

CHAPTER ONE

INTRODUCTION

1.1 General Background

Adolescence is the most important period in human life. The word "adolescent" is derived from latin word '*adolescere*', which means 'grow to maturity' or 'to grow'. It is the developmental phase between childhood and adulthood in which physical, psychological and behavioral changes take place. It is the transitional period between puberty and adulthood. The period of adolescence which is commonly named as Teen age is a critical phase in one way or the other it is also a period as a "milestone" for everyone (Pandey, 2005).

"Male and female population of age 10-19 years is adolescents." Adolescents can be divided into two groups: early adolescents (10-14 years) and late adolescents (15 to 19 years) (Acharya, 1998).

Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) are the emerging issues threatening the world of 21st century. It has seen a dramatic spread of HIV/AIDS. Even though the effect of HIV/AIDS has been serious in every country throughout the world, it continues to be critical public health issues, particularly in African facing the worst effects of the epidemic. HIV/AIDS is now the leading cause of death in Africa and the fourth most common cause of death worldwide. Although efforts for its prevention and control have been made continuously for wide by United Nations Organization (UNO), World Health Organization (WHO), Governmental, National and International Non-Governmental Organizations (NGOs and INGOs) to minimize the spread of HIV infection. It is still beyond the capacity of the medical world and is categorized incurable disease.

Sexually transmitted diseases (STDs) are the diseases, which are transmitted through sexual contact during the unprotected intercourse. Sometimes, these are also transmitted from mother to child and through infected blood transfusion.

STDs have become one of the serious problems in both developing and developed countries. This is even called as the byproduct of the contemporary developed and so-called civilized society. But the mode of transmission and other factors associated with the increasing trend of the disease is not limited in the developed countries and the society. The severe impact of this disease is in less developed countries.

Acquired Immune Deficiency Syndrome (AIDS) is a serious illness that slowly attacks and destroys the body's immune system. The result is that the body becomes vulnerable to infections (opportunistic infections) and cancers, which are not so common in the population. Acquired Immune Deficiency Syndrome is not hereditary and is characterized by a number of symptoms occurring together.

It is the HIV that is the Human Immunodeficiency Virus that finally leads to AIDS. All body fluids could contain HIV, but its presence is particularly high in blood, semen of man, cerebrospinal fluid, and vaginal and cervical secretions of the women. A person infected with the virus becomes a carrier of HIV and can infect others.

HIV infected individuals usually develop HIV antibodies within 6-12 weeks following infection. Beginning about 12 weeks after infection, HIV is detectable by blood test: enzyme-linked immunosorbent assay (ELISA or EIA). A positive EIA means that the individual has been infected and can transmit the virus (Pokharel, 2004). The HIV infected individual will not necessarily develop AIDS or AIDS related illnesses.

There are four principle mechanisms of HIV transmission:

- i. Sexual intercourse with an infected person,
- ii. Transfusion of infected blood/contaminated blood and blood products,
- iii. Infected mother to her child,
- iv. Contaminated needles, syringe and other piercing instrument.

AIDS was first recognized internationally in 1981. As of 2000, an estimated 36 million adults and children around the world were living with the HIV/AIDS (UNAIDS, 2000). HIV causes AIDS, and when infected with HIV, a large proportion of people die within 5-10 years (WHO, 1992). The HIV/AIDS pandemic is one of the most serious health concerns in the world today because of the high-case fatality rate

and the lack of a creative treatment or vaccines. Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions, and fetal transmissions from infected mothers as the main routes of transmission of AIDS. Studies have also indicated that HIV cannot be transmitted through food, water, insect vectors or casual contact (MOH, 2009).

For this research work, the adolescents studying in secondary level in Chitwan district were selected. A set of questionnaire was prepared to take data. The students were taken from class IX and X. From two different schools almost all of them have some knowledge about STIs and HIV/AIDS. While taking data, some of the students especially, girls felt shy to give proper information about STDs and HIV/AIDS. Even though some of the students have clear idea about this disease, but they don't want to talk because of socio-cultural background, family status and so on. Most of the students have no idea about questionnaire. So they were confused. They were not interested to help in data collection. Some of their parents have knowledge about HIV/AIDS but they also don't want to talk to their children. Even some of the parents never provide opportunity to learn about STIs in newspaper. So because of such various reasons, in our country the research work related to reproductive health is a challenging task here in this research, the researcher tried to remove misconception about reproductive health, STDs and HIV/AIDS among the adolescents and wanted to provide knowledge to them and coming generations.

1.2 Statement of the Problem

The adolescent's populations are the pillar of a nation. When they are healthy, they can easily drive the nation. If the government conducts the door to door program and they understand about STDs and HIV/AIDS then the sex education is must for them. But, it is no sufficient in Nepal. Many adolescents population experience an ill biological and physical change during the puberty. Sex education is not open in Nepal. It is regarded as a taboo.

STDs are curable and non-curable. STDs may lead to cancer, infertility, ectopic pregnancy, spontaneous abortion, still birth and low birth weight to infants. STDs will never be known not only to inadequate reporting but also due to the secrecy that surrounds them. Most of them are not noticeable. The epidemic of STDs in

developing region is characterized by high incidence and prevalence of anti-microbial resistance and interaction with HIV infection. It is estimated that 333 million curable cases of STDs worldwide occurs every year. Most of which are acquiring in developing countries (UNFPA, 1999).

In Nepal, due to poor economic condition and unemployment, thousands of people go abroad each year for their survival and trafficking of Nepalese girl is the major social problems and they are compelled to prostitute many cities in India, when they have HIV positive they are returned to home. With their return in Nepalese society, naturally the emergences of STDs including HIV/AIDS are increased. In another side, prostitution is increasing in the cities and high way centers of Nepal due to socio-economic reason which results wide spreads of STDs and HIV/AIDS.

In the world, the millions of adolescents are at risk because they do not have the adequate information, skilled health services and support. They need to go through sexual development during adolescence and postpone sex until they are physically and socially mature and able to make well informed, responsible decisions.

Nepal is not far from such events. In case of Nepal, the reason of wide spread of STDs and HIV/AIDS may be associated with following facts:

The status (socio-economic and demographic) of nepali people is poor. Low literacy rate among them. Insufficient diagnosis and treatment facility for STDs in the whole country. Low accessibility of mass media with little information STDs and HIV/AIDS. Increase in number of commercial sex workers day by day. Lower percentage of people using of modern family planning methods. Trafficking of young village girls to Indian brothels and they are returned to self-country after HIV infection.

In addition, Chitwan district experience high prevalence of women trafficking for commercial sex work in India through the way of Madi area, Birganj, Sunawal. These women return to their village after they are identified with HIV/AIDS and many of them stay with their family and marry and the STDs and HIV/AIDS are transmitted in their family.

Some of the studies were done previously in Nepal but they all were focused on broad reproductive health area. They did not enter into specific reproductive health issue like STDs, HIV and AIDS with respect to student's perception. Therefore the researcher wants to investigate such specific issue, so the research problem stated as "Knowledge and Attitude on STDs and HIV/ AIDS" among secondary school students of Sharadanagar Village Development Committee Chitwan district.

1.3 Significance of the Study

This research incorporates the current issues advocated by the international and national governing bodies. In the world, adolescents occupy sizeable population and everywhere, the adolescents are future of the nations. The growing problem of AIDS epidemic has led to increased attention to the need to know the sexual behavior, use of condom during sexual intercourse and HIV/AIDS for implementation of any program and policy to the particular group of people in the community. In Nepal, researchers showed that adolescents are focusing to be risky group and has less access to information regarding HIV/AIDS. The study after the completion will be useful for both the general readers and so for the national planners to review the existing policy on the matter of reproductive health. The study is also expected to reveal the present study of knowledge, attitude and practice of the students in Chitwan District, which will help to provide appropriate program in them.

1.4 Limitation of the Study

Every research has its own limitation and this research is also not an exception. The major limitations of the study are:

- a. This study is limited within Shree Rampur Secondary School and Shree Sharada Higher Secondary School (Great 9 & 10) of Chitwan District, therefore the findings may not be generalized for all over the nation.
- b. The research incorporated only school student not other non- school students and campus students, so the result can be generalized only for the school students of the research area.

1.5 Objectives of the Study

The main objective of the study to reflect the clear picture of knowledge and attitude of secondary school students regarding STDs and HIV/AIDS in some selected schools in Chitwan district. The specific objectives of study are as follows:

1. To examine the socio-economic and demographic characteristics of respondents and their parents.
2. To explore knowledge on source, symptoms, mode of transmission and preventive measures of STDs among the respondents.
3. To examine the attitude on STDs and HIV/AIDS among the respondents.

