

# CHAPTER- ONE

## INTRODUCTION

### 1.1 Background of the Study

Human immune deficiency virus (HIV) is being challenge for most of the countries in the world which destroy human immune system. The treatment process to cure HIV patient is only limited in lab and is still not discovered but the positive things is that various preventing program is being under implementation. Specially, the developing countries where other treatable diseases also not treated well, so it is better to conduct prevention program rather than treatment. In this context, Government, international and national non-government organization and community based organization are implementing various prevention programs to prevent HIV/AIDS.

The disease that transmit from one person to another mainly through sexual contact during unprotected intercourse are known as transmitted diseases. The sexually transmitted diseases (STD) are a group of communicable diseases that are transmitted predominantly by sexual contact and caused by a wide range of bacteria, virus, protozoa and fungal agents and ectoparasites.

During the past two decades, STDs have undergone a dramatic transformation. First, the change in name from venereal diseases (V.D) to sexually transmitted diseases (STD) indicates this transformation. The list of pathogens which are sexually transmissible has expanded from the 5 "classical" venereal diseases Syphilis, Gonorrhea, Chancroids, Genital, and Genital warts to include more than 20 agents, secondly, attention is now given not only to specific diseases, but also to clinical syndromes associated with most of the recently recognized STDs are now referred to as second generation STDs. AIDS, the most recently recognized is a totally new disease.

Population of the present world is facing a serious problem created by the pandemic called Acquired Immune Deficiency Syndrome (AIDS) has emerged as a burning issue all over world and many attempts have been made to control the problem. It has become a global phenomenon. It is considered to be known by all health conscious and general people today. AIDS is an acquired immune deficiency syndrome caused

by the human immune deficiency virus which spreads through blood, semen, vaginal secretion and breast milk. The most common method of transmission is unprotected sexual intercourse with an infected person. Other routes includes transfusion of contaminated needles and mother to child during pregnancy and breast feeding. There are two types of HIV, HIV-1 and HIV-2. HIV-1 accounts for the majority of infection in the world and has at least 10 genetic types. HIV-2 is found primarily in west Africa appears it be less easily transmitted and progress more slowly in to disease than type 1. HIV kills by weakening the body's immune system until it on longer fight infection as the immune system becomes compromised by HIV opportunistic infection such as pneumonia, meningitis cancer, and tuberculosis. ( TB) is the common opportunistic infection in AIDS death in sub Saharan Africa (Encarta-2009)

The first case of HIV/AIDS was recognized in United States of America in 1983 by the French biologist and cancer specialist Luc Montagnier. AIDS is that stage of infection in which HIV enters cells of the immune system especially the WBC known as "T" cells and reduces the diseases fighting mechanism.

The term sexually transmitted disease remains in common use, however, clinicians are increasingly using the term sexually infection and sometimes the term STI and STDs are interchangeable. This can be confusing and not always accurate so it essential of understand the different between infection and disease, infection and disease. Infection simply means that a germ can cause disease or sickness which is present inside a person's body. An infected person does not necessarily have only symptoms or signs the virus or bacteria is actually hurting their body. A disease means that the infection is actually causing the infected person to feel sick, or to notice something is wrong. For this reason, the STI which refers to infection with any germ that can causes STDs, even if the infected person has no symptoms is much broader than STD (<http://on.wikipedia.org/wiki/>).

Sexually Transmitted Infections(STDs), formerly known as venereal diseases more than 25 infections passes from one person to another primarily during sexual contact, STDs are among the most common infection known more than 15 million people in the United States become infected with one or more STDs every year. The United States has the highest STI rate in the industrialized world-roughly half of all

Americans become infected with an STI before the age of 35. Despite the prevalence of STD, studies show that many people are unaware of their risks for contacting an STI or the serious and sometimes deadly, health consequences that may result from an untreated infection.

Some STDs, such as gonorrhea or Chlamydia, may cause no symptoms. People who do not know they are infected risk infecting their sexual partners and, in some cases, their unknown children. If left untreated these diseases may cause debilitating pain or may destroy a woman's ability to have children. Some STDs can be cured with a single dose of antibiotics, but may, such as acquired immunodeficiency syndrome (AIDS) are incurable. People with these diseases remain infectious to other for their entire lives.

The HIV/AIDS that can be transmitted from one person to another mainly through sexual contact during unprotected intercourse are known as Sexually transmitted Diseases (STDs). Some STDs can be transmitted by other routes also. In fact illegal or multiple sexual contacts may lead serious health problems and causes various ventral diseases. Sometimes the diseases are also transmissible through transfusion of unsafe blood, contaminated needles, and from infected mother to her children during pregnancy, child births or breast feeding. Sexually transmitted diseases have greater impact on human sexuality and morbidity. They largely affect external and internal sexual organs and cause various complications such as Pelvic Inflammatory Disease (PID), ectopic pregnancy, infertility cervical cancer miscarriage and stillbirth etc.

HIV is a lentivirus (a member of the retrovirus family) that causes AIDS (Sepkowitz, 2001) a condition in humans in which the immune system begins to fail leading to life. Virus particles & virus within infected immune cells. The four major routes of transmission threatening opportunistic infections. Infection with HIV occurs by the transfer of blood, Semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free and unsafe sex contaminated needles, breast milk & transmission from an infected mother to her baby at birth (Vertical transmission) screening of blood products for HIV has largely eliminated transmission through blood transfusions or infected blood products in the developed world (Weiss, 1993).

HIV is carried in body fluids like Semen, blood, vaginal fluid & from an infected mother to her unborn child during pregnancy, delivery & even birth through breast feeding. It passes from one person to another only in very specific ways. The main ways of transmission is unprotected sex. A person can get infected with HIV through sexual intercourse. With an infected person during vaginal or oral or anal intercourse during intercourse with infected person his/her blood. Semen or vaginal secretions are enters the body of sexual partner through the skin of their sex organs of from the organ which they used during intercourse. 30 percent to 90 percent HIV infection the region is transmitted through heterosexual contact. Secondly, if any person uses needles or syringes used HIV infected person, will have chance to transmit one to another. Thirdly, if a person get the blood from any infected persons by HIV then they will be possible to infection during blood transfusions after an accident, during a surgery after childbirth or other medical treatment.

Although, 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 unsafe abortion 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 infection with STDs including HIV/AIDS. Similarly, the highest rates of infection with STDs including HIV/AIDS are found among young people ages 20-24. The teen ages 15-19 have the next highest rates of STDs infections. WHO estimates 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 among 15-24 years old adolescents are at risk of STDs and HIV/AIDS because they often have short-term sexual relationships and do not consistently use condoms to protect themselves (Shane, 1997).

There are generally seems to be four periods when HIV enters into human body, they are as follows:

- a) **Windows Period:** In the period when HIV virus enters into human body generally cold cough may appear and disappear after some times. HIV virus enters in the cell when as man is to looked healthy, this is so much risky period because it is possibility to transform of HIV by involving sexual intercourse and other activities. In this period, it is difficult to find out presence of virus

when the blood is checked because there has no any antibody in this period. Generally the window period would 90 days.

- b) Clinically asymptomatic period: Although people seem to be healthy in this period HIV increases inside human body. But it depends on nutrition, life style, psychology, help, immune system, care and support. It takes 5 to 10 years for adults and takes 1to 2 years time for child. If we check the blood, there seems the presence of the HIV because there are antibodies in human body.
- c) Symptomatic HIV infection: The immune system because severally damaged by HIV. CD4 cells are decreasing and people were infected by opportunistic infections for long time.
- d) AIDS: In that stage various opportunistic diseases or multiple disease attack and immune system becomes weak. The stage where various opportunistic diseases attack is AIDS. In medical term, when CD4 cell is 200 or less than 200 on human body, called that stage AIDS.

**Major sign:**

- a) Decreasing weight by 10 percent in a month.
- b) Coming fever over one month or over.
- c) More tiredness.
- d) Presence of opportunistic infections.

HIV and STDs are transmitted in four ways from one person to other. There are:

**1. Unsafe sexual intercourse with an infected person.**

Unprotected (without condoms), vaginal and anal intercourse present the highest risk for HIV transmission throughout the world. The primary rout of transmission is heterosexual- male to female sexual intercourse, but male to male (homosexual) contact is also significant. Sexual intercourse refers to vaginal and anal penetration.

**2. Transfusion of infected blood/contaminated blood, blood products and transplant of body organs:**

Exposure to infected blood may occur as a result of the transfusion of blood not screened for HIV antibodies; the reuse of infected syringes and needles; or infected medical utensils. Exposure to infected blood or blood products can occur in health care settings, traditional healing rituals e.g. scarification. Exposure to HIV infected organs and tissues can occur in health settings.

