

**KNOWLEDGE AND ATTITUDE TOWARDS STIS, HIV AND AIDS  
AMONG SECONDARY SCHOOL STUDENTS**  
( A case study of some selected secondary school of Kirtipur  
municipality of Kathmandu district)



BY  
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**RECOMMENDATION LETTER**

This dissertation entitled "**Knowledge and Attitude Towards STIs, HIV and AIDS Among Secondary Level School Students: A Case Study of Some Selected Secondary School of Kirtipur Municipality of Kathmandu District**" is prepared by Mr. Tek Raj Bhatta under my supervision and guidance for the partial fulfillment of Master Degree of Arts in Population Studies. To the best of my knowledge, the study is original and carries useful information in the field of HIV/AIDS among school students. I therefore, recommend it for the evaluation to the dissertation committee.

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## APPROVAL SHEET

This dissertation entitled "**Knowledge and Attitude Towards STIs, HIV and AIDS Among Secondary Level School Students: A Case Study of Some Selected of Kirtipur Municipality of Kathmandu District**" by Tek Raj Bhatta has been accepted as partial fulfillment of the requirement for the degree of Master of Arts in Population Studies.

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## **ABSTRACT**

This study is based on primary data, collected from secondary schools of Kirtipur municipality of Kathmandu district. There are two hundred respondents selected in grade 10 by using census method.

Most of the adolescents are still confuse about the transmission and preventives of STIs, HIV and AIDS by lack of information. So in the growing age, they can become victim of such disease. Therefore, it has become necessary to know the level of knowledge on STIs , HIV and AIDS among adolescents students. In this way, it has become growing concern at present. The selected respondents for this purpose represent all indigenous.

The main objective of this study in conducting in this area is to know the level of knowledge and attitude towards STIs, HIV and AIDS of the school student's grade 10.

Regarding the sexual transmission infection (STIs),the total respondents have heard about type of STIs and present responds have heard of type of HIV/AIDS.59 percent male and 65 percent female heard of type of STIs through syphilis and 81 percent male and 83 percent female respondents heard of the HIV/AIDS. The symptoms of STIs the highest level said respondents lost of weight and fever for more then one month. And the prevention of HIV/AIDS the majority of respondents avoid sex with multiple partners, using condom during sexual contact and using sterilized syringe.

Finally, in this study we can find the positive attitude towards HIV/AIDS infective person.

## **ABBREVIATIONS**

AIDS:	Acquired Immune Deficiency Syndrome
CBS:	Central Bureau of Statistics
CDPS:	Central Department of Population Studies
FP:	Family Planning
Gos:	Government Organization
HIV:	Human Immunodeficiency Virus
ICPD:	International Conference on Population and Department
IEC:	Information, Education and Commutation
INGO:	International Non-Governmental Origination
MOH:	Ministry of Health
MOPE:	Ministry of Population and Environmental
NCASC:	National Centre of AIDA and STDs control
NDHS:	Nepal Demo graphic Health Surveys
NFHS:	Nepal Family Health Survey
STDs:	Sexually Transmitted Diseases
STIs:	Sexually transmitted Infections
SWs:	Sex Workers
TU:	Tribhuvan University
UN:	United Nation
UNFPA:	United Nation Population Fund
WHO:	World Health Organization

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## CHAPTR ONE

### INTRODUCTIN TO THE STUDY

#### 1.1 General Background

This study examines the knowledge and attitude on STIs and HIV/SIDS among secondary level students and would provide more information on specially. Because of school going students oriented, this study collects their attitudes and information regarding on STIs and HIV/AIDS.

An adolescent is period or rapid emotional growth and development. There are formative years when the maximum physical, psychotically and behavioral change take place. Thus, this periodical considered as transitional period phase between childhood and adulthood during this period ,they need right information which help them to become responsible, to distinguish right and wrong to develop understanding power to increasing the horizon of knowledge and it also time to ensure healthy and all round development (Acharya, 2005).

The word adolescent is derived from Latin word “Adolescere”, which means.” Grow to maturity”. Adolescent is defined as the stage stage of life span during this period each individual reaches sexual maturity. It is the period of transition from puberty to maturity. Due to the rapid physical changes, adolescents become sexually active in their early age. In many countries, unmarried girls and boys have sexual relationship during this period and have a greater possibility to be attacked with human immunodeficiency virus (HIV) sexual transmission infection (STIs).

The period of early adolescents that starts after childhood is also called the puberty age. it refers to the physical rather then the behavioral changes that occur when the individual becomes sexual mature and is able to produce off spring. during this period, there is development of changes in body, changes in appearance, behaviour and changes in attitude towards sex and opposite sex (Acharya, 2005).

The adolescents are at greater risk of STIs and infection because of the lack of the information/, lack of the counseling, lack of the hygiene, risky behavior as well as ignorance. Therefore, they are needed to well information about the various diseases that are easily transmitted through unprotected sexual intercourse. Thus, sexual behavior and activity, during adolescents are the fundamental routes of STIs, HIV and

unwanted pregnancies. STIs increase the likelihood of HIV transitions considerably as well as having other reproductive health consequences such as chronic pain, infertility or life long threatening entopic pregnancies (Khanal 2006)

In Nepal, adolescents occupy 23.62 percent of total population that is quarter the population. It should be noted that for a period of nearly three deals this part of population will be bearing children. If we are curies the late of control fertility then these groups need to be targeted for the population related programme (MoPE, 2005).

International conference on population and development has recognized the special needs of adolescents and recommended for formulation of polices and programmers by addressing their needs. With following the ICPDS recommendations various countries have formulated polices and programmers. The world population 2003 was celebrated all over the world and main slogan was; “One Billion Adolescents Right to Health Information and Services.”

In Nepal, according to NDHS 2006, 73 percent of women and 92 percent of men age 15-49 have heard of AIDS. Knowledge of AIDS varies by background characteristics and this is more evident among women than men. Since over all knowledge of AIDS among men is very high, there is little difference by back ground characteristics.

## **1.2 Statement of the Problem**

Sometimes, changes are slow and silent and sometimes they are changing rapidly. During the adolescent’s period, physical, emotional, changes occur very rapidly. Adolescents start to realize that they are no more the children of living parents, but the independents persons leave the home and start struggle to live themselves. The question of career choice hunts them. They start to wonder what is bad and good. They look for specific answers to every query what they have in mend. Old orders, established values and traditions loose their appeal. Adolescents dare to different; they think their ideas are new, and innovative. They have their own views, dreams as well as vision so; they need right information which helps to hold, or more in right way. At this the question of sex education is important topic to deal with the adolescents and young which helps to increase awareness about such HIV and AIDS fatal disease as well as other STIs (Aryal, 2006).

Because of the various socio-economic, religion traditional factors, the number of adolescent's people has been in increasing rate in the involvement of sexual activity at young ages. Particularly, low income, poor socio-economic status illiteracy as well as weakness factors have been playing a great role in the involvement to adolescent's people in sexual activity. Because of involving in sexual activity at younger age, they are not fully aware on various problems, such as unwanted pregnancy as well as high risk of contracting of STIs including HIV and AIDS. Thus, the most of adolescents are made the hunter of STIs, HIV and AIDS.

Many adolescents do not feel comfortable to discuss on sexuality with parents, teachers like wise, parents health care workers and educators are frequently unwilling or unable to complete, accurate, age appropriate reproductive health information to young people who have been involving or are involving by forced or violence need of counseling information and contractive.

Finally, the adolescents are at the threshold of physical, mental and emotional change. So, a different type of felling towards heterogeneous sex arises on them. Most of the adolescents are still confuse about the transmission. So in the growing age, they can become victim of such disease. The large number of adolescents like in both city and rural areas. Therefore, it has become necessary to know the level of knowledge on STIs. In this way, it has become growing concern at present.

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

The main objectives of the study is to asses the knowledge and attitudes towards STIs, HIV and AIDS among secondary level students at some selected secondary school of kirtipur municipality of Kathmandu districts

The specific objectives are as follows.

1. To examine socio-economic and demographic characteristics of secondary level of school adolescent's students.
2. To identify the knowledge and attitudes on STIs and HIV/AIDS among secondary level of adolescents students.
3. To identify the knowledge of modes of transmission and prevent the STIs, HIV/AIDS among secondary level students.
4. To knowledge and attitudes of condom.

5. To identify the related to work of HIV/AIDS organization.

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

In Nepal, adolescents constitute more than one fifth (23.62) of the total population (CBS 2001) and the number of adolescents population will be continue to grow due to result of high population momentum. Adolescents and youth are most vulnerable group among the total population. According recent estimates of UNAIDS and WHO (HIV/AIDS, the global pandemic). Most of the adolescents are deprived of right of education illiteracy feel them get married early age with out having basic sex and health education. They start sexual intercourse and activities; before prepared, activities are the main causes of spreading STIs and HIV/AIDS.

Nepal is developing country with low economic status most people are deprived from educational opportunity; they have not sufficient knowledge about HIV/AIDS. There is not effective programme. Which can make the people aware and playing vital role to prevent from STIs and HIV/AIDS.

Generally, the adolescents are vulnerable; they have at high risk of transmission of STIs and HIV/AIDS. Because of this research is directly based on school adolescents. It will be help to know more about the level of knowledge and attitudes, views on STIs, and HIV/AIDS at some selected secondary school of kirtipur municipality of kathmandu districts. More over, it has more significance in this particular area, because of this type of studies has never been conducted.

