

CHAPTER I

INTRODUCTION

1.1 General Background:

WHO defines sexually transmitted infections (STIs) as "infections that are spread primarily through person-to-person sexual contact". There are more than 30 different sexually transmissible bacteria, viruses and parasites. The most common conditions they cause are gonorrhoea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, human immunodeficiency virus (HIV) infection and hepatitis B infection (WHO, 2014). They can lead to chronic diseases, Acquired Immunodeficiency Syndrome (AIDS), pregnancy complications, infertility, cervical cancer and death (WHO, 2008). Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer. (WHO, 2014).

Sexually transmitted infections (STIs), also referred to as sexually transmitted diseases (STDs) and venereal diseases (VD), are illnesses that have a significant probability of transmission between humans by means of sexual behavior, including vaginal intercourse, anal sex and oral sex. Some STIs can also be contracted by using IV drug needles after their use by an infected person, as well as through any incident involving the contact of a wound with contaminated blood or through childbirth or breastfeeding. (Wikipedia, 27th May 2014)

In the past, these illnesses have mostly been referred to as STDs or VD, the term sexually transmitted infections (STIs) has been preferred by many up-to-date medical sources, as it has a broader range of meaning; a person may be infected, and may potentially infect others, without having a disease. (Wikipedia, 27th May 2014)

According to WHO, STIs can have serious consequences beyond the immediate impact of the infection itself;

-) Some STIs can increase the risk of HIV acquisition three-fold or more.
-) Mother-to-child transmission of STIs can result in stillbirth, neonatal death, low-birth-weight and prematurity, sepsis, pneumonia, neonatal conjunctivitis, and congenital deformities.

- J) Syphilis in pregnancy leads to approximately 305,000 fetal and neonatal deaths every year and leaves 215,000 infants at increased risk of dying from prematurity, low-birth-weight or congenital disease.
- J) HPV infection causes 530,000 cases of cervical cancer and 275,000 cervical cancer deaths each year.
- J) STIs such as gonorrhea and Chlamydia are major causes of pelvic inflammatory disease, adverse pregnancy outcomes and infertility.

Although STIs have different consequences, effective treatment is also currently available for several STIs. Three bacterial STIs (Chlamydia, gonorrhea and syphilis) and one parasitic STI (trichomoniasis) are generally curable with existing, effective single-dose regimens of antibiotics. For herpes and HIV, the most effective medications available are antiviral that can modulate the course of the disease, though they cannot cure the disease. For hepatitis B, immune system modulators (interferon) and antiviral medications can help to fight the virus and slow damage to the liver (WHO, 2014).

HIV is a disease of the human immune system caused by infection with HIV (cited in Sepkowitz KA, June 2001). HIV infects cells of the immune system, destroying or impairing their function. Infection with the virus results in the progressive deterioration of the immune system, leading to "immune deficiency." The immune system is considered deficient when it can no longer fulfill its role of fighting infection and disease. Infections associated with severe immunodeficiency are known as "opportunistic infections", because they take advantage of a weakened immune system (WHO, 2013). HIV is transmitted primarily via unprotected sexual intercourse (including anal and oral sex), contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding (cited in Markowitz et al, 2007). Some bodily fluids, such as saliva and tears, do not transmit HIV (CDC, 2003). There is no cure or vaccine; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy. While antiretroviral treatment reduces the risk of death and complications from the disease, these medications are expensive and have side effects. Without treatment, the average survival time after infection with HIV is estimated to be 9 to 11 years, depending on the HIV subtype (UNAIDS, WHO, 2007). HIV/AIDS has had a great impact on society, both as an illness and as a source of discrimination. The disease also has

significant economic impacts. There are many misconceptions about HIV/AIDS such as the belief that it can be transmitted by casual non-sexual contact. The disease has also become subject to many controversies involving religion (Wikipedia, 27 May 2014).

AIDS is a term which applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers (WHO, July 2014). AIDS is defined in terms of either a CD4+ T cell count below 200 cells per μL or the occurrence of specific diseases in association with an HIV infection (cited in Mandell, Bennett, and Dolan, 2010). Left without treatment untreated, the majority of people infected with HIV will develop signs of HIV-related illness within 5–10 years, although this can be shorter. The time between acquiring HIV and an AIDS diagnosis is usually can be 10–15 years, but sometimes longer. Antiretroviral therapy (ART) can slow the disease progression by preventing the virus replicating and therefore decreasing the amount of virus in an infected person's blood (known as the 'viral load') (WHO, 2014). The most common initial conditions that alert to the presence of AIDS are pneumocystis pneumonia (40%), cachexia in the form of HIV wasting syndrome (20%) and esophageal candidiasis. Other common signs include recurring respiratory tract infections (cited in Mandell, Bennett, and Dolan, 2010).

Opportunistic infections may be caused by bacteria, viruses, fungi and parasites that are normally controlled by the immune system (cited in Walker, BD, 2007). Which infections occur partly depends on what organisms are common in the person's environment (cited in Mandell, Bennett, and Dolan, 2010). These infections may affect nearly every organ system (cited in Chu, C; Selwyn, PA, 2011).

People with AIDS have an increased risk of developing various viral induced cancers including Kaposi's sarcoma, Burkitt's lymphoma, primary central nervous system lymphoma, and cervical cancer (cited in Vogel, M et.al, 2010). Kaposi's sarcoma is the most common cancer occurring in 10 to 20% of people with HIV. The second most common cancer is lymphoma which is the cause of death of nearly 16% of people with AIDS and is the initial sign of AIDS in 3 to 4%. Both these cancers are associated with human herpesvirus. Cervical cancer occurs more frequently in those with AIDS due to its association with human papillomavirus (HPV) (cited in Mandell, Bennett, and Dolan, 2010).

Additionally, people with AIDS frequently have systemic symptoms such as prolonged fevers, sweats (particularly at night), swollen lymph nodes, chills, weakness, and weight loss (MedlinePlus, 2012). Diarrhea is another common symptom present in about 90% of people with AIDS (cited in Sestak K, July 2005). They can also be affected by diverse psychiatric and neurological symptoms independent of opportunistic infections and cancers (cited in Murray ED et.al, 2012).

1.2 Problem Statement:

STIs constitute a huge health and economic burden for developing countries: 75–85% of the estimated 340 million annual new cases of curable STIs occur in these countries, and STIs account for 17% economic losses because of ill health. The WHO estimates that approximately 340 million new cases of the four main curable STIs (gonorrhoea, chlamydial infection, syphilis, and trichomoniasis) occur every year, 75–85% of them in developing countries. STIs impose an enormous burden of morbidity and mortality in developing countries, both directly through their impact on reproductive and child health, and indirectly through their role in facilitating the sexual transmission of HIV infection. (cited in P Mayaud, D Mabey, 2003)

STIs have a profound impact on sexual and reproductive health worldwide, and rank among the top 5 disease categories for which adults seek health care. Each year, an estimated 500 million people become ill with one of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis. More than 530 million people have the virus that causes genital herpes. More than 290 million women have a human papillomavirus (HPV) infection. The majority of STIs are present without symptoms. Some STIs can increase the risk of HIV acquisition three-fold or more. STIs can have serious consequences beyond the immediate impact of the infection itself, through mother-to-child transmission of infections and chronic diseases. Drug resistance, especially for gonorrhoea, is a major threat to reducing the impact of STIs worldwide (WHO, 2013).

The burden of STIs is huge and is disproportionately affecting developing nations. In Nepal, recent available data on STIs are mostly targeted to high risk population (cited in Karna D et.al, 2011).

