%) respondent's mothers are housewife.

Table 12: Distribution of respondents by parent's occupation

Occupation	Father		Mother	
	N	%	N	%
Agriculture	20	16.66	15	12.50
Service	47	39.16	10	8.33
Business	30	25.00	9	7.50
Politics	1	0.83	0	0
Teaching	16	13.33	7	5.83
Housewife	0	0	76	63.33
Others	6	5.00	3	2.50
Total	120	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

4.2.4. Household Amenities

The respondents were asked to specify the types of household facilities, they possess like electricity, radio, TV, telephone, computer and others. People using such amenities are expected to have good knowledge and attitude regarding STDs, HIV and AIDS.

Table 13: Distribution of respondents by household amenities

Household Amenities	N	%
Electricity	120	100.00
Radio	120	100.00
TV	115	95.83
Telephone	65	54.16
Computer	36	30.00

Source: Field survey, 2010.

Here, N= Number

Table 13 shows that all respondents have facilities of electricity and radio, while (95.83%) have facilities of T.V, (54.16%) have telephone and (30%) of them have facility of computer in their home.

4.2.5. Newspaper Reading

Table 14 shows that (51.66%) male respondents and (60%) female respondents read newspaper sometimes.

Table 14: Distribution of respondents according to newspaper reading

Newspaper Reading	Male		Female		Total	
	N	%	N	%	N	%
Daily	16	26.66	15	25.00	31	25.83
Sometimes	31	51.66	36	60.00	67	55.83
Never	13	21.66	9	15.00	22	18.35
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

4.2.6. Knowledge about Types of Materials Read in Newspaper

Different types of materials e.g. News, book reviews, gossip current affair. Teenage columns, others etc. also play most important role to get knowledge about the STDs, HIV and AIDS.

Table 15: Distribution of respondents who have read types of materials in newspaper

Types of material that read in newspaper	Male		Female		Total	
	N	%	N	%	N	%
News	57	95.00	55	91.67	112	93.33
Book reviews	45	75.00	49	81.67	94	78.33
Gossip	37	61.67	40	66.67	77	64.17
Current affair	25	41.67	30	50.00	55	45.83
Teenage columns	15	25.00	25	41.67	40	33.33
Others	10	16.67	15	25.00	25	26.83

Source: Field survey 2010.

Here, N= Number

Table 15 shows that about (93.33%) respondents have read news, 78.33 have read book reviews, (64.17%) respondents have read gossip.

4.2.7. Listening Radio

Respondents were asked about listening radio e.g. Daily, sometimes, never etc.

Table 16: Distribution of respondents according to listening radio

Listening radio	Male		Female		Total	
	N	%	N	%	N	%
Daily	51	85.00	47	78.33	98	81.67
Sometimes	7	11.67	9	15.00	16	13.33
Never	2	3.33	4	6.67	6	5.00
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

Table 16 shows that (85%) male respondents and (78.33%) female respondents listen radios.

4.2.8. Knowledge about Type of Programme that Listen on Radio

Table 17 shows that the respondents have listened different types of programmes on radio e.g. Entertainment, musical, Drama, News, others, etc.

Table 17: Distribution of respondents who have listened different types of programme the on radio

Types of programme on radio	Male		Female		Total	
	N	%	N	%	N	%
Entertainment	51	85.00	56	93.33	107	89.17
Musical	47	78.33	49	81.67	96	80.00
Drama	31	51.67	35	58.33	66	55.00
News	29	48.33	25	41.67	54	45.00
Others	15	25.00	11	18.33	26	21.67

Source: Field survey, 2010.

Here, N= Number

About (90%) respondents have listened entertainment programme on radio.

(80%) respondents have listened musical programme on radio.

4.2.9. Watching T.V.

Table 18 shows that (85%) respondents have watched TV daily, (12.50%) respondents have watched TV sometimes and (2.40%) have never watched TV.

Table 18: Distribution of respondents according to watching T.V

Watching TV	Male		Female		Total	
	N	%	N	%	N	%
Sometimes	7	11.67	8	13.33	15	12.50
Daily	52	86.67	50	83.33	102	85.00
Never	1	1.66	2	3.33	3	2.50
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

4.2.10. Knowledge about different types of programme that watch on TV.

Table 19 shows that about (97.5%) respondents have watched movie on TV, (82.5%) respondents have watched musical video on TV, (76.67%) respondents have watched historical on TV, (73.33%) respondents have watched News on TV.

Table 19: Distribution of respondents according to watching TV about different types of programmes.

Types of programme watching on TV	Male		Female		Total	
	N	%	N	%	N	%
Movie	58	96.67	59	98.33	117	97.5
Musical Videos	49	81.67	50	83.33	99	82.5
Historical	45	75.00	47	78.33	92	76.67
News	47	78.33	41	68.33	88	73.33
Teleserial	39	65.00	40	66.67	79	65.83
Others	17	28.33	20	33.33	37	30.83

Source: Field Survey, 2010.

Here, N= Number

4.3.1. Knowledge about sharing personal problems with family members

All respondents (both male and female) share personal problems with family members.