Eventually, because of the burning issue, this has become more important. This study represents all hilly region school adolescents so, finding of this study will help the policy makers in formulating the preventive measures regarding to STIs, HIV and AIDS in similar areas of the nation. And this study will help to understand the importance of knowledge, attitudes on STIs, HIV and AIDS among school adolescent's parents and community.

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

Almost all the studies have some sort of limitation and this study has some limitation, which is mentioned as follows. Because of the short period of time resources as well as, study has some following limitation.

- This study is based on only among the students studying at grade 10.



- This study is limited on knowledge and attitude towards STIs, HIV and AIDS.
- This study is carried out among 200 respondents in some selected secondary school of kirtipur municipality of Kathmandu districts.
- Due to the school based study, it won't present out of school adolescents and population other than adolescents.

### **1.6 Organization of the study**

This study has been organized into six chapters. The first chapter deals with the introduction, which includes background of the study, significance of the study, limitation of the study and organization of the study.

The second chapter deals with the literature review of the study. The third chapter deals with the methodology. Which includes study area, nature of the study, sampling techniques, sample size, questionnaire design, data processing, editing and coding, selecting of depending and in depending variables. The socio-economic and demographic characteristics of the respondents includes in fourth chapter. Chapter five deals with the knowledge, attitude, preventive method symptoms of the STIs, HIV/AIDS and responsibility of the secondary level students towards STIs, HIV and AIDS of the respondents are presented. At last, summary, conclusion and recommendation are given in six chapters.

## **CHAPTER- TWO**

### **LITERATURE REVIEW**

#### **2.1. Preamble of HIV and AIDS**

Various stages of history in human civilization, it has witness various kind of epidemic, earthquake, natural disaster as a challenges of human race defended such kind of epidemic, earthquake, natural disaster and saved human creation since their civilization (Chaudhari, 2006:15).

AIDS took such position as an epidemic, which detected in America in 1981 and it is spread worldwide in human history. AIDS is fatal disease. HIV is a virus, which cause AIDS, spreads all parts of earth as a global pandemic and it has victimized tens of million people in the world. From 1981 to now 70 million people have been infected by HIV, almost 30 million people have been died by HIV and AIDS. By the end of 2005, worldwide there were 40.3 million people living with HIV/AIDS. There were 4.9 million people died by AIDS in 2005. Until now there were not seen such kind of pandemic which has taken life of human race (Chaudhari, 2006:15).

#### **2.2 Introduction of HIV/AIDS**

According to ICPD, the AIDS Pandemic is a major concern in developed and developing countries. WHO estimates that the cumulative number of AIDS cases in the world amounted to 2.5 million persons by mid-1993 and more than 14 million people had been infected with HIV since the pandemic began, a number that is projected with HIV since the pandemic began, a number that is projected to rise to between 30 million and 40 million by the end of the decade if effective prevention strategies are not pursued. As of mid 1993. About forth fifth of all persons ever infected with HIV lived in developing countries where the infection was being transmitted mainly through heterosexual intercourse and the number of new cases was rising most rapidly among women. As a consequence, a growing number of children are becoming orphans, themselves, the pandemic is now spreading from urban to rural areas and between rural areas and is affecting economic and agricultural production.

The objectives of ICPD are:

- (a) To prevent, reduce the spread of and minimize the impact of HIV infections; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it; to address the social, economic, gender and social inequities that increase vulnerability to the disease;
- (b) To ensure that HIV-infected individuals have adequate medical care and aren't discriminated against; to provide counseling and other support for people infected with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmers address HIV infection and AIDS;
- (c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

AIDS is the caused by a virus, HIV that can breakdown the body immune functions and lead to fatal infection. The virus disables or destroys certain kind of white blood cell that normally helps the body to fight disease. After infection most of the people have a prolonged period with out illness caused by the virus, and then they develop AIDS. Current estimates are that with in 10 years of infections at least 50 percents of HIV infected persons will develop AIDS (WHO, 1989:1).

HIV is a virus which can live only in human bearing; it is transmitted only to human body. This can live only in living human cell. It has not identification itself and not living itself. It can soared its number by entering into human cell and increase with cell along (Chaudhari, 2006:18).

“AIDS is the late stage of infection with HIV that attacks and destroys certain white blood cell essential for the body's immune defense system. When, HIV attacks the cells, the virus becomes activated and then progressively to the serious infection and other condition that characterizes AIDS” (WHO, 1991: 4 cited in Roka, 2002:75).

### **2.3 History of the HIV/AIDS Epidemic**

One of the most devastating epidemics in the human history. Since it was first recognized in 1981 in the USA. Such in unusual infection between 1983 and 1984; researchers isolated a new virus HIV. The cause of AIDS, HIV was found to be an infection agent known as retro virus. There is controversial concept of the origin of HIV/AIDS and developed four principle of origin of AIDS.

- Old Human disease.
- Generation leap of HIV from Animals to Human.
- Man made virus and
- Mutation theories.

The epidemic nearly inconceivable growth worldwide that continues unabated today (Chaudhari, 2006; PRB 2006).

### **2.4 The Routes of HIV infection into Human Body**

HIV/AIDS is a communicable disease. It is a transmitted from one person to another person by various routes. This disease does not transmit by shaking hand, using common toilet, malaria bite with infected person. This virus can be found in liquid materials in the body of infected person like: blood, semen, vaginal fluids and breast milk of human body. So it is transmitted from one infected person to another uninfected person through liquid materials (Chaudhari,2006:18) it is found that the human routes of HIV transmission (Lampthey et al. 2006; Chaudhari 2006; World Bank, 2006, and Thang et al 2002) are follows.

- Unprotected heterosexual intercourse with multiple sexual partners,
- Injecting drug use,
- Mother to child transmission,
- Men having sex with men,
- Blood and organs transmission, and
- Breast feeding.

## **2.5 Impact of HIV/AIDS**

“The global pandemic has had a profound multi sectoral impact on the structure of many nations, affecting their development and economic growth, communities household and individual” (KFF, 2006). Each year more than 3 million people have died by HIV/AIDS. The impact of HIV/AIDS has not shown only to infected person and their family but community is also affected by it. It is estimated that more than 15 million children are orphan due to HIV/AIDS in the world (Chaudhari, 2006:38)

In some country of Sub-Saharan region almost 50 percent adult population is infected by HIV and 60 percent hospitals bed are covered by HIV related illness. Most of the income is spent for HIV infected peoples health in this region. Life expectancy also decreased from 71 years to 39 years in some country of Sub-Saharan region. Most of the adults aged 15-49 died by HIV/AIDS and the number of old aged and child population is high in this region. Decreasing income and increasing illness has been increasing poverty and poverty has started to increase the fear of contracting HIV/AIDS in the Sub-Saharan region (Chaudhari 2006:38).

“The education factor is also threatened as AIDS claims the lives of teachers and contributes to serious teacher shortage in several African countries. AIDS also weakens the education sector through its impact on school attendance and enrollment among children attached by HIV/AIDS” (KFF, 2006). Many of the nations which are highly affected by HIV/AIDS also suffer from malnutrition, shortage of food (famine) and food in security. These challenges are inter related with HIV/AIDS, each intensifying and complicating the effect of the other (KFF, 2006).

## **2.6 Treatment of HIV/AIDS**

“On first December 2003, WHO and UNAIDS announced that detailed plan to reach the “3 by 5 target” of providing ART to 3 million people living with HIV/AIDS in the developing countries by the end of 2005. it is the vital step towards the ultimate goal of providing universal access to treatment for HIV/AIDS to all those who need it. The `3 by 5` target will focus on simplified standardized tools to deliver ART; a new services to ensure an effective reliable supply of medicines and diagnostic; rapid identification, dissemination and application of new knowledge and successful strategy; urgent sustainable support to countries, and global leadership backed by

strong partnership. It is estimated that approximate 5.5 billion US \$ will be required for this purpose” (Park, 2005; 272).

“The most successful national treatment programme in developing countries is in Brazil’s treatment programme demonstrates the importance of political commitment of huge recourses has certain worked for Brazil a middle income country but also most developing countries not able to provide free treatment for every one in needs” (Lampetx et al; 2006:16).

## **2.7 Knowledge of the HIV/AIDS in the Global Epidemic**

Acquired Immune Deficiency Syndrome has killed more than 25 million people since it was first recognized in 1981 (UNAIDS, 2005). In the summer of 1981, the first case of HIV/AIDS was reported in United State of America, which is now spread worldwide and has been killing much more human life up to now (Belsey, 2005:2). Now, UNAIDS esteemed that there were fewer than 200000 people living with HIV/AIDS in1980’s that number increased to 3 million by the mind 1980’s and to nearly 8 million by the end of 1980;s (Lampetey et al; 2002:9).

By the end of 1999,UNAIDS esteemed that there were 33.6 million people living with HIV/AIDS.PLWHA in the world accede 40 million by the year 2003 and now it has reached 40.3 million, estimated by UNAIDS and WHO (Lampetey et al; 2006:1). At least 40 million people are now living with HIV. An estimated 4.9 million people were newly infected with HIV in 2005, 95 percent of them in Sub-Saharan Africa and Eastern Europe or Asia.

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

## **2.8 Knowledge of AHIV/AIDS in ASIA**

By the end of 2005 there are 8.2 million people infected with HIV in Asia, among them 30 percent are women. There are 1.1 million people newly infected with HIV 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 seconds 1 new people have been infecting with HIV. Similarly, everyday 1,424 people every hour 60 people, every minute one person have been dying by HIV/AIDS in Asia (Chaudhari 2006:28).