1.6 Organization of the Study

The study is divided into six chapters. The first chapter presents introduction including background, statement of the problem, objective of the study, significance of the study, limitation and organization of the study. The second chapter includes review of relevant literatures and conceptual framework of the research. The third chapter deals about methodology of the study including study area, research design, source of data, sample size, methods of data collection, and analysis of data. Socio economic and demographic characteristic and house hold characteristics are described in chapter four. Knowledge and attitude of respondents on HIV/AIDS and STDs are described in chapter five. Chapter six includes findings, conclusion, and recommendation and research issues of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. STDs and HIV/ AIDS

Sexually transmitted diseases (STDs) are those which transmitted from one person to another mainly through sexual contact during unprotected intercourse. There are mainly two kinds of STDs, i) curable and ii) non curable. The curable STDs include gonorrhea, Syphilis, Trichomoniasis, candidacies, Herpes Genital etc. The non-curable includes AIDS. In Nepal, prevalence Syphilis, Gonorrhea, Chlamydia, Cancroids, Herpes Genitals, Trichomoniasis, Venereal wart, Lymphogranuloma, Venereal Granuloma inguinal and HIV/ AIDS. The most common mode of transmission is due to unprotected sexual intercourse with an HIV/AIDS –positive partner, transfusions of HIV/AIDS infected blood products, tissue or organ transplants, use of contaminated needles, syringes or other skin piercing equipment and mother to child transmission during pregnancy, birth or breastfeeding (NCASC, 2009).

Transmission of STDs and HIV/AIDS has been closely linked to poverty, social and economic inequalities related to gender, race and cultural difference, migratory flows of people within and between countries, and social turbulence. In turn, the epidemic has exacerbated these condition (UN, 1994). The imbalance in power relation, sex negotiations and economic opportunities which tend to favor men could lead to fast spread to HIV among the general population. The social, economic, cultural and historical contexts weaken women and make vulnerable to the health risk, especially associated with STDs. Many times women seek social and economic power by practicing risky sexual behavior (Letome, et. al., 1997:9). Risky sexual behavior is the function of economically and socially, powerless situation of women. Some studies in trafficking in women and girls in Nepal have reported that the brokers (men and women) themselves are involved in adultery (Acharya, 1998).

2.2 STDs and HIV/AIDS in Global Context

HIV infection already ranks among the top five health problems in Africa's urban population and is exacerbating the risk of other endemic diseases such as TB.

Transmission of HIV infection also appears to be facilitated by STDs.(Bhande&Kanitkar, 2003).

High infection rates for women and the concentration of HIV infection in the middle age suggests that mortality due to AIDS will impact on patterns of care giving for both children and elderly. While families have traditionally provided care for large number of extended family members in African societies, the nature of AIDS epidemic may severely test the conventional practices. Not only will family care givers be required to care for potentially stigated HIV infected adults and their dependents, they may also be compelled to replace the infected patients' income generating activities (UN, 1994).

India is burdened with a larger HIV/AIDS epidemic than any other country in the world. More than 4 million Indian adults are infected with the HIV according to official government estimates and the actual number of people with HIV may be as high as 6.5 million among people with HIV, an unknown number- somewhere between 100,000 and 1,000,000 suffers from AIDS (Ogbuagu et. al., 1993:108).

In Africa, the impact of the HIV epidemic has become a matter of concern for companies in view both of sheer magnitude of the epidemic and of its specific characteristics. It is on the African continent that HIV infection rates are highest. Over 25 per cent of the adult(14-49yrs) of Botswana and Zimbabwe, nearly 20 per cent of in Namibia and Swaziland, and more than 10 per cent in central African Republic, Djibouti, Kenya, Malawi, Mozambique, Rwanda and south Africa (UNAIDS/WHO, 1998)

The egalitarian system of land ownership with community based landholding in Sub-Sahara Africa gives emphasis on fertility and reproduction, with less control of female sexuality that promotes sexual net-working. Such a networking leads towards promiscuity, and spread of STDs including HIV/AIDS. The social system, economic structure of the household and community along with the norms and values related to the 'purity' of women, determines the knowledge and attitude of STDs in country (Gubaju, 2002).

The returning migrants or a male in most of these cases, is a carrier of HIV, many women in the community might be affected, and many more males would also be contaminated. The powerless group compelled to be involved in sexual adulteration is definitely at more risk. Therefore, HIV is closely associated with socio-economic condition and power structure of the household and community. The main behavioral characteristics that facilitate the spread of HIV are unprotected sexual activities with different partners and sharing of equipment by injecting drug users, women with HIV can also transmit it to their new-born children (WHO, 1998).

The first HIV and infection in SAARC countries was reported in India in 1986. This means that the endemic was introduced in the region later than other parts of the world. In the knowledge on HIV/ AIDS in SAARC countries, in this region has highest prevalence rate of HIV, which comprise 1.3 percent for female aged 15-19 (PRB, 1998). India has the highest number of people living with HIV/ AIDS in almost all the years. In 2003, UNAIDS estimated that 5.3 million people were living with HIV/ AIDS which number was increased to 5.7 million in 2005, in Nepal it was estimated that 62,000 people were living with HIV/ AIDS in 2003, which increased to 75,000 by the end of 2005, other countries are Pakistan, Bangladesh and Sri Lanka, which have 56,000, 7,500 and 4,700 in 2003 which increased to 85,000, 11,000 and 5,000 in 2005 respectively.

2.3 STDs and HIV/AIDS in Nepalese Context

Many children experience biological as well as social change during adolescent period. For instance, many children in this age go through puberty, experience, change in their body structure leave home, leave school and get married. According to (Acharya, 1999), there are few studies, which address the issues of all adolescents, about 54 percent of late adolescents are literate and almost half late - adolescents have participated in labor force. Literacy rate is much lower among the late - adolescent females compared to males in Nepal. Early marriage is the common feature of adolescents in developing countries like Nepal. Although the legal age for girls and boys with the consent of parents is 16 and 18 respectively, many societies in Nepal do not practice this. As a consequence of early age at marriage, low use of contraceptives

and higher unmet need of family planning method many late adolescent females enter into motherhood.

Gubjaju, (2002) explained that two notions "too young to be pregnant" and unproduced intercourse just one could not lead to conception or STD transmission" are factor that lead to risky behavior- among adolescents.

With the spread of the disease throughout the world with higher and higher rate day by day, Nepal also could not remain aloof from the victimization of the epidemic. Since the first reported case of HIV/AIDS in Nepal in 1988, the disease has spread throughout the country with higher rate in short span of time.

In Nepal adolescents comprise (23.3%) in 2001 (CBS, 2003) of total population, which is rather more (24.19) in 2011 (CBS, 2013) owing to high fertility and youthful population. The proportion of adolescents in the total population is likely to increase in the coming years. A number of socio cultural factors and traditional beliefs operating in Nepalese society have contributed to high level of illiteracy early age at marriage, early and frequent child bearing and their associated complications unintended pregnancies and unsafe abortion. HIV/ AIDS have been increasing since the first case was detected in Nepal. Only three male and one female were detected of HIV infection for the year when it was diagnosed at first in the year 1988. Since then the incidence rate is increasing each year and the new case detected in the year 2008 is 960 for male and 407 female (NCASC, 2009).

Nepal is already facing concentrated HIV/AIDS epidemic within groups that practice high risk behaviors. A narrow window of opportunity to prevent full scale epidemic among the general population, however, immediate and vigorous action is needed. Nepal's poverty and gender inequality, combined with low levels of education and literacy will make the task all the more challenging as well the denial, stigma and discrimination that surrounds HIV/AIDS (The World Bank, 2005)

According to the NCASC, (2013) 15 July, the given Table 2.1 shows the HIV/AIDS infected record of Nepal is summarized as:

Table 2.1: Cumulative HIV/AIDS Infection by Age and Sex group.

Age group (Years)	Male	Female	Total	Cases Reported
0-4	374	222	596	10
5-9	412	292	704	10
10-14	188	130	318	4
15-19	325	336	694	2
20-24	1,573	1,229	2,806	32
25-29	2,917	1,862	4,783	45
30-39	5840	2,983	8,833	78
40-49	2244	1026	3,274	41
50 above	687	298	986	20
Total	14,560	8,408	22,968	242

Source: NCASC, 2013

2.4 Prevention, Care and Treatment against HIV/ AIDS

As HIV/AIDS Continues to spread, prevention remains the backbone of programs to curb the epidemic for the retentive programs that encompass prevention, care, treatment, and support interventions. Comprehensive prevention programs for people living with HIV/ AIDS include.

