

# CHAPTER-ONE

## INTRODUCTION

### 1.1 General Background

Adolescence is a process rather than period of achieving the attitudes and beliefs needed for effective participation in the society. In which stage the mental, physical and behavioral change occurs to a person. It is difficult to convince about the changes in this stage.

Without proper counseling and education in this stage the attraction with opposite sex is very common which may lead to close relationship to each other. It is also common that this age group keep sexual relation with their friends which is generally unprotected. Such types of risky behaviors of adolescents can cause sexuality transmitted infections (STIs) including Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). Studies have shown that there is more chances of transmission of these infections in adolescence than older age. So that knowledge about it can also sometimes be very efficient to prevent from the infections.

Adolescent in Nepal cover almost one fourth (24%) of the total population. It should be noted that for a period of nearly three decades this population will be in reproductive age and will be bearing children (MOPE,2003). The world Health Organization (WHO) defines adolescents as the period of life spanning the age between 10-19 years of age. Adolescent is the second phase of life and is a period of rapid development. Especially the issues of adolescent are reproductive health service global attention after the International Conference on Population and Development (ICPD) held in 1994. Since adolescence is a time of mental and adjustment and it is a situation of being no longer a child but not yet an adult either, the Program of Action (POA) of the ICPD for a Substantial reduction of adolescent pregnancy and early child bearing. The program of action of the international conference on population and development (ICPD) has addressed the issues of the adolescent sexual and reproductive health and reproductive behavior (UNFPA,1995).

In Nepal , adolescents (10-19 years of age ) comprised more than one fifth (23%) of the total population (CBS1995). According to the New projection of Nepal , out of

the total population 23151423 in 2001 more than one fifth was constituted. It is estimated that this will remain more or less consistent till 2025 (MOPE, 2003). Owing to high fertility and youthful population, the proportion of adolescent in the total population is likely to increase in the coming years. The majority of the adolescent girls are literate only 49 percent girls in age 10-14 and 39 percent in the age 15-19 are literate while the corresponding figure for the boys are 76 and 71 percent respectively (MON,1996).

STIs are the diseases, which are transmitted through sexual contact during the unprotected intercourse. The infections transmitted from one individual to another through sexual contact are called sexually transmitted infection, sometimes they are also transmitted infections is serious problem of both developed and developing countries. The disease like Syphilis, Gonorrhoea, Chlamydia, Cancroids, Trichomoniasis Genital Warts and AIDS are example of indiscipline and halo heard sexual behaviors (Pokhrel, 2004). HIV( human immune deficiency virus) is a virus that causes AIDS (Acquired Immune Deficiency Syndromes) a health condition in which a person is affected by a serious of diseases because of poor immunity. HIV by itself is not an illness and does not instantly lead to AIDS. There is no way to know whether an infected person infects other or not through observing only. An HIV infected person can lead a healthy life for several years before developing AIDS, however during this period he or she can pass Virus to other.

The diseases known as AIDS was first recognized in united State of America in heterosexual partner in 1981, As of 2000 an estimated 36 million adults and children around the world were living with the HIV and AIDS. AIDS is caused by HIV. After infecting with this virus, a large proportion of the people die within 5-10 years. It is estimated that 2000 nearly 5.3 million people in the world were newly infected HIV. Among them 4.7 million were adults, 2.2 million women and 0.6 million under 15 years. An estimated 36.1 million people are living with HIV/AIDS. Among them 34.7 million are adults, 1.4 million are children under the 15 years of age. Out of the 34.7 million adult infected with HIV/AIDS 16.4 are women. In the year 2000 alone, about 3 million had died of AIDS. In this figure 2.5 million were adult and nearly half of them were women. Half a million children under 15 have also died during the same period. The total numbers of deaths due to AIDS since the beginning of the epidemic has been estimated as 21.8 million. Out of this number,

17.5 million under adults of which 9 million were women. The total number of children less than 15 years of age who have died of AIDS is 4.3 million (UNAIDS, 2011). AIDS was first identified in Nepal in 1988. Aids cause has been steadily increasing as February 2004 cumulative HIV/AIDS cases had reached 3432. This figure is based on the number of people who have tested for HIV/AIDS. It is likely that this figure could be much higher, for example, according to the UNAIDS and WHO estimates there may be about 70000 HIV Positive persons in the country (UNAIDS, 2007).

Despite relatively low number of identified AIDS cases in Nepal, experts are concerned about the implied impact of HIV/AIDS in Nepal because of:

- Relatively high illiteracy which prevents people taking precautionary measures to avoid getting AIDS.
- Open Boarder with India, which has the largest number AIDS cases in the world.
- Presence of commercial sex workers who are the major sector sources of AIDS transmission in Nepal.
- Increasing use of intravenous drugs
- Seasonal migration of Nepalese to India for seasonal work resulting in a STIS and AIDS infection (Joshi, 2004).

Adolescence is generally a healthy period of life; many young people suffer from inadequate family planning and reproductive health care. Each complication of pregnancies, childbirth and abortions are the major causes of death for women of age 15-19. Each year more than 2 million have unsafe abortions. Adolescents are especially at risk of infections with STIS including HIV/AIDS. Similarly the highest rates of infections with STIS including HIV/AIDS are found among young people ages 20-24. The teen ages 13-19 have the next highest rates of STIs infections. WHO estimated that half of all people infected with HIV in the ages before 25 years. In developing countries up to 80 percent of all new infections are among 15-24 years of old. Adolescent are at risk of STIs and HIV/AIDS because they often have short term relationship and do not consistently use condoms to protect themselves (Shane, 1997). The sexual transmitted diseases are of different types, some of them are curable and some are not curable. No medicine has been developed to cure AIDS till now, show this study has been focused on HIV/AIDS than other STIs.

## **1.2- Statement of the problem:**

The adolescent population occupies a central part. Many of the adolescent's population experience an ill biological and physical change during the puberty. Sex education is not open in Nepal. Nepal is also one of the developing countries so it can not be escaped /isolated from this problem. Although the HIV/AIDS cases are found low in Nepal than in other countries (with a prevalence of less than 0.5 in general population (PRB,2003).It effective preventive measure are not developed and implemented timely HIV will spread fast as time of the clock goes vastly . In the span of 25 years, HIV/AIDS has emerges as one of the biggest challenges to human kind. It has changed for the woes the life of million of the people. In the context of Nepal, poverty, the open conflict , gender inequalities combined with low level of literacy and education are the key risk factor that are likely to fasten the spread of the disease (NCASC,2004)

HIV/AIDS problem have been deep rooted mostly in developing countries. Ninety five percent of total infected populations reside in these countries. STIs and HIV/AIDS are more effective in SAARC countries. Moreover, only one –fifth of the reproductive age of women knows about HIV /AIDS in Nepal.

In Nepal, HIV /AIDS cases was reported in July 1988, then after the figure has been increasing gradually in each year, in 1988, the number of people infected by HIV views was 4 but by the January 2007 the number has reached 70,000. The AIDS (out of total HIV) cases have reached to 4,677.

The STIs and HIV/AIDS problem has been a knitting problem for Nepal too. The following factors are considered for rapid transmission of HIV/AIDS inside the country (Aryal, 2000).

- Trafficking of young village girls for prostitution outside the country
- Low levels of Awareness of HIV/AIDS
- Low coverage of mass media on AIDS prevention
- Poor health infrastructure
- Lack of sex education in school level

Adolescent age is the transitional age form child to adulthood, many children experience biological as well as social change during this period. For instance many children of this age go through puberty , experience change in their body structure , leave home , leave school and get married (Acharya ,1999). The research study will help to know the adolescent's knowledge and attitudes regarding STIS and

HIV/AIDS. It also helps to find out adolescents socio-economic and demographic background. The research study provides knowledge of modes of STIs and HIV/AIDS transmission and perception about consequence of Aids among school adolescents. Though the national centre for AIDS/STIS control (NCASC) is playing a dominant role, providing information, education and communication sharing the assistance from other non-governmental organization, its effects may be insufficient due to the lack of information about the perception of AIDS/STIS in the community level.

More effective planning towards AIDS prevention and control is possible only with help of statistic related to knowledge about HIV and AIDS and other STIS. The various source of information of AIDS transmission and the persisting misconception in the students level must also be assessed.

### **1.3 Objectives of the study**

The main objective of this study is to examine the knowledge attitudes and behavior on STIs and HIV /AIDS among school adolescents. Other specific objectives of the study are as follows.

- ) To examine the socio economic background of secondary school students
- ) To identify the knowledge and perception in STIs and HIV/AIDS of secondary school students
- ) To assess knowledge about preventive measures of STIs and HIV/AIDS of secondary school students

### **1.4 Significance of study**

This study will try to focus on the knowledge of school adolescent regarding on STIs and HIV /AIDS as well as will focus on the knowledge of differential adolescents boys and girls. In the world, Adolescents occupy sizeable population especially in less developed and developing countries as compared to developed countries. In most of the societies, adolescents have to face pressure to engage in sexual activity due to socio-economic value ability. The STIs and HIV/AIDS is dangerous disease of the developing countries. So that the main propose of this study to access knowledge of the STIs and HIV/AIDS. The study is limited in the Lalbandi and Pattharkot V.D.C of the sarlahi district. It helps to provide detail information about the types of program and policies that are needed to prevent the

spreading of STIs and HIV/AIDS infected persons in the society and what are the main possible causes behind this study is also helpful to evaluate past policies and programs and fruitful for forthcoming policies and programs .

### **1.5 Limitation of the study**

- ) This study is carried out as an academic exercise .Thus it may have several weaknesses regarding to other aspects
- ) It is done within a limited time frame and sources which can be taken as the limitation of the study
- ) This study is limited only among the adolescent's students of secondary level school of sarlahi district .So the findings of the study may not be generalized for other population groups and places
- ) The study is taken among limited number of respondents These are only respondents from two secondary schools

### **1.6 Definition of the Terms used**

**Knowledge**: The ability to name or recognize a family planning method is a nominal test of the respondent's knowledge. In this study, the head of STIs and HIV/AIDS is also taken as knowledge about it. However, in this study the level of knowledge is not corporate.

**Attitude**: In this study attitude refers to the number of ways how respondent perceive about the HIV disease and infected people . Number of questions are asked to acquire the attitude of respondents about STIs and HIV/AIDS and the infected people Also the attitude about the sex is also included in this study.

**HIV**: Human Immune deficiency syndrome Virus, a combination of disease cause by virus (HIV), which affects the immune system of the body.