**3. Infected mother to her child:**

The majority of HIV in children occurs from the HIV infected mother to her infant before or during birth, or from breastfeeding. The risk of transmission without any intervention is variable from one country to another and is generally estimated between 25-40 percentages in developing countries. Mother to child transmission might occur;

- a) In womb (12% of transmission cases)
- b) During birth (49% of transmission cases)
- c) While breastfeeding (39% of transmission cases)

**4. Contaminated needles, syringe and other piercing instrument:**

Injecting drug use are at high risk of accruing HIV and blood born infections because they often resort to unsafe practices such as a needle and syringe sharing. In addition to the risks associated with the needle and syringe sharing, infecting drug user can pose a risk to other through sexual transmission.

Finally, surgical instruments like syringes & blade of HIV infected person used again by another fresh person without proper sterilization, there is possibility of transmission the HIV virus: and if an HIV positive women becomes pregnant, the HIV virus can pass through the placenta into the growing baby from her blood during pregnancy or during birth, breast feeding can also acts as medium for transmission (WHO, 2008).

HIV infection in human is considered pandemic by the World Health Organizations (WHO). Nevertheless, complacency about HIV may play a key role in HIV risk (Russell, 1988). From its discovery in 1981 to 2010, AIDS killed more than 25 million people. HIV infects about 0.8% of the world's population (AIDS foundation, 2010). A third of these deaths are occurring in Sub-Saharan Africa, retarding economic growth and increasing poverty (Kalling, 2008). According to current estimates, HIV is set to infect 90 million people in Africa, resulting in a minimum estimate of 18 million orphans (UNAIDS/WHO, 2007). Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but routine access to antiretroviral medication is not available in all the countries (Robertson, 1999).

AIDS (Acquired Immune Deficiency) is the late stage of infection with Human Immune deficiency virus (HIV) when the infected person becomes ill with symptoms and signs of the diseases. Once infected

## **1.2 Statement of the Problem**

Rapidly spreading Sexually Transmitted Disease (STDs) and HIV/AIDS among adult age group has become critical and alarming problems in many developing countries. In other words, STD and HIV/AIDS are emerging as a major social and health problem in developed as well as developing countries. More than 95 percent of HIV infected people largely adults who could normally be in their peak of productive age are living in developing countries all of them result in death (UNAIDS, 2009).

HIV/AIDS causes are lower found in Nepal than in other like developing countries. Its effecting preventive measures are low in Nepal than other countries. Its effecting preventive measures are not developed and implemented HIV will spread fast. Just over one-fourth of the reproductive age women know about HIV/AIDS in Nepal. Some of the factors play a vital role for the rapid spreading the transmission of HIV/AIDS throughout the country as:

- i) Lack of sex-education in school level
- ii) Low level of awareness of HIV/AIDS
- iii) Low and poor socio-economic status of people
- iv) Growing urbanization

- v) Poor health infrastructure
- vi) Increase in the number of commercial sex worker in Nepal
- vii) Trafficking of young village girls for prostitution outside country.

The main factors for increasing the HIV/AIDS transmission in Nepal are illiteracy, low quality and limited health facilities, deteriorating socio-economic life pattern, open border with the India which leads girls trafficking to the Indian sites, cultural values & seasonal factors too. In this regard this study aims to explore the following research questions.

- ) What are the symptoms of HIV/AIDS?
- ) How can be HIV transmitted?
- ) Who are the most vulnerable group in society of do they have HIV/AIDS?
- ) Which level of knowledge and attitude about HIV and AIDS?
- ) What is the situation of HIV/AIDS victims in the society?
- ) What are the factors these are responsible for influencing on knowledge & attitude of local people?

### **1.3 Objectives of the Study**

The main objective of the study is to explore the knowledge and perception of the rural village adolescents about HIV & AIDS in some selected rural village communities in Jogbuda VDC. The specific objectives are as follows:

1. To assess the various sources of information on HIV/AIDS.
2. To examine the knowledge, attitude and behaviors of the adults on HIV/AIDS in the study area.
3. To assess the influencing factor of knowledge, attitude and behaviors towards HIV/AIDS in the study area.

### **1.4 Significance of the Study**

The main goal of this study is to find out the existing level of knowledge and attitude about the real picture of STDs and HIV/AIDS among adolescent. The target group of this study is adolescent who will participate into active sex life in near future so the sex education is most necessary to them students are the future constructors of the



nation; they should essentially have the basic knowledge about public health and disaster disease such as STD & HIV/AIDS. Individual with HIV/AIDS may be isolated from the society and even from the family member. This situation is psychologically and emotionally difficult to the HIV infected person. They may lose their job or be forced to discontinue education and training opportunities. This situation may lead to frustration, stress fear and guilt and might result in extreme condition like suicide. Some people may be aggressive to the extent of talking revenge with other people by spreading the infection.

Family with members having HIV/AIDS has to bear a tremendous psychologically stress including isolation from the society and breakdown of all social relationship, family breakdown is another serious threat to the family. HIV infection in the husband or wife might eventually transmit the disease to another spouse. There is a high risk of having HIV infected children from the infected women, which may ultimately end up with generation termination. If the children are born HIV free, the parents may die leaving behind orphans with uncertain and insecure future.

HIV/AIDS may create disharmony in community relationship. People may lose faith and trust in each other. Increased number of orphans, drop-outs from school, mass of jobless people in the community might not only be a burden to the society but it may also give raise to crimes social values and the moral of the community as a whole may decline and result in disintegration of the society. Women will have to face the worse effects of HIV/AIDS in all aspects of life in our context.

This research study helps to know the sexual behavior of adolescent age 12/13 - 18 years and helps to provide detailed information about the types of programs and policies that they need to prevent the spreading of STDs and HIV/AIDS among youth. Though some research on HIV/AIDS have been majority of the research are concerned to community people or adults. In practice or youth on HIV/AIDS to cope with the prevalence of HIV/AIDS in developing countries like Nepal. The significant of the study are as follows:

- ) This study is helpful for curriculum designer especially at school levels.
- ) The finding of this research is helpful to know the level of knowledge attitude and behavior on HIV/AIDS.

- ) This study is beneficial for organization interested to purpose such types of research work in future.
- ) The recommendations of the research is beneficial for development of long term strategy on HIV/AIDS prevention by ministry of Health.

## 1.5 Limitations of the Study

This study will be consists of the knowledge attitude to behavior among the different communities of the study area. However; due to lack of enough time and budget the study is limited in the following area :

- ) The study simply tries to explore the socio-economic status of the Jogbuda VDC of Dadeldhura district. Similarly, the study is also tried to explore and analyze knowledge, attitude & perception about on HIV/AIDS and prevention in adolescence respondents.
- ) This study will carry only adolescence between the age of 12/13 - 18.
- ) This study will conduct only Dadeldhura district therefore; the finding of the research can be generalized only for the area having similar characteristics and not for whole country.
- ) This study is delimit on the knowledge of HIV/AIDS.
- ) The study will be done only in the partial fulfillment of the requirements for the master degree in Rural Development.

## 1.6 Definition of Terminologies

**Knowledge:** It refers to the understanding an awareness of concept as well as retention of facts concerning HIV/AIDS as measured by the instrument formulated by the researcher.

**Attitude:** The manner of acting, feeling or thinking that shows ounces opinion. It is the tendency to react positively or negatively in regard a subject.

**HIV positive:** It means a person has been infected with the HIV, the causative agent of AIDS.

**AIDS:** A disease of immune system caused by infection with the retrovirus HIV, which destroys some types of white blood cells and is through blood or bodily secretion such semen.

## **CHAPTER - TWO**

### **REVIEW OF LITERATURE**

Literature review is one of the most important aspects of any research; any study is not possible without the literature review. It is a kind of tool, which provides a proper guideline and idea to the researches in many studies. Some available related books, reports and studies have been reviewed to get the guideline for the present study. The literature review consists of knowledge HIV/AIDS and STDs some of the facts. Opinion, principles and studies reports directly on indirectly related to this study are reviewed and presented in the following way.

#### **2.1 Global Situation on HIV and AIDS**

STD or reproductive tract infection increases the chance than any single sexual encounter will transmit the virus in societies where STDs are wide spread & where people have many sexual partners the risk of HIV infection is dramatically increases (UNFPA, 2006:1).

Young people are at the centre of the HIV pandemic in terms of vulnerability, risk impact and potential for change. Half of all new HIV infections are among young people, yet they have poor access to information and health services. Young people form a large percentage of vulnerable groups, such as injecting drug users and sex workers. In Nepal young people represent more than 31% of the population and have been indentified as one of the most vulnerable group to the growing HIV/AIDS pandemic. It estimated that about 50% of new HIV infection occurs among young people each year (NCAS, 2009).

As per data of the national centre for AIDS and STDs control around 14000 people in Nepal have been infected with HIV/AIDS. Among people, 48 percent are either India returns of their family members. Almost all HIV infected people who return from India accepted that they used to Indian brothels and came into contact with sex workers. Women in some districts of the far western regions who have never traveled or ventured out of their homes are also victimized by the HIV virus, most of the males of the far western region go to India for employment and they are the ones who

transfer the disease to their wives. It is estimated that over 46000 youths in Nepal abuse hard drugs of them 88 percent are school students (NCASC, 2009).