4.3.2. Knowledge about sharing personal problems with different family members, teachers, others etc.

Table 20 show that about (31.67%) male respondents' shares personal problems with father and (33.33%) male respondents share personal problems with mother. Similarly (16.67%) male & female respondents share personal problems with friend.

Table 20: Distribution of respondents about sharing personal problems with father, mother, brother, sister teachers, others

Different persons	Male		Female		Total	
	N	%	N	%	N	%
Father	19	31.67	12	20.00	31	25.83
Mother	11	18.33	20	33.33	31	25.83
Brother	9	15.00	5	8.33	14	11.67
Sister	2	3.33	7	11.67	9	7.50
Friends	10	16.67	10	16.67	20	16.67
Teachers	6	10.00	4	6.67	10	8.33
Others	3	5.00	2	3.33	5	4.17
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

4.3.3. Knowledge about Advice to Solve Problem

Table 21 shows that about (91.67%) male respondent and (95%) female respondents have taken advice to solve problem. About (8.33%) male and (5%) female respondents haven't taken advice to solve problems.

Table 21: Distribution of respondents about the information of advice to solve problem

Advice to solve problem	Male		Female		Total	
	N	%	N	%	N	%
Yes	55	91.67	57	95.00	112	93.33
No	5	8.33	3	5.00	8	6.67
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

CHAPTER FIVE

KNOWLEDGE TOWARDS STDs, HIV and AIDS AMONG SECONDARY SCHOOL STUDENTS

This Chapter deals with the knowledge of secondary school adolescents towards STDs, HIV and AIDS.

5.1. Knowledge of STDs

This section includes the respondent's level of knowledge on STDs by age and sex and their sources of information.

5.1.1. Heard of STDs

In order to find at the information on adolescent's knowledge on STDs, they were asked whether they had heard of STDs.

Table 22: Distribution of respondents who have heard of STDs

Heard of STDs	Male		Female		Total	
	N	%	N	%	N	%
Yes	58	96.66	56	93.33	114	95.00
No	2	3.33	4	6.66	6	5.00
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

Table 22 shows nearly (97%) of the male respondents and nearly (93%) of the STDs while (5%) of them told they have no knowledge on STDs.

5.1.2. Heard of STDs by Age and Sex

Table 23 shows that 15-17 age group of male respondents have heard STDS (58%) and (63%) female respondents have heard STDs.

Table 23: Distribution of respondents by age and sex who have heard of STDS

Age group	Male		Female		Total	
	N	%	N	%	N	%
13-15	10	16.67	9	15.00	19	15.84
15-17	35	58.33	38	63.33	73	60.83
17-above	15	25.00	13	21.67	28	23.33
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

5.1.3. Knowledge about different types of STDs by sex

Respondents who have knowledge about STDs were asked to mention about the name of different STDs. Table 24 shows that about (98.33%) male respondents and (95%) female respondents have the knowledge of syphilis while (96.67%) male respondents and (93.33%) female respondents have the knowledge of gonorrhoea. (91.67%) male respondents and (83.33%) female respondents have the knowledge of Hepatitis B. (25%) male respondents and (20%) female respondents have knowledge about Chlamydia.

Table 24: Distribution of respondents according to knowledge about different types of STDs by sex

Types of STDs	Male		Female		Total	
	N	%	N	%	N	%
Syphilis	59	98.33	57	95.00	116	96.67
Gonorrhoea	58	96.67	56	93.33	114	95.00
Hepatitis-B	55	91.67	50	83.33	105	87.50
Chlamydia	15	25.00	12	20.00	27	22.50
Genital Warts	7	11.67	5	8.33	12	10.00
Trichomoniosis	5	8.33	4	6.67	9	7.5

Source: Field survey, 2010.

Here, N= Number

5.1.4. Sources of information on STDs by sex

Since communication media plays an important role in disseminating knowledge and information about STDs to the people the respondents were asked about their main sources of information on STDs.

Table 25: Distribution of respondents about sources of information on STDs by Sex

Sources of information	Male		Female		Total	
	N	%	N	%	N	%
Radio	58	96.67	56	93.33	114	95.00
TV	57	95.00	55	91.67	112	93.33
News Paper/Magazines	51	85.00	47	78.33	98	81.67
Family members	40	66.67	45	75.00	85	70.83
Friends	33	55.00	31	51.67	64	53.33
Teachers	52	36.67	48	30.00	100	83.33
Textbooks	38	63.33	36	60.00	74	61.67

Source: Field Survey, 2010.

Here, N= Number

Table 25 shows that radio, TV, News paper/Magazines, teachers are the main source of information of STDS or both male and female. About (96.67%) male respondents and (93.33%) female respondents have got information from the source radio. Similarly, about (95%) male respondents are (91.67%) female respondents have got information from the source TV.

5.1.5. Knowledge on Mode of Transmission of STDs

In order to find the respondent's knowledge about the mode of transmission of STDs, they were asked how STDS are transmitted. All male and female respondents reported unsafe sexual contact to be the main cause of transmission of STDs from one person to another.