**AIDS**: Acquired Immune deficiency syndrome a combination of disease caused by virus (HIV) which affect the immune system of the body. AIDS is not a single disease , but a syndrome i.e. group of symptoms , which results from the weakening of the body 's defense by virus called HIV. The Immune system becomes unable to fight against infections

**Immune system**: The body's defense mechanism is known as immune system. The immune system is a complex process of many originals e.g. blood, lymph gland,

thymus which are important for the protection of the body from infection by recognizing disease, killing them and then remembering what look like so that they will be able to fight them off again(Subedi, 1997).

**STIS:** STIs are infections transmitted by sexual context during the unprotected intercourses.

**Adolescence:** The transition period between puberty and adulthood or the teenage years. The concept of this transition is a part of life. In this period adolescents go through some of the great physical changes in their lives, their bodies grow faster during this period. This research work deal with the age group of 12-18 years.

### **1.7 Organization of the study**

The study is organized into seven chapters. The first chapter is introductory that includes background of the study, statement of the problem, objectives, significance, limitation and organization of the study. In the second chapter, review of literature and conceptual frameworks are presented. The third chapter deals with methodology and includes selection of the study area, sample selection, questionnaire design, method of the data collection, data processing data analysis and interpretation. The socio-economic and demographic characteristics of respondents are described in the forth chapter. In fifth chapter, the knowledge, attitudes and behaviors in STIs and in sixth chapter the knowledge, attitude and behaviors in HIV/AIDS of the respondents have been dealt. At last, seventh chapter presents the summary, conclusions and recommendations.

## **CHAPTER-TWO**

### **LITERATURE REVIEW**

AIDS was reported at first in 1981 in USA .The collative organism of HIV/AIDS was identified in 1983. The pandemic nature and magnitude of the health problem associated with HIV infection were recognized much later when the proportion of person infected with HIV rose very rapidly. However, considerable efforts are being made to curtail the spread of HIV, as the impact of HIV/AIDS seems to be very serious in a long term aspect. The HIV virus doesn't respect the geographical boundaries so no countries of the globe are immune to HIV/AIDS. It was found to be more common among homosexuals, where at the present, the disease has increased among the heterosexual especially who have several sexual partners .The risk of HIV infection is especially high if the age difference among sexual partners is large and if individuals have multiple or risky partners or unprotected sex numerous studies in developing countries have shown that young people with lack of knowledge about contraction, contraception and disease prevention are at high risk. The high risk of exposure to STD is especially greater for young people who become sexually active early and are therefore more likely to change sexual partners for the millions of adolescents living or working on the street, many of whom turn to selling sex to make a living ; and for married women whose husbands engage in Extramarital affairs (UNFPA, 1998). UNAIDS and the World Health Organization estimate that 33.3 million people are living with HIV/AIDS at the end of 2009. Among 34 million 2-7 millions are children under the age of 15. The overwhelming majority of people with HIV. Some 95 percent of the global total live in the developing countries .About 5 million are believed to have acquired HIV infection in 2009, of them some 800,000 are children's under age 15. This means that there are nearly 14,000 new infections everyday according to the 2007 figure. It is estimated that 24 million people died of AIDS since beginning of the epidemic and some 3 million people died of AIDS in 2001 alone (UNAIDS,2001). It is now clear that there is a strong correlation between the spread of conventional STIs and HIV transmission. Ulcerative and non-ulcerative STIs increase the risk of sexual transmission of HIV. Scientific evidence suggests that 80% of HIV infection is spread by sexual route and that



there are strong relationships between HIV and AIDS. More generally STIS and AIDS interact at various levels.

First STIs increase the risk of acquisition and transmission of HIV, second HIV may influence the process of immune deficiency in HIV positive individual, third HIV may change the natural history of the STIs in patient as the insensitivity may be increased and the response to the treatment may be impaired with more than 23 millions adult living with the HIV/AIDS sub-Saharan Africa is ravaged by this epidemic, an outstanding, 36 percent of Botswana's 15-49 years of people live with the disease. IN Lesotho, Swaziland and Zimbabwe approximately (25%) of the adults in these prime ages have HIV. South Africa has the highest numbers of adults living with the virus adults with the virus at above 4.1 million nearly 3.1 million Ethiopian adults live with HIV. Outside the sub-Saharan Africa, the largest numbers of people infected with HIV or living with AIDS are in India at 3.5 million. Globally 15.7 millions adults with AIDS are women and 1.3 million are children below the Age of 15 (UNAIDS,2005).

**Table2.1: Distribution of HIV/AIDS affected population of aged of 15 to 49 in the world.**

Region	2001(in percent)
Sub-Saharan	8.1
South Asia	0.6
North America	0.6
Latin America and Caribbean	0.7
Europe	0.4
Oceania	0.2

(Source: UNAIDS 2003)

Though there is variation with south Asian region, there are many similarities. Along different ethnic groups reside in the this region with distinct culture. But some of the characteristic are very similar. All countries are basically agrarian in nature and economic status is low as well as the literacy rate, the health indicator are very much. Similarly with high infant, child and maternal mortality rates. It is a tobacco to talk about issue related to sex or sexuality. The first HIV infection, in south Asian

reason was reported in India in 1986. This means that the pandemic was introduced in the region somewhat later than other parts of the world. The infection rates in South Asia are now and many countries are yet to develop a proper monitoring system. For this region the estimate of the HIV in south Asia are often made on the basis of inadequate information (Aryal, 2000). In the south East Asia region HIV was first recognized in 1984 in Thailand. In most other countries, HIV was not diagnosed until 1986. Since then however, HIV infection has spread extremely rapidly and all the countries except Korea have reported HIV infection. WHO estimates that currently there are more than 2, million HIV infected people in the region. These countries of the region namely India, Myanmar and Thailand have serious problem of HIV/AIDS. It comes much later to south East Asia than other part of the world. The center of gravity of AIDS epidemic is shifting from Africa to Asia, of the world's population. Yet HIV/AIDS has already emerged as a serious public health and developmental problem in the region. UNAIDS estimated that about 6 million south and south East Asia have HIV infected people as the end of 2000. The Major transmission routes are multi partner sexual context and injecting drugs use and Thailand, India, Philippines and Myanmar are major countries affected by the HIV Epidemic (plans institute, 2000). Evidence from selected SAARC countries suggests poor knowledge on HIV/AIDS.

Among ever married adolescents girl in 1999, There were 5.4 million new infections world wide 4.0 million in sub-Saharan Africa and around one million in South East Asia (UNFPA,2000) the reproductive tract infections (RTI) STIs among both married and unmarried adolescents girls and boys also is high in SAARC regions. The incidence of HIV/AIDS among them is limited but increasing particularly among girls (UNFPA, 1998). Block and Lahari 1997 in a study of states of India found that only one in six women heard of AIDS. Among those knowledge about transmission and prevention of AIDS was found to be poor. A particularity study among the students and teachers in the rural parts of the Maharashtra not super singly revealed that all the students and teachers contracted were aware of AIDS. Most student have heard about it forms mass media, the posters the lectures or some events of AIDS conducted in the school, Undoubtly, these mass awareness efforts have led to a certain amount of curiosity in the mindset of the students but there is a need to channel the curiosity to some kind of tangible knowledge, most students were not sure whether

AIDS could affect them of people like them and now it could be controlled. Some standard IX girls students stated that need for six education at early ages. Most teachers did not want to talk about sex or student sexual behavior they stresses manual issues. In Nepal, still a large of peoples is illiterate so they are highly dominated by traditional thought and norms. In the traditional Nepalese cultures and societies any discussion on sex and sexuality it taboo. Husband and wife don't discuss sexuality and partners don't and sex with their children. Low rates of literacy, shortage of appropriate AIDS education message contribute to the growing AIDS problem in Nepal. The first, cases of AIDS were reported in 1988 in Nepal. Though scarcity of reliable data in Nepal , limited data indicates that HIV prevalence is currently around 0.3 in the General population . As of January 2005, there are 854 cases are AIDS and 4678 HIV infection and 234 have already died of AIDS (NCASC, 2005). According to the NCASC, cumulative HIV/AIDS situation of Nepal is given in table 2.2.

**Table: 2.2: cumulative HIV/AIDS situation of Nepal**

condition	Male	Female	Total	New cases
HIV positive(including AIDS)	3405	1273	4678	85
AIDS(out of total HIV)	611	243	854	8

(Source: NCASC, 2005)

It is very different to get the reliable data on number of HIV infected people and probable number of risky person due to social isolation and stigma . It is also difficult to enforce someone to go for test their blood .Hence we just have to rely on some official data made on the basis of voluntary test. Table 2.3 shows the cumulative HIV infection by sub-group and sex includes result from sentinel surveillance voluntary confidential testing.

**Table: 2.3:- Cumulative HIV infection by sub-group and sex**

Sub-groups	Male	Female	Total	New cases
Sex workers(SWs)	-	565	565	5
Client of SWs	2449	61	2510	43
Housewives	-	596	596	16
Blood or organ recipients	7	2	9	-
Injecting drug user	885	13	898	14
children	63	36	99	6
MSM	1	-	1	1
Total	3405	1273	4677	85

(Source: NCASC, 2005)

:- Mode of transmission-sexual

From table 2.3, it is clear to see that majority of HIV carried are clients of sex workers. Altogether male are 3405 and female are 1273, the male are at high risk of Transmitting compared to females. The cumulative HIV infection is more effective of the male but not infection. Table 2.4 shows that cumulative HIV infection by age group are sex , The productive age group 30-39 is affected HIV/AIDS in this age group .Among them 1255 are male and 318 are female . Then after the age group 25-29 is affected 1210 person are affected in this age group. Similarly ,984 are from the age group 20-24 ,382 are from the age group 40-49 ,342 are from age group 15-19, 70 from age group 50 and above years , 54 are from the age 0-4, 39 are from 5-9 and 24 are from the age of group 10-14 are affected by HIV/AIDS . From the table it is also seen that the highest number of new cases is found on age group 10-39 followed by 25-29. From this data we can generalize that the productive age group are becoming more vulnerable for coming days.

**Table 2.4:- Cumulative HIV infection by age group of Nepal**

Age group	Male	Female	Total	New cases
0-4	33	21	54	-
5-9	24	15	39	4
10-14	17	7	24	4
15-19	170	172	342	-
20-24	664	320	984	13
25-29	884	326	1210	20
30-39	1255	318	1573	37
40-49	300	82	382	7
50 and above	58	12	70	2
Total	3405	1273	4678	87

(Source: NCASC, 2005)

Note: Data includes reports from sentinel surveillance sites and voluntary confidential testing centers. AIDS entered in Nepal through the prostitutes either women or Girl who were involved in prostitution in Mumbai and other cities of India. They are generally supposed to come back to home which helps AIDS to spread in Nepal (Acharya, 1999). Premarital and extra marital sex is not common in Nepal and the high prevalence of STIs in general population further helps HIV transmission in the country. Several studies have found that ten percent or more of the general adults population in the central Nepal and border area of Tarai region of Nepal have a history of STIS infection. The prevalence of STIS is due to lack of awareness about the infections, false beliefs about how to protect from STIS, social taboos against sex and low rates of condom use.