A number of multilateral and bilateral organization support HI prevention and control initiatives in Nepal, including intervention for vulnerable groups, behavioral change communication, condom promotion, STDs and operational research. UNAIDS provides, through its cooperating agencies, the largest funding for HIV/AIDS interventions in Nepal, including surveillance activities, social marketing of condom as well as communication and advocacy programme. The focus will be on young and migrants as well as on providing care and support to people living with HIV/AIDS. These are numerous nongovernmental organizations implementing HIV/AIDS activities in the country. There are currently over 100 NGOs working in the field of HIV/AIDS alone. The National Network against 40 NGOs initially established to tackle the problem of girl trafficking has also begun to address the issue of HIV/AIDS (UNFPA, 2010).

Sudden changes in physical, psychological and social attributes of youth often encourage them to experiment and to be adventurous. Youth is a time when hitherto secrets and mysteries of sex life unveil themselves; a time when temptations are great and such encourage them to be enthusiastic and careless. Youth is therefore the time when they are most vulnerable to HIV/AIDS (Naidu & Aparna, 2009).

Youth are an inevitable part in any HIV awareness programme and should be given rigorous HIV/AIDS preventive education. Youth is the right time when preventive strategies can be implemented best and learnt before they indulge in risk taking behaviors. More specifically, youth people in colleges have a vital role in the prevention and control of HIV infection. Their role includes protecting not only themselves, but also their family members, communities, their peers, neighborhoods (Naidu & Arpana, 2009).

Youth have stamina to force and communicate better with other people than others. They could effectively pass best knowledge among their family members, neighborhood and community people. Youth have the enthusiasm, energy and idealism that can be harnessed to alleviate religious and social mythology and barriers

against HIV/AIDS. Their social conscience could be explored to make them representative in the fight against the menace of HIV/AIDS (Naidu & Arpana, 2009).

Prevalence of premarital sexual intercourse and risky sexual behavior are not uncommon in Nepal. Youth people are exposed to health hazards due to their sexual behavior; hence sex education should be provided. School or college based sexuality education could benefit even out of school youths, because their partner often are students. Many literatures suggest that the individual, family and peer variables have considerable influence on the sexual behavior of the youth. However, it is one of the contexts of Nepal in order to inform policy makers and planners and to develop appropriate and timely intervention program to prevent high risk sexual behavior such as reported that sex education is necessary for youth before getting married (UNICEF, 2010).

HIV/AIDS is not more just a health issue, but an overall development issue and if left unchecked has potential to reverse the decades of progress in out of country. Therefore, it is the duty of the government as well as of society to save the younger generation from this social and economic disaster. We all know that social changes are commanded and transmitted from the schools and teachers trainees are the future. Teachers who have with adolescent's pupils and with the future of country. So it is therefore necessary to assess their knowledge and attitude towards HIV/AIDS education. Hence they would be trained and prepared to overcome the hazard of HIV/AIDS pandemic (Mahato and Kumar, 2009).

One estimate shows approximately 34,00 cases of HIV/AIDS infection in Nepal (US/AIDS, 2000), and another study at female sex workers with sexually transmitted diseases in Kathmandu shown a 17 percent rate (SACTS, 2000) while it was 50 percent among intravenous drug users (Gurubacharya, 1999). Therefore the risk at AIDS spreading into the general population through the sexual partner of intravenous drug users and clients female sex workers is large (NDHS, 2006).

People feel uneasy and embarrassed when asked about their sexual activities and then they provide deliberately inaccurate information. 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 labour 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 in many late adolescent (Acharya, 1999).

There are a great variety of methods and materials that can be used to educate people about HIV and AIDS, includes radio and television, booklets, billboards, street theatre, comic strips, and many more. The form in which HIV and AIDS education should be delivered depends on the characteristics of those who are being educated. IN order to reach the target group, it needs to be considered which environments they will be most receptive in, and what media is most relevant to them (UNAIDS, 2009). It is not just teachers who can provide education: people's including family, friends and the wider community. Peer education is education provided by who is either directly part of the group receiving the information, or who is from a similar social background (FHI, 2003).

AIDS was first reported in 1981 in USA. The causative organism of HIV/AIDS was identified in 1983. AIDS and pandemic were broken out all over the world. In other words, it is concurrence of symptoms causes by the deficiency of immunity resulting from foreign substances or micro organisms more than 25 million people have died of AIDS since 1981. Africa has over 14 million AIDS orphans. As the end of 2008, women accounted for 50% of all adults living with HIV worldwide.

In 1995, young people aged 15-19 was estimated to be 512 million of which 83 percent were living in developing countries. By the next century over half of the world's population will live in urban areas where young people are estimated to be poverty and stressful loss of family ties. In developing countries, four out of five of worker's young people live & where more than half of population is under the age of 25 years. With 28 percent of the world's population between 10 & 24, 1.5 percent billion people growing up today will be the leader's citizens and partners in the future. Hence young men & women will become parent of the next generation. Around the world, a significant number of adolescents are sexually active at early ages with an increasing proportion of this activity occurring outside of marriage. More & more

young people are suffering from STDs including HIV/AIDS. Seeking unsafe aborting resulting into the consequences of early close & frequent pregnancies & social problems about half of all HIV infections so, for have occurred in young people under 25 since the start of the pandemic, at least six million young have even infected with HIV (Khanal, 1997).

The HIV that causes AIDS has brought about global epidemic for more extensive hand what was predicated even a decade ago total number of people living with HIV in the world is 3320000000 and total death due AIDS is 2100000 till 2007 according to the Encarta 2009. AIDS was first reported in 1981 in united state of America. The causative agent organism of AIDS, HIV was recognized in 1983. The pandemic nature and the magnitude of public health problem associated with HIV rose very rapidly. As the impact of HIV/AIDs seems to be very serious along with the term aspect, the HIV does not respect geographical boundaries so on country of global is to HIV/AIDS (Aryal, 2000).

The HIV virus does not respect geographic boundaries so country of the globe is immune to HIV/AIDS. This is why this issue needs an issue of global thinking and intervention UN/AIDS and the WHO estimate that 33.6 million people are living with HIV/AIDS infection at the end of 1999. These estimates show that HIV infection is far more common in the world than previously thought (Aryal, 2000). The total number of people living with the prevalence of HIV rose in 2004 to reach its highest level over and estimated 39.4 million people are living with the virus (UN/AIDS, 2004).

Among half of the people who acquire HIV become infected before they turn 25, and AIDS is the second most common cause of death among 20-24 years old. By the end of 2007, the epidemic had left behind 15 million AIDS orphans, defined as those aged fewer than 18 who have lost one or both parents to AIDS. In 2008, around 43000 children aged 14 or younger became infected with HIV/more than 90% of newly infected children are babies born to women with HIV, who acquire the virus during pregnancy or through their mother's breast milk. Over nine-tenths of such transmissions once in sub Saharan Africa. Drugs are available to maximize the dangers of mother to child HIV transmission, but these are still often not reaching the

place where they are most needed.(<http://www.actoronoto.org/home:nsf/pages/hiv aids.>).

The world wide prevalence of STDs is high and increasing day by day Immune deficiency virus and AIDS, the awareness of STDs become great importance to necessary too.

## **2.2 Situation of HIV/AIDS in South Asia**

The first HIV infection on South region was reported in India in many 1986. It is estimated that there are about 3 to 5 million people infected by HIV/AIDS. The pandemic was introduced in the regional somewhat later other part of the world. The infection rates in South Asia are lower then, Africa but the spread of HIV is rapid in Maharastra & Tamilnadu states are main area to rapid increasing the HIV infection multiple sexual contacts have been the main routes of HIV transmission in India, 50 percent of commercial sex worker have been found to be infected in Mumbia (Aryal, 2000).

Asia is the path of the global AIDS pandemic with an estimated 8.3 million infections including 1.1 million people newly in 2005. Among the 8.6 million people 30 percent are women and 0.52 million people have died by HIV/AIDS related cause in the year 2005 alone. In Asia, everyday 3000 every hour 125 and every minute 2 people and every 30 second 1 new people have been infecting with HIV. Similarly everyday 1.424 peoples every hour 60 people every minute one person have been dying by HIV/AIDS in Asia (Chaudhari, 2006).

Cambodia has highest 1.7 percent HIV prevalence rate in Asia which comprises 1.8 percent for male & 1.5 percent for female aged 15. 49 years followed by Thailand, Myanmar and India (UNFPA, 2006). In Asia, much more HIV infected people are living in India. Among 1.1 million new HIV infected people in Asia, 600 thousand people are from India everyday 1. 650 every hour 68 and every minute more than one person have been newly infecting with HIV/AIDS (Chaudhari, 2006).