A large part of the epidemiological assumptions are based on global proxies due to lack of Nepal-specific data, which may not best fit in our national scenario. The total number of people living with HIV for 2011 is estimated at 50,200 with an overall national HIV prevalence of 0.3 per cent. Out of the total estimated infections, 3,805 are children in the 0-14 year's age group (7.6%). The remaining 46,484 are adults 15 years and above (92.4%). By sex, more than two-thirds of the infections have occurred among males (66.5%). 33.5% of infections are in women, out of which around 84% are in the reproductive age group of 15-49. The estimates show that females account for approximately 27.3% of the total infections, followed by male labor migrants, remaining males, other MSMs, MTCs, clients of FSWs, PWIDs and FSWs with 27.0%, 14.0%, 7.2%, 4.4%, 2.2% and 1.5% respectively (NCASC Nepal, 2011).

The estimated number of annual AIDS deaths of all ages is projected to decrease from the current 2011 estimate of 4,722 to 1,576 in 2015. This decline is most likely due to the increase of the number of people on antiretroviral treatment (NCASC Nepal, 2011).

Heterosexual transmission is the key route of spreading HIV in Nepal. About 90% infections are transmitted through sexual transmission. Injecting drug users, female sex workers and their clients and men who have sex with men are the key drivers of the epidemic (NCASC Nepal, 2010). HIV is characterized as a concentrated epidemic in Nepal with HIV prevalence of 0.30 percent among adult aged 15–49 years in 2011. There are approximately 50,200 people estimated to be living with HIV, where four out of every five infections are transmitted through sexual transmission. Male labour migrants (who particularly migrate to high HIV prevalence areas in India, where they often visit FSWs) and clients of sex workers in Nepal are playing the role of bridging populations that are transmitting infections to low-risk general populations (UNAIDS, 2012).

According to UNAIDS, 2012 report, there were approximately 50,200 adults and children living with HIV in Nepal. The prevalence of HIV infection among adult (15–49 years) males (58%) and females belonging to the reproductive age group (28%) was the highest, whereas children

aged under 15 years accounted for approximately 8 per cent of the total infected population in 2011. As in other developing countries, transmission of HIV in Nepal is driven by factors such as poverty, low literacy levels, low levels of male and female condom use, cultural and religious factors, and stigma and discrimination. Knowledge of how HIV is transmitted is crucial for people to avoid contracting HIV. Young people are often at greater risk because they have short relationships with more partners or engage in other risky behaviors (UNAIDS, 2012).

1.3 Research Objectives:

General objective of the study

The study would assist to identify the knowledge on STIs & HIV/AIDS among married women of reproductive age group (15-49) in Dhunxharkha VDC of Kavre district.

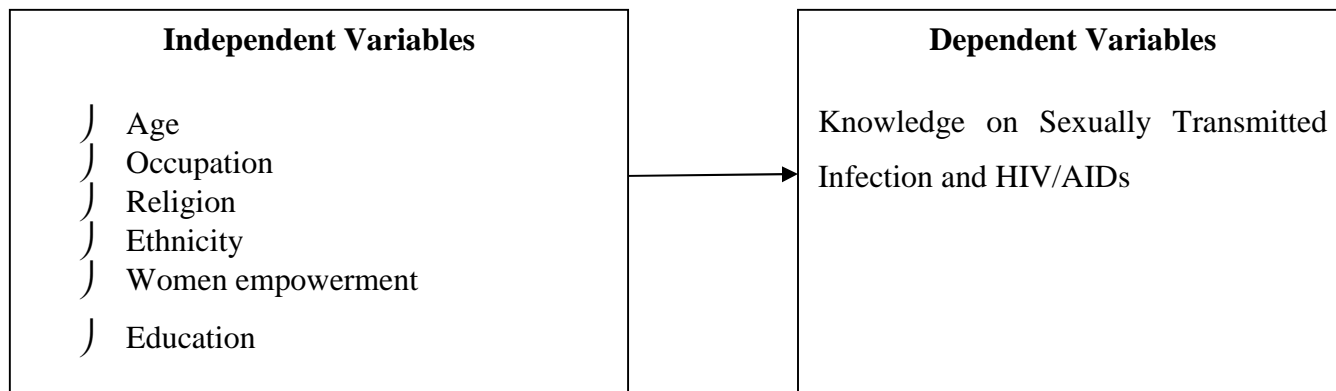
Specific Objectives

-) To assess Knowledge on STI's & HIV/AIDS.
-) To assess Knowledge on mode of transmission of STI's & HIV/AIDS.
-) To assess Knowledge on preventing measures of STI's & HIV/AIDS.
-) To assess the perceived sign and symptoms of STI's and HIV/AIDS.

1.4 Research Question

What is the status of existing knowledge and practice regarding STI & HIV/AIDS among the women of reproductive age?

1.5 Conceptual Frame work:



1.6 Rational of the Study:

Sexually transmitted infections (STIs) represent a significant international public health burden. These infections result in substantial morbidity, mortality and economic costs globally, and require more attention and resources internationally (cited in Magnus U, 2014). Women's vulnerability to HIV infection is influenced by contextual factors in the risk environment that operate at multiple levels (i.e., physical, social, economic, policy) (cited in Strathdee SA et.al, 2013).

The epidemiology of sexually transmitted infections (STI) in rural, developing world populations is poorly understood (cited in Christian P et.al, 2005). Similar to other parts of Asia, the HIV epidemic in Nepal is concentrated among a small number of groups including transgender people (Wilson E et.al, 2011). Nepal is confronted with an increasing incidence of HIV/AIDS among adolescents and young adults (cited in Mahat G et.al, 2006).

The challenges facing the response to HIV/AIDS in Nepal are stigma and discrimination, gender inequality and related vulnerability to HIV/AIDS, scattered interventions with low coverage and gaps in research (UN Report, 2004). Little research has examined the knowledge, behavior and prevalence of STI and HIV/AIDs among women of rural Nepal.

CHAPTER II

LITERATURE REVIEW

2.1 Literature Review:

Sexually Transmitted Infections (STIs) is one of the major causes of morbidity and mortality throughout the world. STIs still remain a major public health problem in developing nations and poor economy is considered one of its prime factors (cited in Karn D et.al, 2011). STI and HIV/AIDS has its own historical background. The origins of HIV are disputed; yet since it was first reported just over thirty years ago, it has become one of the leading causes of death worldwide (History of HIV/AIDS).The first cases of HIV and AIDS were reported in Nepal in 1988(UNAIDS 2004).

Infection with HIV and subsequent development of AIDS poses a significant challenge to modern medicine and humanity. According to the United Nations joint program on HIV/AIDS, currently there are 33.2 million adults and children living with HIV/AIDS worldwide. Outside Africa, Asia remains a potential breeding ground for an epidemic. However, in South Asia, transmission via sexual contact is predominant. All countries in the South Asian region are still considered to have a low prevalence of HIV, though numbers are increasing in Pakistan and Nepal. There are many risk factors in the region favoring an epidemic of HIV, such as illiteracy, poor economic status, poor sanitary and health facilities, social taboos on discussion of sex and malnutrition. The high prevalence of tuberculosis in the region will play a significant role in reducing life expectancy should HIV/AIDS rates rise (cited in Chaturaka Rodrigo et.al, 2009).

World Health Organization estimates around 340 million curable STIs each year worldwide with its highest prevalence in South and Southeast Asia (World Health Organization website: Global prevalence and incidence of selected curable sexually transmitted infections overview and estimates (WHO, 2014).

Nepal's HIV epidemic is largely concentrated in MARPs, especially female sex workers (FSW), IDUs, MSM, transgender, and migrants. Injection drug use appears to be extensive in Nepal and to overlap with commercial sex. Another important factor is the high number of sex workers who

migrate or are trafficked to Mumbai, India, to work, thereby increasing HIV prevalence in the sex workers' network in Nepal more rapidly (World Bank 2008).