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. In India, everyday 1,650, every hour 68 and every minute more than one person have been newly infecting with HIV/AIDS (Chaudhari, 2006:29)

In Asia mainly in south Asian countries, increased poverty, famine, unemployment, illiteracy, unawareness, social tradition, values and norms religious believes, gender discrimination, negative concept towards HIV/AIDS, negative behavior among HIV infected people etc can play the vital role to increase the potentiality of spreading HIV pandemic ( Chaudhari, 2006:29).

Cambodia has highest (1.9 percent) HIV prevalence rate in Asia which comprises 1.8 percent for male and 1.5 percent for female aged 15-49 years, followed by Thailand, Myanmar and India (UNFPA, 2006). HIV/AIDS took later in Asia than in most other region, but large sex industries and injecting drug trade favored its rapid spread (Lampthey et al.2006:12)

HIV infection level is an Asian country comparatively lower than other countries. Nevertheless, in some Asian countries are very much suffered by this disease. In the context of Asian countries, 8.2 million people were living with HIV at the end of 2005. Asian countries can be divided into several categories; according to the epidemic prevalence. While some other countries such as, Cambodia, Myanmar, and Thailand are just in starting phase and starting rapid experience of epidemic such as, Indonesia, Nepal, Vietnam and several province of china. Moreover, some countries including Bangladesh, East Timor, Laos, Pakistan and Philippines are experience extremely low level of HIV prevalence (Khanal 2005).

HIV prevalence is also rising rapidly in many parts of eastern and southern Asia. China and India will see millions of additional infections unless they effectives, large-scale prevention programme (PRB, 2006).

## **2.9 Knowledge on the HIV/AIDS in SAARC Countries**

In this region India has highest prevalence rate of HIV, which comprises 1.3 percent for female aged 15-49 (UNFPA, 2006), India has the highest number of people living with HIV/AIDS in almost all the years. In 2003, UNAIDS estimated that 5.3 million people were living with HIV/AIDS which number was increased to 5.7 million in 2005. in Nepal it was estimated that 62000 people were living with HIV/AIDS in 2003 which increased to 75000 by the end of 2005. Other countries are Pakistan, Bangladesh and Sri Lanka which have 56, 000, 7,500 and 4,700 in 2003 which increased to 85,000, 11,000, and 5,000 in 2005 respectively.

In this region adult HIV prevalence rate for male and female aged 15-49 are 1.3 and 0.8 in India, 0.8 and 0.2 in Nepal and less than 0.1 in Pakistan respectively.

## **2.10 Knowledge of HIV/AIDS in Nepal**

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

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

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



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

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

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

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

## **2.11 The HIV/AIDS Situation in Nepal**

Adolescence is the most important period of human life for development. In this period, boys and girls move from childhood to adulthood; physically, mentally, emotionally and socially. An adolescent is the period of physical, psychological and social maturing from child hood to adulthood. Adolescents are between 10 to 19 years of age. In Nepal adolescents constitute more than one fifth (23.62) of total population (CBS, 2001) and the number of adolescents population will continue to grow due to result of high population momentum. Adolescents and youth are most vulnerable group among the total population, according to recent estimates of UNAIDS and WHO (HIV/AIDS, The global pandemic).

At that time, they attract opposite sex and try to pre-marital sexual relationship. It has been observed that when adolescents become sexually active they

tend to have multiple partner and use condoms and other contraceptives inconsistently. Furthermore, younger women are more vulnerable to forced sex and sex an exchange for gifts and money with increasing risk of contracting STIs including HIV/AIDS (Ashford, 2001). In context of Nepal young people bear adolescents special burden in the HIV/AIDS pandemic. Nearly one-third of these currently living with HIV/AIDS are aged 15-24. Adolescents are more vulnerable than adults to unplanned pregnancy, STIs and HIV/AIDS (Pathak, 2006, PAN, vol.12). ICPD states the importance of addressing ASRH and rights issue and promoting responsible SRH behavior (UN, 1994). Most of adolescents are deprived by right of education .Illiteracy feed them get married early age without having basic sex and health education. They start sexual intercourse and activities; before being prepared, sexual activities are the main causes of spreading STIs and HIV/AIDS. In most of the Nepalese adolescents particularly in the school age has to face pressure to engage in sexual activities. Adolescents girl having lower economic condition are especially vulnerable

Adolescent in developing countries like Nepal have high risk of STIs and HIV/AIDS because there are problems of early marriage, unwanted pregnancies, spreading HIV/AIDS and other STIs. Actual information about sexuality, STIs and HIV/AIDS is one of the problematic jobs because Hindu religion prohibits them to talk about their adolescent behavior only. Religion predominately prohibited to different sexes to be exposed before marriage. A problem of uninformed and unprotected adolescent sexual activity is the increased exposure to STIs including HIV/AIDS. Adolescent of rural areas are less informed about sexuality, STIs and HIV/AIDS and also they cannot talk openly about it. Less number of adolescents participates in such activities because most of them hesitate to talk about sex and sexuality.

Adolescents especially those age 15 to 19 years are believed to engage in high level of unprotected sexual activity both with in and out side marriage leaving them exposed to risk of unplanned and unwanted pregnancy and contracting STIs including HIV/AIDS (WHO, 1997).

AIDS has killed more than 2.9 million people since it was first recognized in 1981 in America, making it one of the most destructive epidemics in recorded history .Despite recent improved access to antiretroviral treatment and care in many regions

of the world. Nearly 40 million people were living with HIV/AIDS in the world out of total HIV infected people 95 percent are from Sub-Saharan Africa, Eastern Europe and Asia. In Southeast Asia, 74,000 are living with HIV/AIDS and 48,000 have died from the AIDS (PRB, 2006).

HIV/AIDS recognizes no barrier and does not discriminate among nations. All countries and societies are vulnerable AIDS can strike people at any age children and young adult , the ones still waiting to be born and the elderly . It threatens both: rich and poor, the educated and illiterate, those living in cities and those living in village (WHO, 1997).

In the International Conference on population and development (ICPD, 1994) much concern was expressed about the importance of life cycle of adolescence, the powerfully formative time of transition to adulthood. What happens to the individuals during these periods shapes how they will live their adult lives in reproductive areas as well as in the social and economic realm. ICPD was especially concerned over the vulnerable reproductive health status of adolescents, particularly females between 15-19 years, partly due to their changing demographic and sexual behavior (ICPD, 1994).

Recent behavioral data indicate the increasing vulnerability of young people to HIV/AIDS as the generational and cultural gap between emerging new values, norms, knowledge and independence on the side of adolescents and the values and norms on the older generation is widening. Girls with their traditionally lower social status some times have knowledge about STIs and HIV/AIDS but no access to means of protection. Adolescents' period is "milestone" for every one. This is a time of preparation for under taking greater responsibility. Adolescents health is one of the out come of several factors such as socio-economic status, environment in which they live and they grow could guidance of families/community. As recognized by ICPD adolescents have particular health needs that differ in important ways from those of adolescents and stress that gender equity is an essential component of efforts to meet their needs. The reproductive health is quite important because it lays the foundation for our demographic future.

In 1994, the ICPD stress the importance of adolescence to sexual and reproductive health through out the life cycle. The 1999 special session of General Assembly, ICPD +5 recognized the bright of adolescents to the highest attainable standards of health provision of appropriate, specific, uses friendly and accessible

services to address effectively their reproductive and sexual health needs including reproductive health education counseling and health promotion strategies.

In the context of Nepal, the case of HIV was identified in July 1988 only four people were infected from the HIV. The increase rate of HIV positive was low by late 1996. In 1996 this number reached to 135. After one year in 1997 this number rapidly rose to 489. In the year of 2004, 1282 people were infected with HIV positive. By the end of 2005, more than 950 cases of AIDS and over 5,800 cases of HIV infection were officially recorded. By the end of March 2007, this number of AIDS infection rose to 1293 out of 9043 number of people living with HIV around the country (NCASC, 2006). Nepal is facing increasing HIV prevention among high risk groups such as, commercial sex workers, injections drug users (IDU). Men who have sex with men (MSM), and migrants. Nepal has the low prevalence rate of HIV and AIDS (0.5%), however, some of the groups like sex workers clients of sex workers, intravenous drug users, both rural and urban area, migrants workers, the prevalence rate is higher (NCASC, 2006). UNAIDS estimated that 75,000 people were living with HIV at the end of 2005. The infection by HIV/AIDS of male population in Nepal (NCASC, 2006).

According to Ministry of Health and Population, National Centre of AIDS and STD Control (NCASC) cumulative HIV/AIDS situation of Nepal as of June 2008 (in June, 2008) shows the following table.

Condition	Male	Female	Total	New Cases of This Month
HIV positives (Including AIDS)	7999	3836	11835	334
AIDS (Out of the total HIV)	1345	539	1884	93

Source: NCASC, 2008.

Cumulative HIV infection by sub-group and sex

Sub-groups	Male	Female	Total	New cases in This Month
Sex Workers (SW)	3	746	749	10
Clients of SWs/STD	5280	104	5384	145
Housewives		2660	2660	112

Blood or Organ recipients	23	9	32	0
Injecting Drug Use	2193	42	2235	33
Men having Sex with Men (MSM)	57		57	10
Children	393	258	651	24
Sub-group NOT identified	50	17	67	0
Total	7999	3836	11835	334

Source: NCASC, 2008.