Table 26: Distribution of respondents according to knowledge on mode of transmission of STDs

Mode of transmission	Male		Female		Total	
	N	%	N	%	N	%
Unsafe sexual contact	60	100.00	60	100.00	120	100.00
From infected mother to her fetus	60	100.00	59	98.33	119	99.16
Infected blood transfusion	58	96.66	58	96.66	116	99.66
Living together with infected person	10	16.66	15	25.00	25	20.83
Sharing food and cloths	6	10.00	9	15.00	15	12.50
Others	10	16.66	7	11.66	17	14.16

Source: Field Survey, 2010.

Here, N= Number

Note: Percentage's based on only those respondents who have heard of STDS and its sum may exceed 100 due to multiple responses.

5.1.6. Knowledge on Preventive Measure of STDS

Respondents who have heard of STDs were also asked about their knowledge on how can STDs be prevented. Their responses in presented in Table 27.

Table 27: Distribution of respondents according to knowledge on preventive measures of STDs

Preventive measures	Male		Female		Total	
	N	%	N	%	N	%
Use condom during sexual intercourse	60	100.00	59	98.33	119	99.16
Avoid unsafe Sex	59	98.33	55	91.66	114	95.00
Avoid sex with multiple partners/prostitutes	57	95.00	55	95.66	114	95.00
Avoid contaminated syringes and blood	59	98.33	54	90.00	113	94.16

Source: Field Survey, 2010.

Here, N= Number

Note: Percentage is based on only these respondents who have heard of STDS and its sum exceed 100 due to multiple responses.

Table 27 shows that all male respondents and (98.33%) female respondents said that STDs can be prevented by using condom during sexual intercourse. (98.33%) male respondents and (91.66%) female respondents told that avoid unsafe sex. (95%) male respondents and (96.66%) female respondents said that avoiding sex with multiple partners to prevent form STDS.

5.2. Knowledge on HIV and AIDS

This section presents the respondent's knowledge on HIV and AIDS, its main sources of information, mode of transmission main symptoms and its preventive measures.

5.2.1. Heard of HIV and AIDS

In order to find out the information on adolescents knowledge on HIV and AIDS they were asked whether they had heard of HIV and AIDS or not. All respondents reported that they had heard of HIV and AIDS.

5.2.2. Heard of HIV and AIDS by Age and Sex

Table 28 shows the distribution of respondents by age and sex who have heard of HIV and AIDS. Out of total male respondents age group 15-17 who have heard of HIV and AIDS is (53.33%) and similarly 15-17 age group of female respondents who have heard of HIV and AIDS is (48.33%). Likewise age group is (28.33%) and same age group 13-15 of female respondents have heard about HIV and AIDS is (26.67%).

Table 28: Distribution of respondents by age and sex who have heard of HIV and AIDS

Age group	Male		Female		Total	
	N	%	N	%	N	%
13-15	17	28.33	15	25.00	32	26.67
15-17	32	53.33	29	48.33	61	50.83
17- Above	11	18.33	16	26.67	27	22.50
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

5.2.3. Knowledge about HIV and AIDS by level of Education

Total respondents of grade 9 and grade 10 have knowledge about HIV and AIDS.

5.2.4. Sources of information on HIV and AIDS by sex

Table 29 shows that textbooks (95.00%) for males and (91.67%) for female respondents are the main source of information of HIV and AIDS for both sexes. Family members are the least popular source of information of HIV and AIDS. (20%) for male respondents and (41.67%) female respondents)

Table 29: Distribution of respondents about sources of information on HIV and AIDS by sex

Sources of information	Male		Female		Total	
	N	%	N	%	N	%
Radio	52	86.67	54	90.00	106	88.33
TV	55	91.67	56	93.33	111	92.50
Newspaper/Magazines	50	83.33	45	75.00	95	79.17
Family members	12	20.00	25	41.67	37	30.83
Friends	40	66.67	37	61.67	77	64.17
Teachers	56	93.33	50	83.33	106	88.33
Textbooks	57	95.00	55	91.67	112	93.33

Source: Field Survey, 2010.

Here, N= Number

5.2.5. Knowledge on Mode of Transmission of HIV and AIDS

About (96.67%) male respondents and (95%) of female respondents told that unsafe sexual contact with infected person be the main cause of its transmission. (85%) of male respondent and (80%) of female respondents told that infected blood transfusion to be other cause of HIV and AIDS transmission. HIV and AIDS is also transmitted from infected mother to her fetus and breast feeding by infected mother according to (90%) male respondents and (93.33%) female respondents.

Table 30: Distribution of respondents according to knowledge on mode of transmission of HIV and AIDS

Mode of Transmission	Male		Female		Total	
	N	%	N	%	N	%
Unsafe sexual contact	58	96.67	57	95.00	115	95.8
From infected mother to her fetus	54	90.00	56	93.33	110	91
Infected blood transfusion	51	85.00	48	80.00	99	82.5
Use of unspecialized syringes	48	80.00	50	83.33	98	81.6
Breast feeding from infected mother	26	43.33	33	55.00	59	49

Source: Field Survey, 2010.