The scenario in Nepal is more dangerous in view of an impending epidemic in comparison to other countries. Cross border trafficking of sex workers is a major problem contributing to increasing HIV rates in both India and Nepal. The traditional view of HIV coming to Nepal from India is challenged now with more emphasis on a two way flow model. It is estimated that 5000 – 7000 Nepali women are taken across the border to India annually in sex trafficking and currently there are around one to two hundred thousand Nepali women in Indian brothels. In a study by Silverman *et al.* published in 2008, of 246 sex trafficked Nepali women, 74 (30.1%) tested positive for HIV while 48 (20.4%) had syphilis and hepatitis B was detected among eight of 210 (3.8%) (cited in Silverman GJ *et al.*, 2008). Sarkar *et al.* showed that the HIV positivity was significantly higher in Nepali women (43%) when compared to Bangladeshi (7%) or Indian sex workers (9%) (cited in Sarkar K *et al.*, 2008).

STIs are extremely underreported, under diagnosed and their sequelae come either under maternal, child or cancer morbidity and mortality statistics. Hence, the exact toll of existing STIs is difficult to make. Various studies in Nepal (Kathmandu, Pokhara and 22 Terai districts) have concluded that STIs are more prevalent among high risk population and there is a low prevalence in general population (UNAIDS: UNGASS Country Progress Report in Nepal, 2014). Economic deprivation, low education, social stigmata, socioeconomic inequality and economically driven migration and mobility are the reasons found to be associated with the risk of STI/HIV infection (cited in Sevilla J, 2002 and Bloom D *et al.*, 2004).

Women with greater autonomy have higher HIV-related knowledge and condom use. Inability to negotiate safer sex in high-risk situations might increase HIV infection. Among 12,674 women of 15-49 years, married women were analyzed (n = 8,896). Women with greater autonomy in decision-making participation were more likely to negotiate safer sex. After controlling for socio-demographic factors, odds ratios (OR) for refusal of sex was 2.70 (95% CI [2.14, 3.40]) in women with the highest decision-making participation. These women showed higher OR for 'ask for condom use' in high risk situations (2.10, 95% CI [1.81, 2.44]). Assets ownership also demonstrated a positive statistical relationship with asking for a condom use (OR 1.31, 95% CI [1.10, 1.56]). The results point to the importance of women's autonomy on sexual health. It

emphasizes women's empowerment-based approach to curbing HIV/AIDS in developing countries (cited in Atteraya MS et.al, 2014).

Among the total VCT patients (N=145), 108 (74.5%) had STIs, 26 (17.9%) had HIV/AIDS related symptoms and 11 (7.6%) had no STI. HIV/AIDS related symptoms included symptoms/diseases which had some degree of immunodeficiency but had inadequate evidence to be called HIV or AIDS. Genital Viral infection (41.7%) was the most common diagnosis followed by Genital discharge syndrome (25%), miscellaneous category (17.6%) and Genital ulcer syndrome (15.7%) (cited in Karn D et.al, 2011).

Evidence reveals that early sexual experimentation, multiple partners, and low and irregular use of condoms are not uncommon in Nepalese society and unsafe sexual behavior is one of the most common ways of HIV and other STIs transmission in Nepal (cited in Regmi P et.al, 2008).

Family planning, a pillar of reproductive health, has affirmed its unequivocal contribution to mothers' health and the reduction of sickness and death. The health benefits of FP for women and their children have been essential contributions to social and economic development. Increased availability and use of FP is a key strategy for preventing HIV/AIDS. Consistent and correct use of condoms is an important means of preventing transmission of HIV and other STIs (NDHS 2011).

CHAPTER III

RESEARCH METHODOLOGY

In this chapter the methodologies used for this study are described.

3.1 Rational of Selection of Study Area:

The proposed area of the study is Dungharkha VDC. Dhungharkha lies in Kavre district, one of the remote areas of Nepal. According to VDC profile there are 1,202 households with 6,300 total populations. Agriculture is the main occupation of the people living in Dhungharkha. Majority of people living there are Brahmin and rest are Tamang followed by Dalit (one of the disadvantaged group). The data collection will be done among married women of reproductive age (15-49 yrs).

3.2 Research Design:

The study is descriptive, cross sectional study, as the study will be conducted to know the level of knowledge and practice of STIs and HIV/AIDs among married women of reproductive age in Dhungharkha VDC at that particular point of time. The study will be carried out in all the nine wards of the VDC.

3.3 Nature and sources of data:

The source of the data is primary source. Data will be collected by the researcher from the primary source and the nature of data is qualitative data. Data is collected at household level where individual interview will be done among women in Dhungharkha VDC.

3.4 Universe and Sampling:

The universe of the study is in nine wards of Dhungharkha VDC. There are total 1,202 households, out of total 1,202 households/respondents from the study universe; probability sampling technique will be used for sampling. The method of sampling under probability sampling will be simple random sampling method in each nine wards. Considering the time and cost limitations, 35% of the total households from each of the nine wards will be selected. The total sampled/interviewed households will be 420 out of total 1,200 households in Dhungharkha VDC. Each of the household is randomly selected which is considered as a

representative of Dhunkharkha VDC and sufficient to provide valid estimates of the desired indicators.

3.5 Data Collection Techniques and Tools:

The data collection methods or techniques that will be used for this study is individual interview. Interview means to meet and talk to each other and collect ideas and information. A set of interviewee questionnaire is prepared and the researcher asks the set of questionnaires to the respondents. The interviewer asks certain questions and the interviewee responds accordingly.

The tools used for the study is structured and semi-structured interview questionnaire for the married women of reproductive age group.

3.6 Reliability and Validity of the Study:

Validity and reliability will be maintained by pre-test and necessary modifications of the questionnaire as required. The houses in each wards will be randomly selected (those houses where women aged 15-49 years resides) and every third house will be included in the study. The lists of the households are taken from the Village profile. The following are the basis of validity and reliability of the study:

1. Consultation will be done with the supervisor and subject experts.
2. The supervisor, subject experts, other concerned persons and some colleagues will be requested to read the interview schedule and provide necessary feedback.
3. Field work will be carried out by the researcher herself and necessary help will be taken from the supervisor and experts.
4. Data will be gathered promptly after collecting the data from the field and daily editing will be done at the end of the day. If any query left, it will be collected the very next day.
5. Scientific tools will be applied as much as possible.
6. Feedback and discussions from the supervisor and subject experts will be taken.
7. Necessary help and support will be taken from the experts and the supervisor, when needed.

3.7 Data processing and analysis:

First of all the collected data will be coded as required and filled in dummy tables. The data will then be entered in the computer for processing. Then, analyses will be carried out with the

software SPSS in the computer to get the necessary results or outcomes of the research conducted. In this study, quantitative method will be used and maintained while analyzing the data. The main focus will be given to frequency table, mean table and cross table. These all will be analyzed by using the SPSS software to see the related test. All the data will be tabulated with various types of single or cross tabulations to analyze the data. Charts, graphs and necessary diagrams will be used to summarize the data, if necessary.

3.8 Ethical consideration

- a) Permission from the research committee or advisor will be taken to commence the study
- b) Written and verbal consent will be taken from the respondents
- c) Participants will be requested to leave the study at any time if they feel uncomfortable with the study
- d) Privacy and confidentiality will be maintained
- e) Data will be used for this study only

3.9 Limitation of the study:

- a) There are some limitations of the study, which are presented as below:
- b) The study sample is limited.
- c) The study is confined to certain area only.
- d) The findings of the study cannot be generalized for whole country.
- e) Simple techniques will be used for analysis.
- f) The research will be conducted in partial fulfillment of the requirement for Masters Degree of Arts in Sociology.