In Nepal, prostitution is officially prohibited and seriously condemned by public opinion, but in fact, over time prostitutes continue to be active. They effectively belong to high risk group for HIV for health education and safer sex behavior at the same time. It is also to be understood that a high rate of HIV and STIS among sex workers in many places indicates that customers transmitted the disease to them (Subedi, 1999). In response to the HIV/AIDS epidemic, the government of Nepal (HMGIN) established the national AIDS control program (NACP) in 1987 with financial and technical support from the World Health

organization (WHO). Cox and Subedi conducted a research survey in 1994 among Nepalese sex workers comparing some of their findings with those of other Asian countries, while relative to neighboring countries, the AIDS pandemic has been relatively effective in Nepal. But there is a tremendous potential for rapid spread of infections. Trafficking of Nepalese women and girls to serve the sex industry in India combined with migrant male engagement with commercial sex workers. Both in India and Nepal are primary routes through which the virus threatens to take hold in the general population. High rates of illiteracy, taboos regarding the open discussion of sex and limited health infrastructure are common noted factors, which facilitate the spread of infection (Cox and Subedi 1994). The first AIDS day campaign took place in 1997 to emphasize that acquired immune deficiency syndrome is not just a campaign of concern of one day, every year, so the world AIDS campaign now starts early each year to celebrate World AIDS Day on First December. On the issue of World AIDS Day it was traditionally celebrated this year too. The slogan was "LIVE LET LIVE" Nepali daily News has incorporated World AIDS Day by Day published the following literature. A recent survey conducted by UNAIDS revealed that 95 percent of all AIDS cases occur in the world's poorest countries at least one of five adults being HIV positive. People newly infected with HIV in 2002: Over 8000 deaths per day. About 14000 new cases of HIV infection occur every single day. The revised estimate for prevention, care and support programmes in low and middle income countries 2009 indicated that \$15.9 billion would be required by 2009. The new estimates also projected that financial resource needs will continue to increase significantly and that by 2012 some \$17 billion a year will be required to combat AIDS successfully. Knowledge and attitudes about STIs and HIV/AIDS among students is actually related studies. The lack of good knowledge on mode of transmission of HIV/AIDS is a major attribution factor to the negative attitude of people, this study shows that STI discrepancy but the students' level of knowledge of HIV/transmission routes and their practical attitude toward people with STIs and HIV/AIDS carriers. A more appropriate education program based on behavioral science is desirable to decrease discrepancy between general knowledge and referral behavior regarding STIs and HIV/AIDS.

Transmission of HIV has been closely linked to poverty, social, cultural and economic inequalities related to gender, race and cultural difference, migration flows of people within and between countries and social turbulence. In truth the epidemic has exacerbated these conditions. Another study Katmandu HIV/AIDS sex prevalence survey, conducted in Katmandu valley in November 1999, found that 17.3 percent of the females sex worker in Katmandu valley are infected with HIV/AIDS. The report also recommended diagnostic and treatment facilities are to be made available for the sex workers, and outreach programs, counseling services and condom promotion program should be launched.

The sarlahi district has 99 VDCs and one municipality. It has open border with neighbor country India. So it has very high chance to scatter the HIV around this district. Although there are many NGOs/INGOs are active to minimize and to control the HIV/AIDS. One of these is Rural development society. According to RDS 23 persons are infected by HIV. Similarly 2 infected persons have died. Bagmati service society is conducting many awareness program in the villages.

## **CHAPTER-THREE**

### **RESEARCH METHODOLOGY**

This chapter analyses research method employed to collect a qualitative as well as quantitative data needed for the present study are the source of data selection of study area, sample selection, questionnaire, data collection and method of data analysis are mainly here after.

#### **3.1 Introduction of the study area.**

The Study area has been purposively selected the study was conducted in Pattharkot and lalbandi V.D.C of sarlahi district. These V.D.Cs have some more remarkable improvements over the educational attainment. According to the record of V.D.C. office of 2001 census the total populations of pattharkot V.D.C is 12572 and that of lalbandi is 22282.

#### **3.2 Source of data.**

Primary as well as secondary data have been used in this study. Primary data have been collected conducting field study through interview. Secondary data have been taken from documents and related literatures.

#### **3.3 Sample selection**

The sample population is taken from the two secondary school one from Lalbandi and other from Pattharkot V.D.C. two schools of V.D.C area were selected purposively for the study purpose. From these schools 115 adolescent's students studying in grade nine and ten have been taken as the sample population.

#### **3.4 Selection of respondents**

In this study the term adolescents refer to the school adolescents at first research author visited the school and most of the adolescent students were selected and informally interviewed so that these students of all classes and ethnic background could be incorporated. Then the student of diverse background were selected and interviewed. The total of 115 respondents including 55 boys and 60 girls aged of 13-



18 years. Among them, the students from class nine were 73 and those from class ten were 42.

**Table 3.1:- Distribution of study population by Grade and Sex**

Grade	Boy	Girl	Total
9	34	39	73
10	21	21	42
Total	55	60	115

(Source -: field survey, 2011)

### **3.5 Questionnaire design**

To fulfill the objectives of the study questionnaire was designed with respect to school adolescent's knowledge, attitude on STIs and HIV/AIDS in two parts.

a)Individual schedule

b)Household's schedule

The household's question was designed to collect the information for the socio – economic background of school's adolescent. The individual's questionnaire was designed to collect the information about the knowledge and attitude in STI'S and HIV/AIDS of the respondents.

### **3.6 Data collection**

During the time of data collection, respondent were distributed questionnaire to fill up respondents were requested to fill the questions on their own knowledge. After distributing the questionnaire, students were kept in on environment as if they were carefully supervised during errors. The school staff shared necessary help at time of data collection.

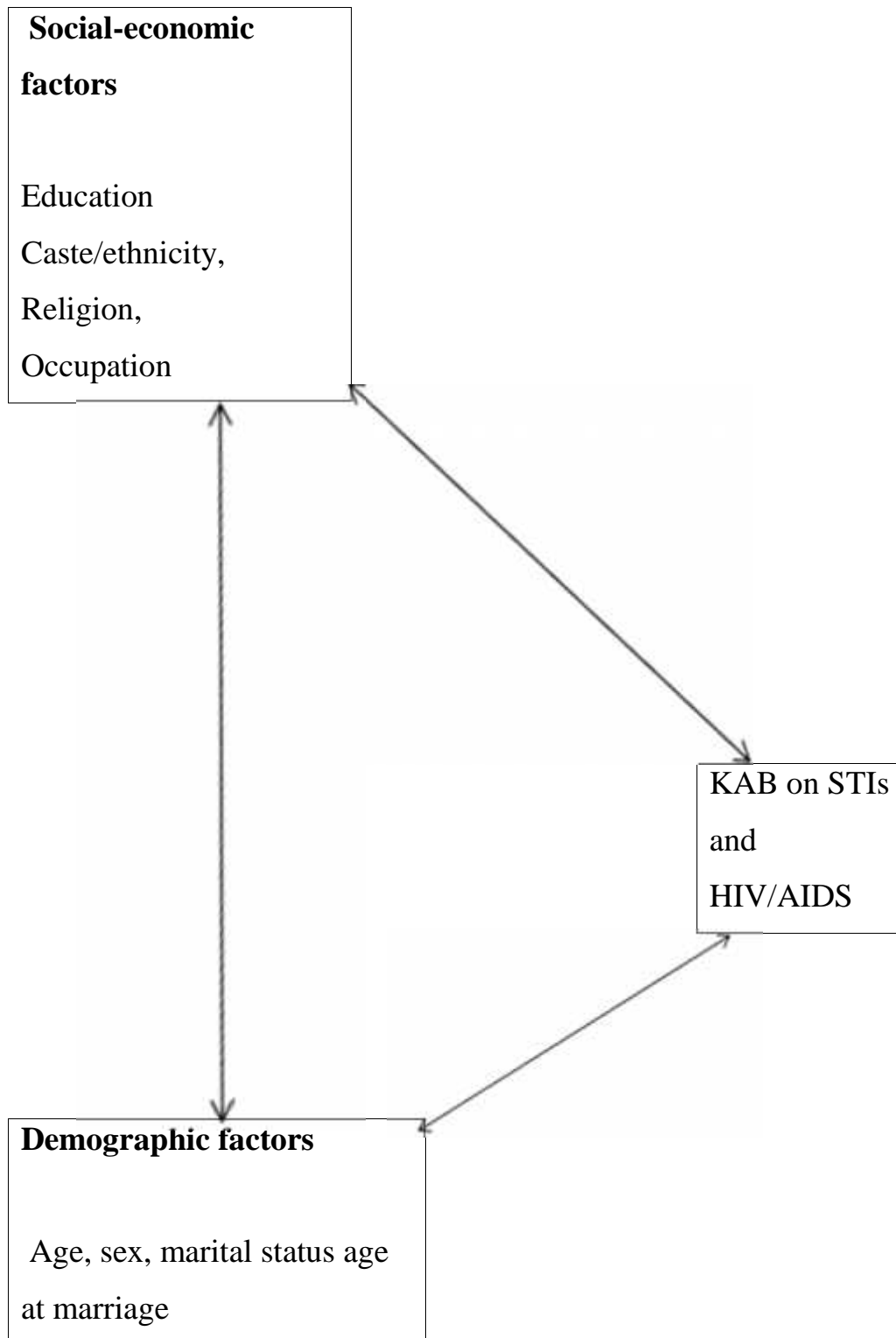
### **3.7 Method of data processing and analysis**

After the collection of data all filled up forms are scrutinized to check weathers all the questions are filled correctly. Then the data are entered into the computer. SPSS program is used to analyses the data, coding is done previously for the questions but with respect to the open ended questions, posting coding has done based on the answers. The techniques of analysis, adopted in the report are mainly based on descriptive analysis.

### **3.8 Conceptual frame work of study**

In this research study, it has attempted to explain the effects of several factors on knowledge, attitude and behavior of any one Adults STIs and HIV/AIDS . In General knowledge, attitude and behavior of any one is influenced by economic and development facto. Here socio economic factors affect demographic factor and level of education affects the level of knowledge. Their combined effects depend upon information, education and communication. So IEC has the vital role to increase of awareness of STIs and HIV/ AIDS.