\*\* Mode of Transmission- IDUs or Sexual

Cumulative HIV infection by age group and sex

Age groups (Year)	Male	Female	Total	New Cases in This Month
0-4	160	89	249	11
5-9	182	130	312	10
10-14	63	44	107	3
15-19	234	240	474	3
20-24	1107	709	1816	30
25-29	1855	924	2779	69
30-39	3267	1283	4550	142
40-49	921	342	1263	47
50+above	210	75	285	19
Total	7999	3836	11835	334

Source: NCASC, 2008.

Cumulative death: 486

New death in Jestha 2065:6

## 2.12 National Response to HIV/AIDS

In 1998, the government of Nepal launched the first national AIDS prevention and control programme. In 1995, a national policy was adopted by the MOH, emphasizing the importance multisectoral involvement with high priority for STIs prevention and control. It also introduced the programme for coordinating, monitoring and evaluation, promotion actions for safe practices, counseling and service to people

living with HIV/AIDS provisions were made for reducing discriminatory practices and stigma against people living with HIV/AIDS (World Bank, 2006).

The main governmental agency responsible for HIV/AIDS and STIs is the national centre for AIDS and STD control (NCASC) under the ministry of Health and Population (MoHP). “The structure of NCASC divides responsibility for dealing with the disease into three main sections. The technical section is responsible for surveillance, technical assistance, research, planning supervision and evaluation of health workers. The STD section concentrates on control of STDs including infections with HIV and has responsibility for condom promotion. The preventive section has sub section to address IEC, training, counseling and NGO coordination. However, this will change as the newly endorsed national HIV/AIDS strategy plan envisages a restructuring of NCASC” (UNAIDS, 2004:12).

The government of Nepal has established National AIDS council (NAC) chaired by the prime-minister, national AIDS coordination committee, chaired by the minister of health. At present “National HIV/AIDS strategies 2002-2006” has been adopted as an expanded response to HIV/AIDS epidemic. The overall objectives of this strategy for HIV/AIDS is to contain the HIV/AIDS epidemic in Nepal. The National strategy aims to expand the number of partners involve in the national response and to increase the effectiveness of the response (UNAIDS 2004:13).

“Several organization including government, NGOs and INGOs are currently working for the prevention and control of STDs and HIV/AIDS in Nepal. The activities of these organization, among other, include out reach communication and advocacy programs to people in general and vulnerable groups in particular cross-border initiatives targeted at the migrant workers making condoms accessible through retail and other outlets and promoting their use providing rehabilitation and counseling to the sex workers, capacity building of health professionals for STD and HIV/AIDS case, conducting regular sentinel surveillance, providing clinical services and programs aimed at raising the quality of and increasing accessibility of STDs treatment and HIV care services” (New ERA, 2003 and MoH, 2002 Cited in Acharya, 2005:32-33).

The 3<sup>rd</sup> National AIDS Conference started with a huge turnout of participants on July 4, 2008. The Honorable Health minister inaugurated the event. More than one thousand four hundred people registered while the expectation was approximately 1000. The Regal hall was packed full of people with some people having to stand and watch the event. The evening inauguration was colorful, lively and had the right blend of speakers and cultural events. The speakers were also balanced in terms of gender and sector.

The conference logistic is being supported by 35 volunteers. Their hard work and dedication helped facilitate the conference events. They helped you register. They helped set up the rooms, were alert to gaps that needed to be filled throughout the day. If across any volunteer, please don't forget to thank them for their hard work.

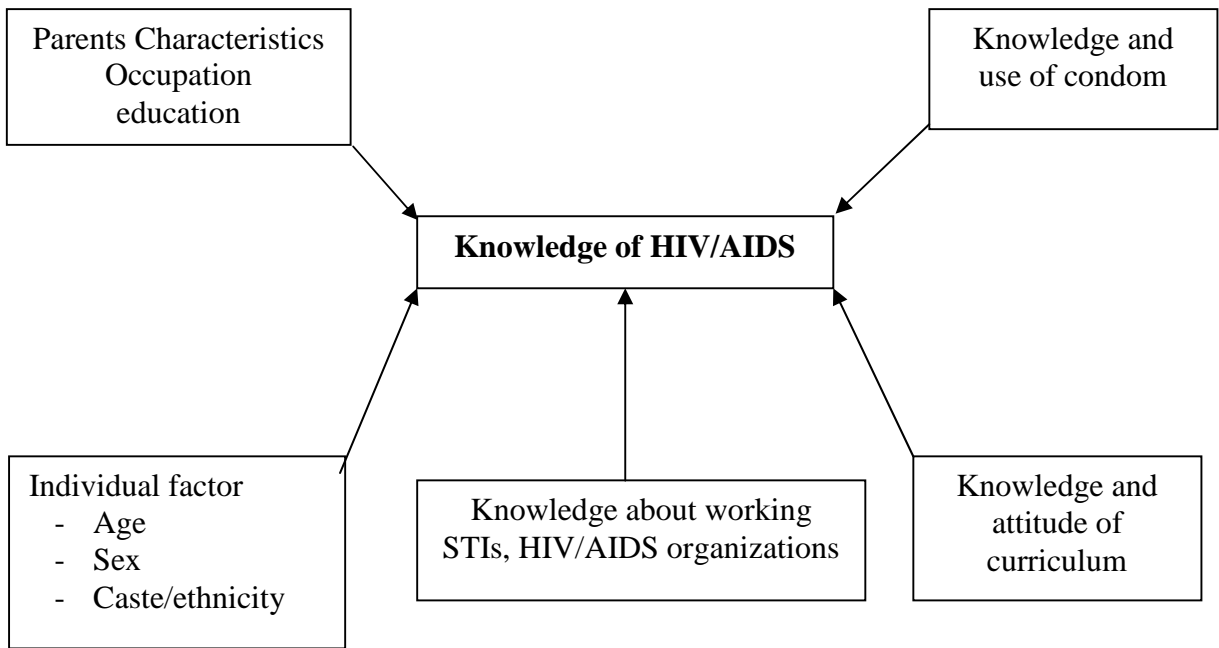
The HIV/AIDS epidemiology is changing. There is a need for the program to change according to these changes.

- Children's issues need to be addressed.
- Stigma still exists. There is need to overcome this through a multi-sector approach.
- The existing national response to increase universal access has to be integrated and strengthened.
- ART services should be scaled up with assurance of technical quality.

### **2.13 Conceptual Framework**

The following conceptual framework, which is made on the basis of above review of literature, helps to analyze the knowledge and attitude of context of HIV/AIDS among secondary level students. In general knowledge, attitudes, practices and beliefs of any one is influenced by socio economic and demographic factor and level of education. Besides, the knowledge is determined by other factors like knowledge about organizations working against HIV/AIDS, knowledge and attitude towards health curriculum, knowledge to use of condom.

### Conceptual frame work of the study





## **CHAPTER THREE**

### **METHODOLOGY**

This chapter focuses on methods, tools and techniques and the procedures that I used for the data collection, compilation and analysis. This study is based on field survey. The aim of this study is how to get information related to the level of knowledge and attitude on STIs, HIV and AIDS among school adolescents. This is carried out completely on the basis of primary data and consist of selection of Study area; Nature of data; Sample technique; Sample size; Questionnaire design; Data processing, editing and coding and operational definition of the variables.

#### **3.1 Study Area**

This study has been carried out at some selected secondary school of Kirtipur municipality of Katmandu district. The study area has been purposively selected the study was conducted in Kirtipur municipality of Katmandu district. This municipality has some more remarkable important over the educational attainment. According to the 2001 census the total population of this municipality is 40835. out of this male is 21686 and female is 19149.

#### **3.2 Nature of Data**

This study is preliminary based on the primary data, as main source of information. To draw the reliable and acceptable finding of the research questions, primary, two types of data, primary and secondary are used in this study. The primary data collected from the survey in June 2008. Secondary data used in this study were collected from the various national international annual reports, newspaper bulletins and previous dissertations published by government and non-government organization. Questionnaire were prepared and interviewed to the sample of target population. The finding of this study are mainly based on primary data (field survey). The primary data that is qualitative and quantitative in nature were collected directly from the respondents, under study population by means of interview, questionnaire and observation methods.

#### **3.3 Sampling Technique**

In this study, generally census method is used in some selected five schools and other Bishwa Rastrya Secondary School is used systematic random sampling

(SRS) method is used. All of the respondents are involved in the survey that is presented in the time of survey in the school. In the last school I wanted some girl and some boys so I selected randomly method in that school of my field study.

### 3.4 Sample Size

The sample size of these studies two hundred respondents and these selected respondents were selected by using census method. Respondents were selected from grade 10 only. From 10 grade were selected after then 100 boys and 100 girls were taken as sample.

**Table 3.1: Distribution of the Respondents by Sample Size (in number)**

S.N.	Name of the School	Class	Boys	Girls	Total
1	Bal Kumari Secondary School, Kirtipur	10	6	12	18
2	Bishwa Rastrya Secondary School, Kirtipur	10	14	10	24
3	Baisnabi Secondary School, Kirtipur	10	17	12	29
4	Bag Varrab Secondary School, Kirtipur	10	12	14	26
5	Jana Sewa High Secondary School, Kirtipur	10	25	21	46
6	Mangal High Secondary School, Kirtipur	10	26	31	57
			100	100	200

Source: Field Survey, 2008.

### 3.5 Questionnaire Design

Most of the question were pre coded and some open ended question were used to know their attitude before going field, making all the question was checked by supervisor. By following the suggestions of supervisor some question were modified and finalized them for getting reliable information from the selected respondents. Including the questionnaire socio economic and demographic characteristics of the are mainly focused. The total questions included questionnaire can be divide in to four types are as follows.