3.10 Expected outcomes

-) The study might be helpful to assess knowledge and practice of women on STI's and HIV/AIDS.
-) The dissemination of the findings of the study might contribute in the policy level to emphasize programme to prevent STI's and HIV/AIDS.
-) The finding might act as the reference for those who are interested to carry out study in this topic.

CHAPTER IV:

DATA PRESENTATION AND ANALYSIS:

It is necessary to find out the background information of the respondents in any research study. This study has also tried to assess the background information of the women aged 15-49 years. This chapter deals about the background information of the study population such as their demographic characteristics and family background, social and economic characteristics, and other general information.

The introduction about the study population is given in this chapter as follow.

4.1 Demographic Characteristics:

4.1.1 Age

Age group of the respondents is an important factor for any research study. This study was done among the married women of reproductive age group (15-49 yrs).

Age Group	Number	Percent
15-19	83	20
25-29	91	21
30-34	71	17
35-39	55	13
40-44	62	15
45-49	58	14
Total	420	100

(Source: Field Survey, 2018)

Out of total 420 respondents, the highest numbers of respondents were in the age group between 25-29 years with 91 respondents (21 percent), followed by age group between 15-19 years with 83 respondents (20 percent) and then the age group between 30-34 years with 71 respondents (17 percent) and the age group between 40-44 years with 62 respondents (15 percent) and the age group 45-49 years with 58 respondents (14 percent). The least number of 55 respondents was in the age group of 35-39 years with 55 respondents in this category with only 13 percent.

4.1.2 Age at Marriage

Age at marriage is one of the main components for women to be at risk for sexually transmitted infections and HIV/AIDs.

Age at Marriage (Yrs)	Number	Percent
9-15	96	23
16-20	267	64
21-25	48	11
26-30	7	2
31-35	2	1
Total	420	100

(Source: Field Survey, 2018)

Among total 420 respondents, 267 respondents (64 percent) are married at the age 16-20 years, 96 respondents (23 percent) at the age 9-15 years, 48 respondents (11 percent) at the age 21-25 years, and seven respondents (2 percent) at the age 26-30 years and only 2 respondents (1 percent) at the age 31-35 years.

4.2 Social and Economic Characteristic:

4.2.1 Ethnicity

Ethnicity is an important social characteristic for a research. Ethnicity is usually defined in terms of a common cultural ideology. It is a cultural concept, referred to a group of people belonging to a distinct cultural identity. The caste/ethnicity, norms and values affect the entire personality of any individual. HIV/AIDsmight be related to various cultural aspects in our country among various ethnic groups. So the caste/ethnicity of the respondents has also been identified in this study.

Ethnicity	Number	Percent
Brahmin	283	67
Chhetri	12	3
Newars	37	9
Tamang	73	18
Magar	5	1
Dalit	10	2
Total	420	100

(Source: Field Survey, 2018)

Out of the total 420 respondents, the highest frequency was among the Brahminwith 283 respondents accounting for 67 percent, followed by Tamang with 18 percent and 37 among the

Newars with 9 percent. Twelve of the respondents belonged to Chhetri, while ten was Dalit and five respondents from Magar ethnicity.

4.2.2 Religion

Religion is another important social determinant. Out of 420 respondents, most of them were Hindus which consisted of 347 women with 83 percent, followed by Buddhists with 72 respondents accounting for 17 percent. There was 1 respondent from Christian.

Religion	Number	Percent
Hindu	347	83
Buddhist	72	17
Christian	1	0
Total	420	100

(Source: Field Survey, 2018)

4.2.3 Marital Status:

Marriage is an important social institution, which allows a man and woman for sexual relations in the society. Marriage as approved union of male and female or as a secondary institution devised by society to sanction the union and mating of male and female for purpose of establishing a household, entering into sex relations, procreating and providing care and support for the offspring.

Marital status of the respondents can be interpreted in various ways like if the women is married and not living with husband or husband been to abroad may have high chance of infected with sexual infections after the reunion with husband. Like husband living abroad for longer time might have unsafe sex due to lack of knowledge might transmit to wife. Likewise different marital status such as husband abroad, divorce and widow could also be a factor for having multiple sex partners.

Current Marital status	Number	Percent
Living with husband	330	79
Husband abroad	77	18
Widow	9	2
Divorced	4	1
Total	420	100

(Source: Field Survey, 2018)

The marital status of the respondents revealed that, out of the total respondents 330 of them (79 percent) were living with husband, while 77 respondents (18 percent) husband living abroad. Nine respondents (2 percent) were Widow while four respondents were divorced.

4.2.4 Education status

The educational statuses of the respondents were divided into various categories as below. The education level of women also affects the level of knowledge the women have on HIV/AIDs.

Level of education completed	Frequency	Percent
Primary	49	12
Completed primary	38	9
Secondary	71	17
Completed secondary	52	12
Intermediate	43	10
Higher	16	4
Never attended school	151	36
Total	420	100

(Source: Field Survey, 2018)

It was seen that, of the total respondents highest 151 respondents (36 percent) never attended to school, 71 respondents (17 percent) attended primary level, twelve percent attended primary and completed secondary, ten percent attended intermediate level, nine percent completed primary and only four percent attended bachelor level of education.

4.2.5 Current Occupational Status

Current occupational status of the respondents is another important socioeconomic variable for HIV/AIDs. Sexually transmitted diseases such as HIV/AIDs may be linked with some types of occupation or may lose his/her job because of infection.

Occupation	Number	Percent
Agriculture	401	95
Housewife	407	97
Business	45	11
Government Office	7	2
Student	13	3
Daily Wages	133	32

(Source: Field Survey, 2018)

Out of the total 420 respondents, the majority of the respondents were housewives and agriculture with 97 percent and 95 percent respectively, 32 percent of the women was working as daily wages. And eleven percent of women were involved in some kind of business like running local shops, three percent were continuing their education and two percent holding government job.

4.2.6 Current Husband residence:

Current residence of husband is an important component for women to be infected with different types of sexually transmitted infections and HIV/AIDs. Women whose husband is abroad may be at high risk to be infected with sexually transmitted infections. And knowledge on preventing measures of STIs and HIV/AIDs for every woman is very important especially for a woman whose husband is living abroad.

Residence	Number	Percent
Nepal with wife	358	85
Outside Nepal	53	13
Widow	9	2
Total	420	100

(Source: Field Survey, 2018)

Among 420 respondents, 385 respondent's (85 percent) are living with their husband, 53 respondent's husbands (13 percent) are living in abroad and 9 respondents are widow.

4.2.7 Women Involvement

Women empowerment is a main component for women which affects on knowledge level in different aspects of life. More the women are active and involved in different institutions/groups then women have more communication with their friends which could update them on knowledge on different health knowledge like HIV/AIDs which will ultimately affect their level of health.

Women Involvement	Number	Percent
Cooperatives	281	67
Mothers group	126	30
Others	151	36
None	77	18

(Source: Field Survey, 2018)

The table above shows that 281 respondents (67 percent) are involved in cooperatives, 126 respondents (30 percent) are involved in mothers group, 151 respondents (36 percent) are involved in other institutions, whereas 77 respondents (18 percent) are not involved in any kind of institutions.

4.3 Knowledge on STIs and HIV/AIDs:

4.3.1 Knowledge of STIs:

It was found that among total 420 respondents (N=386) had heard about STIs. Among total 386 respondents who have heard about STIs, majority-380 respondents (98 percent) heard about HIV/AIDs.