1. General education about the risk of sexual transmission
2. Support for low- risk behaviour, including condom use
3. Diagnosis and treatment of STIs
4. Counselling and testing for HIV/ AIDS
5. Ensuring the safety of blood and blood products
6. Needle exchange programs and
7. Reducing the stigma attached to HIV/ AIDS

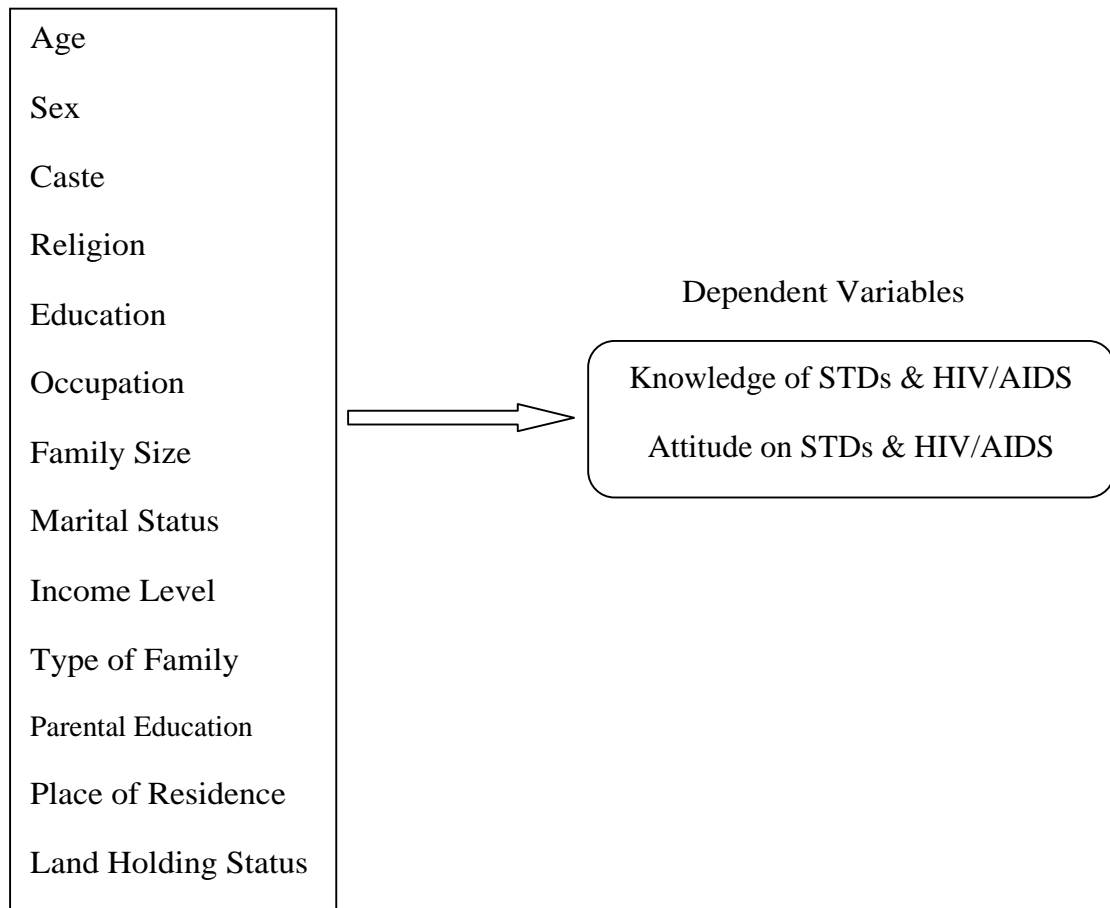
2.5 Conceptual Framework

There are some factors found in literatures such as social, cultural, economic and demographic which influence on sexual behaviors in turn play vital role in transmitting STDs/AIDS. The effective knowledge on STDs and HIV/AIDS plays vital role in the transmission of the diseases and hence their prevalence. The variables like education, income, place of residence have closed association with

knowledge factors as well as sexual factors. Connection between above variables can be written as the following conceptual framework.

Figure 1: Conceptual Framework of STDs and HIV/AIDS

Independent Variables



In the above conceptual framework, the variables are categories in to two parts, as knowledge and attitude of STDs& HIV/AIDS is dependent variables and age, sex, caste, religion, education, occupation, family size, marital status, income level are independent variables. There is direct relation between these two variables. Knowledge and attitude of STDs and HIV/AIDS is affected by age, sex, caste, religion, education, Family size, marital status, Income level, types of family, parental education, place of residence etc. If one of those or all these independent variable's changed, the dependent variable - knowledge and attitude on STDs and HIV/AIDS be changed automatically.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Study Area

The study area for the research is Sharadanagar V.D.C. of Chitwan district and the two government schools within the Sharadanagar V.D.C. are selected for the study using purposive sampling technique.

3.2 Research Design

The simple descriptive research design has been incorporated. Besides, for the collection of the data, the researcher needs to be there at the field, field study research design is also employed. The schools required data collection is selected using purposive techniques but the respondents are selected through non-probability sampling.

3.3 Sources of Data

This study is primarily based on primary data, which is collected through field study. The questionnaire has been distributed to the students who are selected randomly to fill it and the questionnaire filled by the students is the major source of data for the study. Besides, required other secondary data are collected from UN publications, study of related literature, previous dissertations and CBS publications.

3.4 Sample Size

First the study area has been selected using purposive sampling. Again, the same method is applied in selecting the grade because the study population primarily should have been an adolescent's population. There are total 122 students in grade 9 and 10 of both the schools according to school enrolment register, 35 male and 30 female in Shree Rampur Secondary School and 35 male and 22 female in Shree Sharada Higher Secondary School.

Table 3.1: Distribution of Sample by Schools

S. N.	Name of School	Grad IX and X		Sample size
		Male	Female	
1	Rampur Secondary	35	30	65
2	SharadaHigher Secondary	35	22	57
Total		70	52	122

3.5 Method of Data Collection

This study is primarily based on primary data as the main source of information. Primary data are collected from the field study through surveying in the class 9 and 10 students using structured (pre-determined) questionnaire. Secondary data have been taken from annual reports and publications, various case study reports STDs, HIV/AIDS reports and related literatures.

During the time of data collection, respondents are planned in such environment that made them to feel they are in exam room so that they could not talk each other and could not be able to copy of next answer of another person. Then the questionnaires are distributed to the respondents. The respondents are carefully supervised during the distribution of questionnaires to minimized data error. Self-administered techniques are used.

3.6 Data Analysis

The collected data has been analyzed using different tools. For tabulation and statistical analysis of the data, the data are entered in SPSS program and analyzed through the program. Also some qualitative analysis of the data is done.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

In this chapter, various characteristics of the respondents such as: classification of respondents according to age, sex composition, family type, marital status, living arrangement, religion, caste/ethnicity etc. and household characteristics such as parental education, occupation, land holding status, income level of family are included.

4.1 Socio-Demographic Characteristics

In this chapter, only the socio-demographic characteristics of the respondent's age and sex composition, family type, marital status, living arrangement, religion, caste/ethnicity are included.

4.1.1 Age and Sex Composition

Age and sex composition are the strong determining factors for the demography. For the purpose of analyzing the research problem age and sex composition should be considered. In order to know the age and sex of respondents the question was asked about it and the distribution of the respondents by single year of age and sex obtained from the field are presented in below table 4.1.

Table 4.1: Distribution of Respondents by Age and Sex Composition

Class	Age	Sex		Total	Class	Age	Sex		Total
		Male	Female				Male	Female	
9	14	2	1	3	10	14	3	3	6
	15	15	12	27		15	9	8	17
	16	12	11	23		16	13	5	18
	17	3	5	8		17	5	2	7
	18	2	1	3		18	3	4	7
	19	-	-	-		19	1	-	1
	20	1	-	1		20	1	-	1
	Total	35	30	65		Total	35	22	57

Source: Field Survey, 2014.

The age of the students ranges from 14 to 20 years. In the table, the highest numbers of respondents i.e., 44 are found in the age of 15 years, which is followed by 16 years, i.e., 41 respondents and 17 year of age are 15 respondents. The lowest respondents are found in the age 19 years.