- 1 Individual and household characteristics of respondents.
- 2 Knowledge on STIs, HIV/AIDS.
- 3 Knowledge on condom.

- 4 Knowledge on HIV/AIDS working organization and decreasing epidemic of HIV/AIDS (See appendix –I: Questionnaire).

### **3.6 Data Processing, Editing and Coding**

After completed the field survey, all the field questionnaire were collected, checked and edited to find out whether there were mistake or not in skipping and other type of errors systematically. Questionnaires were entered into computer after finishing coding and editing. After cleaning data was transferred in to statistical package for social science (SPSS) for further processing and analysis. Frequency tables, cross tables are not major output of the analysis. Data analysis is simply based on the descriptive form. The necessary information has been extracted from the output of computer software d base programme.

### **3.7 Operational definition of the variables**

- Age of the respondents: this refers the completed age of the respondents at the time of taking interview.
- Sex of the respondents: the respondents' gender will be categorized as male and female.
- Materials status of respondents: this is also categorized in two forms. They are married and unmarried.
- Caste/ethnicity of respondents: caste ethnicity groups were included.
- Family size of respondents: as per this question two boxes had been provided to enter the number of their family member.
- Education of the parents: it refers higher ever level of the educational attainment by the parents of respondents.
- Occupation of parents:

## CHAPTER FOUR

### DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

#### 4.1 Background

For the fulfillment of the research objectives, various demographic and socio-economic background characteristics of the respondents need to be explained so that analysis of the research questions can be presented in most of the demographic research.

#### 4.2 Household Characteristics

In this sub-section, the household background of the respondents is aimed to collect, including household characteristics, family size, father's education, father's occupation, mother's occupation and facility available in the household are important. The variable regarding household characteristics were included in this sub-section of questionnaire.

##### 4.2.1 Family Size

Including this question, it has been categorized into three stage, the below table no 4.1 entails that the majority of respondents reported that their family size 5-7 and about 57.0%, 3-4 family size 33.0% and 8 above family size 10%. The following table shows clear about family size of the respondents

**Table 4.1: Distribution of Respondents According to the Number of Family Size**

Number of family size	Frequency	Percentage
3-4	66	33.0
5-7	114	57.0
8+	20	10.0
	200	100

Source: Field survey, 2008.

#### 4.2.2 Distribution of Respondents by Father's Education

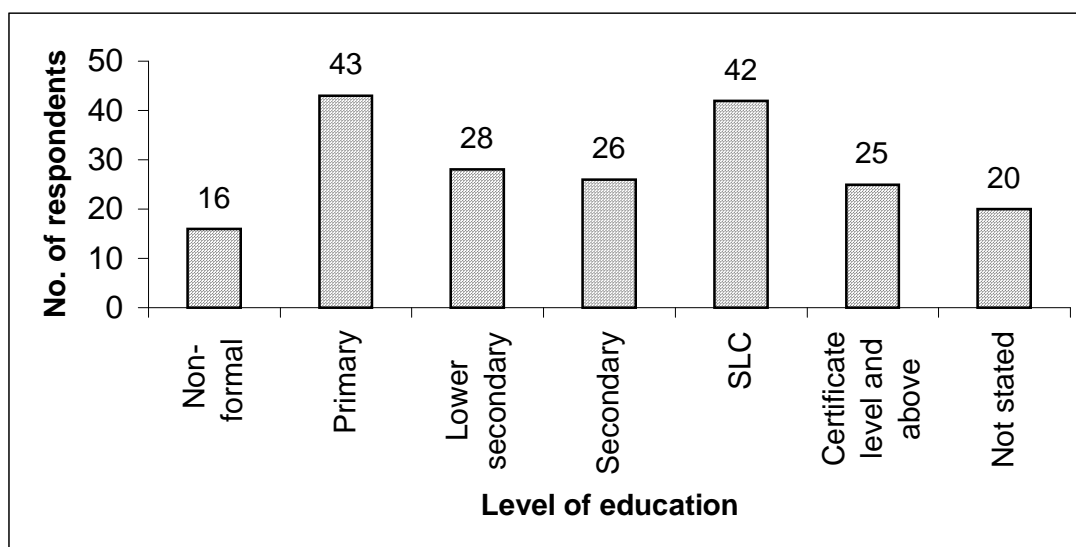
**Table 4.2: Distribution of Respondents by Father's Education**

Level of education	Frequency	Percentage
Non-formal	16	8.0
Primary	43	21.5
Lower secondary	28	14.0
Secondary	26	13.0
SLC	42	21.0
Certificate level and above	25	12.0
Not stated	20	10.0
Total	200	100.0

Source: Field survey, 2008.

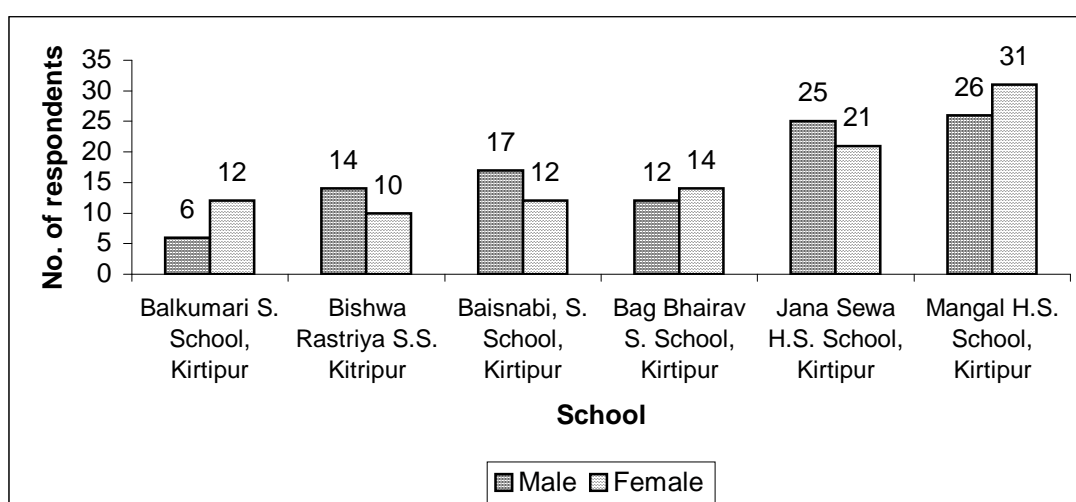
The above table shows that higher percentage 21.5 percentage of primary education of respondents father, 21 percent of the respondents father and lowest level of education of respondents father of non-formal percent 8.0.

**Figure No. 4.1: Level of Education**



The above figure shows that the highest respondents of Mangal HHS, Kirtipur (57) the percent 28.5% , such as 23 percent of respondents of Jana Sewa HHS, 14.5 percent of Baishnabi School. Finally the lowest level of respondents in Bal Kumari S. School of 9%.

**Figure No. 4.2: Schoolwise Distribution of Respondents**



#### 4.2.3 Distribution of Respondents Fathers' Occupation

This can be taken as an important variable that play a vital role in determining the level of knowledge on STIs, HIV and AIDS about their father's current holding occupation. The father's occupational status directly affects on gaining the emerging information to their children. Which presented in their following table.

**Table 4.3: Distribution of Respondents Fathers' Occupation**

Occupation	Frequency	Percentage
Agriculture	40	20
Service	45	22.5
Business	47	23.5
Not stated	17	8.5
Other (Foreign employment, labour)	51	25.5
Total	200	100.0

Source: Field survey, 2008.

According to table 4.3 clear that occupation of the agriculture 20 percent, service 22.5 percent, business 23.5 percent, not stated 8.5 percent and others 25.5 percent.

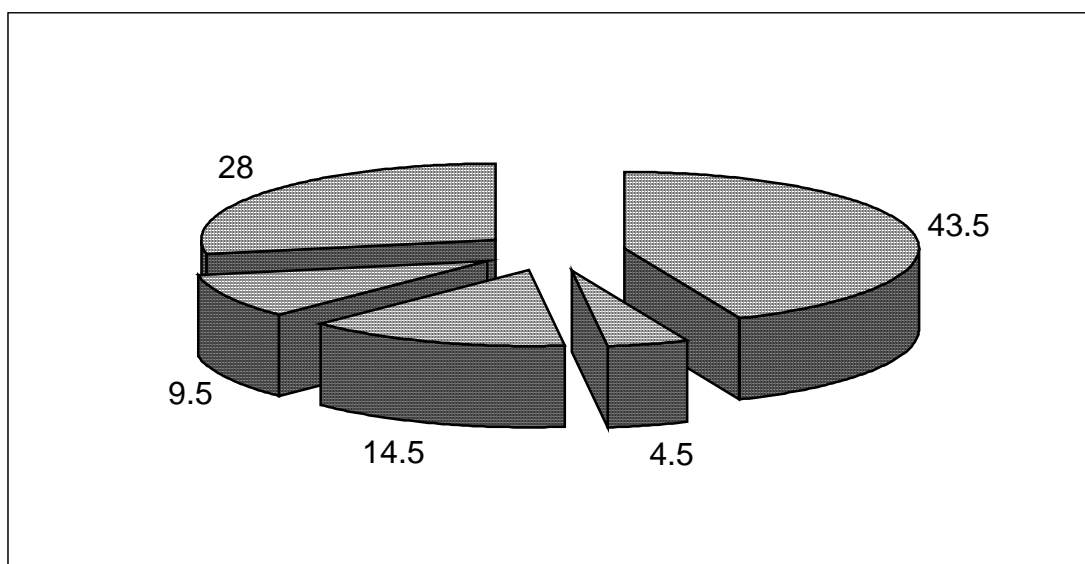
#### 4.2.4 Distribution of Respondents by Mother's Occupation

**Table 4.4 : Distribution of Respondents by Mother's Occupation**

Level of education	Frequency	Percentage
Agriculture	87	43.5
Services	9	4.5
Business	29	14.5
Not stated	19	9.5
Other (HH work, daily wage)	56	28.0
Total	200	100

The above table 4.4 shows that most of the respondents mother are involved in agricultural occupation, similarly business and service are the second and third major occupations of respondents mother's. Out of the total respondents, 43.5 percent of the respondents mothers are involved in agriculture, 14.5 percent in business, 4.5 in service, 9.5 in not stated and 28 percent in other occupation of respondent's mother.