Heard about STI	Number	Percentage
No	34	8
Yes	386	92
Total	420	100
Known Types of STI (multiple answer)		
Syphilis	256	66
Gonorrhoea	60	16
Herpes Zoster	127	33
HIV/AIDS	380	98
Others	4	1

(Source: Field Survey, 2018)

And 256 respondents (66 percent) heard of Syphilis, 127 (33 percent) had heard of Herpes Zoster, 60 respondents (16 percent) had heard of Gonorrhoea and 4 respondents mentioned of other types of STIs.

4.3.2 Knowledge on sign and symptoms of STIs

Of all the respondents who have heard of STIs, 74 percent (N=285), 68 percent (N=263), 60 percent (N=233), 60 percent (N=230), 58 percent (N=225), 57 percent (N=221), 52 percent (N=200), 51 percent (N=196) and 40 percent (N=155) have knowledge on different sign and symptoms that STIs could have like Discharge, Abdominal pain, Genital itching, weakness, back pain, loss of appetite, fever, loss of weight and vaginal bleeding respectively. Whereas 6 percent (N=25) do not have any idea regarding sign and symptoms of STIs.

Knowledge on sign and symptoms (multiple answer)	Number	Percentage
Discharge	285	74
Genital itching	233	60
Fever	200	52
Loss of weight	196	51
Back pain	225	58

Abdominal pain	263	68
Vaginal bleeding	155	40
Loss of appetite	221	57
Weakness	230	60
Don't know	25	6

(Source: Field Survey, 2018)

4.3.3 Heard about HIV/AIDS:

When asked if the respondents have heard of AIDs, 97 percent (N=406) have heard of AIDs where only 3 percent (N=14) have not heard of AIDs.

Heard about HIV/AIDS	Number	Percentage
No	14	3
Yes	406	97
Total	420	100

(Source: Field Survey, 2018)

4.3.4 Information on STI Transmission Method

When the respondents were asked about how STIs can be transmitted, 335 respondents (80 percent) mentioned about unprotected sex, 330 respondents (79 percent) mentioned infected blood, 309 respondents (74 percent) mentioned sharing needle, 214 respondents (51 percent) mentioned infected partner, 209 respondents (50 percent) mentioned multiple sex partner, 92 respondents (22 percent) mentioned sharing razor, 39 respondents (9 percent) mentioned mosquito bite, 38 respondents (9 percent) mentioned they do not know and 36 respondents (9 percent) mentioned poor hygiene.

Transmission method (multiple answer)	Number	Percentage
Infected partner	214	51
Sharing needle	309	74
Infected Blood	330	79
Multiple sex partner	209	50
Sharing razor	92	22
Poor hygiene	36	9
Unprotected sex	335	80
Mosquito bite	39	9
Don't know	38	9

(Source: Field Survey, 2018)

4.3.5 Mode of HIV/AIDS transmission:

The respondents were asked about their knowledge on mode of AIDS transmission, of which 239 respondents (87 percent) mentioned about unprotected sex, 234 respondents (85 percent) mentioned about infected blood, 212 respondents (77 percent) mentioned about sharing needle, 205 respondents (74 percent) mentioned about infected mother, 165 respondents (60 percent) mentioned about infected partner, 147 respondents (53 percent) mentioned about having multiple partner, 33 respondents (12 percent) mentioned about sharing razors, 27 respondents (10 percent) mentioned about poor hygiene and 25 respondents (9 percent) mentioned about mosquito bite as a mode of HIV/AIDS transmission.

Mode of transmission	Number	Percentage
Infected partner	165	60
Sharing Needle	212	77
Infected blood	234	85
Multiple partner	147	53
Poor hygiene	27	10
Unprotected sex	239	87
Infected Mother	205	74
Mosquito bite	25	9
Sharing razors	33	12

(Source: Field Survey, 2018)

4.4 Knowledge on Preventive Measures of STIs and HIV/AIDS:

4.4.1 Knowledge on how STIs can be prevented:

The respondents were asked whether they know about the preventive measures of STIs. Among 420 respondents, 356 respondents (85 percent) mentioned to avoid unprotected sex (avoid multiple sexual partner), 337 respondents (80 percent) mentioned to use condom, 304 respondents (72 percent) mentioned to avoid infected blood, 182 respondents (54 percent) mentioned to have only one sexual partner, 154 respondents (51 percent) mentioned not to have sexual contact, 150 respondents (36 percent) mentioned to avoid sharing sharp objects and 57 respondents (20 percent) mentioned to avoid contact people with STIs.

Ways of prevention	Number	Percentage
Avoid sharing sharp objects	150	36
Use condom	337	80

Avoid unprotected sex	356	85
Avoid infected blood	304	72
Have one sexual partner	182	54
No sexual contact	154	51
Avoid people with HIV/AIDS	57	20

(Source: Field Survey, 2018)

4.4.2 How HIV/AIDS is prevented:

The respondents were asked whether they know about the preventive measures of HIV/AIDSs. Among 420 respondents, 244 respondents (88 percent) mentioned to use condom, 203 respondents (74 percent) mentioned to avoid birth from infected mother, 197 respondents (71 percent) mentioned to avoid infected blood, 192 respondents (70 percent) mentioned to have only one sexual partner, 124 respondents (45 percent) mentioned to avoid sharing sharp objects, 97 respondents (35 percent) mentioned to avoid people with AIDs and 6 respondents (2 percent) do not know the mode of HIV/AIDSs prevention methods.

Modes of prevention	Number	Percentage
Avoid sharing sharp objects	124	45
Avoid infected blood	197	71
Use condom	244	88
Have one sexual partner	192	70
Avoid people with HIV/AIDS	97	35
Avoid birth from infected mother	203	74
Don't know	6	2

(Source: Field Survey, 2018)

4.4.3 Knowledge about Condom

Knowledge about condom is important for women to prevent from STI's and HIV/AIDSs. When at least women know about importance and availability of condom then there is a less chance of being infected with STI's and HIV/AIDSs.

Condom Type	Percentage
Male Condom	93
Female Condom	25

(Source: Field Survey, 2018)

Among total 420 respondents, 416 respondents know about condom where 93 percent know about male condom and only 25 percent know about female condom.

4.4.4 Husband Using Condom:

Condom is one of the main devices for preventing STI's and HIV/AIDs transmission between the partners. Male condom is one of the available device then female condom. The table below reveals that among total 420 respondents, 272 respondents (65 percent) husband have never used condom, 121 respondents (29 percent) husband have used sometimes and only 18 respondents (4 percent) husband are using condom always.

Husband Using Condom	Number	Percentage
Always	18	4
Sometimes	121	29
Never	272	65
Widow	9	2
Total	420	100
Reason for not using Condom		
Didn't answer	22	8
Don't know	19	7
Expecting baby	7	2
Fear of side effect	4	1
No need	197	73
Permanent method	9	3
Using other contraceptive	14	5
Total	272	100

(Source: Field Survey, 2018)

Among the respondents who have never used condom (272 respondents husband), 197 respondents (73 percent) felt no need to use, 22 respondents (8 percent) did not answer, 19 respondents (7 percent) did not know the importance of condom, 14 respondents (5 percent) are using other devices, 9 respondents (3 percent) already have permanent method, 7 respondents (2 percent) are expecting baby and 4 respondents (1 percent) are feared of side effects.

4.5 Complain of having sign and symptoms of STIs:

4.5.1 Having sign and symptoms of STIs:

When the respondents were asked if they have any mentioned sign and symptoms, all the respondents mentioned they have at least one sign and symptoms. Among 420 respondents, 212 respondents (50 percent) had back pain, 200 respondents (48 percent) had abdominal pain, 195

respondents (46 percent) had weakness, 148 respondents (35 percent) had menstrual disorders and loss of weight, 144 respondents (34 percent) had fever, 136 respondents (32 percent) had vaginal bleeding, 82 respondents (20 percent) had pain during urination, 43 respondents (10 percent) had vaginal bleeding, 38 respondents (9 percent) had discharge, 27 respondents (6 percent) had genital itching and 14 respondents (3 percent) had genital ulcer.