Here, N= Number

5.2.6. Knowledge on symptoms of HIV and AIDS

Table 31 shows that the distribution of respondents according to knowledge on symptoms of HIV and AIDS. When the respondents were asked about the main symptoms of HIV and AIDS, (89.17%) mentioned loss of body weight as it

main symptom. Similarly, (69.17%) reported diarrhea for more than one month, (60.00%) fever for more than a month (39.17%) persistent cough and (37.50%) itchy skin diseases as the symptoms of HIV and AIDS respectively.

Table 31: Distribution of respondents according to knowledge on symptoms of HIV and AIDS

Main symptoms	Male		Female		Total	
	N	%	N	%	N	%
Loss of body weight by 10 percent	53	88.33	54	90.00	107	89.17
Diarrhea for more than a month	41	68.33	42	70.00	83	69.17
Fever for more than a month	35	58.33	37	61.67	72	60.00
Persistent cough	22	36.67	25	41.67	47	39.17
Itchy skin diseases	25	41.67	20	33.33	45	37.5

Source: Field Survey, 2010.

Here, N= Number

5.2.7. Knowledge about heard of prevention from HIV and AIDS

All respondents were asked about preventive measure. Total respondents have known about the preventative methods.

5.2.8. Knowledge on preventive measures of HIV and AIDS

Table 32 shows that (96.67%) female respondents and (95%) female respondents said that HIV and AIDS can be prevented by using condom during sexual intercourse similarly, avoid unsafe sex (91.67%), avoiding sex with multiple partners and prostitutes (80%) and avoiding use of contaminated syringes and blood (69.17%) are other ways of preventing from HIV and AIDS according to the respondents.

Table 32: Distribution of respondents according to knowledge on preventive measures of HIV and AIDS

Preventive Measures	Male		Female		Total	
	N	%	N	%	N	%
Use condom during sexual intercourse	58	96.67	57	95.00	115	95.83
Avoid unsafe sex	56	93.33	54	90.00	110	91.67
Avoid sex with multiple partners	49	81.67	47	78.33	96	80.00
Avoid contaminated syringes & blood	40	76.67	37	61.67	83	69.17

Source: Field Survey, 2010.

Here, N= Number

5.3. Knowledge of Sex and Condom

This section of the study deals with the knowledge of the respondents regarding sex and condoms.

5.3.1. Knowledge about the Place where Condoms Available

Table 33 shows that about (80%) male respondents and (83.33%) female respondents told that condoms found in medical shops. (20%) male and (16.67%) female respondents told that condoms found in Hospitals & clinic.

Table 33: Distribution of respondents according to knowledge about the places where condoms available

Name of Places	Male		Female		Total	
	N	%	N	%	N	%
Medical shops	48	80.00	50	83.33	98	81.67
Hospital's & Clinic	12	20.00	10	16.67	22	18.33
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

CHAPTER SIX

ATTITUDE TOWARDS STDs, HIV AND AIDS AMONG SECONDARY SCHOOL STUDENTS

This chapter deals with the attitude towards, STDS, HIV and AIDS among secondary school students.

6.1. Attitude towards STDs, HIV and AIDS

The attitude towards STDs, HIV and AIDS depend on the level of knowledge and information they receive from different sources.

6.1.1. Attitude on curative measures of STDS.

When the respondents were asked whether STDS can be cured or not, (83.33%) male and (75%) female respondents replied that they can be cured. About (13.33%) male and (16.67%) female respondent believed that STDS to be incurable while (2.33%) male and (8.33%) female respondents were found confused about it.

Table 34: Distribution of respondents according to attitude on curative measures of STDS

Response	Male		Female		Total	
	N	%	N	%	N	%
STDS cannot be cured	8	13.33	10	16.67	18	15.00
STDS can be cured	50	83.33	45	75.00	95	79.17
Don't know	2	3.33	5	8.33	7	5.83
Total	60	100.00	60	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

6.1.2. Attitude on Curative Measures of HIV and AIDS

When the respondents were asked whether HIV and AIDS can be cured or not, (78.33%) male and (75%) female respondents told that it is incurable. (16.67%) male and (11.67%) female respondents believed that it is curable while (5%) male and (13.33%) female respondents were found confused about it.

Table 35: Distribution of respondents according to attitude on curative measures of HIV and AIDS

Respondents	Male		Female		Total	
	N	%	N	%	N	%
HIV and AIDS can not be cured be cured	47	78.33	45	75.00	92	76.62
HIV and AIDS can be cured	10	16.67	7	11.67	17	14.56
Don't Know	3	5.00	8	13.33	11	9.17
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

6.1.3. Perception about persons at Risk of STDs, HIV and AIDS

When the respondents having knowledge on STDS including HIV and AIDS were asked what they perceive about persons at risk of STDs, HIV and AIDS infections, (96.67%) male and (98.33%) female respondents reported unsafe sexual workers, (98.33%) male and (95%) female respondents reported commercial sex workers. Similarly (91.67%) male and (83.33%) female respondents reported those having unsafe sexual relations. (36.67%) male and (45%) female respondents replied that these who travel more etc.