The above table shows that majority of the students are of the age 15-16. Among the respondents selected from the students, most of the students in class 9 and 10 are of the age 15-16. In the study, only 13 students are found to be aged above 18 among which, 5 are female and 8 are male.

4.1.2 Types of the Family

Most of the respondents are found to be from the nuclear family which indicates the majority of family being attracted towards the small size of the family.

Table 4.2: Distribution of Respondents by Types of Family

Type of Family	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	No.	%
Nuclear	48	64.86	31	64.58	79	64.75
Joint	26	35.14	17	35.42	43	35.25
Total	74	100.00	48	100.00	122	100.00

Source: Field Survey, 2014.

Table 4.2 shows that majority of the respondents i.e., 79 out of 122 respondents (64.75%) are from the nuclear family. In which the number of male is 48 and number of female is 31 and only 43 respondent out of 122 (35.25%) are from the joint family. In which the number of male is 26 and number of female is 17. The size of the family of the respondents indicates that most of them have nuclear family.

4.1.3 Family Size

Family size shows the status of quality of life. Small family size is an indicator of healthy and happy life. In small family, there are more chances of family relation as well as open discussion on every matter. To find out the family size of the

respondents, they are further asked an open question to fill number of their family members and the result is presented in table 4.3. The number of family members has been divided into four categories only.

Table 4.3: Distribution of Respondents by Their Family Size

Family Size	No.	Percent
Upto 4 member	34	27.87
5-8 members	72	59.03
9-10 members	6	4.91
More than 10 members	10	8.19
Total	122	100.00

Source: Field Survey, 2014.

Table 4.3 shows that majority of the respondents (59.03%) have the family size of five to eight persons. Nearly 28 percent of the respondents have the family size less than five members. Nearly 05 percent of the respondents have the family size 9-10 members. And only 8.19 percent of respondents have more than ten family sizes. It shows that the large extended family size or more than 10 members of family size is decreasing in the study of previous dissertation. So that, we can say that nuclear family are slowly increasing.

4.1.4 Marital Status

Marital status is an important factor of demography. Marriage is the crucial phase of human life. Therefore, everyone should think seriously before marriage. There are various forms of marital status. Within married also, currently married, widowhood, separated, divorced etc. But, here in the question involved only two status namely married and unmarried of the respondents. The result is presented in table 4.4

Table 4.4: Distribution of Respondents by Marital Status

Marital status	Sex of the respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Married	-	-	2	3.85	2	1.64
Unmarried	70	100.00	50	96.15	120	98.36
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

Table no. 4.4 shows that most of the respondents are of the age between 14 to 17 years. They are unmarried only 2 of 122 respondents (1.64%) are married and the majority of the people 120 out of 122 respondents (98.36%) are unmarried.

4.1.5 Living Arrangement of Respondents

Living arrangement means where the respondents live in the time of survey. To find out their living arrangement, respondents are further asked where they were living in the time of survey. Table 4.5 shows the distribution of living arrangement of the respondents.

Table 4.5: Distribution of Respondents by Living Arrangement

Living Arrangement	Sex of the Respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
At home	66	94.29	47	90.38	113	92.62
Relatives' house	3	4.29	5	08.62	8	6.56
Rented house	1	1.42	-	-	1	0.82
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

It is seen that most of the proportion of respondents 113 out of 122 (92.62%) have been living in their own home. Only 8 respondents (6.56%) are found living in relative's house. And only one male stayed in rented house.

4.1.6 Religion

Religion is the most important factor of socio-demographic characteristics. Religion has become a sensitive topic in ethnically diverse Nepalese society because caste/ethnicity has close relationship with religion. In Nepalese society, religion is affected by caste system (K.C. 1995). To get the information of the respondents about religion, the question has been given about it to give their response obtained from the field are presented in table 4.6.

Table 4.6: Distribution of Respondents by Religion

Religion	Sex of the respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Hindu	56	80.00	44	84.61	100	81.97
Buddhist	14	20.00	8	15.39	22	18.03
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

Table 4.6 shows that the composition of respondents by religion. This study shows that most of the respondents 81.97 percent are Hindu and only 18.03 percent are Buddhist. There is vast difference between two religions.

4.1.7 Caste/Ethnicity of the Respondents

Caste/Ethnicity is also found to be one of the determinant factors for the student's attitude on education. Basically, children of Brahmin and Chhetri are found to be more sincere in study than other caste.

Table 4.7: Distribution of Respondents by Caste/Ethnicity

Caste / Ethnicity	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Brahman	23	32.86	21	40.38	44	36.07
Chhetri	20	28.57	15	28.85	35	28.69
Gurung	14	20.00	9	17.31	23	18.85

Newar	7	10.00	3	5.77	10	08.21
Magar	4	5.71	1	1.92	5	4.09
Others	2	2.86	3	5.77	5	4.09
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

(Note: Others caste/ethnicity are Kumal, Kami, Damai, Sarki, Majhee, Gharti, Dura.)

Table 4.7 gives the information about the caste and ethnicity of the respondents. From above table, it is clear to see that Brahman caste constitutes majority (36.07%) of the respondents followed by Chhetri (28.69%), Gurung (18.85%) and Newar (8.21%). The percentage of other caste/ethnicity is also seen higher percentage (4.09%). Similarly, sex distribution on caste/ethnicity, more percent in both male (32.86%) and female (40.38%) are Brahman and similarly, followed by Chhetri, Gurung, Newar, Magar and others.

4.2 House Hold Characteristics

In this chapter, only the household characteristics of the respondent's i.e., parental education, occupation of parents, literacy, income level of family land holding status is included.

4.2.1 Parental Literacy and Education

The educational attainment of parents is an important socio-economic factor. Parents' education may play a dominant role to their children's behaviors, perception and knowledge in any matters. In questionnaire, the educational level of father and mother is asked separately. The result combined for both parents education is presented in table 4.8.

Table 4.8: Distribution of Respondents by Parents Educational Attainment

Educational level	Respondents Father		Respondents Mother	
	No.	%	No.	%
Illiterate	3	2.45	12	9.84
Primary	8	6.56	22	18.03
Lower Secondary	18	14.75	30	24.59
Secondary	51	41.80	34	27.87
SLC above	42	34.44	24	19.67
Total	122	100.00	122	100.00

Source: Field Survey, 2014.

Table 4.8 shows that the proportion of mothers i.e., 9.84 percent is illiterate whereas only 2.45 percent are father. Among literate, majority of mothers i.e., 27.87 percent have attained secondary and only 19.67 percents have SLC and above education. Comparatively, fathers educational attainment are some satisfiable than mothers.

4.2.2 Occupation of Father

Occupation is also one of the major variables that determines the socio-economic status of the people and also affects the knowledge on STDs and HIV/AIDS. Father's occupations are presented in table 4.9.

Table 4.9: Distribution of Respondents by Father's Occupation

Occupation of Father	Sex of the respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Agriculture	44	62.86	23	44.23	67	54.92
Services	12	17.14	4	7.69	16	13.11
Business	5	7.14	8	15.38	13	10.66
Daily wages	8	11.42	15	28.85	23	18.85
Politics	1	1.43	2	3.85	3	2.46
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

From the table 4.9, higher percent 67 out of 122 respondents (54.92%) reported that their father occupation is agriculture service followed by Daily wages 23 out of 122 (18.85%), services 13.11 percent, business 10.66 percent and the lowest 2.46 percent is politics.

According to sex most of the father's occupation of male respondent's is agriculture (62.86%), followed by daily wages (17.14%). Whereas majority of (44.23%) female respondents' as their father occupation agriculture followed by 28.85 percent of daily wages.

4.2.3 Occupation of Mother

Similarly, mother's occupation is also an important variable for determining the socio-economic status of the household and affects the knowledge and attended on STDs and HIV/AIDS. Mother's occupations are presented in table 4.10.

Table 4.10: Distribution of Respondents by Mother's Occupation

Occupation of Mother	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Agriculture/housewife	54	77.14	34	65.38	88	72.13
Services	3	4.29	1	1.92	4	3.28
Business	1	1.43	8	15.39	9	7.38
Daily wages	12	17.14	8	15.29	20	16.39
Politics	-	-	1	1.92	1	0.82
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

From the above table, it is clear that most of the respondentmothers are dependent on agriculture/housewife 88 out of 122 (72.13%). In the questionnaire regarding mother's occupation agriculture and housewife were combined in the same occupation because most of the women who engage in household work involved in agriculture as well. Involvements of other occupations are very low, i.e., service 3.28 percent, business 7.38 percent, and 16.39 percent in daily wages. Only one of them (respondent's mother) involved in politics.