## **2.3 Situation of HIV/AIDS in Nepal**

HIV/AIDS has become a major public health problem in Nepal. The first cases were reported in 1988. According to the UN/AIDS & WHO estimates there may be about 33532 HIV positive persons in the country (Aryal, 2000). The potential for the spread of HIV in Nepal is large because of extensive use of commercial sex workers, high rates of sexually transmitted diseases, low level of condom use and pockets on intravenous drug users. As of January 2007 a total of 1248 AIDS cases and 3678 cases of HIV infection are reported to the ministry of health & population, National center for AIDS and STO control (NCASC, 2007).

Nepal as of September 17, 2007 only 6375 male and 3143 female were infected with HIV. Out of total HIV, 1103 male and 425 female were infected with AIDS clients of SWS/STD were in leading position. Injecting drug user were second risky group for HIV infection. In Nepal as of September 17, 2007 about 3877 HIV infected people are in Nepal age group 30-39 years 2441 HIV infected are in age group 25-29 years which are respectively the leading age group and in the age group 10-14 years, there are only 74 HIV infected people (NCASC, 2007).

In the context of Nepal, spread of HIV/AIDS has become very large because of the extensive use of commercial sex workers, high rate of sexually transmitted disease and increasing rate of drug users. Nepal is facing increasing in HIV prevalence among high risk group such as sex workers, injecting in HIV drug users and migrate. There is an urgent need to scale up effective intervention, especially among IDUs, people under poverty. Political instability and gender inequality, combined with low level of education (NCASC, 2010).

Nepal's epidemic will continue of immediate and vigorous action is not taken and will be largely driven by infected syringes and sex work.

Nepal's HIV epidemic is largely concentrated in high-risk group's especially female sex workers. IDUS, male sex with male and migrates. IDUS appear too extensive in Nepal and to significance overlap with commercial sex. Another important factor is the high number of sex workers who migrant or are trafficked to Mumbai. India to works thereby increasing HIV prevalence in the sex workers, network in Nepal more

rapidly. However, given the limitation of Nepal's public health surveillance system, shows that the actual number of infection is expected to be much higher (World Bank, 2009).

Young people are at the center of the HIV pandemic in terms of vulnerability, risk impact and potential for change. Half of all new HIV infections are among young people, yet they have poor access to information and health services. Young people from a large percentage of vulnerable groups such as injecting drug users and sex worker. In Nepal young people represent more than 31% of the population and have been identified as one of the most vulnerable group to the growing HIV/AIDS pandemic. It is estimated that about 50% of new HIV infection occurs among young people each year (NCASC, 2009).

## **2.4 HIV/AIDS and Community Education**

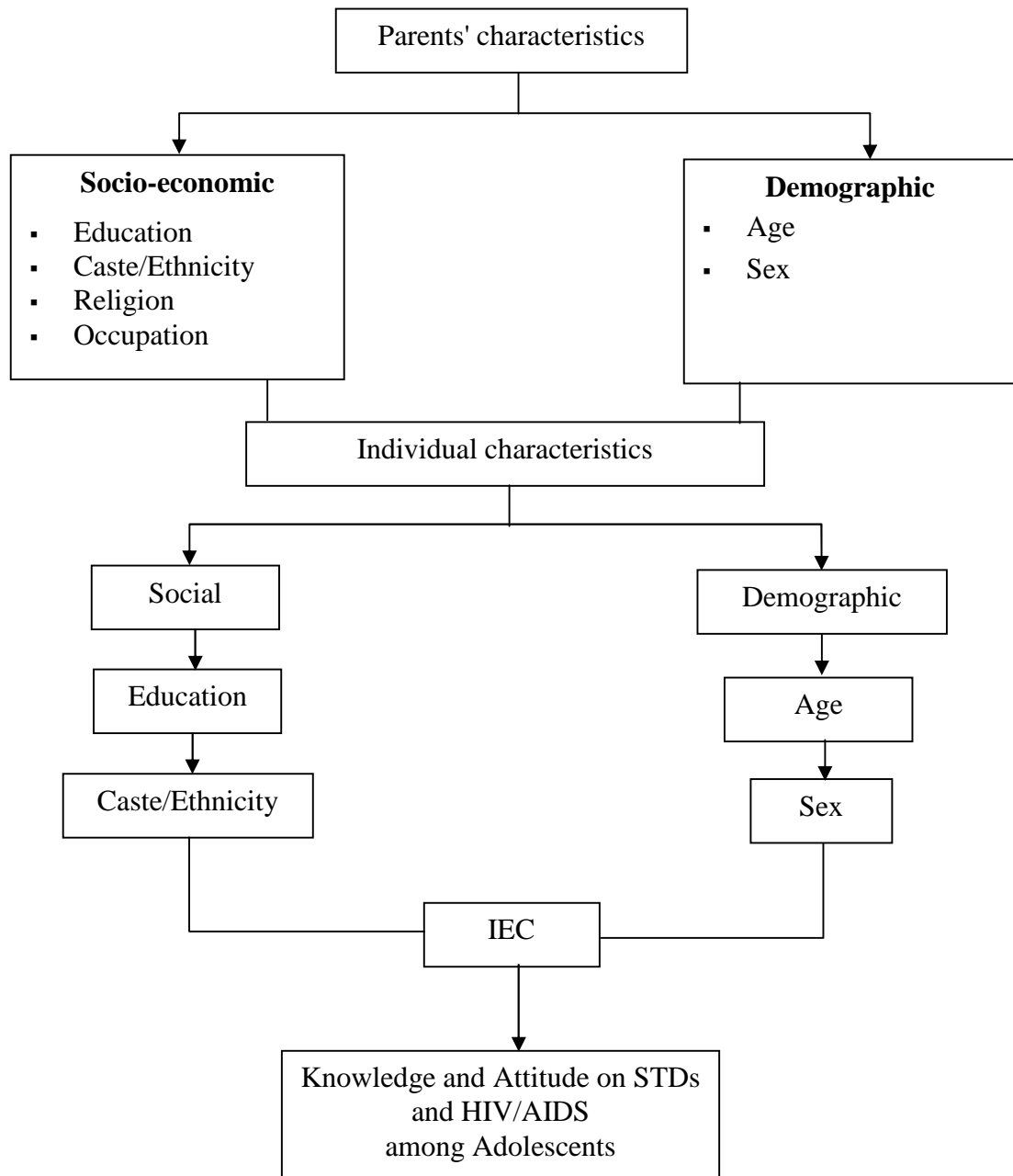
Religious, socio-cultural practices and other traditional rigidities especially with respect to sex and reproductive health have made task more difficult in the context of Nepalese society. It is paradox that sex is one of the most common things we have in our life. Still we talk least about it in our society. It is a subject that is considered being a very personal secret and confidential when ever children ask their parents about sex and sexual organs, they either ignore them or scold them or even tell them utter lies (Gurubacharya, 1999, p. 2).

Sex education also called "Sexuality Education" or informally "Sex Ed" is abroad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, and other aspects of sexuality such as body image sexual orientation, dating and relationships. Common avenues for such education are parents, caregivers, friend, school programs and public health campaigns.

There are so many I/NGOs working on the issues of community members in Nepal recently I/NGOs have limited their efforts to provide both education and counseling services to the young people. Family planning association of Nepal (FPAN) WATCH, ABC/Nepal/CWIN, MAITT Nepal and WOREC are also working for those groups, especially a trafficking and rehabilitation for adolescents and youth.

## 2.5 Conceptual Framework

The following conceptual framework which is made on the basis of above review literature helps to analyze the knowledge and attitude on STD and HIV/AIDS among adolescents.



The conceptual framework attempted to show that parental background characteristics such as education, caste/ethnicity, occupation, income etc. determine the knowledge and attitude towards STDs and HIV/AIDS of adolescent.

## **CHAPTER - THREE**

### **RESEARCH METHODOLOGY**

This chapter deals with the research methodology employed to collect the qualitative and quantitative data needed for the present study. Especially this chapter, discuss the selection of study area, research design, nature and source of data collection sampling procedure, data collection methods and tools, questionnaire field visit and observation, interview, data processing and data analysis.

#### **3.1 The Selection of Study Area**

Dadeldhura district is selected as the study area for research because it is the own permanent residential area of researcher due to which it may be easy for researcher to collect reliable and sufficient data. Dadeldhura district lies in the far west development region of Nepal. This district is the common place for the people from different caste/ethnicities cities including Brahmin, Chhetri and majority of Dalit communities along with poverty and lower education status of people. The major occupation of people are agriculture and due to lack of adequate income source people tend to follow seasonal migration to India, the migrant people coming back from India contribute for increase of HIV/AIDS cases.