## Conceptual frame work of study



## CHAPTER-FOUR

### DEMOGRAPHIC AND SOCIO - ECONOMIC CHARACTERISTICS OF RESPONDENTS

#### 4.1 Individual Information

This chapter includes the individual characteristics of the respondents. As mentioned in the objective of this study it is important to include the individual background of the respondents such as the school's name, grade, sex etc.

##### 4.1.1 Respondents by the School

The study is conducted in two secondary school of lalbandi and pattharkot VDCs the sample have appeared from two different schools as shown in table 4.1

**Table 4.1-: Distribution of respondents by the school**

School	Frequency	percent
Janajyoti h.s.school	73	63.47
Narayan janata h.s. school	42	36.53
Total	115	100.00

(Source:- Field survey, 2011)

Table 4.1 shows that the respondents were selected approximately equal from selected two schools. From the table it is seen that the highest number of respondents (63.47%) have appeared from the janajyoti higher secondary school and the lowest number of respondents (36.53%) have appeared from the janata higher secondary school.

##### 4.1.2 Respondents by the Grade

This study is carried out to the adolescents of secondary level thus the respondents are taken from nine and ten of the two schools. The distribution of respondents by the grade is shown in table 4.2.

**Table 4.2:- Distribution of respondents by the grade**

Grade	Frequency	Percent
9	73	63.47
10	42	36.53
Total	115	100.00

(Source:- Field survey, 2011)

Table 4.2 shows the appraise mutely equal distribution of respondents from two grade according top the table 63.47% respondents are selected by 9 and 36.53% respondents are selected by class 10.

#### **4.1.3 Age of the Respondents**

The age of the respondents may play an important role on the knowledge about HIV/AIDS and sties considering this fact the respondents completed age are collected in the surly and the result is given in table 4.3.

**Table 4.3:- Distribution of respondent by age**

Age	Frequency	Percent
13	17	12.17
14	13	11.03
15	36	31.03
16	33	28.69
17	11	9.56
18	5	4.34
Total	115	100.00

(Source:- Field survey, 2011)

The table 4.3 shows that some samples have appeared from the early adolescents and majority are selected from late adolescents in the table it is stated that 36 respondents (31.3%) are of fifteen years fooled by 33 respondents (28.69 %) of age 16 .17 respondents are of 13 age, thirteen respondents (11.3%) are of 14 age, similarly eleven, five respondents are of seventeen and eighteen years of age respectively.

#### 4.1.4 Sex of the Respondents

The sex of the respondent is another important factor to determine the level of knowledge about STIs and HIV/AIDS. The important collected on this variable is displayed in table 4.4

**Table 4.4: Distribution of respondent by sex**

Sex	Frequency	Percent
Boys	55	47.82
Girls	60	52.174
Total	115	100.00

(Source:- Field survey, 2011)

From the table 4.4 it is seen that the sample has appeared more as less eel proportion in total sample size. As seen in the table more number of female respondents (52.174%) than the mate respondents (47.826%) are appeared in the sample.

#### 4.1.5 Caste/Ethnicity

It was objected to access the representation of different caste ethnicity in this study. All the respondents were asked to state their caste in the questionnaire and the result of it is given in table 4.5 below.

**Table 4.5:- Distribution of respondent by the caste / ethnicity**

Caste/ ethnicity	Frequency	Percent
Brahmin	35	30.43
Chhetri	34	29.56
Janajati	20	17.39
Madhesi	15	13.04
Dalit	11	9.56
Total	115	100.00

(Source:- Field survey, 2011)

From the table 4.5 it is seen that the highest proportion of respondents are Brahmin (30.43%) followed by Chhetri 34(29.5%), 20 respondents are janajati ethnicity, similarly 15 and 11 respondents are of Madhesi & Dalit ethnicity.

#### 4.1.6 Religion

Similar to the caste and ethnicity of the respondent it is important to know the religions of the respondents since religion case also act as a determining factor for the knowledge on HIV/AIDS & STIs. So that the respondents religion was accessed through the survey tools and the information is given in the table 4.6 below.

**Table 4.6:- Distribution of respondent by religion**

Religion	frequency	Percent
Hindu	68	59.13
Buddhist	38	33.91
Christian	5	4.34
Muslim	3	2.61
Other (Jain)	1	0.86
Total	115	100.00

(Source:- Field survey, 2011)

From the table we can see that students of five different religions background are appeared in the sample. Obvious result that of nationality representation. The Hindu respondent has higher proportion than other religion it is stated that 68 respondents (59.13%) are Hindu followed by 38 (33.91%) respondents are of Buddhist religion. Similarly, 5 respondents (4.34%) are of Christian religion and only one respondent is of Jain religion.

#### 4.1.7 Marital Status

As the background information it is important to know the marital status of the respondents since the knowledge and practices about STIs and HIV/AIDS would have influenced by the marital status. The information was collected and is shown in the table 4.7.

**Table 4.7 -: Distribution by marital status**

Marital status	Frequency	Percent
Married	10	8.70
Unmarried	105	91.30
Total	115	100.00

(Source:- Field survey, 2011)

In the questionnaire only two options were given to access the marital status of the respondent a married or unmarried. From the above table it is seen that 91.3 percent respondents are unmarried whereas only 8.7 percent respondents have found married.

#### **4.1.8 Respondents by their Living Status**

From the literature review and personal experiences it was found that many of the students are settle on sent whole studying. Thus the questionnaire was asked to ask to know the current living status of the respondents. The information collected in response to question is given in table below.

**Table 4.8: Distribution of respondents by their living status**

Current living	Frequency	Percent
Own home	92	80.00
Hostel	12	10.43
Rented	04	03.48
Relatives	07	06.08
Total	115	100.00

(Source:- Field survey, 2011)

The living status of the respondents is accessed in four different closed alternatives. A large volume of respondents are stayed in their own home and followed by hostel, rented room and relatives. As stated in the table 4.8, large volume of the respondents 80% are living in own home. The proportion of those respondents is adjactly 80 percentage and the respondents living in hostel is more then ten percentage and similarly the numbers of respondents living in rented room is 3.48% or 6.08% respectively.



## 4.2 Household Information

The individual information about the respondents is also important to find out their household background. For this purpose several variable which gives information about the households such as educational status of parents, occupational status of the parents, number of family member households facilities are collected in this study.

### 4.2.1 Educational Status of Father

To access the household characteristics of the respondents it is important and obvious to find out the educational level of their father. For these purpose two separate questions was put to each respondent. The literacy status is shown in table 4.9 and the level of education is shown in table 4.10 below.

**Table 4.09 - : Distribution of respondents by the literacy status of their father**

Literate	Frequency	Percent
Yes	105	91.30
No	10	8.70
Total	115	100.00

(Source:- Field survey, 2011)

Table 4.9 shows that the distribution of respondents by the literacy status their father. In response to the question “can your father read or write?” Nearly 91.3% respondents reported that his or her father could read or write, However the father of ten respondents can not read or write.

**Table 4.10 - : Distribution of respondents by the educational level of their father**

Father's education	Frequency	Percent
Primary (1-5)	46	40.00
Lower secondary (6-8)	36	31.30
Secondary (9-10)	25	21.74
SLC & above	8	6.96
Total	105	100.00

(Source:- Field survey, 2011)

Table 4.10 shows that the distribution of respondents by the level of education of their father education according to the table, the father of 46 respondents (90%) have

completed the primary education followed by 36 respondent's father have completed lower secondary level education, father of 25 respondents 25 have completed secondary level education. Similarly, father of eight respondents have completed SLC and above level education.

#### 4.2.2 Educational Status of Mother

Similar to the educational status of father of the respondent it is also important and obviously good to find out the educational level of their mother. For these purpose two separate questions was put to each respondent. The literacy status of mother is shown in table 4.11 and the level of education is shown in table 4.11.

**Table 4.11: Distribution of respondents by the literacy status of their mother**

Literate	Frequency	Percent
Yes	102	88.69
No	13	11.30
Total	115	100.00

(Source:- Field survey, 2011)

Table 4.11 shows that the distribution of respondents by the literacy status of their father. In response to the question can your mother read and write? Many respondents reported that their mother can read or write but a few mother of 13 respondents can not read or write.

#### 4.12 -: Distribution of respondents by the Educational level of their mother

Mothers education	Frequency	Percent
Primary (1-5)	70	68.62
Lower secondary (6-8)	23	22.54
Secondary (9-10)	07	6.86
SLC or above	02	1.96
Total	102	100.00

(Source:- Field survey, 2011)

Table 4.12 shows that the distribution of respondents by the level of education of their mother. According to the table, the mother of 70 respondents (68.86%) have completed primary education level followed by mother of 23 respondents (22.54%)

was done lower secondary school, secondary level education was done by 7 respondent's mother and a few mother of respondent's 2 was completed SLC and above education level from the above four table it is seen that there is not huge disparity between the educational status of father and mother of the respondents.

#### 4.2.3 Occupational Status of Father

The occupational statuses of the father of the respondents were also included in the questionnaire. The occupation adopted in household may also differ in the level of knowledge above the HIV/AIDS and STIs. So this question was included and the result is given in table 4.13 below.

**Table 4.13 - : Distribution of respondents by occupational status of their father**

Father's occupation	Frequency	percent
Agriculture	68	59.13
Service	22	19.13
Daily wages	02	1.73
Business	18	15.65
Politics	5	4.35
Total	115	100.00

(Source:- Field survey, 2011)

From table 4.13 it clearly seen that the occupation of majority of the father of respondents is agriculture which has been adopted by the father of 68 respondent (59.13%) other profession adopted by the respondents father are service officer (19.13%), business 18(15.65%) similarly the nearly 5 percentage father of respondents have been doing politics.

#### 4.2.4 Occupational Status of Mother

The occupational statuses of the mother of the respondents were also included in the questionnaire. The occupation adopted by the mother may also differ in the level of knowledge about the HIV/AIDS and STIs. So this was included and the product is given below in table 4.14.

**Table 4.14 -: Distribution of respondents by occupational status of their mother**

Occupation	Frequency	Percent
Housewife	69	60.00
Agriculture	18	15.65
Service	10	8.69
Business	14	12.17
Daily wages	02	1.73
Politics	02	1.73
Total	115	100.00

(Source:- Field survey, 2011)

As stated in the above table 4.14 it is clearly seen that the prominent occupation of majority of mother of respondent is house wife which has been adopted by the mother of 69 respondents mother is agriculture (15.65%), service (8.69%), business (12.17%) at the last only two, two mother of respondent's occupation is noticed as politics and daily wages.

#### **4.2.5 Number of Family Member**

The respondents were asked to state the number of family member in the given questionnaire. The distribution of respondents by the number of family member is shown in table 4.15.