Table 36: Distribution of respondents according to perception about persons at risk of STDs, HIV and AIDS

Person at high risk of STDs, HIV and AIDS	Male		Female		Total	
	N	%	N	%	N	%
One who keep unsafe sexual relations	58	96.67	59	98.33	117	97.5
Commercial sex workers	59	98.33	57	95.00	116	96.67
Injecting drug users	55	91.67	50	83.33	105	87.50
Persons who travel more	22	36.67	27	45.00	49	40.83
Adolescents/Youths	45	75.00	42	70.00	87	72.50
Homosexuals	31	51.67	35	58.33	66	55.00

Source: Field survey, 2010.

Here, N= Number

6.1.4. Behaviour with Persons Infected with STDs, HIV and AIDS

The respondents were asked how they would behave with persons having STDs, HIV and AIDS. Majority of them (76.67%) male and (71.67%) female respondents told that they would show love and support towards such people while (20%) male and (11.67%) females said that such people should be hated and discriminated. Nearly (12%) of them said that they had no. idea about it.

Table 37: Distribution of respondents according to the behaviour with persons infected with STDs, HIV and AIDS.

Behaviour with infected persons	Male		Female		Total	
	N	%	N	%	N	%
Love and support	46	76.67	43	71.67	89	74.17
Hate and discrimination	12	20.00	7	11.67	19	15.83
Don't know	2	3.33	10	16.66	12	10.00
Total	60	100.00	60	100.00	120	100.00

Source: Field Survey, 2010.

Here, N= Number

6.1.5. Appropriate Measures to control the incidence of STDs, HIV and AIDS.

The respondents were asked what were the appropriate measures to control the incidence of STDs, HIV and AIDS. The respondents were asked what were the appropriate measures to control the incidence of STDs, HIV and AIDS. About (98.33%) male and (96.67%) females respondents reported public awareness on STDs, HIV and AIDS to be the most effective methods. Similarly, education and counseling (94.17%), avoiding prostitutes and multiple partners (86.67%), use of condoms (86.67%), safe blood transfusions (78.33%) strict rules (56.67%) were other measures which could be used to control such incidence according to the respondents.

Table 38: Distribution of respondents according to appropriate measures to control the incidence of STDs, HIV and AIDS

Measures	Male		Female		Total	
	N	%	N	%	N	%
Public awareness on STD & HIV and AIDS	59	98.33	58	96.67	117	97.50
Education and counseling	57	95.00	56	93.33	113	94.17
Use of Condom	53	88.33	51	85.00	104	86.67
Avoid prostitutes and multiple partners	56	93.33	48	80.00	104	56.17
Strict rules	35	58.33	33	55.00	68	56.67
Safe blood transfusion	49	81.67	45	75.00	94	78.33

Source: Field Survey, 2010.

Here, N=Number

6.1.6. Perception about Place for the Treatment of STDs, HIV and AIDS

The respondents were asked to express their view about the appropriate place for the treatment of STDs, HIV and AIDS. About (25%) of them didn't know where to go for such, treatment. However, about (43.33%) respondents reported private health organizations, (16.67%) respondents reported NGOs/INGOs and (43.33%) told private health organization, (15%) told that government health organization to be suitable place for the treatment of such infections. These data shows that majority of the respondents are unaware or unfamiliar regarding the place to go for the treatment of STDs, HIV and AIDS.

Table 39: Distribution of Respondents according to Perception about Place for the Treatment of STDs, HIV and AIDS

Place for treatment of STDs, HIV and AIDS	Male		Female		Total	
	N	%	N	%	N	%
Govt. Health Organization	10	16.67	8	133.33	18	15.00
Private Health Organization	25	41.67	27	45.00	52	43.33
NGOS/INGOS	9	15.00	11	18.33	20	16.67
Don't Know	16	26.66	14	23.33	30	25.00
Total	60	100.00	60.00	100.00	120	100.00

Source: Field survey, 2010.

Here, N= Number

6.1.7. Experience of Sexual Relationship

When the respondents were asked whether they have maintained pre-marital sexual relationship, all respondents told that they don't have experience of such relationship. But others studies have shown some students have sexual expression.

CHAPTER SEVEN

SUMMARY OF THE FINDINGS CONCLUSIONS AND RECOMMENDATIONS

7.1. Summary of Findings

This study has conducted in order to examine the knowledge, attitudes towards STDs, HIV and AIDS among secondary school students. Data were collected from six schools were collected in Bhaktapur district by using simple random sampling. A total of 120 respondents (60 males and 60 females) between age group 13 to 17-above in grades 9 and 10 were selected and interviewed.

7.1.1. Demographic and Socio-cultural Characteristics of the Respondents.

Individual Characteristics

- Majority of the respondents (74.16%) are age group of 15.17.
- All the respondents (120) are unmarried.
- Most of the respondents were Newar (18.3%) followed by Brahmins (17.5%) and others (16.66%).
- Majority of the respondents are Hindu (89.16%) followed by Christian (6.66%)
- Majority of the respondents (74.16%) live in their own house.