#### **3.2 Research Design**

This basic approach of the study is to find the present status of social implication of HIV/AIDS and practices in the selected study area. The methodology was design accordingly. Therefore the research was based on descriptive, exploratory research design. The convenience way to achieve the objective Jogbuda VDC was selected by purposive sampling method

#### **3.3 Universe and Sampling Procedure**

In Jogbuda VDC, there are 3719 households and total population is 21,632 out of which male and female population is 10,358 and 11,274 respectively (Population and Housing Census, 2011). From these ward no. 1 and 6, I selected 100 respondents for the study. In these wards there are 413 households and there is the population of 4808, out of which 2352 male and 2456 female. Out of male and female, 556 are

adolescents. I selected 100(17.99%) adolescence as respondents from this study area. The responded was the sample to get the intended information. The samples was selected by using purposive sampling method to acquire the desired objective.

### **3.4 Nature and Sources of Data**

This study was based on the primary data through field survey. The primary data was collected from personal interview; focus group discussion etc. structured questionnaire was prepared and used to find out the status of knowledge attitude and behavior of the adolescent for qualitative data. Some necessary secondary data was collected from VDC regional and national level. Some other secondary data was also collected from the governmental, non-governmental organization and other related research, article magazines, books and journal etc.

### **3.5 Data Collection Methods and Tools**

#### **3.5.1 Questionnaire**

In this study, structured questionnaire was used for the collection of data and information of knowledge and attitude HIV/AIDS among adolescent. In generally the questionnaire design was based on assess the various sources of information and assess the factors influencing on knowledge and attitude and behavior on HIV/AIDS.

#### **3.5.2 Field Visit and Observation**

Observation method was used to collect the observable information such as adolescent assess. The various sources of information, knowledge, attitude and behavior on HIV/AIDS assess the factors influencing on knowledge and attitude behavior on HIV/AIDS. The data collected through observations was used to support the structured data in relevant place in the text.

#### **3.5.3 Key Informant Interview**

Data was collected by using interview schedule. Interview schedule was designed in such a way that two type of information could be obtained household and individual. The individual schedule consists of only the part of the respondents. The purpose of household questionnaire was to collect the household information.

### **3.6 Data Processing**

After the completion of field work all the information was in a well managed tables. At first gathered data was edited by checking and correcting to ensure their accuracy and completeness and then replacing a data words with code words as the numerical value. Different categories of data was classified according to their characteristics and in the last edited, coded and classified data will be tabulated.

### **3.7 Data Analysis**

In this study coding, editing and tabulation was made to analyze data and questionnaire data was presented in terms of percentage. The analysis process of the data includes frequency tables and cross tabulation, which are consistent with objective. This study was mainly based on quantitative data. The information is commonly presented to sketch the reality of the general figure with the help of computer program.

## CHAPTER - FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.1 Distribution of Respondents by Religion

There are different types of people in this society. There are people having different religion Hindu, Christian, Buddhist and other. The following table shows the distribution of respondents by religion.

**Table 4.1: Distribution of Respondents by Religion**

Religions	No. of Respondents	Percentage
Hindu	85	85
Christian	10	10
Buddhist	3	3
Other	2	2
Total	100	100.00

Source: Field Survey, 2015

Among 100 respondents 85% were Hindu and 10% were Christian. Now ever, only 3% and 2% were of Buddhist religion and others respectively. We can say that most of people in Jagbuda VDC are Hindu and people of other religion are less in number.

#### 4.2 Distribution of Respondents by Marital Status

The respondents were both married and unmarried. However, most of respondents were unmarried. The distribution of marital status of respondents is in following table.

**Table 4.2: Distribution of Respondents by Marital Status**

Marital status	No. of Respondents	Percentage
Married	20	20
Unmarried	80	80
Total	100	100.00

Source : Field Survey, 2015

The most of respondents were not married in Jogbada VDC. Among 100 respondents 80% of respondents were unmarried while only few i.e. 20% of respondents were married. This shows the majority of respondents are unmarried.

#### **4.3 Distribution of Respondents by Education Status**

The respondent of Jogbada VDC were literate, illiterate, and some were of primary level and secondary level. Most of the respondents were literate.

Education plays an important role regarding the knowledge towards HIV/AIDS. Education brings consciousness among teenagers and this factor determines the level of awareness among them. The distribution of respondents by education status is given below:

**Table 4.3: Distribution of Respondents by Education Status**

Level of education	No. of Respondents	Percentage
Literate	60	60
Illiterate	10	10
Primary Level	20	20
Secondary Level	10	10
Total	100	100.00

Source: Field Survey, 2015

In this study area, the education status is not very good. Among 100 respondents 60% were literate and 10% were illiterate. Only 20% have studied primary level while only 10% have studied secondary level. This shows that, the study are is poor in education sector.

#### **4.4 Distribution of Respondents by Major Occupation**

The major occupation of respondent was agriculture, wage labor and others. Most of respondents were student. The distribution of respondent by occupation is given table 4.4 below.



**Table 4.4: Distribution of Respondents by Major Occupation**

Occupation	No. of Respondents	Percentage
Student	75	75
Agriculture	10	10
Wage labor	10	10
Other	5	5
Total	100	100.00

Source: Field Survey, 2015

This table shows that occupation of people varies person to person. Most of respondents were student. Among 100 respondents 75% respondents are involved in agriculture. 10% of respondents are wage labor while other are involved in other activities. It can be said that most of respondent are student.

#### **4.5 Distribution of HIV/AIDS Related Programme in School or Community**

Some respondents said that HIV/AIDs related programme are held in school and community, while some refused about it. The following table shows the distribution of HIV/AIDS related programme in school or community.

**Table 4.5: Distribution of HIV/AIDS Related Programme in School or Community**

Response	No. of Respondents	Percentage
Yes	75	75
No	25	25
Total	100	100.00

Source: Field Survey, 2015

The above table shows the HIV/AIDS programme is held in both school and community. The 75% of respondents said that this programme was held in their school and community but 25% of respondents show negative view towards this question. This means 25% of respondents do not attend in HIV/AIDs programm neither in school nor in community.

#### 4.6 Distribution of Respondents by Sharing Personal Problem

While talking about the sharing about personal problem most of respondents said that they do not share anything with anyone. The following table shows the distribution of sharing personal problems.

**Table 4.6: Distribution of Respondents by Sharing Personal Problem**

Response	No. of Respondents	Percentage
Yes	35	35
No	65	65
Total	100	100.00

Source: Field Survey, 2015

Among 100 respondents only 35% of respondent share their personal problem while 65% does not share personal problem with anyone. This table shows that lots of people do not share anything to anyone but only few people share personal problem.

#### 4.7 Distribution of Respondents having Information about STDs and its Type

Respondents have knowledge about HIV/AIDs, syphilis, gonorrhoea and hepatitis. The following table shows the respondents distribution of having information about STDS.

**Table 4.7: Distribution of Respondents having Information about STDs and its Type**

Types of STDs	No. of Respondents	Percentage
HIV/AIDS	60	60
Syphilis	10	10
Gonorrhoea	10	10
Hepatitis	20	20
Total	100	100.00

Source: Field Survey, 2015

The above table shows that most of respondent know about HIV/AIDs but only few people have heard about syphilis, i.e. 10%. Likewise, only 10 respondents have heard about gonorrhoea and 20% have heard about hepatitis. This shows that people have

heard more about HIV/AIDs and hepatitis but only few people have heard about gonorrhoea and hepatitis.

#### **4.8 Distribution of Respondents Sources from where they get Information**

Means of communication plays important role in giving information to people and this is plays vital role in human life in the age modernization. So, these sources plays important role in this context. There were different sources from where they got information and among all these sources, Radio and Television were the most popular means of communication for this purpose. The table 8 represents the data collected from the respondents from where they got the maximum information.

**Table 4.8: Distribution of Respondents Sources from where they get Information**

Source of information	No. of Respondents	Percentage
Magazine	1	1
Radio	60	60
Television	29	29
NGO/INGO	2	2
Doctor/health workers	3	3
Friends	2	2
Street/Drama	1	1
Parents/family	1	1
Pamphlets/posters	1	1
Total	100	100.00

Source: Field Survey, 2015

This table shows the way respondents got information about HIV/AIDS. Only 1% of respondent heard from magazine about HIV/AIDs. Most of respondents have heard from radio, i.e. 60% and 29% of respondent heard from television about HIV/AIDs. Similarly, 2% of respondents heard from NGO/INGO and 3% heard from doctors. Likewise, 2% of respondents have heard from their friends. But only a few respondents heard from street drama, parents and pamphlets and posters about HIV/AIDs.

#### 4.9 Distribution of Respondents by their Level of knowledge about HIV and AIDs Transmission

**Table 4.9 : Distribution of Respondents by their Level of knowledge about HIV and AIDs Transmission**

Knowledge about transmission	No. of Respondents	Percentage
Unsafe sexual contact	49	49
Sharing razor	5	5
Blood transfusion	10	10
Mosquito bites	15	15
Unsterilized needles	10	10
Breath feeding	1	1
Infected mother to her baby	5	5
Living together with infected person	5	5
Total	100	100.00

Source: Field Survey, 2015

The table shows that out of 100 respondents 49% of respondents knows that HIV/AIDS is transmitted through unsafe sexual contact. Only 5% of respondents know that it is transmitted while sharing razor. Similarly, 10% of respondents knows that HIV/AIDS is transmitted due to blood transfusion and 15% knows that mosquito bites also transmitted this disease. Among hundred respondents 10% are aware unsterilized needles. Only one respondents knows that HIV/AIDs can be transmitted through breast feeding. Five percentage of respondents knows that HIV can be transmitted to the baby whose mother is infected by HIV and 5% of respondents knows that HIV/AIDs can be transmitted by living together with infected person.