**Table 4.15-: Distribution of respondents by the family member**

Family number	Frequency	Percent
5	12	10.43
6	24	20.87
7	43	37.40
8	17	14.78
9	08	6.95
10	11	9.56
Total	115	100.00

(Source:- Field survey, 2011)

From above table it is seen that majority respondent family have 7 members in their family which has been adopted by the 43 respondents have 7 members in their family. 17 respondents have 8 members in their family; similarly 8 & 11 respondents have 9 and 10 members in their family respectively.

#### 4.2.6 Household Facilities

Four types of household facilities were included in the questionnaire. The distribution of respondents with the availability of specified facility is given in below table 4.16.

**Table 4.16:- Distribution of respondents by household facilities available at home**

Facilities	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Electricity	79	68.69	36	31.30	115	100
Radio	115	100	-	00.00	115	100
TV	52	45.21	63	72.45	115	100
Telephone	31	26.95	26.95	23.05	115	100
Other(Refrigerator)	01	0.86	114	99.13	115	100

(Source -: Field survey, 2011)

Other: Only one respondent noticed that he has the facility of refrigerator.

Multiple Response (N) =115

From the table 4.16 it is clearly seen that all of the respondent (100%) have radio facility at their home whereas no any respondents have not the facility of radio. Similarly 79(68.69%) respondents have electricity facility at their home likewise 45.2% of respondents only have the facility of television at their home. And nearly 27% respondents have telephone facility at their home and only one respondent have other extra house hold facility that is refrigerator at her home.

#### 4.2.7 Access to Print Media

In order to fulfill the accessibility to the print media respondents were asked to state whether they read newspaper or not. The respondents who read newspaper were further asked the frequency of newspaper reading. The table 4.17 and 4.18 below gives the reading Habit and frequency of reading respectively.

**Table 4.17: Distribution of respondent by their newspaper reading habit**

Read	Frequency	Percent
Yes	59	51.30
No	56	48.69
Total	115	100.00

(Source -: Field survey, 2011)

From the table 4.17 it is seen that nearly 50 percentage respondents have habit of reading newspaper whereas nearly same percentage of respondents have mentioned that they do not read newspaper.

**Table 4.18 -: Distribution of respondent by the frequency of newspaper Reading**

How often	Frequency	Percent
Daily	10	17.11
Sometimes	43	72.88
Rarely	06	10.16
Total	59	100.00

(Source -: Field survey, 2011)

As stated in table 4.18, majority of the respondents (72.88%) read sometimes followed by (17.11%). respondents reading daily and reading rarely are (10.16%) of respondents who have the habit of reading newspaper.

## CHAPTER-FIVE

### KNOWLEDGE, ATTITUDE AND PRACTICES FOR PREVENTION OF SEXUALLY TRANSMITTED INFECTION

#### 5.1 Knowledge on STIs

The knowledge on sexually transmitted infections is measured in terms of several variables. First of all, it is examined whether the respondents have heard about STIs or not. Then knowledge on symptoms, knowledge on modes of transmission and knowledge on preventive measures have been examined. The knowledge is categorized into high, medium & low based on the number of options respondents reported. The operational definition for different levels of knowledge has been set in the third chapter.

##### 5.1.1 Heard of STIs

The foremost important variables to assess the knowledge on STIs can be taken as heard of STIs. The question was asked if the respondent has heard about STIs or not. According to table 5.1, almost 93% have heard about sexually transmitted infections. Only 7% of respondents reported that they have not heard about STIs.

**Table 5.1: Distribution of respondent by heard about STIs.**

Heard	Frequency	Percent
Yes	107	93.4
No	8	6.95
Total	115	100.00

(Source -: Field survey, 2011)

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

**Table 5.2 -: Distribution of respondents by name of STIS Heard**

STIS	Frequency	Percent
Gonorrhoea	50	43.47
Syphilis	109	94.78
Genitals	70	60.86
Hepatitis-B	101	86.82
Chlamydia	75	65.21

(Source -: Field survey, 2011)

Multiple response (N) =107 Respondents

As stated in table 5.2 the syphilis is very common type of sexually transmitted infection which is heard by almost all respondents (94.78). The next common name of STIS is hepatitis-8 which is heard by nearly (87.82%), Chlamydia by (65.2%) and followed by genitals (60.86%) and gonorrhoea (43.7%) respondents have heard the STIs.

### 5.1.2 Source of Information

Table 5.3 provides the information on the distribution of the respondents who have knowledge on STIs by source of information. The electronic media is the main source of information.

**Table 5.3 -: Distribution of respondents by source of information on STIs**

Source of Information	Frequency	Percent
Radio	91	79.13
TV	50	43.47
Newspaper	27	23.47
Textbook	35	30.43
Teacher	38	33.04
Friends	13	11.30
Parents	09	07.82

(Source -: Field survey, 2011)

From the table 5.3 It is seen that the majority source of information for STIS is radio which has been adopted as 79.13% respondent was informed about STIS getting



information by Radio followed by TV (43.43%) teacher (33.41), textbook (30.43%) Newspaper (23.47%), Friends (11.3%), 7.82% respondents are informed by parents. From this research It is clear that most of their parents do not share much about sexually transmitted infections.

### 5.1.3 Knowledge on Symptoms of STIs

Respondents were asked the symptoms of sexually transmitted infection to evaluate the knowledge about it. First of all respondents were asked whether they know about symptoms of STI or not. Table 5.4 gives the distribution of respondents by knowledge on symptoms of STIs.

**Table 5.4 :- Distribution of respondents by knowledge on symptoms of STIs**

Know	Frequency	Percent
Yes	100	83.34
No	15	16.66
Total	115	100.00

(Source :- Field survey, 2011)

According to table 5.4, 97 respondents; nearly 83.34 noticed that they know about the symptoms of STIs. The 15 respondents, only (16.66%) respondents, stated that they do not know about the symptoms of STIs.

**Table 5.5 :- Distribution of respondents by symptoms of STIs**

Symptoms	Frequency	Percent
Weight loss	29	25.52
Sever headache	41	35.65
Swelling	71	61.74
Sores/Abrasion	70	60.86
Yellowish pus-like discharge from vagina & penis itching	50	43.47
Lower abdominal pain during inter course	95	82.06

(Source :- Field survey, 2011)

Multiple response (N) = 97

The respondent who knows the symptoms of sexually transmitted infection were asked to mention the symptoms. According to the table 5.5, 95 respondents (82.6%) reported lower adnominal pain during intercourse as symptoms of STIS followed by swelling (61.74%), (60.86%) sores/abrasion, yellowish pus-like discharge from vagina & penis itching, sever ad ache (35.65%), a few percent (25.21%) was suffered as being weight loss.

#### 5.1.4 Knowledge on transmission of STIs

In questionnaire, the question to access the knowledge on transmission of STIs was included. First of all respondents were as ked weather they know the mode of transmission of STIs or not According to table 5.6, 100 (86.9%)respondents know the mode of transmission of STIs. Only 15(13.04%) respondents reported informed they don't know the modes of transmission of STIs.

**Table 5.6 -: Distribution of respondents by knowledge on ways of transmission of STIs**

knowledge	Frequency	percent
Yes	100	86.96
NO	15	13.04
Total	115	100.00

(Source -: Field survey, 2011)

The respondents who have knowledge on mode of transmission of STIs were further asked to state the modes table 5.7 given the result.

**Table 5.7 -: Distribution of respondent by ways of transmission of STIs**

Ways of transmission	frequency	Percent
Sexual contact with infected person	81	70.40
Living together with infected person	25	21.73
Infected mothers to fetus	31	26.96
Contaminated infection & blood	38	33.04

(Source -: Field survey 2011)

Multiple response (N) = 100

According to table 5.7 around third-fourth respondents (70.4%) stated is the most important modes of transmission contaminated injection and blood is another important mode of transmission. The proportion (27%) and the respondents who reported living together with infected person is way to transmit the disease is nearly 22 percent.

### **5.1.5 Preventive Measures of STIs**

It is essential to check weather the students have knowledge on preventive measures of sexually transmitted infection or not. The question was included and the result indicating this is shown in table 5.8.

**Table 5.8 -: Distribution of respondents by knowledge on preventive measures of STIs**

Knowledge	Frequency	Percent
Yes	93	80.87
No	11	19.13
Total	115	100.00

(Source -: Field survey, 2011)

From the table it is seen that 91 respondents have the knowledge on preventive measures of sexually transmitted infection and the remaining respondent (9.91) mentioned that they did not know the preventive measures of STIs. The respondents who reported having knowledge about the preventive measures of STIs were further asked to indicate the preventive measures. Table 5.9 gives the result of it.

**Table 5.9 -: Distribution of respondents by preventive measures of STIs**

Preventive measures	Frequency	Percent
Use of condom during sexual intercourse	89	95.69
Sex with only one partner	90	96.77
No use of contaminated injection & blood	59	63.44
Always clean owns sexual organs	64	68.81
Avoid sharing foods, clothes, toilet with infected person	23	24.73

(Source -: Field survey, 2011)

Multiple response(N)=93 .As shown in table 5.9 sex with only one partner is the most preferred ways of prevention from sexuality transmitted infections which has been reported by 90 respondents(96.77%) likewise use of condom during sexual intercourse and non use of contaminated injection and Blood 89 (95.69%) and 59 respondents (63.44%) respectively. Similarly always clean owns sexual organs and avoid sharing foods, clothes, toilet with infected person stated in (68.81%) & nearly (27%) respectively.

## **CHAPTER-SIX**

### **KNOWLEDGE, ATTITUDE AND PRACTICES FOR PREVENTION OF HIV/AIDS**

#### **6.1 Knowledge on HIV /AIDS.**

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

#### **6.2.1 Heard of HIV**

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

#### **6.2.2 Source of Knowledge**

It is important to find out the source of information from which students hear about HIV/AIDS. The distribution of respondents by source of information is given in table 6.1.

**Table 6.1:- Distribution of respondents by source of information on HIV/AIDS**

Source of information	Frequency	Percent
Radio	92	80.00
TV	51	44.34
Newspaper	28	24.34
Textbook	34	29.56
Teacher	32	27.83
Friends	14	12.17
Parents	11	9.56
Other(Health person)	05	4.34

(Source:- Field survey, 2011)

Multiple Response (N) =115

As shown in table 6.1, It is clear that the main source of information is radio (80%) followed by (44.34) of Television, textbook (29.56%), Teacher (27.83%), Newspaper (24.34%), friends (12.17%) and parents (9.56%). At last, Health person (4.34%) From this data we can generalize that the parents are still not so open on the matter of HIV/AIDS with their children.