7.1.2. Household Characteristics

- About (87.5%) of the respondents have family size less than 5.
- Respondent's fathers are literate (70%) and mothers are (30%).
- About (61.60%) respondent's fathers and (34.52%) respondent's mothers have completed S.L.C. and above.
- Most of the respondent's fathers are engaged in service (39.16%) and business (25%) respectively while most of their mothers are living as house wives (63.33%).

- All the respondents have facilities of electricity and radio while (95.83%) have TV, (54.16%) have telephone and (30%) have computer facilities at their homes.
- Almost (25.83%) respondents read newspaper daily, (55.83%) respondents read sometimes and (18.33%) never read newspapers.

7.1.3. Knowledge towards STDs, HIV and AIDS among Secondary School Students

- Out of the total of 120 respondents, 114 (95%) have heard of STDs while 6 (5%) haven't heard about STDS.
- Majority of the respondents who have heard of STDS belong to age group 15-17 (60.83%) followed by age group 17-above (23.33%)
- Almost all (96.67%) respondents have knowledge of syphilis, (95%) respondents have knowledge of Gonorrhoea, (87.50%) respondents have knowledge of Hepatitis B, Chlamydia (22.50%), Genital Warts (10%) and trichomaniosis (7.5%)
- An overwhelmingly majority (95%) respondents from grade 9 and (98.33%) respondents from grade 10 have knowledge and syphilis and (93.33%) from grade 9 and (96.67%) respondents from grade 10 have knowledge of gonorrhoea etc.
- Radios (95.%) and Television (93.33%) are the main sources of information on STDs which is followed by teachers (83.33%) text books (61.67%) and News papers (81.67%) etc.
- All of the respondents (100%) believe that STDs are transmitted through unsafe sexual intercourse, (99.16%) feel. STDs are transmitted through infected mother to her fetus and (96.66%) believe they are transmitted through infected blood transfusion.
- Out of the total respondents who have heard of STDS, (99.16%) believe that STDS can be prevented by using condom during sexual intercourse, which is followed by avoiding sex with multiple partners (95.83%) and avoiding unsafe sex (95%).

- Out of the total respondents, all have heard of HIV and AIDS.
- Textbooks (93.33%), TV (92.50%), Teachers (88.33%), Radio (88.33%), Newspapers magazines (79.17%), friends (64.17%) are the sources of information on HIV and AIDS.
- Almost (95.83%) respondents said HIV and AIDS is transmitted from infected mother to her fetus, (82.50%) respondents said that it is transmitted through infected blood transfusion, (81.67%) through use of unsterilized syringes and (49.17%) through breast feeding from infected mother.
- About (89.17%) of the respondents said that HIV and AIDS is marked by less of body weight, (69.17%) respondents said that HIV and AIDS is marked by diarrhea for more than a month etc.
- Maximum respondents (95.83%) believe that using condom during sexual intercourse is the best way of providing from HIV and AIDS, while others believe it can be prevented by avoiding sex (91.67%) and avoiding use of contaminated syringes and blood (69.17%).
- Maximum respondents (93.33%) have read news, (78.33%) have read book reviews, (64.17%) have read Gossip, (45.83%) have read current affair (33.33%) have read teenage columns and (20.83%) have read others in newspaper.
- More than (81.67%) respondents have listened radio daily, (13.33%) sometimes and (5%) respondent have never listened radios.
- Highest number of respondents (89.17%) have listened entertainment program, (80%) musical, (55%) drama, (45%) news others are (21.67%) have listened programmes in radio.
- Maximum respondents (85%) have watched T.V. daily, (2.5%) have never watched the T.V., (12.50%) have watched T.V sometimes.
- Respondents have watched different programmes movie (97.5%), musical video (82.5%), Historical (76.67%), News (73.33%), Tele-serial (65.83%) others (30.83%) etc.

- All respondents have shared personal problems with family members.
- Respondents have shared personal problems with fathers (92.83%), mother (25.83%) brother (11.67%) sister (7.50%), friends (16.67%), teachers (8.33%), others (4.17%).
- Almost (93.33%) respondents have advice to solve problems (6.67%) respondents have not advice solve the problem.

7.1.4. Attitude towards STDs, HIV and AIDS among Secondary School Students.

- Out of the total respondents, (79.17%) viewed that STDS can be cured while (15%) of them said that it cannot be cured.
- Out of the total respondents, (76.62%) viewed that HIV and AIDS can be cured while (14.56%) said that it cannot be cured.
- Majority of the respondents (97.5%) perceived that those who keep unsafe sexual relation as well as commercial sex workers were at high risk of STDs including HIV and AIDS.
- Among the total respondents (74.17%) felt that STDs, HIV and AIDS infected people should be provided with love, care and support while (15.83%) of them such people should be hated and discriminated in the society.
- About (97.50%) respondents believed public awareness on STDs, HIV and AIDS to be the most effective method to control such infections. Similarly (94.17%) of the respondents took education and counseling and avoiding prostitutes and multiple partners as appropriate measure to control the incidence of STDs, HIV and AIDS.
- Majority of the respondents (43.33%) felt private health institutions and (16.67%) place for the treatment of such infections and (25%) respondents didn't know where to go for treatment of STDs, HIV and AIDS.
- All respondents haven't experience of sex.