**Figure No. 4.3: Distribution of Respondents Mother's Occupation**



#### 4.2.5 Distribution of Facilities by Sex

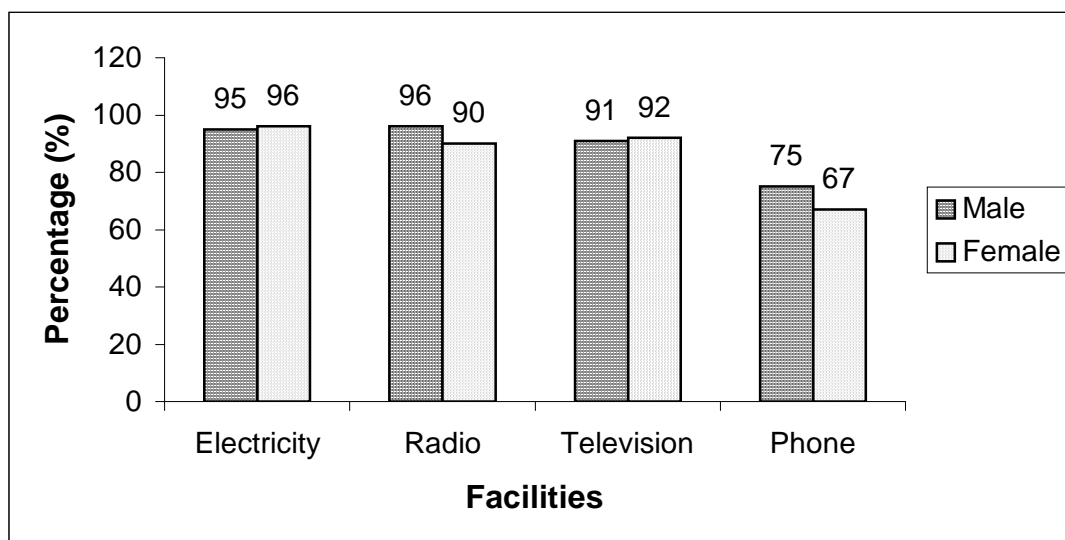
**Table 4.5 : Distribution of Facilities in the Household by Sex**

Facility in the Household	Boys		Girls	
	Yes	No	Yes	No
Electricity	95.0	5.0	96.0	4.0
Radio	96.0	4.0	90.0	10.0
Television	91.0	9.0	92.0	8.0
Phone	75.0	25.0	67.0	33.0
Other (Freeze, computer)	9.0	91.0	21.0	79.0

Source: Field Survey, 2008.

Table 4.5 shows that radio is the main source of the information in the study area and of boys respondents and television is mainly source of information of girl respondents. 95% boys respondents household faculties of electricity and 96 percent respondent household faculties have electricity. 75 percent boys respondents have phone and 67 percent girl respondents have phone facility of house hold shows the above table.

**Figure No. 4.4: Facilities Available in the Household**





### 4.3 Individual Characteristics of the Respondents

There were various types of variables included in questionnaire in order to examine the socio-economic characteristics of respondents as well as to find out what the relationship in between dependent and independent variables and defining various were used to collect more information of respondents characteristics.

#### 4.3.1 Age Group of the Respondents by Sex

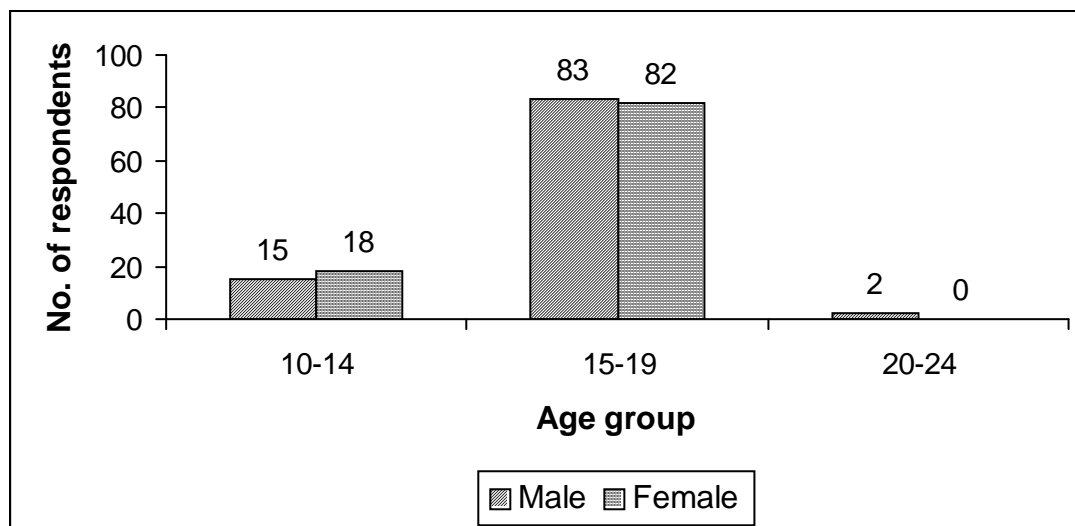
Sex of respondents is one of the key factors, which helps to know the level of knowledge and attitude on STIs and HIV/AIDS.

**Table 4.6: Distribution of Respondents Age Group by Sex**

Age group of the respondents	Boys		Girls		Total	
	Number	Percent	Number	Percent	Number	Percent
10-14	15	15	18	18	33	33
15-19	83	83	82	82	65	65
20-24	2	2	0	0	2	2
Total	100	100	100	100	100	100

Source: Field survey, 2008.

**Figure No. 4.5: Distribution of Respondents Age Group by Sex**



#### 4.3.2 Caste/Ethnicity of the Respondents

The respondents were selected from different caste of communities. The following table gives more information on caste of the respondents.

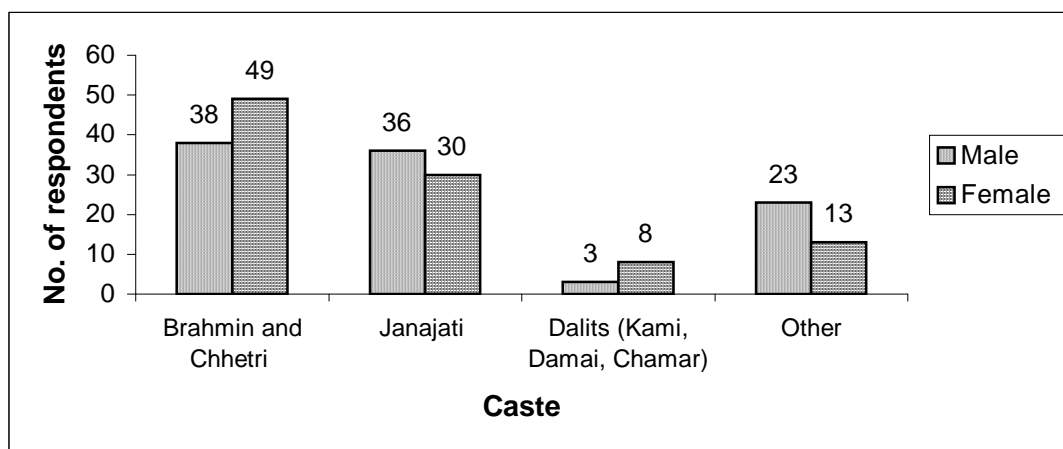
**Table 4.7: Distribution of Respondents Caste/Ethnicity by Sex**

Caste of the respondents	Boys		Girls		Total	
	Number	Percent	Number	Percent	Number	Percent
Brahmin and Chhetri	38	38	49	49	87	43.5
Janajati	36	36	30	30	66	33.0
Dalits (Kami, Damai, Chamar)	3	3	8	8	11	5.5
Other	23	23	13	13	36	18.0
Total	100	100	100	100	200	100.0

Source: Field survey, 2008.

According to table 4.7, there is 38 percent boys respondents of Brahmin and Chhetri caste and 38 percent of girl respondents of Brahmin and Chhetri caste. Janajati 36% boys and 30 percent girl, total Janajati 33 percent according to this table. Dalit only 5.5 according to this table and 18 percent respondents of other caste according to this table.

**Figure No. 4.6: Distribution of Respondents Caste/Ethnicity by Sex**



#### 4.3.3 Distribution of the Respondents by Religious

**Table 4.8: Distribution of the Respondents by Religious**

Respondents	Number	Percent
Hindu	180	70.0
Buddhist	12	6.0
Islam	1	0.5
Christian	2	1.0
Other	5	2.5
Total	200	100.0

The above table 4.8 shows that the majority of the respondents are from Hindu religion with 90.0 percent followed by Buddha with 6.0 percent, Christian with 1.0 percent, Islam with 0.5 percent and other religion with 2.5 percent.