#### 4.10 Distribution of Respondents Preventive Methods of STDs

There is a proverb, "prevention is better than cure". So, prevention is the best option than cure. Nowadays, many organizations are actively participation in generating awareness programme regarding how to prevent from any kind of illness before cure in the field of health. Prevention method of STDs plays important role to save life of

the person who is suffering from this disease. The following data shows how much the respondents were aware about this fact.

**Table 4.10 : Distribution of Respondents Preventive Methods of STDs**

Preventive measures	No. of Respondents	Percentage
Use of condom during sexual intercourse	40	40
Avoid sex with prostitute	30	30
Avoid sex with multiple partners	15	15
Use sterilized syringe only	10	10
Creating awareness	4	4
Total	100	100.00

Source: Field Survey, 2015

Respondents have different method to avoid HIV/AIDs in the study area. Among 100 respondents 40 respondents said that they use condom during sexual intercourse. Thirty percentage of respondents said that they avoid sex with prostitute and 15% of respondent avoid sex with multiple partners. Ten respondents said that we should use sterilized syringe only to avoid HIV/AID and 5% of respondents focus on creating awareness to avoid the HIV/AIDs.

#### **4.11 Distribution of Respondent having Knowledge about Symptoms of AIDs**

**Table 4.11 : Distribution of Respondent having Knowledge about Symptoms of AIDs**

Syndromes	No. of Respondents	Percentage
Loss of body by 10%	30	30
Swelling of limbs	5	5
Appearance of red spots around the genitals	20	20
Bleeding other than menstruation period	20	20
Diarrhea amore than one month	10	10
Fever for more than one month	15	15
Total	100	100.00

Source : Field Survey, 2015

While asking respondents about symptoms of AIDs they told about six types of symptoms. Among 100 respondents 30% knows about the loss of weight and only 5% respondents knows about swelling of limbs. Similarly, 20% of respondents know about appearance of red spots around the genitals and similar respondents know about bleeding other than menstruation period. Likewise, 10% of respondents know about the diarrhea which occurs more than a month. However, 15% of respondent know the symptoms of fever which occur more than one month.

#### **4.12 Distribution of Respondents Activities which they are afraid to do with Infected Person**

**Table 4.12 : Distribution of Respondents Activities which they are afraid to do with Infected Person**

Response	No. of Respondents	Percentage
Sharing single bed	20	20
Sharing clothes	30	30
Sitting together	10	10
Hand snake	10	10
Kissing	40	40
Total	100	100.00

Source: Field Survey, 2015

Every people are afraid of HIV/AIDS so, people want to be away from the HIV infected person. This table shows that 20% of respondents are afraid to share the single bed and 30% are afraid to share the clothes of infected person. AIDS is not transmitted by sitting together and handshake with infected people however 10% of respondents are afraid of doing that. Likewise, most people (i.e. 40%) are afraid to kiss with people who are infected by HIV/AIDs.

#### 4.13 Distribution of the Respondents Perception about the duration of the Life of AIDS Infected Person

**Table 4:13 : Distribution of the Respondents Perception about the duration of the Life of AIDS Infected Person**

Time duration	No. of Respondents	Percentage
6 month	10	10
2 year	30	30
5 year	40	40
More than that	12	12
Don't know	8	8
Total	100	100.00

Source: Field Survey, 2015

While asking people about the duration of life of AIDs infected person every person have different view. Ten percent of people said that the infected person lives only 6 months while 30% of people said that they can live up to 2 years. Forty people among 100 respondents agree that they are alive up to 5 years. However, 12% said that they can live more than that. Some people have no idea about the life period of infected person.

#### 4.14 Distribution of Respondents Knowledge about Types of Vulnerable People

**Table 4.14 : Distribution of Respondents Knowledge about Types of Vulnerable People**

Vulnerable group	No. of Respondents	Percentage
Drug addict	50	50
Commercial sex workers	25	25
Youth	10	10
Foreign employee	3	3
Driver migrant worker	10	10
General people	2	2
Total	100	100.00

Source: Field Survey, 2015

Among 100 respondents 50 respondents who are infected by AIDS who are drug addict. 25% of commercial sex worker are infected by HIV/AIDS. Similarly 10% of youth are also infected while only 3% of foreign employees are infected. Drivers are also infected by AIDs. 10% of driver and only 2% of general people are infected by AIDs. We can say that most of infected people are drug addict and only few general people are infected.

#### **4.15 Distribution of Respondents of know the Full form of AIDS**

**Table 4.15 : Distribution of Respondents of know the Full form of AIDS**

Response	No. of Respondents	Percentage
Yes	20	20
No	80	80
Total	100	100.00

Source : Field Survey, 2015

While asking about the full form of AIDs to respondents only 20% of respondent know about the full form while 80% of respondents were unknown about that.

#### **4.16 Distribution of Respondents Knowledge on Full Form of AIDS**

**Table 4.16 : Distribution of Respondents Knowledge on Full Form of AIDS**

Category	No. of Respondents	Percentage
Correctly written	13	13
Incorrectly written	87	87
Total	100	100.00

Source : Field Survey, 2015

Eighty-seven respondents were unable to write the full form of AIDS while only thirteen respondents wrote full form of AIDS correctly. Thus, a very few number of respondent know the full form of AIDS and majority of respondent do not know the full form of AIDS.



#### 4.17 Distribution of Respondents view about Physical Structure of Infected Person

**Table 4.17 : Distribution of Respondents view about Physical Structure of Infected Person**

Response	No. of Respondents	Percentage
Yes	13	13
No	87	87
Total	100	100.00

Source: Field Survey, 2015

Among 100 respondents 13 respondents replay that they can easily identify infected people just by looking. However, 87% of respondents said that they are unable to identify infected people just by looking the structure of a person.

#### 4.18 Distribution of Respondents Knowledge about HIV Transmission

**Table 4.18 : Distribution of Respondents Knowledge about HIV Transmission**

Knowledge about transmission	No. of Respondents	Percentage
Mosquito bites	15	15
Living together with infected person	25	25
Sharing razor	8	8
Breast feeding	5	5
Infected mother to her baby	15	15
Blood transfusion	20	20
Unsterilized needle	12	12
Total	100	100.00

Source: Field Survey, 2015

While asking respondents about the transmission of HIV/AIDS 15% of respondents said that AIDs is transmitted through mosquito bites, 25% said that it is transmitted by living together with infected person. Only 8% of respondents said that it can be transmitted by sharing the same razor. Only few respondents (i.e. 5%) said that it can be transmitted to baby through breast feeding. Among 100 respondents 15% of respondent said that it is transmitted to the baby by infected mother. Twenty percent

of respondent said that it is transmitted through blood transfusion and 12% said that unsterilized needles can transmit AIDS.

#### **4.19 Distribution of Respondents Knowledge about Transmission of AIDs through mother to child**

**Table 4.19 : Distribution of Respondents Knowledge about Transmission of AIDs through mother to child**

Response	No. of Respondents	Percentage
Yes	50	50
No	40	40
No response	10	10
Total	100	100.00

Source: Field Survey, 2015

Among 100 respondents 50% of respondent said that they know about the transmission of AIDs from mother to child while 40% of respondents were unknown about the transmission of AIDs to child through mother. Ten percent of respondent were confused about the question and they did not response either positive neither negative response.

#### **4.20 Distribution of Programme held in School or Community**

**Table 4.20 : Distribution of Programme held in School or Community**

Response	No. of Respondents	Percentage
Yes	90	90
No	10	10
Total	100	100.00

Source: Field Survey, 2015

Among 100 respondents 90% of respondents agree that AIDS related programme is conducted in school or community while 10 percent of respondent disagree about it. Thus, majority of respondents know about AIDS from the programmes which are conducted in society or school while only 10% of respondents are unknown about it.

#### 4.21 Distribution of Respondents Knowledge about Anti Retroviral Therapy

**Table 4.21 : Distribution of Respondents Knowledge about Anti Retroviral Therapy**

Response	No. of Respondents	Percentage
Yes	65	65
No	35	35
Total	100	100.00

Source: Field Survey, 2015

While asking respondents about anti retroviral therapy 65% of respondents said that they know about it however 35% were unknown about it. Most of people know that people can live more by using medicine but some people do not that people can live more by using medicine.