4.2.4 Income Level of the Family

Income level is one of the most important dominant factors of economic status of household. In present day society each and every thing is determined by economy. Higher the income level, they have more access towards every things, i.e., education, health etc. To find out this the respondents have been further asked the question about their family's monthly income. The reported monthly income of respondent's family is presented in table 4.11.

Table 4.11: Distribution of Respondents by Monthly Income in Family

Monthly income in family	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Below 2,500	14	20.00	8	15.38	22	18.03
Rs. 2,501 - 5,000	12	17.14	11	21.15	23	18.85
Rs. 5,001 - 7,500	26	37.51	22	42.32	48	39.34
Rs. 7,501 - 10,000	11	15.71	7	13.46	18	14.75
More than 10,000	7	10.00	4	7.69	11	9.03
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

From the above table, most of the respondent's i.e.48 out of 122, (39.34 %) in Rs. 5,001-7,500. 18.85 percent in Rs. 2,501-5,000 and 18.03 percent in Rs. below 2,500, and 14.75 percent in 7,501-10,000. There is 9.03 percent who has more than 10,000. From this table we can generalize that most of the respondent's family have low monthly income because 45 percent of the respondent's family income have less than Rs. 5,000 per month.

4.2.5 Landholding Status of Family

Landholding is an indicator of their household economic level. Many researchers generalized that if there is higher the economic status the living status will be higher, which ultimately heighten the knowledge and perception of individuals. Landholding status of respondents is shown in table 4.12.

Table 4.12: Distribution of Respondents by Landholding Size

Kattha	Number	Percent
Less than 4	35	28.69
5-9	53	43.44
10-14	24	19.67
15-19	6	4.92
20 and above	4	3.28
Total	122	100.00

Source: Field Survey, 2014.

Above table shows that majority of the respondents have normal situation in terms of economic status. Large numbers of respondents 43.44 percent have 5-9 kattha land followed by less than four 28.69percent, 10-14 kатthais 19.67percent, 15-19kатthais4.92percent and 20 and above kattha is 3.28percent. But, the overall land distribution of respondents shows that there is not better land holding situation.

CHAPTER FIVE

KNOWLEDGE ON HIV/AIDS AND STDs

This chapter aims at analyzing the student's knowledge and attitude on HIV/AIDS and STDs and also on their view on the sufficiency of curriculum regarding the HIV/AIDS and STDs. In this chapter, knowledge of STDs, heard of STDs and HIV/AIDS, source of heard, mode of transmission, methods of preventive measures, symptoms of STDs and HIV/AIDS etc. are analyzed. Similarly, regarding attitude, opinion on STDs and HIV/AIDS i.e., STDs and AIDS curable or not, respondents opinion towards STDs infected person and responsibilities towards decreasing epidemic (AIDS) are presented in tables and have been described about it.

5.1 Knowledge on STDs and HIV/AIDS

This section will try to analyze the respondent's knowledge on STDs and HIV/AIDS.

5.1.1 Knowledge of STDs

Knowledge of STDs is the core part of this research. Knowledge on STD is common among the total respondents. The main variables to assess the knowledge on STDs can be taken as heard of STDs. The question is asked if the respondents have heard about STDs or not is presented in table 5.1

Table 5.1: Distribution of Respondents by their Knowledge about STDs

Knowledge About STDs	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Yes	70	100.00	52	100.00	122	100.00
No	-	-	-	-	-	-
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2013

The question is asked if the respondents have heard about STDs or not? In this question all of the respondents (100%) have heard at least one of the STDs name from media, course book, friends etc.

5.1.2: Knowledge about Types of the STDs

Respondents were further asked which STDs have you heard. They have also to tick the various names of STDs is presented in table 5.2 gives information about it.

Table 5.2: Distribution of Respondents by their Knowledge about Types of the STDs

Types of STDs	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
HIV/AIDS	70	100.00	52	100.00	122	100.00
Gonorrhea	55	78.57	34	65.38	89	72.95
Syphilis	38	54.29	22	42.31	60	49.18
Hepatitis – B	47	67.01	42	80.77	89	72.95
Chalmydia	8	11.43	2	3.85	10	8.20
Triclamoniasis	5	7.14	2	3.85	7	5.74

Source: Field Survey, 2014.

[Note: The number and percent are multiple response (N = 122)].

The above table shows that all the respondents have heard of STDs. Then, respondents are further asked which STDs have you heard? 100 percent of the respondents have heard about AIDS, followed by Gonorrhea and Hepatitis-B (72.95%), Syphilis (49.18%), Chalmydia (8.20%) and the lowest percent is Tricomoniasis (5.74%).

5.1.3 Sources of Information of STDs and HIV/AIDS for the First Time

Different students have different sources of information. Most of the student's major source of information about the STDs and HIV/AIDS for the first time was media. Their sources of information for the first time are given in the following table 5.3.

Table 5.3: Distribution of Respondents Sources of Knowledge on HIV/AIDS

Sources	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Media	32	45.71	12	23.08	44	36.07
Parents	8	11.43	6	11.54	14	11.48
Course Book	12	17.14	20	38.46	32	26.23
Teacher	14	20.00	7	13.46	21	17.21
Friends	4	5.71	7	13.46	11	9.01
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

The above table 5.3 shows that majority of the students major sources of information about HIV/ AIDS is their media i.e. 36.07 percent of the students told that their media (electronic media and newspaper) is the major sources of information for HIV/AIDS and 26.23 percent students major source of information is course book. Teacher is another major source of information is only for 17.21 percent respondents. Some respondents also said that they get first information from their parents. It is about 14 out of 122 (11.48%) respondents.

5.1.4 Mode of Transmission of STDs

For the accurate knowledge of STDs one need to have information about the mode of transmission, only the question heard of STDs and which source you heard are not sufficient. So that, for exploring the knowledge of respondents on mode of transmission of STD, They were further asked 4 options. They have multiple choices. This is shown in the following table no 5.4.

Table 5.4: Distribution of Respondents by their Knowledge on Mode of Transmission of STDs

Mode of Transmission of STDs	Sex of the Respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Unprotected sexual intercourse	70	100.00	52	100.00	122	100.00
Infected blood transfusion	62	88.57	40	76.92	102	83.61
From infected mother to fetus	51	72.86	34	65.38	85	69.67
Using un-sterilized blades and syringes	27	38.57	12	23.08	39	31.97

Source: Field Survey, 2014.

[Note: The percent are multiple response (N = 122)].

The above table 5.4 shows that all of the respondents 100 percent stated unprotected sexual intercourse is the most important mode of transmission, followed by infected blood transfusion 83.61 percent, from infected mother to fetus 69.67 percent and lowest is using un-sterilized blades and syringes only 31.97 percent.

5.1.5 Methods of Preventive Measures of STDs

Methods of prevention are the main way of to be safe from STDs as well HIV/AIDS. Therefore, knowledge on ways to prevention should be more clearly understood. In fact, if the ways of prevention are known, the disease has been understood. So that, the respondents were further asked about preventive measures of STDs and responses obtained are presented in table 5.5.

Table 5.5: Distribution of Respondents by Knowledge on Preventive Measures of STDs

Way of prevention	Sex of the respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Use condom during sexualintercourse	70	100.00	52	100.00	122	100.00
Use sterilized syringe only	57	81.43	36	69.23	93	76.23
Avoid sex with prostitute	52	74.29	31	59.62	83	68.03
Avoid sex with multiple partners	48	68.57	32	61.53	80	65.57

Source: Field Survey, 2014.

According to the above table, the highest percent of respondents (100.00%) agree STDs can be prevented while using condom during sexual intercourse, followed by use of sterilized syringe only 76.23 percent, avoid sex with prostitute 68.03 percent and avoid sex with multiple partners 65.57% percent.

5.1.6 Difference between HIV and AIDS

There is difference between being infected with HIV and having AIDS. This is one of the most important knowledge any person should have. The same question was asked with students. The reply of the respondent is given in the following table 5.6.

Table 5.6: Distribution of Respondents Knowledge on Difference between HIV and AIDS

Opinion	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Yes	52	74.29	32	61.54	84	68.85
No	12	17.14	6	11.54	18	14.75
Don't Know	6	8.57	14	26.92	20	16.40
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

The table show that majority of the student replied yes 84 out of 122 respondents (68.85%) of the students know that there is difference between being infected with HIV virus and having AIDS. 14.75 percent of the students are of the view that there is no difference between having HIV virus and being infected with HIV/AIDS where as 16.40 percent of the student have no idea about the relation between these two.