#### 4.3.4 Distribution of Respondents Heard about STIs by Sex

**Table 4.9: Distribution of Respondents Heard about STIS by Sex**

Heard about STIs	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Syphilis	59.0	41.0	65.0	35.0	100
Gonorrhoea	24.0	76.0	17.0	83.0	100
HIV/AIDS	81.0	19.0	83.0	17.0	100
Not stated	6.0	94.0	2.0	98.0	100
Others (Sujak)	3.0	97.0	3.0	97.0	100

Source: Field survey, 2008.

#### 4.3.5 Marital Status

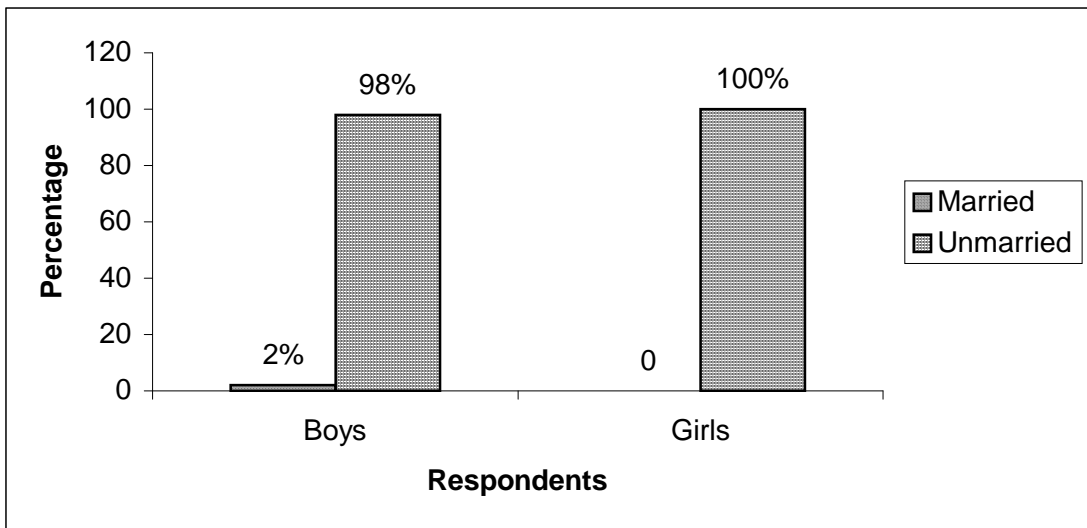
Marital status is open of the major factors for the research perspective because it helps to obtain very reliable information on behavioral question. In total, 198 number of the total respondents are unmarried and only two respondents are married.

**Table 4.10: Distribution of the Respondents by Marital Status**

Marital Status	Boys		Girl		Total	
	No.	Percent	No.	Percent	Number	Percent
Married	2	2.0	0	0.0	2	2
Unmarried	98	98.0	100	100.0	198	198
Total	100	100.0	100	100.0	200	100

Source: Field survey, 2008.

**Figure No. 4.7: Distribution of the Respondents by Marital Status**



## CHAPTER FIVE

### KNOWLEDGE AND ATTITUDES ON STIS, HIV AND AIDS

This chapter deals with the knowledge and attitude on STIs and AIDS of the school adolescents of some selected secondary school of Kirtipur Municipality of Kathmandu district. Knowledge on STIS, HIV and AIDS is the major objective incorporated in this study. Data on nominal knowledge on STIs, HIV and AIDS have been analyzed by the background characteristics such as age, sex, occupational status of parents of respondents, and level of education and so on.

#### 5.1 Knowledge on STIs

The knowledge about sexually transmitted infection (STIs) is measured in terms of several variables such as; age, sex, caste/ethnicity etc. It is examined whether respondents have knowledge about it or have not. After examining this problem then knowledge about systems, transmission and prevention have been measured on the basis of age, sex, caste/ethnicity etc.

##### 5.1.1 Heard of STIs

At first, the selected respondents were asked "Have you ever heard about STIs?" In this case 88 boys respondents and 86 girl respondents said 'yes' and 12 boys respondents and 14 girl respondents said 'No' respectively. It is given in following table.

**Table 5.1: Distribution of Respondents by Heard of STIs**

Heard of STIs	Respondents				Total
	Boys		Girl		
	Yes (%)	No. (%)	Yes (%)	No (%)	
	88.0	12.0	86.0	14.0	100
Total	100.0		100.0		

Source: Field Survey, 2008

### 5.1.2 Respondents Heard of STIs by Age Group and Caste/Ethnicity

**Table 5.2: Distribution of Respondents by Heard of STIs by Age Group and Caste**

Age Group	Heard about STIs		Total
	Yes (%)	No (%)	
10-14	87.9	12.1	33
15-19	86.7	13.3	165
20-24	100.0	0.0	2
Caste/Ethnicity			
Brahmin and Chhetri	42.5	43.5	87
Janajati	35.1	33.0	66
Dalit (Kami, Damai, Chamar)	5.2	5.5	11
Other	17.2	18.0	36
Total	100.0	100.0	200

Source: Field Survey, 2008.

According to above table (5.2) shows that 10-14 age groups respondents 33, such as heard about STIs 87.9% respondents said 'yes' and 12.1% respondents said 'No' in that age group. Next age group 15-19 respondents said 86.7 % 'yes' and 13.3% said 'No'. In last age group 10-24, in this age group's respondents hundred percent respondents said 'yes'.

According to caste heard about STIs in above table shows that, Brahmin and Chhetri respondents total 87 given that heard about STIs 42.5% respondents and 'Yes' and 43.5% of respondents said 'No'. Janajati total respondents 66 given that 35.1 % percent respondents heard about STIs said 'yes' and 33.0% respondents said 'No'. Total Dalit respondents 11, given that 5.0 respondents heard about STIs said 'yes' and 33.0 percent respondents said 'No'. Total Dalit respondents 11, given that 5.0 percents heard about STIs said 'yes' and 5.5 percent of respondents said 'No'. 36 respondents have other cast who said about STIs 17.2 percent 'yes' and 18.0% said 'No'.

**Table 5.3 Distribution of the Respondents by Heard of STIs by Sex**

Heard about type of STIs	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Syphilis	59.0	41.0	65.0	35.0	100
Gonorrhea	24.0	76.0	17.0	83.0	100
HIV/AIDS	81.0	19.0	83.0	17.0	100
Not stated	6.0	94.0	2.0	98.0	100
Other (Sujak)	3.0	97.0	3.0	97.0	100

Source: Field Survey, 2008.

Above table, 5.3 clearly shows that the majority of the HIV/AIDS heard about type of the STIs. 81% boys respondents said 'yes' and 19% said 'no' , So 83% girl respondents said 'yes' and 17% said 'no' about heard about type of STIs. so, that 59% and 65% said 'yes' boys and girl respondents respectively. This table shows that 59 percent boys respondents said 'yes' heard about the type of the STIs and 65% said 'yes' girl respondents about heard the type of STIs. The respondents lowest level of heard about the type of STIs about Gonorrhea.

**Table 5.4 Distribution of Respondents by Knowledge on Transmission of STIs by Sex**

Heard about type of STIs	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Sexual contact with multiple persons	78.0	22.0	75.0	25.0	100
Infected mothers to foetus	72.0	28.0	68.0	32.0	100
Infected blood transaction	71.0	29.0	65.0	35.0	100
Living together with infected person	9.0	91.0	3.0	97.0	100
Hand shake with infected	3.0	97.0	3.0	97.0	100
Not stated	0.0	100.0	2.0	98.0	100

Source: Field Survey, 2008.

The above table (5.4) shows the majority transmission of STIs sexual contact with multiple partner 78.0 said 'yes' the boys respondents and 75% 'yes' the girl respondents respectively. Given that 72.0 percent said 'yes' of boys respondents and 68.0 percent said 'yes' of girl respondents of infected mother to foetus. 71.0 percent said 'yes' the boys respondents and 65.0 percent girl respondents said yes about infected blood transaction. Again the lowest level transmission of STIs of living together with infected person and handshake with infected person about 9 percent and 3 said 'yes' of boys respondents respectively.

## 5.2 Sources of Knowledge on HIV/AIDS

Information Education and Communication materials are important means of knowledge on any matters. There are rather important to develop knowledge and attitudes on HIV/AIDS. The development of mass media has increased the level of awareness among adolescents but in context on school adolescents are from these facilities the respondents who have heard about HIV/AIDS were further asked the question like "from which source did you hear" radio, TV, school/teacher, friends/relatives, Newspaper, poster/pamphlet, family member, not stated and other (specify) etc. are found main source of gaining knowledge on it. The details about the sources of information are given in the table 5.5.

**Table 5.5: Distribution of Respondents by Knowledge on Sources of Information of HIV/AIDS by Sex.**

Sources of heard about type of STIs	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Radio	85.0	15.0	77.0	23.0	100
Television	93.0	7.0	88.0	12.0	100
School/Teacher/course book	85.0	15.0	92.0	8.0	100
Friends/Relatives	61.0	39.0	54.0	46.0	100
Newspapers	72.0	28.0	62.0	38.0	100
Poster/Pamphlet	70.0	30.0	60.0	40.0	100
Family members	25.0	75.0	43.0	57.0	100
Not stated	4.0	96.0	2.0	98.0	100

Source: Field Survey, 2008.



The table 5.5 shows that the majority of respondents obtained knowledge on HIV/AIDS through television (93.0%) of boys respondents and the girl respondents know about 92.0 percent from school/teacher. 85.0 and 77.0 percent know the sources of heard about HIV/AIDS from radio of boys and girl respondents respectively.