7.2. Conclusions

This study shows that majority of adolescents of secondary level schools are familiar with HIV and AIDS, and other STDs like syphilis, gonorrhoea and hepatitis B, their mode of transmission, symptoms and preventive measures. It may be because of introduction of STDs, HIV and AIDS related topics in their course book along with their information have given through televisions, radio, newspaper and magazines and other sources.

However the problems of STDs, HIV and AIDS is increasing rapidly day by day. Adolescents are highly vulnerable groups of STDs, HIV and AIDS because of the influence of westernization, modernization and urbanization, process. Premarital sexual relationship, drug addiction, use of multiple partners and prostitutions are increasing. Similarly, unwanted socio-cultural taboos, lack of public awareness, lack of free and open discussion on sex related matters among parents and children and other members in the society have resulted in misconception, unwanted rumour and improper and wrong information about to STDs, HIV and AIDS.

The adolescents have the rights to gain complete and detail knowledge and information relating to STDs, HIV and AIDS along with other sex related issues. This is not only important to prevent themselves from unwanted STDs, HIV and AIDS related problems, but also for their overall development. Government, NGOS and INGOs along with media can play major role in making people aware and providing them proper information and knowledge on STDs, HIV and AIDS and other sex related issues. In addition, education, introduction of STDs, HIV and AIDS related topics in the text books, counseling and interaction programmes on similar topics can definitely provide better knowledge and information to adolescents and other groups of people. Such activities will not protect from STDs, HIV and AIDS but also to prevent themselves from getting infected with such diseases.

7.3. Recommendations

Along with increase in the number of adolescent population, in Nepal the problems of drug addiction, prostitutions and pre-marital sexual relationship are also increasing, resulting in the spread of various STDs including HIV and AIDS. Adolescents being the pillar of future and backbone and prevented against the above mentioned social problems. The following programs may contribute to aware and prevent the adolescents against STDs including HIV and AIDS to some extent.

- Information about STDs, HIV and AIDS should be disseminated regularly through such as radio, T.V, Telephone, newspapers, magazines etc in order to aware the people.
- Information regarding sex education along with STDs, HIV and AIDS should be introduced in the school and textbooks and teachers should be provided with orientation and training programmes regarding the subject matter.
- Government, NGOs and INGOs should launch orientation, counseling, seminar STDs, HIV and AIDS by participation school going adolescents.
- Socio-cultural taboos restrict people from free discussion on sex related issues including STDs, HIV and AIDS. So, information, education and communication programmes should be launched through formal as well as informal sectors in order to bring positive change in the attitude and behaviour of people.
- Parents should be motivated to take sex related issues and information positively. They should also be encouraged to create favourable environment so that they can freely discuss about such issues along with STDs, HIV and AIDS with their children.
- Safer sexual behaviors should be promoted, programmes to prevent STDs, HIV and AIDS should be formulated and implemented all over the country.

7.4. Area of Further Research

Limited number of adolescents of grades 9 and 10 have been covered by this research. So, similar type of study can be conducted in other places to compare the data. This study does not include those adolescents who don't go to school or are working. So, further studies can be carried out to compare the knowledge, attitude and behaviours of working or illiterate adolescents towards human sexuality STDs, HIV and AIDS along this study.

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QUESTIONNAIRE

Study on Knowledge attitude of adolescents on STDs, HIV and AIDS among secondary school students.

Group “A”

General Introduction

Respondent’s Number..... Date of Interview

1. School
2. Educational Level
3. Age
4. Sex: Male/Female
5. Caste/Ethnicity
6. Religion
- a. Hindu b. Buddhist c. Islam
- d. Kirati e. Christian f. Muslim g. Others
7. Marital Status
8. Where do you live at present?
- a. At home b. Hostel d. Rented Room
- e. Relatives e. Others

Group “B”

Demographic and socio-economic status

9. Where is your permanent residence?
- a. Town b. Village
10. How many members are there in your family?
11. Is your father or mother educated?
- a. Father Yes No
- b. Mother Yes No

12. If yes, what is their educational level?

Father: a. Primary b. Lower Secondary
 c. Secondary d. High School and above

Mother: a. Primary b. Lower Secondary
 c. Secondary d. High School and above

13. What is the main occupation of your parents?

Father: a. Agriculture b. Service c. Business
 d. Politics e. Teaching f. Others

Mother: a. Agriculture b. Service c. Business
 d. Politics e. Housewife f. Others

14. How many members of your family are currently employed?

15. Which of the facilities are available in your home?

a. Electricity b. Radio c. Television
d. Telephone e. Computer

16. How often do you read newspaper?

a. Daily b. Sometimes c. Never

17. What type of materials do you read in newspaper?

a. News b. Book reviews c. Gossip
d. Current affair e. Teenage columns f. Others

18. How often do you listen do you listen to radio?

a. Daily b. Sometimes c. Never

19. What type of program do you usually listen on radio?

a. Entertainment b. Musical c. Drama
d. News e. Others

20. How often do you watch TV?

- a. Daily b. Sometimes c. Never

21. What type of program do you watch on TV?

- a. Movie b. Musical video c. Historical
d. News e. Tele-serial f. Others

22. Have you ever shared your personal problems (Socio-economic and sex related with your parents or family members)

- a. Yes b. No

23. With whom do you like to share your personal problems?

- a. Father b. Mother c. Brother d. Sister
e. Friends f. Teachers g. Others

24. If yes, do they advice to solve problem?

- a. Yes b. No

Group “C”