5.1.7 Vulnerability to HIV/AIDS

The students are asked a question, who is more vulnerable to HIV/AIDS comparatively, male or female?

Table 5.7: Distribution of Respondents Vulnerability to HIV/AIDS

Response	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Female	17	24.29	8	15.38	25	20.49
Male	8	11.43	7	13.46	15	12.30
Both Equal	41	58.57	32	61.54	73	59.84
Don't Know	4	5.71	5	9.62	9	7.37
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

From the above table, it shows that 59.84 percent of the respondents have replied that both male and female are equally vulnerable HIV/AIDS. Only 12.30 percent of the respondents are right to say that males are more vulnerable than female. Similarly, 20.49 percent of the respondent's have replied that female is more vulnerable where as 7.37 percent have replied that they don't know who is more vulnerable.

5.1.8 Reaction to HIV/AIDS

The students are also asked a question what will they do if they suffer from the disease to know their attitude on HIV/AIDS.

Table 5.8: Distribution of Respondents Reaction to HIV/AIDS

What will you do	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Tell parents	42	60.00	38	73.08	80	65.57
Tell Friends	10	14.29	4	7.69	14	11.48
Others	6	8.57	1	1.92	7	5.74
Don't know	12	17.14	9	17.31	21	17.21
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

Table 5.8 present that no respondent have replied that they will hide the disease. Most of the students i.e. 65.57 percent have replied that they will report to their parents in case they are suffered from the disease. Similarly, 17.21 percent of the respondents have told that they don't know what they will do whereas 5.74 percent of the respondents have replied others such as generating awareness to other people, doing social work etc. As well as the 11.48 percent respondents have told they will tell with their close friends.

5.2 Students Attitude on STDs and HIV/AIDS

Sexually transmitted diseases are the most prominent diseases in Nepal. Many Nepali young girls are engaged in sex industry in different part of the country and brothels of India either forcefully or for fulfilling their daily needs. This has a direct relationship with HIV/AIDS since it is found that STDs increases the rate of acquisition and transmission of HIV/AIDS. Different NGOs and INGOs are working to decrease the involvement of younger girls in sex industry and generating awareness among these section of people on STDs and HIV/AIDS.

The secondary level students are in the age of critical stage who if not given proper education and awareness can be the prey of such diseases. So the research is conducted also with the aim to find out the level of awareness and attitude on the students about the STDs.

5.2.1 Knowledge about STDs

The students of secondary level are asked a question if they had heard of STDs. 100 percent student mentioned that they had heard of the disease. The school curriculum includes a chapter on sexually transmitted diseases since from class six on Health and Physical Education, it is not a surprise that the entire student had heard of the disease.

5.2.2 Treatment of AIDS

To find out the attitude towards AIDS respondents are asked the question, is AIDS curable? The table 5.9 presents about it.

Table 5.9: Distribution of Respondents about Treatment of AIDS

Is AIDS curable	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
AIDS can't be cured	52	74.29	36	69.23	88	72.13
AIDS can be cured	6	08.57	6	11.54	12	09.83
Don't know	12	17.14	10	19.23	22	18.04
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

From this table 5.9, reveals that most of the respondents (74.29%) have given opinion that AIDS cannot be cured, and only 9.83 percent of the respondents have gave opinion that AIDS can be cured. But, 18.04 percent of the respondents have reported that they do not know that either AIDS can be cured or not.

5.2.3 Suggestion for STDs Infected person

Every ill people need help, information, love, suggestion etc. Among them STDs infected persons essentially need such suggestions. To find out the respondents attitude or opinion towards STDs infected persons they were further asked an open question what do you suggest for STDs infected persons in your opinion. They give various types of answers or opinions towards it. The below table 5.10 shows the clear picture of it.

Table 5.10: Distribution of Respondents by Their Suggestion towards STDs Infected Person

suggestion for STDs infected persons	Sex of the respondents					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	55	78.59	45	86.53	100	81.97
No	15	21.41	7	13.47	22	18.03
Total	70	100.00	52	100.00	122	100.00
Types of suggestions towards STDs according to respondents						
Consult to doctor	33	60.00	17	37.78	50	50.00
To use of condom	17	30.90	9	20.00	26	26.00
To use only lab tested blood/syringe	3	5.45	7	15.56	10	10.00
Not to sex at all	8	14.54	5	10.00	13	13.00
Should be patient	6	10.90	6	11.11	12	12.00
To take medicine continuously	8	14.51	4	8.89	12	12.00
To have sex only with life partner	1	1.86	9	20.00	10	10.00
Should be aware/careful	7	12.77	3	6.67	10	10.00
To live remaining life successfully	3	5.52	6	13.33	9	9.00
Not to keep secret	6	10.94	2	4.44	8	8.00
To give love and respect them	3	5.51	3	6.67	6	6.00
To check the blood	3	5.59	1	2.22	4	4.00
To give information about disease	1	1.88	3	6.67	4	4.00
To avoid sex with prostitute	2	3.61	1	2.22	3	3.00

Source: Field Survey, 2014.

[Note: The percent and the numbers are multiple response (N=100, 55 male and 45 female)].

Table 5.10 shows that majority of the respondents 81.97 percent gave the some suggestion to the STDs infected persons and 18.03 percent of the respondents do not give any suggestion.

From the table, we can see that there are 14 types of suggestions or responses from the respondents who have given response. Among the 100 respondents, most

of the respondents (50.00%) suggest to consult to doctor by the STDs infected persons followed by use of condom (26.00%), to use only lab tested blood/syringe (10.00%), not to sex at all (13.00%), to take medicine continuously (12.00%), should be patient (12.00%), should be aware/careful (10.00%), to have sex only with life partner (10.00%) and others are less than 10 percent.

Male respondents suggestion highest is consult to doctor (60.00%) followed by to use of condom (30.90%) not to sex at all (14.54%), to take medicine continuously (14.51%), should be aware/careful (12.7%), not to keep secret (10.9%), should be patient (10.90%) and others are less than 10 percent. Then, female respondents also highest is consult to doctor (37.78%) followed by to use of condom (20.00%), to use only lab tested blood/syringe (15.56%), to live the remaining life successfully (13.33%), should be patient (11.11%), not to sex at all (10.00%) and others are less than 10 percent.

5.2.4 Knowledge of Most Common STDs

There are different types of STDs prevalent most commonly in Nepal. Some of the common STDs prevalent in Nepal are *Gonorrhoea*, *Syphilis*, *HIV/AIDS*, *Hepatitis B & C*, *Herpes genitals*, *Genital Warts* etc. The students have been asked to name the major STDs they had heard. The names of the STDs mentioned by the students are given below in the table.

Table 5.11: Distribution of Respondents by their knowledge on Most Common STDs.

Knowledge on different STDs	Number of respondents	Percent
HIV/AIDS	122	100.00
Syphilis	82	67.21
Gonorrhoea	79	64.75
Hepatitis B & C	54	44.26
Genital warts	22	18.03

Source: Field Survey, 2014.

Table 5.11 shows that the most frequently heard STDs are HIV/AIDS, syphilis and gonorrhoea. It is so because these are the STDs that are included in the curriculum of

the secondary level. The table represents that 100.00 percent (122) respondents have mentioned HIV/AIDS as the STDs. The most common STDs heard by the student is Syphilis which is reported by 67.21 percent (82 respondents), 64.75 percent (79 respondents) mentioned Gonorrhoea usually Hepatitis B & C is 44.24 percent (54 respondents) and Genital warts is 22 respondent (18.03 percent) out of all respondents 122.

5.2.5 Identification of HIV Infected Persons

General identification of HIV infected persons just by looking at is also an indicator to find out the level of attitude of the respondents. So, they are further asked the question. Can one generally identify a person, if he/she infected just by looking at? The result shows the below table 5.12.

Table 5.12: Distribution of Respondents Perception on Identification of HIV infected person by Looking

Can one generally identify, HIV infected just by looking	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Yes	8	11.43	7	11.54	14	11.48
No	52	74.29	41	78.85	93	76.23
Do not know	10	14.28	5	9.61	15	12.29
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

From the table 5.12, it is clear that majority of the respondents 76.23 percent reported that it is not possible to identify HIV infected person just by looking at and only 11.48 percent reported that it can be identified. But, also 12.29 percent respondents that reported that they are unknown about it.