### 6.2.3 Knowledge on full form of AIDS

The respondents were asked if they know the full form of AIDS. The full form itself gives a lot's of knowledge about AIDS. So this question is Valuable to the researcher as stated in the table 6.2,99 respondents(86.08%) reported that they know the full form of AIDS.

**Table 6.2:- Distribution of respondents by the knowledge on full form of AIDS**

Know	Frequency	Percent
Yes	99	86.08
No	16	9.91
Total	115	100.00

(Source--: Field survey, 2011)

Knowledge on full form of AIDS also gives the important understanding about the AIDS. According to the table 6.11, 9.91% of respondents stated that they don't know the full form of AIDS.

#### 6.2.4 Knowledge on Ways of Transmission of HIV/AIDS

The respondents were asked if they know the ways of transmission of HIV/AIDS and the result is given in table 6.3.

**Table 6.3:- Distribution of respondents by knowledge on ways of transmission of HIV/AIDS**

Know	Frequency	Percent
Yes	107	93.04
No	08	6.96
Total	115	100.00

(Source:- Field survey, 2011)

According to table 6.12, about (93%) reported that they know the ways of transmission of HIV/AIDS and remaining (6.96%) mentioned that they did not know about it.

The respondent who knew the ways of transmission of HIV/AIDS were further asked to state the ways of transmission and the result is given in table 6.4.

**Table 6.4:- Distribution of respondents by ways of Transmission of HIV/AIDS**

Ways of transmission	Frequency	Percent
Sexual contact with infected person	83	72.19
Infected blood/ organs transmission	52	45.21
Sharing unsterilized needle	66	57.39
Breast feeding by infected mother	48	41.74
From infected mother to fetus	34	29.56
Other (kissing)	20	19.39

(Source:- Field survey, 2011)

Multiple response (N) = 115

As shown in table 6.1.3 it is seen that almost the majority of respondents (72.19%) have reported sexual contact with infected person is the way of transmission of

HIV/AIDS followed by sharing unsterilized needle (57.39%) infected blood/ organs transmission (45.21%), Breast feeding by infected mother (41.74%), from infected mother to fetus (29.56%) and similarly kissing (17.39%).

### 6.2.5 Knowledge on Type of Vulnerable people

The question was included to access the knowledge on type of people who are more Vulnerable for HIV transmission. The result is given in the following table.

**Table 6.5-: Distribution of respondents by knowledge on vulnerable people**

Vulnerable people	Frequency	Percent
Adolescents & youths	70	53.08
Drivers	46	35.04
who are drug abuse	57	49.56
Who have multiple sex partners	98	85.23

(Source:- Field survey, 2011)

Multiple response (N) = 115

From the above table we can see that about 85.82% of the respondents reported that the people who have multiple sex partners are vulnerable for the transmission of this virus. Similarly 49.56% respondents reported that drug abuser, adolescent and youth (53.8%), drivers (35.4%) have the higher chance of transmitting this virus.

### 6.3 Information Related to sexual Behavior

The respondents were asked if they had sexual partner or not. This question would give valuable information on this study. The result is snows in table 6.6.



**Table 6.6 :- Distribution of respondents by information on sexual partner by sex**

Have sexual partner	Boy		Girl		Total	
	Frequency	Percent	Frequency	Percent	Frequency	percent
Yes	13	17	18	12	30	26.086
No	50	83	60	88	85	73.194
Total	63	100.00	78	100.00	115	100.00

(Source:- Field survey, 2011)

From the table 6.6, we can see that all together 30 (26.086%) have the sexual partner. The information was collected separately for male and female which shows that more number of male 13 have sex partner as compare to the female respondents 18.

The respondents who reported having sexual partner were further asked about the relationship with their sex partners. The result is given in table 6.7

**Table 6.7 :- Distribution of respondents by the relationship with sexual partner**

Sex partner	Frequency	Percent
Wife/ husband	10	33.33
Friends	20	66.67
Total	30	100.00

(Source :- Field survey, 2011)

From the table 6.7 it is seen that 10 respondents have their own husband / wife as sexual partners. It is important to note that only ten of the respondents are found married in this study. Among other respondents who have sexual partner, majority of them (66.66%) keep relation with their friends while only four respondents keep relation with prostitutes.

### 6.3.1 Use of Contraceptives at Intercourse

The respondents who have sex partners were accessed their practices of contraceptive use while intercourse in this survey. The information about the out is shown in table 6.8.

**Table 6.8-: Distribution of respondents by the use of contraceptive at intercourse by sex**

Use	Boy		Girl		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	15	68.18	08	100.00	23	76.67
No	07	31.82	-	00.00	07	23.33
Total	22	100.00	08	100.00	30	100.00

(Source -: Field survey, 2011)

Table 6.8 gives the information about the use and non-use of contraception at intercourse by sex. From the table it is clearly seen that (76.67%) of the respondents use contraceptives at intercourse while only 23 percent do not use any method. It is also seen that all of the female respondents who keep sexual relation use contraceptives whereas only (68.18%) of the male respondent use contraceptive methods.

### 6.3.2 Method of contraception

In this study the method of contraceptives applied by the adolescent was also collected who reported use of contraceptives at intercourse. The table 6.9 gives the detail information about it.

**Table 6.9 -: Distribution of respondents by the method of contraceptive and by sex**

Method	Boy		Girl		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
condom	09	100.00	02	25.00	10	66.66
pills	-	00.00	04	50.00	04	26.66
Safe period	-	00.00	02	25.00	01	06.67
Total	09	100.00	08	100.99	15	100.00

(Source-: Field survey, 2011)

As stated in table 6.9 the condom is most popular among male which is adopted by all the respondents who use any contraceptives among females pills is more condom and safe period (25%)for both categories.

### 6.3.3 Reason for non-use of Contraception

The respondents who keep sexual relation but do not use any methods were asked the reason for not using contraceptive methods. To the response of this question all of the three respondents that the contraceptives methods are very tedious to use.

### 6.4 Knowledge on Preventive Measures of HIV/AIDS

HIV/AIDS being incurable disease preventive check is only one way to avoid this disease .Thus information on knowledge about the preventive measures of HIV/AIDS was also collected with the respondent in study. The table 6.10 gives the distribution of respondents having knowledge on preventive measures of HIV/AIDS.

**Table 6.10:- Distribution of respondents by knowledge on preventive measures of HIV/AIDS**

Knowledge	Frequency	Percent
Yes	111	96.521
No	004	03.48
Total	115	100.00

(Source:- field survey, 2011)

From the above table 6.10 we can see that almost all the respondents (96.52%) have knowledge about the preventive measure of HIV/AIDS. Whereas only (3.47%) respondents mentioned that they did not know the preventive measures of HIV/AIDS. The respondents who knew the preventive measures were further asked to state the various measures and the result is given below in table 6.10.

**Table 6.11 -: Distribution of respondent by preventive measures of HIV/AIDS**

Preventive	Frequency	Percent
Don't have sex at all	107	93.0
Don't have sex with multiple partner	94	81.74
Use of condoms during sex intercourse	111	96.52
Only use lab tested blood	82	71.30
Avoid sharing needles and drug	88	76.52

(Source:- Field survey, 2011)

Multiple response (N) =111

In the table 6.11 It is stated that the majority of the respondents (96.52%) reported to use condom during sexual intercourse and 93.04% of respondents reported that Do not have sex at all, followed by Did not have sex with multiple partner (81.74), Avoid sharing needles and drug use (76.52) & only (71.30) percentage of respondents suggested that to use tested blood.

### 6.5 Perception on HIV Infected Person

It was aimed to find the perception of the respondents about the HIV infected people. Three options are provide to choose to each of the respondents and the result is given below.

**Table 6.12 -: Distribution of respondent by perception about HIV infected person**

Perceptions	Frequency	Percent
AIDS can not be cured	98	85.21
AIDS can be cured	12	10.43
Don't know	05	04.36
Total	115	100.00

(Source -: Field survey, 2011)

From the table 6.12 it is clearly seen that large proportion of respondents (85.21%) stated that AIDS can not be cured. They have the fair knowledge about the disease. Likewise (10.43%) of respondents stated that AIDS can be cured and a few (4.36%) of total respondents noticed they don't know whatever AIDS can cure or not.

## 6.6 Perception on HIV/AIDS

Similar to the perception about the infected person the perception about the disease was also collected in this study. The table below gives the information about it.

**Table 6.13:- Distribution of respondents by perception of HIV/AIDS**

Perception	Frequency	Percent
Essential to give knowledge on HIV/AIDS	76	66.08
Too much essential	24	20.86
Do not necessary	15	13.06
Total	115	100.00

(Source -: Field survey, 2011)

From the above table 6.13 It is clear that many of respondents stated that It is essential to know about HIV/AIDS which has been adopted as (66.08%) of respondents. Likewise, (20.86%) of respondents stated that it is too much essential to give the knowledge about HIV/AIDS. Only few respondents (13.04%) stated that it is not essential or not necessary to give the knowledge about the HIV/AIDS.

## 6.7 Information on Teaching of HIV/AIDS chapter

The environment, population and health subject is imposed as compulsory subject in a secondary level curriculum. In this subject STIS and HIV/AIDS chapter is included in class 9 but in several schools the teacher skips this unit or ask student to read them selves. Thus, this information is also collected to access the practice of teaching this chapter. The information is shown in table 6.14.

**Table 6.14 -: Distribution of respondents reporting about the teaching of HIV/AIDS**

Teaching	Frequency	Percent
Yes	101	87.83
No	14	12.17
Total	115	100.00

(Source -: Field survey, 2011)

From table 6.14 it is seen that almost all the teacher (87.83%) teacher this chapter in selected two secondary school of lalbandi & pattharkot V.D.C of sarlahi district. Only

14 respondents (12.17%) informed that their teacher did not teach this unit. The way of teaching this chapter was also accessed at the time. Question was put to those who reported that their teacher taught that chapter. The information about the ways of teaching is shown in table 6.24.

**Table 6.15 :- Distribution of respondents by information on ways of teaching HIV/AIDS chapter**

Method	Frequency	Percent
Summary	85	84.16
As exam point of view	07	6.93
Ask for self reading	09	08.91
Total	101	100.00

(Source :- Field survey, 2011)

The table 6.15 states that more three fourth teacher teachers this chapter as summary (84.16%) followed by self reading (8.91%) and as exam point of view (6.93%).

The reason for not teaching this chapter was also asked to the respondents who reported not teaching of this chapter. Information about this is shown in following table.