Sign and symptoms (multiple answers)	Number	Percentage
Discharge	38	9
Genital itching	27	6
Pain during urination	82	20
Genital Ulcer	14	3
Fever	144	34
Loss of weight	148	35
Back pain	212	50
Abdominal pain	200	48
Vaginal bleeding	43	10
Loss of appetite	136	32
Weakness	195	46
Menstrual disorder	148	35

(Source: Field Survey, 2018)

4.5.2 Observed symptoms in husband

When asked of observed symptoms in husband, total 35 respondents answered. Where 77 percent (N=27) had pain during urination, 14 percent (N=5) had itching around penis and 9 percent (N=3) had foul smelling discharge from penis.

Observed symptoms	Number	Percentage
Pain during urination	27	77
Itching around penis	5	14
Foul smelling discharge from penis	3	9
Total	35	100

(Source: Field Survey, 2018)

CHAPTER V

SUMMARY AND CONCLUSION

This chapter contains the summary of findings and conclusions derived from the study. The findings and conclusion of the study are based on the objectives of the study, which are presented below:

5.1 Summary of Findings:

The research was conducted in Dhunkharkha VDC of Kavrepalanchowk district. The sample size of the study was 420 which were conducted among married women of reproductive age. The major findings of the study are:

1. The highest percent of the respondents were in the age group between 25-29 years.
2. The highest frequency was among the Brahmin and most of them were from Hindu religion.
3. Most of the respondent 330 (79%) were found to be staying with their husband.
4. Education status of the respondent seems to be unsatisfied where 151(36%) had never attended school.
5. Majority of the respondent's occupation was housewives and agriculture.
6. Most of the respondents (85%) were found to be living with their husband and 13 percent of the respondent's husbands are abroad.
7. Most of the women are found to be involved in some kind of cooperatives and mother's group.

8. Most of the respondents were married at young age 9-15 years (23 %) and 16-20 years (64%).
9. Most of the respondents were found that they have knowledge on male condom (93%) than the female condom (25%).
10. Most of the respondents (65%) answered that their husband are not using condom.. The main reason for not using condom was they felt no need to use which was answered by 197 respondents (73%).
11. About 92 percent of the respondents had heard about STIs, among them 98 percent had heard of HIV/AIDs, 66 percent about Syphilis, 33 percent about Herpes Zoster and 16 percent about Gonorrhoea.
12. Most of the respondents have some knowledge on sign and symptoms where only 6 percent do not have any knowledge on the signs and symptoms that can happen.
13. All the respondents mentioned they have at least one sign and symptoms and majority of them have back pain and abdominal pain.
14. When asked if the respondent's husbands have any symptoms, 27 respondent's husband have pain during urination, 5 have itching around penis and 3 have foul smelling discharge from penis.
15. Most of the respondent gave correct answers on transmission of STIs where about 10 percent gave wrong answer and 10 percent don't know the answer.
16. Most of the respondents provided correct answer on ways of preventing STIs.
17. Most of the respondents (97%) were found that they have heard of HIV/AIDs and most of them have some kind of knowledge on mode of transmission and preventative measures of HIV/AIDs.

5.2 Conclusions:

There are some conclusions that have been derived from the major findings of the study. Some of the major conclusions obtained from the study are as follows:

1. Majority of the respondents were Brahmin and most of them were from Hindu religion.
2. Most of the respondents were found to be staying with their husband and found less aware of importance of use of condom.

3. Majority of women were housewives/agriculture. Education status of the respondent seems to be unsatisfied where 151 women had never attended school. Education level affects the level of knowledge women have on STIs and HIV/AIDs.
4. Most of the women are found to be involved in some kind of cooperatives and mother's group.
5. Most of the respondents were married at young age 9-15 years (23 %) and 16-20 years (64%).
6. Most of the respondents answered that their husband are not using condom. The main reason for not using condom was they felt no need to use that means they lack in knowledge.
7. Most of the respondents had heard about STIs and most of them had heard of HIV/AIDs, than other types of STIs.
8. Most of the respondents have some knowledge on sign and symptoms, transmission methods and preventive methods of STIs and HIV/AIDs.
9. All the respondents mentioned they have at least one sign and symptoms and majority of them have back pain and abdominal pain.
10. When asked if the respondent's husbands have any symptoms majority of the respondent's husband have pain during urination and few have itching around penis and foul smelling discharge from penis.

STIs and HIV/AIDs is a very serious problem for the society. It has negative health consequences, individual suffering and economic losses as well. Having different kinds of STIs creates a serious threat to the peace and stability of the society. Likewise, HIV/AIDs is a major public health problem of the country and a priority one program of the Government of Nepal. HIV/AIDs mainly affect the young and productive age group (15-49 years) of the people. It affects the social life of the infected people and poses a serious threat for the development of the society. This can have adverse health effect to the individual and the people around him or her including the surrounding. Since STIS and HIV/AIDs is a communicable disease, it is necessary to provide STIs and HIV/AIDs related information and education to all the age groups and vulnerable groups. This will reduce the burden of STIs and HIV/AIDs in drug uses.

ANNEX

Annex I. Questionnaire

A. Demographic Information			Code
1.	What is your current age?	.....years	
2.	What is your date of birth?	...../...../..... daymonthYear	
3.	What is your ethnicity?	.....Caste Code: 1. Brahmin2. Chhetri3. Newar4. Tamang5. Magar6. Dalit 88.Others	
4.	What is your marital status currently?	1. Stay with husband	
		2. Husband is not staying with me	
		3. Widow	
		4. Divorce	
		88. Others	
5.	How long have you been married?	..... : ..... MonthYear	
6.	How many times did you marry?	1. One time	
		2. More than once	
3.	What is your religion?	1. Hindu	
		2. Buddhish	
		3. Christian	
		88. Others	
4.	Can you read and write?	1. Yes	

		0. No	
5.	Have you ever been to school?	1. Yes	
		0. No (Go to A11)	
6.	What is your highest educational status you completed?	..... class	
7.	Can your husband read and write?	1. Yes	
		0. No	
8.	Have your husband ever been to school?	1. Yes	
		0. No (Go to A14)	
9.	What is the highest educational status your husband completed?	..... class	
10.	How many times your husband married?	1. One time	
		2. More than once	
11.	Does your husband drink alcoholic beverages?	1. Yes	
		0. No	
		00. Don't want to answer	
12.	What is your main occupation?:(Multiple answer)	1. Agriculture	
		2. Housewife	
		3. Business/Self employed	
		4. Government employee	
		5. Private employee	
		6. Student	
		7. Retired	
		8. Labor	
88. Others(specify)			
13.	What is the main occupation of your husband? (Multiple answer)	1. Agriculture	
		2. NGOs	
		3. Business/Self employed	
		4. Government employee	
		5. Private employee	
		6. Student	
		7. Retired	
		8. Labor	
88. Others(specify)			
14.	Where is your husband currently?	1. Nepal	
		2. Abroad	