5.3 Student's Attitude towards Curriculum

The school curriculum includes chapter on STDs and HIV/AIDS since from class six. Upto class eight it is included on Health and Physical Education where as in secondary level it is included on Population and Environment. Most of the teachers of the selected schools under study mentioned that students are found to be more curious and attentive while they are teaching this subject and especially the unit which includes information about STDs and HIV/AIDS.

5.3.1 Inclusion of STDs and HIV/AIDS on Curriculum

The respondents are asked whether STDs and HIV/AIDS are included on the curriculum. All the respondents have mentioned that it is included in their curriculum. Also, cent percent students have mentioned that it is very much necessary to include in their curriculum. No respondent reported that STDs and HIV/AIDS should be excluded from their curriculum or it is not necessary to exclude it in their curriculum.

5.3.2 Sufficiency of the Curriculum

The respondents are asked whether the information provided on their curriculum is sufficient for them.

Table 5.13: Distribution of Respondents by Sufficiency of School Curriculum on STDs and HIV/AIDS

Sufficiency of Curriculum	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Yes	18	25.71	22	42.31	40	32.79
No	52	74.29	30	57.69	82	67.21
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

Table 4.13 shows that only 40 respondents (32.79 percent) have mentioned that the content of the course about the STDs and HIV/AIDS is sufficient to them whereas 82 of the 122 respondents (67.21 percent) have mentioned that the curriculum is not

sufficient for them i.e. they need more information about the diseases more than that included in their curriculum.

5.3.3 Student's Satisfaction on Teacher's Teaching

In most of the school's students complain that their teachers are not teaching the chapter including the information about sex because they feel shy to teach such topics. To find out whether the teachers of the schools under study teach them without hesitation or not, the students are asked whether their teacher gives them full information about STDs and HIV/AIDS or not. The students answer is displayed on the figure 5.14.

Table 5.14: Distribution of Respondents by their Satisfaction towards Teacher's Teaching

Satisfaction towards teachers teaching	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Yes	21	30.00	28	53.85	49	40.16
No	32	45.71	14	26.92	46	37.71
Enough	5	7.14	2	3.85	7	5.74
Don't know	12	17.14	8	15.38	20	16.39
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

Table 5.14 shows that 49 out of 122 respondents (40.16 percent) have replied that their teachers give them full information about the diseases while 46 respondents (37.70 percent) have reported that their teachers didn't give them full information about STDs and HIV/AIDS to them. Besides, 5.57 percent respondents have replied that their teachers give them information more than that included in their curriculum and only 12 male and 8 female students reported that they didn't know whether the information given by the teachers is sufficient or not.

5.3.4 Student's View on Revision of Curriculum

The students are asked whether any changes on their curriculum with regard to STDs and HIV/AIDS are to be made or not. Most of the students have reported that changes should be made on their curriculum. Their view on the sufficiency of curriculum with regard to STDs and HIV/AIDS is shown in figure 5.15

Table 5.15: Distribution of Respondents by their View on Revision of School Curriculum

Student's View of School Curriculum	Sex of the respondents					
	Male		Female		Total	
	Number	%	Number	%	Number	%
Should be changed	47	67.14	36	69.23	83	68.03
Shouldn't be changed	20	28.57	12	23.08	32	26.23
Don't know	3	4.29	4	7.69	7	5.74
Total	70	100.00	52	100.00	122	100.00

Source: Field Survey, 2014.

Table 5.15 shows that 68.03 percent respondents have reported that the changes should be made on their curriculum where as 26.26 percent respondents are of the view that the curriculum is right. Only 5.74 percent respondents have reported that they didn't know whether the changes should be made or not. All the respondents who have reported that the changes should be made on their curriculum have mentioned that the curriculum should be reviewed to include more information about the topic. This implies that the students are not satisfied with the content of the course on these topics.

CHAPTER – VI

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter includes major findings from the study population in the various characteristics of respondents, their knowledge and attitude on STDs and HIV/AIDS, among secondary school adolescents at Chitwan district. Data for the study are collected from the field survey January 2014. A total 122 school adolescents are selected from two schools of Chitwan district. According to the findings, some concluding points and some recommendations are drawn.

6.1 Summary of the Findings

Adolescents are from different caste/ethnicity and have different socio-economic and demographic characteristics. They have also different knowledge and attitude on STDs and HIV/AIDS. The summary, findings are organized in basic characteristics, knowledge and attitude on STDs and HIV/AIDS of school students (adolescents) as following:

6.1.1 Demographic and Socio-Economic Characteristics

-) The age of the respondents is ranged from 14 to 20 years. The highest percent (36.07%) of the respondents were aged 15 year followed by 16 year (33.61%).
-) Most of the respondents have lived in nuclear family (64.75%), remaining 35.25 percent respondents have lived in joint family.
-) Majority of the respondents (59.03%) have family size of 5 to 8 members followed by less than five (27.87%) and more than ten (08.19%).
-) Among the respondents 98.36 percent are unmarried and 1.64 percent was married. Among the married respondents, average age at marriage is very low (16 years).
-) Most of the respondents (92.62%) have lived in own house followed by relatives house (6.56%), and rented house is (0.82%).

- J Most of the respondents are Hindu (81.97%) and remaining 18.03 percent are Buddhist.
- J The study shows that the highest percent of respondents are Brahman (36.07%) followed by Chhetri (28.69%), Gurung (18.85%) and Newar (8.21%).
- J Large proportion (97.55%) respondents reported that their fathers are literate, among them majority (41.80%) have attained secondary level.
- J About 90 percent respondents reported that their mothers are literate. More percent of respondent's mothers (27.87%) have attained upto secondary level.
- J Majority of the respondent's father are engaged in agriculture (54.92%) followed by services (13.11%).
- J Majority of the respondent's mother are engaged in agricultural/housewife which is accounted for 72.13 percent.
- J Cent percent of the respondents have their own land holding being at least 1 kattha too.
- J Majority of the respondents (43.44%) have 5-9 kattha land followed by less than 4 kattha (28.69%) land of their own house.
- J About 40 percent respondent's family monthly income is between Rs. 5,001-7,500, followed by 18.85 percent is between Rs. 2,501-5,000.
- J Cent percent of the respondents heard any STDs. The highest numbers of respondents (100%) have heard about HIV/AIDS, followed by Gonorrhoea (72.95%), Hepatitis-B (72.95%) and syphilis (49.18%).
- J About 36 percent of the respondents have got the information about STDs from radio followed by course book (26.23%) and by teacher (17.21%).

- J All of the respondents (100.00%) reported that STDs are transmitted from unprotected sexual intercourse followed by infected blood transfusion (82.00%).
- J All of the respondents (100.00%) reported that preventive measures of STDs are use of condom during sexual intercourse followed by use of sterilized syringe only (75.22%).
- J Most of the respondents (68.85%) have the knowledge difference between HIV and HIV/AIDS followed 16.40 percent didn't know about it.
- J Sixty percent respondents have said that both male and female are more vulnerable to HIV / AIDS comparatively female is 20.49 and male is 12.30.
- J Most of the students i.e. 65.57 percent replied that they will report to their parents in case they are suffered from HIV.
- J Majority of the respondents (72.13%) reported that AIDS cannot be cured.
- J Most of the respondents 81.97 want to suggest for STDs infected person.
- J One half of those respondents (50.00%) suggested towards STDs infected person to consult with doctor, 13 percent suggested not to sex at all and 26 percent suggested to use of condom.
- J The majority of the respondents (76.23%) reported that not to identify HIV infected person by just looking and only 14.48 percent reported as being identify.
- J Cent percent of the respondents heard about AIDS and 67.21 percent have knowledge of syphilis similarly 64.75 percent known about gonorrhea.
- J Majority of the respondents 67.21 percent mentioned that they are not sufficiency of school curriculum on STDs and HIV/AIDS followed sufficiency is 32.79 percent.

-) Forty percent respondent said that they are satisfied towards teachers teaching but 37.70 are not.
-) Majority of the respondents reported that the changes should be revision of school curriculum and 26.23 percent respondents said that it was sufficient.

6.2 Conclusions

This study is based on knowledge and attitude on STDs and HIV/AIDS among secondary school students. It is fully dependent on primary data. This study summarizes the information of 122 school students. At present, STDs and HIV/AIDS is a burning issues of the world. Most of the adolescents are affected from it. Therefore, they need sufficient knowledge about it.