## **CHAPTER- FIVE**

### **GENERAL INTRODUCTION OF THE STUDY AREA**

#### **5.1 Geographical Location**

Dadeldhura district lies on the far-western development region of Nepal. The district is bounded by Doti district in eastern side, India (Uttaranchal pardesh) in western side, Baitadi district in northern side and Kanchanpur district in southern side. It is 750 kilometer far from capital city Kathmandu. It is located on highest of range 432 meter to 2639 meter from the sea level. The total area of this district is 1538sq. kilometer.

Administratively, Dadeldhura district is divided in to 20 VDC and 1 municipality. Politically this district is divided into 9 ilakas, and 1 election region. Geographically, it is located in 28-59 to 29-26 north latitude and 80-47 east longitude, 96% of the area is covered by hills and the plain valley covers 4%. The climate of this district is coil temperature, warm temperature and subtropical. The mean temperature varies between an average 4.1 degree centigrade and 26.8 centigrade. The rainfall is minimum 0 mm to maximum 387 mm.

The total number of population is about 1,42,094 among them 75,538 is female in which the percent 53.2 and 66,556 are male which is 46.8 in percentage the major caste found in this district are Chettri, Brahmin-Hill, Magar, kami, Thakuri, Sarki, Damai/Dholi, Lohar, Newar, Sanyasi/Dashnami, Raute etc. The number of disabilities population is about 5150(3.62%) among them 2408 is female in the percent (3.19 and 2742 are male which is 4.12 in percent.

There is 88.11 percent sex ratio and 1.19 percent population growth rate, where the literacy rate is 65.3 percent among them 79.66 percent is male and 51.94 percent is female. The population density is 92 per square kilometer. (According to CBS report 2011 A.D) The major mother tongues found in this district are Doteli, Nepali, Magar, Khamchi, Kham Maithali, Tharu, Hindi etc.

**Table 5.1: Population Distribution of Dadeldhura District by Sex**

Sex	No of population	Percent
Male	66,556	48.8
Female	75,538	53.2
Total	1,42,094	100

Source: CBS 2011

**Table 5.2: Population Distribution by Cast/ Ethnicity of this District**

Name of Caste Group	Total	Percent
Chettri	76147	53.6
Brahmin-Hill	22477	15.8
Kami	14934	10.5
Sarki	6293	4.4
Damai/Dholi	5309	3.7
Magar	5181	3.6
Thakuri	5173	2.5
Sanyasi/Dashnami	2536	1.8
Lohar	2234	1.6
Newar	1253	0.9
Others	2145	1.6
Total	142094	100

Source: CBS 2011

The above table shows that majority of population is chhetree which is 53.6 percent Brahmin-Hill are 15.8percent and kami are 10.5 percent sarki is 4.4 percent Damai / Dholi is 3.7 percent Magar is 3.6 percent Thakuri is 2.5 percent Sanyasi / Dashnami is 1.8 percent Lohar is 1.6 percent Newar is 0.9 percent and other caste is 1.6 percent.

**Table 5.3: Population Distribution by Mother Tongue (top Ten) of this District**

Mother Tongue	Total	Percent
Doteli	131085	92.25
Nepali	8244	5.8
Magar	1603	1.13
Kohmchi/Raute	336	0.24
Kham	251	0.18
Maithali	159	0.11
Tharu	76	0.05
Newar	44	0.03
Hindi	43	0.03
Bhojpuri	42	0.02
Sing Language	42	0.02
Other	169	0.12
Total	142094	100

Source: CBS, 2011

## 5.2 Physical Setting of Jogbuda VDC

Jogbuda VDC is situated eastern part of district. It is 127 kilometr far from Dadeldura head Quarter. This VDC linked with Alital VDC in east, India in west, Sirsha vdc in north and Kanchanpur district in south. The common language of this VDC is Doteli. About 100 percentage of total population follows Hindu religion.

Jogbuda VDC is divided into 9 wards. The total population of this VDC is 22247 out of 11336 is male and 10911 is female. The total households are 3320. 74.80 percentage of total population is literate, 26.8 percentage of female and 23.7 percentage of male are illiterate.

## 5.3 Climate

The climate of this VDC is warm temperature and cool temperature rate. The temperature of this area is 3.6 degree centigrade to 32.7 degree centigrade scorching heat during months of April, May , June, July , August, Sometimes heavy and torrential rainfall in the times of theses months (Jogbuda VDC 2068 BS).

## **5.4 Natural Resources**

Land, Forest, Water are the important natural source of Jogbudha VDC among these water is the most important natural resources of Nepal. Most of the population of the study area depends upon land for their subsistence production.

### **5.4.1 Land**

Jogbudha VDC covers 239.65 sq km. Agriculture land covers 26.55 percent of the total area 0.29 percent is grazing land 20.78 percent is cover forest. 197.58 percent is cover jhadi , 0.01 percent is cover by hill and 0.17 percent is cover lake and other. Agriculture land is generally classified as Bari (near from house where grows vegetable and fruits), khet (where grows paddy, wheat), and pakho (where grows wheat, maize, pulses, millet etc). Agriculture and livestock is main occupation. Rangun Gad, Puntura, Aampani is major sources of water which is used for drinking and irrfgation. The major crops of this VDC are paddy, maize, wheat, millet, peas, pulses, potatoes.

### **5.4.2 Forest**

Other important natural resource is forest. In this VDC there is community forest. But around 25.54 percent of total area is covered by forest of the VDC covered. People go for fuel wood collection which takes one to three hours for collecting the fuel wood for cooking purpose.

### **5.4.3 Water Sources**

Major water source of this VDC is Rangun Gad about 43 percent of the total population used Rangun gad for drinking and washing. This VDC is rich in water resources. Most of people drink Aampani khola and puntura Gad water, which is polluted in rainy season. There is great potentiality to generation electricity, irrigation and fishing.

## **5.5 Infrastructure Development**

Infrastructure is the positive sign of the development. Now this VDC is moving towards the development in much better way comparing to the past few decades.

Major infrastructure development is road, bridges, school, health post, communication police station in this study area. In this VDC, it has 9 government primary school one higher secondary school ; 2 private boarding school in this area. The sub health post is provided health facilities to the people in this VDC. But the government is trying to set up one primary health centre in this VDC. In critical situation, patient are referred to upchhetriya hospital Dadeldhura and Dhangadhi hospital. Generally people have to buy medicine from the private medical.

This VDC has transportation facilities and not well equipped with communication facilities. People are using CDMA, mobile phone in this VDC. The land line telephone facility is not available in the whole VDC. Few number of women have use mobile phone. This VDC has one post office.

For the security of boarder area, there is an Ilaka office, people are feeling secure due to the establishment of police office. Similarly, there is one suspension bridge over the Rangun gad which linked Jogbuda VDC to Shirsh VDC.



## CHAPTER - VI

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 6.1 Summary

This study was conducted in Jogbuda VDC of Dadeldhura district to find out the level of knowledge and attitudes on STDs, HIV/AIDS. For this study the data were collected by distributing questionnaire to 100 respondents. On the basis of analysis and interpretation of data the following findings have been drawn:

- Among 100 respondents 85% of respondents were Hindu, 10% are Christian, 3% are of Buddhist and 2% of respondent are of other religion. This shows that most of people in Jogbuda are of Hindu religion.
- Out of 100 respondents, 20% were marriage and 29% of respondents were unmarried. It seems that proportion of married respondent is less than unmarried respondents.
- Sixty percent of the respondents were literate and 10% were illiterate. Among 100 respondents 20% of respondents were of primary level and ten percent of respondent were of secondary level. Majority of respondents were literate and only few of respondents were in secondary level.
- Among 100 respondents 75% of respondent were students, 10% of respondents were involved in agriculture, 10% were wage labour and 5% were engaged in other occupation.
- Seventy five percent of respondents know about HIV/AIDs from school and community programme. Twenty-five percent of respondents were unknown about the program.
- Most of respondents do not share their personal problem with anyone.
- Majority of respondents have heard about HIV/AIDs while only few respondents know about syphilis, gonorrhoea and hepatitis.
- Radio is main source of information for most of respondents (i.e. 60%). The other sources of information are television, health worker, magazine, friends, street drama, family, pamphlets, and posters.

- Majority of respondents know about the different mode of transmission. 49% of respondents reported that unsafe sex is the mode of HIV transmission. Similarly, 10% of respondent know that exchange of unsterilized syringe can transmit the AIDs. Respondents were known about the lots of mode of transmission like sharing razor, blood transfusion, mosquito bites, breast feeding, and living together with infected person.
- 40% of respondents said that use of condom during sexual intercourse is the way of preventing HIV/AIDS. Similarly, respondents said that HIV/AIDs can be prevented through avoiding sex with prostitute, by testing blood before transfusion and by avoiding sex with multiple partners.
- Most of respondents said that the loss of body weight is symptoms of AIDs. Some respondent know about AIDs through the appearance of red spots around the genitals and bleeding other than menstruation period.
- Majority of respondents said that they are afraid of kissing with infected people. However, 30% of respondents are even afraid of sharing clothes. Respondents are even afraid of sharing single bed, sitting other and handshaking.
- While talking about the duration of the life of infected person majority of respondent said that infected person live only 5 years.
- Majority of infected people were drug addict, commercial sex workers, youth, foreign, driver and migrant worker.
- Most of the respondent does not know the full form of AIDs.
- Most of respondents cannot identify the HIV/AIDs infected person by looking the physical structure of the person.
- Forty percentage of the respondent are unknown about the transmission of AIDs from mother to child.
- Majority of programme related to HIV/AIDs are conducted in school or community.
- Most of respondents are unknown about retroviral therapy. However, some respondent know about it.