15.	Mention the name of place or country name.	.....			
16.	Does any members of your household own the following:		Things	Yes	No	
		a.	Bicycle			
		b.	Motorcycle			
		c.	Mobile			
		d.	Land line phone			
		e.	Car			
		f.	Truck			
88.	Others					
17.	Does any member of your household own any agriculture land?	1. Yes				
		0. No				
18.	How many ropani/bigha of agriculture land do your household own?	.....Daam.....Aana.....Ropani				
19.	Does your household own any livestock, herds, other farm animals or poultry?	1. Yes				
		0. No (Go to A21)				
20.	How many of the following animals does your household own?	Animals			Numbers	
		a.	Goat			
		b.	Cow/Ox			
		c.	Sheep			
		d.	Buffalo			
		e.	Chicken			
		f.	Duck			
		g.	Pig			
88.	Others.....					
21.	Are you involved in any institution/women group?(Multiple answer)	1. Cooperatives				
		2. Mothers Group				
		3. Dhulikhel Hospital Microfinance				
		4. Others.....				
		0. None				
22.	What type of family do you live?	1. Joint family				
		2. Nuclear family				

23.	How many members are there in your family?Numbers	
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B. Knowledge and practice on STIs and HIV/AIDS					Code	
1.	Have you heard about STIs?	1. Yes				
		0. No (Go to B4)				
2.	What types of STIs have you heard? (Multiple answer)	1. Syphilis				
		2. Gonorrhoea				
		3. Herpes				
		4. HIV				
		88. Others (specify)				
3.	What are the sign and symptoms of STIs? (Multiple answer)	1. Discharges				
		2. Genital itching				
		3. Fever				
		4. Weight loss				
		5. Back pain				
		6. Abdominal pain				
		7. Bleeding				
		8. Loss of appetite				
		9. Weakness				
		88. Others (specify)				
4.	Do you have following sign and symptoms? (If none of the sign and symptoms Go to F6) (Multiple answer)		Sign and Symptoms	Yes	No	
		a.	Discharges	1	0	
		b.	Genital itching	1	0	
		c.	Pain during urination	1	0	
		d.	Genital ulcers	1	0	
		e.	Fever	1	0	
		f.	Weight loss	1	0	
		g.	Back pain	1	0	
		h.	Abdominal pain	1	0	
		i.	Bleeding	1	0	
		j.	Loss of appetite	1	0	
		k.	Weakness	1	0	
		l.	Menstrual disorder	1	0	
5.	If you have any of the sign and	1. Yes				

	symptoms, have you ever gone for treatment?	0. No				
6.	Does your husband have any of the problems? (If none of the problems Go to F11) (Multiple answer)		Problems	Yes	No	
		a.	Burning during urination	1	0	
		b.	Itching around genital organs	1	0	
		c.	Bad odor discharge from penis	1	0	
7.	If husband have the problem above, did he went for treatment?	1. Yes				
		0. No				
8.	How someone gets STIs?(Multiple answer)	1. Infected partner				
		2. Needle sharing				
		3. Blood				
		4. Multiple partners				
		5. Sharing razors				
		6. Poor hygiene				
		7. Unprotected sex				
		8. Mosquito bite				
		88. Others (specify)				
		99. Don't Know				
9.	What should be done if someone has signs of STIs?(Multiple answer)	1. Go to health centers				
		2. Go to traditional healer				
		3. Go to pharmacy				
		4. Avoid sexual contact				
		5. Ask friends				
		6. Do nothing				
		99. Don't know				
		88. Others				
10.	How STIs can be prevented?(Multiple answer)	1. Respect religious tradition				
		2. Avoid sharing sharp objects				
		3. Use condoms				

		4. Avoid unsafe sex	
		5. Avoid infected blood transfusion	
		6. Have one sexual partners	
		7. No Sexual contact	
		8. Avoid people with AIDS	
		9. Cannot prevent	
		99. Don't know	
		88. Others (specify).....	
11.	Have you heard about AIDS?	1. Yes	
		0. No	
12.	Is AIDS transmitted from person to person?	1. Yes	
		0. No	
		99. Don't Know	
13.	How AIDS is transmitted?(Multiple answer)	1. Infected partner	
		2. Sharing needle	
		3. Infected blood transfusion	
		4. Multiple partners	
		5. Poor hygiene	
		6. Unprotected sex	
		7. Delivery from infected mother	
		8. Mosquito bite	
		9. Sharing Razor	
		99. Don't know	
		88. Others (specify)	
14.	How AIDS can be prevented?(Multiple answer)	1. Respect religious tradition	
		2. Avoid sharing sharp objects	
		3. Avoid infected blood	
		4. Use condoms	
		5. Have one sexual partners	
		6. Avoid people with AIDS	
		7. Avoid pregnancy from infected mother	
		99. Don't know	
		88. Others (specify)	

प्रश्नावली

निर्देशन : कृपयातल सोधिएकाप्रश्नहरुको जवाफ सोधिएअनुसार दिनुहोला । म यहाँहरुलाई यो जानकारी गराउन चाहन्छु कि, यहाँको नाम र यहाँबाट प्राप्तजानकारीलाई गोप्य राखी अनुसन्धानको लागिमात्रप्रयोग गरिनेछ । यहाँहरुको सहयोगको लागि म धेरै आभारी हुनेछु ।

सहभागी संख्या न.

अन्तर्वार्ता लिनेको नाम :
अन्तर्वार्ता लिएको मिति :/...../..... <div style="text-align: center; margin-top: 5px;"> गते महिना साल </div>
प्रश्नावलीहरु पुनरावलोकनगर्नेको नाम :
जिल्ला :
गा. वि. स. को नाम :
वडा न.
सम्पर्क न.:

भाग १. घरायसी र महिलाको विवरण

1.	तपाईंको हालको उमेर कतिभयो ?	.....वर्ष
2.	तपाईंको जन्ममिति कतिहो ?	...../...../..... जन्ममिति दिनमहिनावर्ष
3.	तपाईंको जात के हो ?	.....जातको नाम लेख्नुहोस्
4.	तपाईंको हालको वैवाहिक स्थिति के हो ?	हालश्रीमान् संगै बस्छु श्रीमान् संगै हुनुहुन्न विधुवा सम्बन्ध विच्छेद अन्य
5.	तपाईंले विवाहगर्नु भएको कतिवर्ष भयो ?	..... : ..... महिनावर्ष
6.	तपाईंले कति पल्ट बिहे गर्नु भयो ?	एक पटक एक भन्दा बढि
7.	तपाईं कुनधर्म मान्नुहुन्छ ?	हिन्दु बुद्धिष्ट किसचियन अन्य(खुलाउनुहोस्)
8.	तपाईं पढन लेख्न सक्नु हुन्छ ?	सक्छु सकिदैन
9.	तपाईंको हाल सम्मको अध्ययनकति छ ?	शैक्षिक संस्थामागएर पढेको छैन प्राथमिकतहभन्दाकम प्राथमिकतह पुरा माध्यमिकतह पुरा उच्चमाध्यमिक स्कूल पुरा