From the study, it is seen that all of the respondents have heard about any STDs and HIV/AIDS. But, it is found that they have no proper knowledge and attitude about STDs and HIV/AIDS. Reproductive health (RH) is included in school curriculum to increase awareness and understanding about it. RH services are very much needed for adolescents and youths.

The socio-economic condition of the respondents are found to be some satisfactory but the level of proper knowledge and attitude on STDs and HIV/AIDS are found to be low. These studies focus the current level of knowledge and attitude of secondary school students on STDs and HIV/AIDS. Findings from the study shows that there is no sufficient knowledge about STDs and HIV/AIDS because only hearing about STDs and HIV/AIDS may not imply to change one's attitude and behavior on it. The respondents are still found to be illusion regarding AIDS can be cured or not. Similarly, they showed their shame to respondent about the questions regarding opposite sex characteristics, i.e. among the all unmarried respondents reported being no involve in sexual intercourse (pre-marital sex), among the married respondents too, two female respondents were reported they have involve in sexual intercourse. It is some satisfactory, according to the response of unmarried respondents. Then, parents do not talk about the mater (STDs and HIV/AIDS) in front of their kids, this may

result their breaking knowledge. Because of their curiosity on sexuality, they adopt unhygienic or unhealthy sexual practice which would lead various health hazards.

Media is the dominant source of information for providing all types of messages on STDs and HIV/AIDS. The second and third major sources for obtaining information are found to be teacher and text book respectively. Therefore, we may draw a conclusion that the new introduction of health population and environment course has contributed to providing health message as well as solving the health needs of adolescents. So, the ICE (Information Education and Communication) plays the vital role enhancing awareness among the adolescents.

6.3 Recommendations

In the present world, the scenario of the STDs, specially HIV/AIDS is growing day by day. Such condition shows the very miserable situation of the world. It has become burning issue of the world, especially in developing countries. Nepal is not far from such condition. So that various health programs must be integrated with other socio-economic, cultural and demographic program. On the basis of findings and conclusion following recommendations are made.

-) Sexual education must be provided through school teacher, newspaper, radio, television and secret information through parents.
-) Sexuality education is most needed for students of age 14-20 years, that's why sexuality education must be provided in secondary level and after age 14 years.
-) Utilization of mass media should be promoted and new and effective programs should be included in mass media which draws the attentions of all adolescents.
-) Adolescents need face to face interaction about STDs and HIV/AIDS so, teenage group forums needs to be formed in the community as well as school.

-) Needs for adolescent's orientation education programs which give the information on STDs and HIV/AIDS.
-) The overall awareness is important for preventing of the prevalence of STDs and HIV/AIDS. For this, it is necessary to enhance to overall groups of people by focusing to adolescents.
-) The plan and policy should be targeted to adolescents' health, education and overall improvement of their physical, social and psychological change. This develop their career and healthy life.
-) Socio-economic condition of the people as well as education should be emphasized which would ultimately improve the status of people and they will practice their knowledge in the real life.

6.4 Research Issues

Due to the difficulty in covering huge number of schools and less resource, only secondary school was chosen for the purpose to fulfill the objectives. The main purpose of the study is to fulfill the requirement for complete master's degree submitting dissertation, therefore this fulfills the academic purpose as well.

This study is based on small sample (122 respondents) size of one particular age group (14-20 years school adolescents), thus further studies may be carried out on other groups of population. It ignores those out of schools or working adolescents and under age 14 years of adolescents. In this study, only STDs and HIV/AIDS were the components taken in the research.

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Appendix I

Tribhuvan University

Central Department of Population Studies (CDPS)

A Questionnaire on Knowledge and Attitudes on STDs and HIV/AIDS

Among Secondary School Students in Chitwan District

A. Individual Questionnaire

Respondent Number: __ __

1. School:

2. Name:

3. Class:

4. Age (Completed):

5. Sex: Male ...1 Female ...2

6.	Caste/Ethnicity	Brahmin	..... 1
		Chhetri	..... 2
		Gurung	..... 3
		Newar	..... 4
		Magar	..... 5
		Others (Specify)	..... 9
7.	Religion	Hindu	..... 1
		Buddha	..... 2
		Others (Specify)	..... 9
8.	Marital Status	Married	..... 1
		Unmarried	..... 2 | Q.N. 10
9.	If married, at which age did you get		

	married?	
10.	If unmarried, at which age is appropriate to get married?	
11.	Where are you living now?	At home 1 Hostel 2 Rented house 3 Relatives house 4 Others (Specify) 9

B. Household Questionnaire

12.	Can your father read and write?	Yes 1 No 2 | Q.N. 14
13.	If yes, what is your father education level?	Primary 1 Lower secondary 2 Secondary 3 SLC and above 4
14.	Can your mother read and write?	Yes 1 No 2 | Q.N. 16
15.	If yes, what is your mother education level?	Primary 1 Lower secondary 2 Secondary 3 SLC and above 4
16.	What is your father's occupation?	Agriculture 1 Service 2 Business 3 Daily wages 4 Politics 5 Others (Specify) 9
17.	What is your mother's occupation?	Housewife/Agriculture 1 Agriculture 2 Service 3

		Business 4 Daily wages 5 Politics 6 Others (Specify) 9
18.	Do your parent have own land?	Yes 1 No 2 | Q.N. 20
19.	If yes, how much land does your family have?	.....Kattha (1 Bigha = 20 Khatta)
20.	How much monthly income does your family have?	Below 2,500..... 1 Rs. 2,501- 5,000 2 Rs. 5001-7,500 3 Rs. 7,500 - 10,000 4 Above 10,000 5
21.	How many members are there in your family?	

C. Knowledge and Attitude on STDs and HIV/AIDS

22.	Have you heard about STDs?	Yes 1 No 2
23.	If yes, which STDs have you heard? (Multiple response)	Syphilis 1 Gonorrhoea 2 Chlamydia 3 Trichomoniasis 4 Hepatitis-B 5 HIV/AIDS 6 Others (Specify) 9
24.	From which source have you heard about STDs? (Multiple response)	Media 1 Parents 2 Newspaper 3 Text books..... 4 Teachers 5 Friends 6 Others (Specify) 9
25.	Do you know about the ways of transmission of STDs?	Yes 1 No 2 | Q.N. 27
26.	If yes, how are STDs transmitted? (Multiple response)	Unprotected sexual intercourse 1 Living together with infected persons 2 Infected blood transfusion 3 From infected mother to fetus 4

		Others (Specify) 9
27.	What are the methods of preventive measure of STDs? (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) 9
28.	What are the symptoms of STDs? (Multiple response)	Lower abdominal pain during intercourse ..1 Swelling of limbs 2 appearance red spots around the genitals ....3 Bleeding other than menstruation period....4 Yellowish pus-like discharge from the vagina and Penis, itching .....5 Don't know 9
29.	In your opinion are STDs curable?	Yes 1 No 2
30.	What will you do when you will be suffered from STDs?	Keep secret 1 Tell parents 2 Others .....3
31.	What do you suggest for STDs infected persons in your opinion?	..... ..... ..... ..... (Free Writing)

32	Have you heard about STDs?	Yes	..... 1
		No	..... 2
33	You know the full form of STDs?	Yes	..... 1
		No	..... 2

34	From which source have you heard about HIV/AIDS? (Multiple response)	Radio	..... 1
		Television	..... 2
		Newspaper	..... 3
		Parents	..... 4
		Teachers	..... 5
		Friends	..... 6
		Text books	..... 7
		Others (Specify)	..... 9
35	Can you generally identify a person, if he/she infected just by looking at?	Yes	..... 1
		No	..... 2
		Don't know	..... 9
36	In your opinion, how can be HIV/AIDS transmitted? (Multiple response)	Sharing infected needles/instruments	....1
		Infected blood transfusion	..... 2
		Sexual contact with infected persons	.... 3
		Breast feeding from infected mothers	.... 4
		From infected mother to fetes	..... 5
		Others (Specify)	..... 9

37	Do you know the preventing method of HIV/AIDS?	Yes 1 No 2
38	Is AIDs curable?	AIDs can't be cured 1 AIDS can be cured 2 Don't know 9

D. Student's Attitude towards Curriculum

39.	Is our curriculum is sufficient?	Yes .....1 No.....2
40.	Is teacher teaching is sufficient?	Yes .....1 No.....2 Enough 3 Don't know .....9
41.	What is your opinion of school curriculum? (Should be revision)	Should be changed..... 1 Shouldn't be changed 2 Don't know 3

Thank You