**Table 6.16 :- Distribution of respondents by Information on Reason for not teaching HIV/AIDS chapter**

Reason	Frequency	Percent
Shyness	09	64.28
Careless	03	21.43
Don't know	02	14.29
Total	14	100.00

(Source :- Field survey, 2011)

From the table6.16 it is clear that the highest proportion of the respondents (64.28%) reported it was shyness of the teacher. Similarly (21.43%) respondents informed that it was the careless of teacher. At last only near about 15% respondents noticed that they don't know what the reason of not teaching this chapter is.

## 6.8 Perception about the Sex

The adolescent period of a person is time to active in sexual intercourse. They should have knowledge about the sex. In this survey, it was aimed to collect the perception of respondents about the sex or how they have understood sex. The collected information and its distribution is shown in table 6.17.

**Table6.17-: Distribution of respondents by perception on sex**

perception	Frequency	percent
Basic need	63	54.78
Reproduction	33	28.69
Useless	16	13.91
Don't know	03	2.06
Total	115	100.00

(Source:- field survey, 2011)

From table 6.17 it is seen that the highest proportion of respondents (54.78%) reports sex as a basic need of human beings. Likewise nearly one-third respondents (28.69) understand sex as the reproductions of new generation. About fourteen percent of the respondents described sex as useless activities while 3 respondents (26%) do not know or do not want to mention about the sex. From the information collected for the knowledge and attitudes of STIS and HIV/AIDS we can generalize some findings.

It is seen that almost all of respondents (93.04%) have heard about sexually transmitted infection. Similarly, the HIV/AIDS is very common type of sexually transmitted infection which is heard by almost all respondents (86.08%). The next common name of STI is syphilis (94.78%) and Hepatitis-B (87.52). We saw that the major source of information for HIV/AIDS is Radio (79.13%) Television (43.47%), Newspaper (23.07%), Text book (30.43%). It can generalized here that parents do not share much about of HIV/AIDS followed by pus from penis, feint swelling. All most above 70 percent stated that the sexual contact with infected person is the most important mode of transmission. Likewise, (57.5%) of respondents stated that the mode of transmission is sharing unsterilized needle. The proportion that stated from infected mother to fetus is nearly (30%)

## CHAPTER-SEVEN

### SUMMARY, CONCLUSIONS & RECOMMENDATIONS

#### Summary

This study is based on the small-scale study area carried out in two different secondary school of lalbandi & pattharkot v.d.c.s of sarlahi district from selected 115 student objected to find out the knowledge and attitudes on STIS and HIV/AIDS among secondary school adolescents, the major findings are as follows.

#### Demographic and social characteristics of the Respondents

\* More respondents (63.47) are of class nine than of grade ten (36.53%).

\*36 respondents of age sixteen, 17 respondents of age thirteen,13 respondents are of age 14 years were selected as sample respondents Similarly eleven and five respondents are of age 17 and 18 respectively.

\* More number of Female respondents (52.14%) than the male respondent (47.826%) are appeared in the sample.

\* The highest proportion of respondents (30.43%) is Brahmin followed by Chhetri (29.56%), Janajati (17.39%), Madhesi (13.04%), and Dalit (9.56%).

\*The Hindu respondent has higher proportion than other religion. It is stated that 68 respondents (59.13%) are Hindu followed by Buddhist (33.91%), Christian (4.34%), Muslim (2.61%) and only one person (0.86%) are of Jain religion.

\* Almost all (91.30%) are single whereas (8.7%) respondents are married.

\* Large volume of the respondents (80.00%) lived in their own home. The proportion of those respondents is adjactly 80% and the respondent who lived in Hostel are (10.43%) followed by (3.48%) rented room, and Relatives (6.08%).



### **House-hold characteristics**

\* Nearly (93%) stated that their father could read & write. However, to respondents noticed that their father could not write or read.

\*The father of 46 respondents have completed primary level education, followed by 36 respondent's father have done lower secondary level education, father of 25 respondent have completed the secondary level education & only 8 respondents father have completed the SLC and above education.

\* Nearly (89%) of respondents reported that their mother could read or write whereas only (21%) of respondents mother could not read or write.

\* The mother of 70 respondents (68.62%) have completed primary education, followed by lower secondary level education 23 respondents 7 respondent's mother have completed the secondary level education whereas only 2 mother of respondents have completed SLC or above education.

\*The father of (59.13%) respondents are engaged in Agriculture sector. Other profession adopted by the respondents father are service holder (19.13%) followed by Business (15.65%), Daily wages (1.73%) & politics (4/35%).

\* Majority of the mother of respondent's are house wife which has been adopted by the mother of 69 respondents (60%). Other profession adopted by the respondents mother are engaged in agriculture (15.65%), service (8.69%), Business (12.17%), Daily wages and politics (1.73%).

\* Highest proportion of the respondents (37.40) have 7 members in their family and followed by (20.87%) have 6 members in their family (14.78%) have 8 members, (10.43%) has five members 10 members (9.56%), 9 members (6.96%).

\*Majority of the respondents (68.69%) have electricity facility at their home whereas 31.30% respondent does not have the electricity facility. Similarly percentage is found to those respondents having television at their home. All of the respondents have the

Radio at their home. However only (26.95%) respondents have the telephone at their home & only one respondent have other facility, which is refrigerator at their home.

\* Half (50%) of respondents have the habit of reading news paper and fifty percent respondents did not have any habit of reading newspaper.

\* Majority of respondents (72.88%) read newspaper sometimes followed by (17.11%) respondents read newspaper daily & (10.16%) of respondents read newspaper rarely.

### **Knowledge, Attitude & practices**

\* Almost all (93.5%) respondents have heard about sexually transmitted infection (STIS).

\* The HIV/AIDS & Syphilis are very common STIs which are heard by (94.78%) respondents. The next common name of STIs is Hepatitis-B (87.82%) and genitals & gonorrhoea (87%) & (44%) respectively.

\* The major source of information for STIS is Radio (79.13%), followed by TV (43.47%), Textbook (23.47%), Teacher (33.04%), newspaper (23.47%), Friends (11.3%) & parents (7.82%). It can be generalized here their parents do not share knowledge about sexual disease with their children.

\*97(84.37%) respondents know the symptoms of STIs.

\*(71%) respondents reported that swelling as symptoms of STIS followed by sores/Abrasion (60.86%), (82.61%) of respondents reported that lower abdominal pain during intercourse, yellowish-pus-like discharge from vagina & penis it change (43.47%) and weight loss (25.21%) respondent reported as major symptoms of STIS.

\*One hundred and two respondents(88.68%) have the knowledge on preventive measures of sexually transmitted infections.

\*The most preferred ways of prevention is the using of condom during sexual intercourse (95.69%). The second preferred preventive measure is sex with only one partner (96.77%), followed by always clean owns sexual organs (63.44%) and avoiding sharing foods, cloths, toilets with infected person (24.73%) respondents reported.

\*All of the respondents reported that they have heard about HIV/AIDS.

\*The main source of information is Radio (80.00%) followed by Television (44.34%), Textbook (29.56%), Teacher (27.83%), newspaper (24%), Friends (12%), parents (9.56%) and other (Health person (4.34%).

\*Ninety-nine respondents (86.08%) reported that they know the full form of AIDS.

\* About (93.00%) respondent knows the mode of transmission of HIV.

\* Almost 73% respondents reported that sexual contact with infected person is the way of transmission of HIV followed by sharing unsterilized needles (57.39%), infected blood/organs transmission (45%) Breast feeding by infected mother (41.74%), from infected mother to fetus (29.56%) & other mode of transmission they reported is kissing (17.39%).

\* About 86% respondents reported that, who have multiple sex partners are vulnerable for the transmission of this virus similarly. Youths & adolescents (53.8%), drug user (49.56%) & Drivers (35.4%) have the higher chance of transmitting this virus.

\* All together 30 respondents have the sexual partner. More number of female 18 have sex partner as compare to male respondents (12).

\*Six respondents (30%) have their own spouse as sexual partners. Among respondents who have sexual partner other than own spouse, majority of than (50%)

keep relation with their friends while only 4 respondents (20%) keep relation with prostitutes.

\* sixty five percentage of the respondents use contraceptives at intercourse while.

\*All of the female respondents who keep sexual relation use contraceptive whereas only 41.66% of the male respondents use contraceptive methods.

\*The condom is most popular among male which is adopted by all respondents who use any contraceptive. Among female pills is more popular which is adopted by (50%) followed by condom & safe period equal (25%) & (25%) both.

\*Almost all (95.52%) of the respondents have the knowledge about the preventive measures of HIV/AIDS.

\*The majority of the respondents (96.52%) reported to use condom during sexual intercourse and not to keep sexual relation at all (93.04%) followed by not to keep sexual relation with unknown person (82.74%). use of sterilized surgical instruments (76.52%).

\*Large proportion of the respondents has fair knowledge about disease. Nearly eighty six percentage of the respondents stated that AIDS can not be cured. Likewise about 10 percent respondents reported that AIDS can be cured and about four percent reported that they do not know about it.

\*Sixty-six percentage of the respondents reported that it is essential to give knowledge on HIV/AIDS, nearly 21% of respondents reported that it is too much essential to give knowledge on HIV/AIDS and thirteen percentage of respondents reported that it is not necessary to give knowledge on HIV/AIDS.

\*Almost 88% of the respondent's teacher teaches the chapter about HIV/AIDS in selected two school of lalbandi & pattharkot v.d.cs of sarlahi district.

\*More than 84% of teacher teaches this chapter as summary followed by self-study (9%) and about (7%) of teacher teach this chapter as exam point of view.

\*Sixty-one percentage of teacher did not teach this chapter due to shyness fifteen percentage of respondents that the teacher did not teach due to their careless and remaining fourteen percentage of respondents stated that they did not know why their teacher not teach this chapter.

\*Highest proportion of the respondents (55%) reported sex as basic need; near about one-third of the respondents understand sex as reproduction. About 14% respondents think that sex is useless and 26% of respondents reported that they don't know about sex.

### **Conclusion**

Some of the adolescents reported that they have not heard of STIS however, all of the respondents reported that they have heard of HIV/AIDS. This means some of the adolescents do not think HIV/AIDS as STIS. In this regard the education system designed for secondary school might have some weakness. Although the population, health and environment subject is compulsory in secondary schools and there are chapters dealing with HIV/AIDS and ATDS and sexual reproductive health, many of the respondents seems not satisfied do no teaches these chapters and asked for self reading & taught for only examination point of view even of they are taught.

Some of the respondents have experienced premarital sex. Mostly they keep sexual relation with their own friends. Some of such relation is found unprotected which may be risky. Condom is preferred method of contraception at the time of intercourse.

### **Recommendation**

From this study following recommendations are thought to be valuable to improve the prevalent situation regarding the STIS & SIV/AIDS issues among adolescents.