		कलेज, विश्वविद्यालय पुरा स्नातकोत्तर भन्नमान्नु भएन		
10.	तपाईंको श्रीमानले लेख्न पढ्न सक्नु हुन्छ ?	सक्नुहुन्छ सक्नुहुन्न		
11.	तपाईंको श्रीमानको अध्ययनकति छ ?	शैक्षिक संस्थामा गएर पढेको छैन प्राथमिकतह भन्दा कम प्राथमिकतह पुरा माध्यमिकतह पुरा उच्चमाध्यमिक स्कुल पुरा कलेज, विश्वविद्यालय पुरा स्नातकोत्तर भन्नमानेको		
12.	तपाईंको श्रीमानको कति पल्ट विहे भयो ?	एक पटक एक भन्दा बढि		
13.	के तपाईंको श्रीमानले मादकपदार्थ सेवन गर्नु हुन्छ ?	गर्छ गर्दैन भन्नमानेको		
14.	तपाईंको मुख्य पेशा के हो ?	खेतीपाती, कृषि गृहिणी व्यापार सरकारी कर्मचारी प्राइभेट कर्मचारी विद्यार्थी अवकास प्राप्त ज्यालादारी अन्य(खुलाउनुहोस्)		
15.	तपाईंको श्रीमानको मुख्य पेशा के हो ?	खेतपाती व्यापार, व्यवसाय निजामति सेवा गैर, सरकारी कर्मचारी विद्यार्थी अवकास प्राप्त ज्यालादारी अन्य(खुलाउनुहोस्)		
16.	तपाईंको श्रीमान अहिले कहाँ हुनु हुन्छ ?	नेपाल विदेश (name the country)		
17.	ठाउँको नाम उल्लेख गर्नु होस् (देश वा जिल्लाको नाम)	.....	
18.	तपाईंको घरमाथीमध्ये कुन सवारी साधन छ ?	साधन	छ	छैन
		साइकल		
		मोटरसाइकल		
		मोबाइल		
		लाइनफोन		
		कार		
		ट्रक		
		अन्य(खुलाउनुहोस्)		
19.	तपाईंको घरमा कुनै सदस्यको नाममा खेतीयोग्य जमिन छ ?	छ छैन		
20.	तपाईंको परिवारमा खेति योग्य जमिन कति छ ?	..... दाम आना रोपनि	
21.	तपाईंको घरमा घरपालुवा जनावरहरु छन् ?	छ		

22.	यदि छन भने तपाईंसंग निम्न घरपालुवाजनावरहरु कति वटा छन् ?	छैन	
		घरपालुवाजनावर	संख्या
		बाखा	
		गाई , गोरु	
		भेंडा	
		भैसी	
		कुखुरा	
		हाँस	
23.	हालकुनै आमा समूहमा सहभागी लिनहुन्छ ?	सहकारी	
		आमा समूह धुलिखेल अस्पतालको लघुवित्त अरु (खुलाउनुहोस्) छैन	

भाग ६. यौन रोगको बारे जानकारी

1.	यौन रोगको बारेमा सन्नु भएको छ ?	छ छैन		
2.	के कस्ता यौन संक्रमित रोगको बारेमा सन्नु भएको छ ?	भिरीङ्गी धातु रोग जनै खटीरा एच. आई. भी . एडस अन्य (खुलाउनुहोस्).....		
3.	यौन संक्रमित रोगको लक्षण र चिन्हहरु के के हुन्?	योनाङ्गबाट धेरै तरल पदार्थ बग्नु योनाङ्गचिलाउनु ज्वरो तौल घटनु ढाड दुख्नु पेट दुख्नु योनाङ्गबाट रगतबग्नु खान मन नलाग्नु कमजोर भएको अनुभवहुनु अन्य (खुलाउनुहोस्)..... थाहा छैन		
4.	तपाईंलाई यि कुनै लक्षण र चिन्हहरु छन् ?	योनाङ्गबाट धेरै तरल पदार्थ बग्नु	छ	छैन
		योनाङ्गचिलाउनु		
		योनाङ्गचिलाउनु		
		पिसाप फेर्दा पोल्नु		
		योनाङ्गमा घाउ आउनु		
		ज्वरो		
		तौल घटनु		
		ढाड दुख्नु		
	पेट दुख्नु			

		योनाङ्गबाट रगतबग्नु		
		खान मन नलाग्नु		
		कमजोर भएको अनुभवहुनु		
		महिनावारी गदबदहुनु		
5.	यदि छ भने यस समस्याको समाधानको लागिउपचार गराउनु भएको छ ?	१. छ (उपचार गरेको ठाँउको नाम) २, छैन (किन?))		
6.	हाल के तपाईंको श्रीमानलाई निम्नउल्लेखितकुनै समस्या छ ?	समस्या	छ	छैन
		पिसाबपोल्ने		
		योनीचिलाउने		
		गन्हाउने योनीश्रावहुने		
7.	यदि छ भने यस समस्याको समाधानको लागिउपचार गराउनु भएको छ ?	१. छ (उपचार गरेको ठाँउको नाम) ० छैन (किन?))		
8.	यौन सँक्रमित रोगहरु कसरी लाग्छ ?	थाहा छैन सँक्रमित यौन साथी एक भन्दा बढिले एउटै सुईको प्रयोग गरेमा रगत बाट धेरै जना यौन साथीभएको लाई एक भन्दा बढिले एउटै औजार (दाही काटने मिसिन) प्रयोग गरेमा सरसफाईमाध्याननदिनेलाई असुरक्षित यौन सम्पर्क बाट लामखुट्टेको टोकाइ बाट अन्य (खुलाउनुहोस्).....		
9.	यदि अरु कोहिमा यौन सँक्रमित रोगका लक्षणहरु देखिएमा के गर्नु पर्दछ ?	हेल्य सेन्टर जाने धामीभाकिकोमाजाने औषधिपसलमाजाने यौन सम्पर्क नराखने साथीलाई भन्ने केहि वास्थानगर्ने थाहा छैन अन्य (खुलाउनुहोस्).....		
10.	यौन सँक्रमित रोगहरु बाट कसरी बच्न सकिन्छ?	देवि देवताको पूजागर्ने तिखो र घोच्ने जस्ता चिजहरु बाट बच्ने कण्डमको प्रयोग गर्ने असुरक्षित यौन सम्पर्क नराखने असुरक्षित रगतप्रयोग नगर्ने एक जनामात्र यौन साथीबनाउने यौन सम्पर्क नराखने एडस लागेको व्यक्ति बाट टाढा रहने		

		बचन सकिन्न थाहा छैन अन्य (खुलाउनुहोस्).....
11.	एडस रोगको बारेमा सुन्नु भएको छ ?	छ छैन
12.	एडस रोग एक व्यक्ति बाट अर्को व्यक्तिमा सर्छ ?	सर्छ सर्दैन खासै थाहाभएमा
13.	एडस रोग कसरी सर्छ ?	संक्रमित यौन साथी बाट संक्रमित सुई प्रयोग संक्रमित रगत बाट धेरै जना यौन साथी सरसफाईमा ध्यान नदिने असुरक्षित यौन सम्पर्क बाट संक्रमित आमाले बच्चा पाउनाले लामखुट्टेको टोकाइ बाट एक भन्दा बढिले एउटै दारी कट्ने औजारको प्रयोग गरेमा थाहा छैन अन्य (खुलाउनुहोस्).....
14.	एडस रोग बाट कसरी बचन सकिन्छ ?	देवि देवताको पूजा गर्ने तिखो र घोच्ने जस्ता चिजहरु बाट बच्ने संक्रमित रगत बाट बच्ने कण्डमको प्रयोग गर्ने एक जनामात्र यौन साथी बनाउने एडस भएको मानिस बाट बच्ने संक्रमित आमाले बच्चा पाउने थाहा छैन अन्य (खुलाउनुहोस्).....

Annex II. Consent letter for data collection

CONFIDENTIAL

Namaste! My name is GyanPravaMainaly. I am a MA Sociology student and as a part of my study in partial fulfillment of the requirements for MA Sociology, I am conducting a research regarding knowledge about sexually transmitted infection and HIV/AIDs among married women of reproductive age. I am here for data collection for the research about knowledge of STIs and HIV/AIDs among married women of reproductive age. During this data collection, I will ask some personal information and some questions related to STIs and HIV/AIDs. All the information that you provide will be treated as strictly confidential and will be used for the research purpose only to fulfill the objectives of the study. This survey will take approximately 25-30 minutes.

It depends on your wish to participate in this survey or not. You do not have to answer any questions that you do not want to answer and you may end this interview at any time you want to. But I hope you will participate in this survey and make it a success by providing the correct answers to all the questions.

Thank You!

Are you willing to participate?

1. Yes 2. No

Signature of the interviewer.....

Signature of the interviewee.....

Date.....

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