Knowledge towards STDS, HIV and AIDS

25. Have you heard about STDS?

- a. Yes b. No

26. If yes, about which STDS have you heard?

- a. Syphilis b. Gonorrhoea c. Chlamydia
d. Trichomoniasis e. Hepatitis-B f. Genital warts
g. Others

27. What are the main sources of information about the STDs, HIV and AIDS?

- a. Radio b. Television c. Newspapers/Magazines
d. Textbook e e. Others

28. Do you know how STDS are transmitted?

- a. Yes b. No

29. If yes, how STDS are transmitted?

- a. Unsafe sex
- b. From infected mother to her fetus
- c. Infected blood transfusion
- d. Use of unsterilized syringes
- e. Living together with infected person
- f. Others

30. Do you know any symptoms of STDS?

- a. Yes
- b. No

31. If yes, what are the symptom of STDS?

- a. Bleeding other than menstruation period
- b. Drop a pus from paining
- c. Four discharge from vagina
- d. Sores/Abrasion around vagina, itching
- e. Lower abdominal pain during intercourse
- f. Others

32. Is it possible to prevent people from STDS?

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

33. If, yes, what are the methods?

- a. Use of condom during sex
- b. Have sex only with one partner
- c. Avoid unsafe sex
- d. Avoid contaminated

34. Have you heard about HIV AND AIDS

- a. Yes
- b. No

35. What are the main sources of information about HIV AND AIDS?

- a. Radio
- b. Television
- c. Newspaper/Magazines
- d. Friends
- e. Family members
- f. Teachers
- g. Textbooks
- h. Others

36. Do you know symptoms of HIV AND AIDS?
- a. Yes
 - b. No
37. If yes, what are the symptoms?
- a. Fever for more than a month
 - b. Persistent cough
 - c. Itching skin disease
 - d. Loss of body weight more than 10%
 - e. Diarrhea for more than a month
 - f. Others
38. Is it possible to prevent people from getting HIV AND AIDS?
- a. Yes
 - b. No
39. If yes, how are can prevent getting AIDS?
- a. Use condom during sex
 - b. Have sex with only one partner
 - c. Avoid unsafe sex
 - d. Avoid sex with multiple partners
 - e. Avoid contaminated syringes and blood.
40. Do you know the place where we can find condoms? If yes, where?
- a. Medical shops
 - b. Hospital's and clinic
 - c. NGO's/INGO's
 - d. Any shops
41. In your opinion, STDS can be cured?
- a. Yes
 - b. No
 - c. Don't know
42. In your opinion, HIV AND AIDS can be cured?
- a. Yes
 - b. No
 - c. Don't know
43. In your opinion, who are the most vulnerable group in your society to wards STDS/HIV AIDS?

- a. Those who keep unsafe sexual relations
- b. Drug addicts
- c. Youth adolescents
- d. Commercial sex workers
- e. People who travels more
- f. Others

44. In your opinion, how we should treat with people infected from STDs, HIV and AIDS?

- a. Love and support
- b. Hate and discrimination
- c. Don't know

45. In your opinion, what are the appropriate measures to control the problems of STDs, HIV and AIDS?

- a. Public awareness on STDs, HIV and AIDS and their prevents
- b. Education
- c. Use of condom during sex
- d. Avoid sex with prostitutes and multiple partners
- e. Use of sterilized syringes and safe blood transfusion
- f. Strict rules

46. If a person is already infected with HIV AND AIDS or any other STDS where should he/she go for help or treatment?

- a. Government
- b. Private hospital/Clinic
- c. NGO's and INGO's
- d. Don't know

Group "D"

Behaviour of Adolescents on Sexuality, STDs, HIV and AIDS

47. Have you ever done sex?

- a. Yes
- b. No

48. If yes, with whom did you have done sex first time?

- a. Boy friend
- b. Girlfriend
- c. Husband/wife
- d. Others

49. What was your age when you had sex first time?

- a. 15
- b. 16
- c. 17
- d. 18
- e. 19
- f. others

50. Did you take any precaution to protect yourself from STDS, HIV AND AIDS when you had sex for first time?

- a. Yes
- b. No

51. If yes, what did you use?

- a. Medicine
- b. Condoms
- c. Others

52. Do you have any sex partner?

- a. Yes
- b. No

53. If yes, who is he/she?

- a. Husband/wife
- b. Boyfriend/Girlfriend
- c. others

54. Did you use a condom when you had sex last time?

- a. Yes
- b. No

55. If yes, why did use condom that time?

- a. To prevent pregnancy
- b. To prevent yourself from STDs, HIV and AIDS
- c. Others