\*Similar type of studies can be carried out by using other approaches like human sexuality and knowledge, attitude and prevention of STIS, HIV/AIDS etc.

\*This study on knowledge and attitude is mainly based on only two secondary school adolescents of lalbandi & pattharkot V.D.C.s of sarlahi district similar type of study among other rural and urban areas to find out the variation can be carried out in the respect.

\* Parents role in the sexual and reproductive health including STIS & HIV/AIDS is important. In the study area parent's role is found low for acquiring knowledge about it. So that parents are to be made more sensitive about this issue.

\* Education plays the vital role to determine every change in society. The sex education existing in school curriculum is not effectively implemented. Even the school teacher ignores the related chapter due to land of sufficient training and knowledge. Therefore the teachers also should be provided orientations & trainings regarding the subject matter & with respect to governmental school the subject related teachers should be appointed.

\* Today's adolescents are the parents of future generations and backbone of the society and nation therefore adequate services, efforts and intervention must be focused on time from every side for development.

\* This study is based only on secondary school adolescents. There are may be gap in knowledge and attitude bet secondary school and higher secondary school or intermediate adolescents. Therefore all the adolescents of all levels have to be examined their knowledge and attitudes towards STIS and HIV/AIDS.

\* IEC plays a vital role to in crease the awareness & prevention of STIS and HIV/AIDS. Therefore these programs should be provided more information regularly.

\* Education about sexual health and sexuality program should be launched in community because it would be beneficial for those adolescents who are out of school.

\* The interacting program should be launched between male & female students and teachers which enhance the better knowledge and awareness of STIS & HIV/AIDS.

## References

Acharya, L.B. (1999), *knowledge of HIV/AIDS case of married female of age 15-19 in Nepal* : Central Department of Population Studies, TU, Kathmandu.

Aryal, R.H. (2000) *HIV/AIDS: An emerging issue in the health sector with special reference to Nepal vol.2*,: Central Department of Population Studies ,TU, Kathmandu.

Aryal, R.H. & Adhikari U.P. (2003). *Adolescent and youth in Nepal population monograph of Nepal vol.2*: Central Bureau of statistics, Kathmandu

Central Bureau of statistics and Ministry of Population & Environment (2003). *population projections for Nepal 2001-2021*, **Kathmandu**.

COX and subedi, B. (1994). *Sexual networking in five urban areas of Nepal an Assessment*, AIDS/STD prevention network, Kathmandu.

Dangi ,S.D. (2005). *Knowledge, attitude and behavior on STIs and HIV /AIDS: A case study of some selected campuses of kirtipur Municipality* ,an unpublished MA thesis submitted to Central Department of Population Studies ,Kathmandu.

Dangol, B.D.S. (1995). *Age sex distribution of population monograph of Nepal*, Central Bureau of statistics ,Kathmandu.

KC, B.K. (.....). *population and development in Nepal*, Central Department of Population Studies, TU, Kathmandu.

Ministry of Population and Environment.(2002). *population report of Nepal*, MOPE, Kathmandu.

Ministry of Health and population (1998). *National reproductive health strategy of Nepal*. MOPE, Kathmandu.

National centre for AIDS and STD control (NCASC), (2010). *Commutative HIV/AIDS situation of Nepal*, Department of health service, National centre for AIDS & STD controls), Kathmandu.

Pokhrel, U.(2004). *Knowledge, attitude and behavior on STIs and HIV /AIDS: A case study of some selected campuses of pokhara valley*, an unpublished MA thesis submitted to Central Department of Population Studies, Kathmandu.

Saudi, B.K. (1999). *Trend on HIV/AIDS in Nepal Journal of reproductive health*, Kathmandu.

Shane, J.K. (1997). *Controlling sexually transmitted infections, vol.15*, Himalayan research bulletin, Kathmandu.

United Nations population Fund (UNFPA),(1997). *The state of the world population* UNFPA.,New work..

UNAIDS (2000). *Men and AIDS a gender approaches: Joint United Nations program*,: UNAIDS, New work.

UNAIDS and WHO, (2011). *AIDS Epidemic update*, UNAIDS and WHO, Geneva.



## APPENDIX

### QUESTIONNAIRE

Knowledge, attitude and Behavior of secondary school Students on STIS and HIV/AIDS: (a Case study of selected school in sarlahi District)

#### Selection A: General Information

Student's Name:

School's Name:

VDC:

Class:

Sex:

Boy.....1

Girl.....2

Age   (completed)

Respondent   number

Q. No.	Question	Coding categories	Skip
1	What is cast/Ethnicity?	Brahmin.....1 Chhetri.....2 Janajati.....3 Madhesi.....4 Dalits.....5 Others (specify).....6	
2	What is your Religion?	Hindu.....1 Buddhist.....2 Muslim.....3 Christian.....4 Others (specify).....5	
3	Are you married ?	Yes .....1	Q.No.5

		No .....2	
4	If yes, of which age did you get married?	<input type="text"/> <input type="text"/>	
5	If no, at which age is appropriate to get married?	<input type="text"/> <input type="text"/>	
6	Where do you live?	Own house .....1 Hostel .....2 Rented room .....3 Relative .....4 Other (specify).....9	
7	Can your father read and write?	Yes.....1 No .....2	Q.No.9
8	If yes, what is your father education level?	Primary(1-5).....1 Lower secondary (6-8).....2 Secondary (9-10).....3 SLC and above.....4	
9	Can your mother read and write?	Yes .....1 No .....2	Q.No.11
10	If yes, what is your mother education level?	Primary(1-5).....1 Lower secondary (6-8).....2 Secondary (9-10).....3 SLC and above..... 4	
11	What is your father's Occupation?	Agriculture .....1 Service .....2 Business.....3 Daily wages .....4 Politics.....5 Others (specify).....6	
12	What is your mother's Occupation?	. House wife.....1 Agriculture .....1 Service .....2 Business.....3 Daily wages .....4	

		Politics.....5 Others (specify) .....6	
13	Do you have following Facility at home? (Multiple response)	Electricity .....1 Television .....2 Telephone.....3 Computer.....4 Other (specify).....5	
14	How much monthly income does your family have?	Rs. 500-2000.....1 Rs. 2001-5000 .....2 Rs. 5001-9000 .....3 Rs. 9001+above.....4	
15	How many members are there in your family?		

**Selection B: Knowledge and Attitude on STIS, HIV and AIDS**

16	Have you heard about STIs?	Yes .....1 No .....2	Q.No.29
17	If yes, which STIs have you heard? (Multiple response)	Syphilis .....1 Gonorrhea .....2 Chlamydia .....3 Trichomoniasis .....4 Hepatitis-B .....5 Other (specify).....6	
18	From which source have you heard about STIs?(Multiple response)	Radio .....1 Television.....2 Newspapers.....3 Parents.....4 Teachers.....5 Friends.....6 Textbooks .....7 Others (Specify).....7	
19	Do you know about the ways	Yes .....1	Q.No.24

	of transmission of STIs?	No .....2	
20	If yes, how are STIs transmitted? (Multiple response)	Unprotected sexual intercourse .....1 Living together with infected person....2 Infected blood transmission .....3 From infected mother to fetus .....4 Others (specify) .....5	
21	What are the methods of preventive measure of STIs (Multiple response)	Use of condom during sexual intercourse.....1 Avoid sex with multiple partners.....2 Use sterilized syringe only.....3 Avoid sex with prostitute .....4 Others (specify) .....5	
22	What are the symptoms of STIs? (Multiple response)	Lower abdominal pain during intercourse .....1 Swelling of limbs .....2 Appearance of red spots around the genitals.....3	
23	In our opinion are STIs curable?	Yes .....1 No .....2	
24	What will you do when you will be suffered from STIs?	Keep secret .....1 Consult doctor .....2	
25	What do you suggest for STIs infected person in your	..... .....	

	opinion?	.....	
26	Have you heard about HIV/ AIDS?	Yes .....1 No .....2	Q.No.41
27	You know the full form of AIDS?	Yes.....1 No .....2	Q.No.32
28	If yes, specify	.....	
39	Do you know the name of virus which causes AIDS?	Yes.....1 No .....2	
30	If yes, specify the name of such virus?	.....	
31	From which source have you heard about HIV/AIDS? (multiple response)	Radio .....1 Television .....2 Newspapers .....3 Parents .....4 Friends .....6 Textbooks .....7 Others (specify).....8	
23	Can one generally identify a person, if he/she infected just by looking at?	Yes .....1 No .....2 Don't know .....3	
33	In your opinion, how can be HIV.AIDS transmitted? (multiple response)	Sharing infected needles/ Instruments .....1 Infected blood transfusion.....2 Sexual contact with infected person.....3 Breast feeding from infected mothers .....4 From infected more than fetus .....5	

		Others (specify) .....6	
34	What are the major symptoms of HIV/AIDS?	Lose of body weight by 10% ....1 Diarrhea for more than 1 Month .....2 Fever from more than 1 Month .....3 Don't know .....4	
35	Do you know the preventing methods of HIV/AIDS?	Yes .....1 No .....2	Q.No.40
36	If yes, what are the preventing methods of HIV/AIDS? (Multiple response)	Don't have sex at all ...1 Don't have sex with multiple partner .....2 Use of condoms .....3 Only use lab tested blood.....4 Avoid sharing needles and drug use .....5 Others (specify) .....	
37	Is AIDS curable?	AIDS can't be cured ...1 AIDS can be cured ....2 Don't know .....3	
38	Are you involved in sexual intercourse?	Yes .....1 No .....2	
49	In your opinion who are the people at very high risk of getting HIV/AIDS? (Multiple response)	Person who sex with multiple partners.....1 Commercial sex workers .....2 Person who are drugs users .....3 Homosexual .....4 More mobile person ...5	

		Adolescents and youths .....6 Others (Specify) .....7	
40	How should we behave to infected person?	Love/Respect them ....1 Hate them .....2 Don't know .....3	
41	Is it essential to give knowledge about STIs and HIV/AIDS to the students?	Essential .....1 Too much essential ....2 Not necessary .....3	

### Section C: Behavior on STIs, HIV and AIDS

42	Is there any friend in your school to have STIs?	Yes .....1 No .....2	
43	Have you suffered from STIs recently?	Boy .....1 Girl .....2	
44	What is the sex of that friend?	Yes .....1 No .....2	
45	When?	Recently .....1 One year ago .....2 Five years ago .....3	
46	What will you do, when you will be suffered from STIs?	Keep secret .....1 Consult to a doctor...2	
47	Listening to the words STIs and HIV/AIDS what do you feel?	Normal .....1 Shyness .....2 Fear .....3 Nothing .....9	