## **6.2 Conclusions**

Majority of respondents have misconception between being infected with HIV and having AIDs. Respondents were found to have misconception that both male and female are equally vulnerable to HIV/AIDs.

Majority of respondents have heard of STDs, HIV/AIDs, hepatitis but unknown about syphilis and gonorrhea. Most of respondents were found to have sex. They have information about condom available places but the knowledge on the importance of use of condom during sexual intercourse among these respondent was found very low.

Respondents were known about the transmission of HIV/AIDs, symptoms and mode of transmission. However, they are afraid to handshake. with infected peoples. Similarly, they are afraid to sit together and share the same room too.

## **6.3 Recommendations**

- ) Migrant youths have partial knowledge on STIs, HIV and modes to control the HIV transmission. As they are illiterate or low literate, information on those topics have to share frequently to them.
- ) To control HIV/AIDs transmission proper information should be conveyed.
- ) It is necessary to launch the awareness programs throughout the area where the chances of transmission is high.
- ) Role of mass media like T.V., Radio, magazine, pamphlets etc. should be promoted. Different effective dramas, news etc. should be broadcasted time to time which include cause and effects of STDs and HIV/AIDs.

## REFERENCES

- Acharya, L.B. (1999). "Knowledge of HIV/AIDS: Case of Married Females of Age 15-19 Nepal" in Balkumar K.C. (ed.) *Population and development in Nepal*. Vol. 6, Kathmandu : CDPS, T.U., pp.127-136.
- Aryal, R.H. (2000). HIV/AIDS : An Emerging Issue in the Health Status with Special Reference to Nepal in Bal Kumar K.C. (ed.) *Population and development in Nepal*. Vol. 7, Kathmandu : COPS, pp.89-110.
- Baskota, S. (2001). *Research methodology*. Kathmandu: New Hira Books Enterprises, Kirtipur.
- CBS, (2001). *Population census 2001*. Kathmandu: Central Bureau of Statistics.
- FHI (2003). "Peer-to-peer HIV and AIDS Educators Trainers". *Family health international (FHI) guide*. for IMPACT Implementing Agencies in Nigeria.
- Mahato, S. & Kumar, J. (2009). *B.Ed. teacher trainer knowledge and attitude towards HIV/AIDs education*. Education, 8(3).
- Naidu, R. V.K., & Aparan, H.M. (2009). "HIV/AIDS preventive education- the role of university". *In issued to planning sustainable livelihood settlement for HIV/AIDS affected people in rural area*. Hyderabad : National Institute of Rural Development.
- National Center for AIDS and STDs Control (NCASC) (2009). *The national estimates it adult HIV infection for Nepal 2009*. Kathmandu : NCASC, Ministry of Health and Population.
- NCASC, (2007). *Cumulative HIV/AIDS situation of Nepal*. Kathmandu.
- NDHS (2006). *Nepal demography and health survey*. Kathmandu : MOH New Era, ORC Macro, USA.
- Sepkowitz, K.A. (2001). *AIDS the first 20 years N. Engl. M.Ed.* 344 (23): 1764-72, doi:10. 1056/NEJM 200106073442306, PMID 11396444.

UNFPA Bulletin, (2006). *The world population bulletin*. Kathmandu: UNFPA.

UNICEF, (2009). *A strategic approach: HIV/AIDS and education*. United Nation International Children Education Fund (UNICEF), May, 2009.

United Nation Population Fund (UNFPA) (2010). "State of World Population 2010", *A passage to hope women and international migration*. New York : UNFPA.

United National Children's Fund (UNICEF) (2010). *Regional office for South Asia, children affected by HIV/AIDs in South Asia*. Kathmandu : UNICEF.

Weiss, R.A. (1993). "How does HIV cause AIDS?" *Science journal* 260 (5112): 1273-9. PMID 8493571.

WHO, (2008). *Towards universal access: Scaling up priority HIV/AIDS*.

World Bank, (2004). *World development indicators* (The World Bank, 2004).

**Survey Questionnaire about Knowledge and Attitude towards HIV/AIDS among  
Adolescents People of Jogbuda VDC of Dadeldhura District**

**Part 1<sup>st</sup>: Individual/Households Questionnaire**

1. Name of the Respondents:
2. Age: 3. Sex:
4. Caste:
5. Religion: a) Hindu b) Christian c) Buddhist  
d) Others .....
6. Marital Status: a) Married b) Unmarried c) Other
7. Education: a) Illiterate b) Literate c) Grade
8. Where are you living now?  
a) At your own home b) Rented house(c) Hostel  
c) Relatives d) Others .....
9. With whom you are living now?  
a) Family b) Friend c) Alone
10. What is your major occupation?  
a) Agriculture b) Service c) Business d) Wage labor  
e) Others .....
11. Do you have following facilities at your home?  
a) Electricity b) Radio c) T.V. d) Computer  
e) Telephone f) Others .....
12. Is the lesson of HIV/AIDS is provided in your village/school ?  
a) Yes b) No
13. Can you talk about your personal problems with your parents ?  
a) Yes b) No

**Part 2<sup>nd</sup>: Knowledge on STDs and HIV/AIDS**

14. Have you heard about STDS .....
- a) Yes b) No
15. If yes, which of the following STDs do you have heard?  
a) Syphilis b) Gonorrhoea c) Hepatitis  
d) HIV/AIDS e) others (specify)
16. From which source have heard about STDs?  
a) Newspaper b) Radio c) NGO/INGO d) Street Drama  
e) Pamphlets/posters f) Bill board/sign board g) Doctor h) Teacher

17. From which source have you heard about HIV/AIDS?  
a) Newspaper b) Radio c) NGO/INGO d) Street Drama  
e) Pamphlets/posters f) Bill board/sign board g) Doctor  
h) Teacher
18. Do you know the way of transmission of HIV/AIDS?  
a) Yes b) No
19. If yes, how HIV/AIDS are transmitted?  
a) Mosquito bites b) Sharing razor  
c) Living together with infected person d) Breast feeding  
e) Infected her mother to her baby f) Blood transfusion  
g) Unutilized needles h) Others (specify)
20. What are the methods to avoid HIV/AIDS?  
a) Use of condom during sexual intercourse  
b) Avoid sex with prostitute  
c) Avoid sex with multiple partners  
d) Use sterilized syringe only  
e) Others (specify)
21. What are the major symptoms of HIV/AIDS?  
a) Loss of body by 10%  
b) Swelling of limbs  
c) Appearance of red spots around the genitals  
d) Bleeding other than menstruation period  
e) Diarrhea more than one month  
f) Fever for more than one month
22. Do you feel afraid for following activities with AIDS patient?  
a) Sharing single bed b) Sharing clothes c) Sitting together  
d) Handshake e) Kissing f) Others .....
23. In your opinion are HIV/AIDS curable?  
a) Yes b) No
24. How long HIV/AIDS affected can live  
a) 6 months b) 2 years c) 5 years  
d) More than that in proper treatment
25. Can a person get HIV from mosquito bites?  
a) Yes b) No

26. Who are the most vulnerable group in your society of AIDS?  
a) Drug addict      b) Commercial sex workers      c) Youth  
d) Foreign employee      e) Migrant worker/diver      f) General people

**Part 3<sup>rd</sup>: Examine the Knowledge on HIV/AIDS**

27. Do you know the full form of AIDS?  
a) Yes      b) No
28. If yes, please mention below  
A .....  
I .....  
D .....  
S .....
29. Do you know the name of virus which causes AIDS?  
a) Yes      b) No
30. Which sources of information is more accusable for your communities?  
a) Radio      b) Television      c) Newspaper  
d) Parents      e) Teacher      f) Friends  
g) Textbook      h) others (specify)
31. Can we identify the person infected with HIV/AIDS just by looking?  
a) Yes      b) No
32. In your opinion, how can be HIV transmitted?  
a) Mosquito bites      b) Sharing razor  
c) Living together with infected person      d) Breast feeding  
e) Infected her mother to her baby      f) Blood transfusion  
g) Unutilized needles      h) Others (specify)
33. Can the virus that causes AIDS be transmitted from mother to child?  
a) Yes      b) No      c) Don't know      d) No response
34. Are these Aids related programmes are conduct in your village community?  
a) Yes      b) No
35. Do you know anything about Anti Retroviral therapy?  
a) Yes      b) No