### 5.2.1 Distribution on Knowledge of Medium of Transmission of HIV/AIDS

**Table 5.6: Distribution on Knowledge of Mode of Transmission of HIV/AIDS**

Mode of Transmission	Boys		Girl		Total
	Yes (%)	No(%)	Yes (%)	No(%)	
Sexual contact with multiple persons	97.0	3.0	93.0	7.0	100
Infected mother to foetus	93.0	7.0	90.0	10.0	100
Unspecialized syringe/needles	90.0	10.0	91.0	9.0	100
Infected blood transfusion	92.0	8.0	93.0	7.0	100
Living together with infected person	12.0	88.0	11.0	89.0	100
Hand shake with infected person	4.0	96.0	1.0	99.0	100
Not stated	4.0	96.0	2.0	98.0	100

Source: Field Survey, 2008.

According to table 5.6 shows that the majority of medium of transmission of HIV/AIDS of sexual contact with multiple persons 97 percent of boys respondents said 'yes' and 93.0 percent of girl respondents said 'yes'. About 93 percent boys respondents and 90 percent girl respondents said 'yes' through infected mother to foetus and 90 percent boys and 91 percent girl respondents said 'yes' through unspecialized syringe/needles of medium of transmission. HIV/AIDS. And So 92 percent and 93 percent from infected blood transactions. Finally the lowest level of medium of transmission HIV/AIDS living together with infected person and handshake with infected person about 12 percent boys and 11 percent girl respondents and 4 percent boys and 1 percent girl respondents said 'yes' respectively.

**Table 5.7 Distribution of Know about Symptom of HIV/AIDS by Background Characteristics**

Background characteristics	Know about symptoms of HIV/AIDS		Total
	Yes (%)	No (%)	
Boys	94.9	5.1	100
Girl	96.9	3.1	100
Age groups			
10-14	93.8	6.3	33
15-19	96.3	3.7	165
20-24	100.0	0.0	2
Caste			
Brahmin and Chhetri	42.6	58.3	87
Janajati	34.0	16.7	66
Dalit (Kami, Damai & Chamra)	5.8	0.0	11
Other	17.6	25.0	36
Religious	Yes (%)	No (%)	Total
Hindu	95.5	4.5	183
Buddhist	100.0	0.0	14
Islam	100.0	0.0	1
Christian	100.0	0.0	2
	95.9 (188)	4.1 (12)	200

Source: Field Survey, 2008

According to table 5.7 shows that 94/9 percent boys and 96.9 percent girl respondents said 'yes' know about symptom of HIV/AIDS. According to age group 10-14 are 33 respondents and 15-19 are 165 and 20-24 age groups only 2 respondents. These respondents said 93.8, 96.3 and 100.00 'yes' know about symptoms of HIV/AIDS respectively ag groups 10-14, 15-19 and 20-24. According to caste, total Bramins and Chhetri respondents 87, Janajati 66, Dalits (Kami, Damai, Chamar) 11 and other 36 respondents. So, 42.6 percents of Brahmin and Chhetri, 34.0 percent Janajati, , 5.8 percent of Dalits and 17.6 percent s other caste said 'yes' to now about symptoms of HIV/AIDS, respectively.

According to religious from above table shows total Hindu respondents 183, Buddhist 14, Islam 1, Christian 2, and other religious 2 respondents, total respondents 200. The percentage of religious 95.5 Hindu and 100 percent of other religious said 'yes' to know the symptoms of HIV/AIDS. Total respondents to know the symptoms of HIV/AIDS 95.9 percent said 'yes' and 4.1 percents respondents said 'No' about to know the symptoms of HIV/AIDS.

### 5.2.2 Knowledge of Idea of Prevention of HIV/AIDS

Information Education and Communication (IEC) are important source of knowledge idea of prevention of HIV/AIDS. The development was media has increased day to day. the level of awareness among adolescents of school students of Kirtipur Municipality of Kathmandu district. The question of idea of prevention of HIV/AIDS is "do you know the preventive method of HIV/AIDS?. Avoid sex with multiple partner using condom during sexual contact, sexual abstinence, using sterilized syringe, away from infected person, using safe blood, safe from mosquito bite, not stated and other (specify) etc are found main source of preventive of HIV/AIDS. The detail of preventive method of preventive of HIV/AIDS. The detail of preventive method of HIV/AIDS is following table.

**Table 5.8: Distribution of Respondent an Idea of Preventive of HIV/AIDS**

Idea of prevention of HIV/AIDS	Boys		Girls		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Avoid sex with multiple partner	89	11	93	7	100
Using condom during sexual contact	96	4	92	8	100
Sexual abstinence	12	88	13	87	100
Using sterilized syringe	81	19	83	17.0	100
Safe from mosquito bite	18	82	9	91.0	100
Not stated	8	92	0.0	100.0	100

Source: Field Survey, 2008.

As shown in table 5.8, the total respondents 200, 100 boys and 100 girls respondents adolescents of school students. The idea of prevention of HIV/AIDS, about 89 percent and 93 percent know about avoid sex with multiple partner of boys and girl respondents said 'yes'. About 96 percent boys and 92 percents girl respondents give answer 'yes' 12 percent boys and 13 girl give answer shop ported with sexual abstinence using tested blooded of 75 percent answer of both side. The above table clears that the preventive of HIV/AIDS.

### 5.2.3 Knowledge of Place for HIV Virus Test

Respondents knowledge, those person who infected where they are going to test the HIV virus. our question is "do you know of a place where people can go to get tested for the HIV/ virus, if know where in the place so that respondents answer is given by following table clarify.

**Table 5.9: Distribution of Respondents about Knowledge on Place for HIV Virus Test by Sex**

Place of	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Hospital	83.0	17.0	86.0	14.0	100
Health centre	52.0	48.0	61.0	39.0	100
Health post/ sub-health post	38.0	62.0	48.0	52.0	100
Red cross	23.0	77.0	16.0	84.0	100
Not stated	3.0	97.0	5.0	95.0	100

Source: Field Survey, 2008.

According to above table the respondents said the majority of infected people going to test the HIV Virus checked to hospital 84 percent boys and 86 percent girl said 'yes'. About 52 percent boys and 61 percent girl respondents said 'yes' to test the HIV virus through health centre. The lowest level to test HIV virus through Red Cross about 23 percent boys and 16 percent girl said 'yes'.

**Table 5.10: Distribution of Respondents Behave towards HIV/AIDS Infected Person by Sex**

Behave towards HIV/AIDS infected person	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Love/respect them	96.0	4.0	97.0	3.0	100
Hate them	1.0	99.0	1.0	99.0	100
Pleased secretly	5.0	95.0	0.0	100.0	100
Do not care them	9.0	91.0	7.0	93.0	100
Not stated	1.0	99.0	1.0	99.0	100
Others	1.0	99.0	8.0	92.0	100

Source: Field Survey, 2008.

According to above table (5.10) the knowledge and behave towards HIV/AIDS infected person respondents said 96.0 percent boys and 97.0 percent girl respondents said 'yes' though love/respect them. Among them 1 percent both respondents do hate them to behave towards HIV/infected person. And among them in doubt care them 9 percent boys and 7 percent girl said yes to behave towards HIV/AIDS infected person. And 5.0 percent boys and 100 percent girl keep placed secretly.

**Table 5.11: Distribution of Respondents on Vulnerable for HIV/AIDS**

Person Vulnerable for HIV/AIDS	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Commercial sex worker	83.0	17.0	79.0	21.0	100
More mobile persons	23.0	77.0	21.0	79.0	100
Foreign employees	34.0	66.0	38.0	62.0	100
Person who keep unsafe sexual relationship	73.0	27.0	73.0	27.0	100
Adolescents and youths	26.0	74.0	30.0	70.0	100
Not stated	5.0	95.0	1.0	99.0	100

Source: Field Survey, 2008

According to above table, 83 percent boys respondents and 79 percent girl respondents said 'yes' about person vulnerable for HIV/AIDS. Among them the second level of person who vulnerable for HIV/AIDS through person who keep unsafe sexual relationship about 73 percent of both boys and girl respondents opinion. the above table shows the lowest level of vulnerable of HIV/AIDS. 23 percent boys respondents and 21 percent girl respondents said 'yes' through more mobile persons, those person who has not fixed residence.

**Table 5.12: Distribution of Respondents by Knowledge Combating HIV/AIDS**

Responsible for Combating HIV/AIDS	Boys		Girl		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Individual	76.0	24.0	86.0	14.0	100
Community	43.0	57.0	37.0	63.0	100
Government	44.0	56.0	37.0	63.0	100
NGO/INGOs	38.0	62.0	34.0	66.0	100

Source: Field Survey, 2008

Above table shows (5.12) that the majority of role of the combating the HIV/AIDS through individual. The question is "who will be the most responsible for decreasing the epidemic for HIV and AIDS?" most of respondents said individual about , 76 percents boys and 86 percent girl respondents said 'yes' the combating of HIV/AIDS. Amongst them 43 percent boys and 37 percent girl respondents said 'yes' the combating the HIV/AIDS role of the community. Among them 44 percent boys and 37 percent girl said 'yes' compacting the HIV/AIDS role of the government. And the lowest level of role of the combating the HIV/AIDS about 38 percent boys and 34 percent girl respondents opinion.

### **5.3 Knowledge about Condom**

The study about information education and communication are important means the knowledge of condom. The question and meaning the knowledge of condom. The question and with respondents 'Have you ever been about condom the user in 'Yes' or 'No' In our study 100 boys or girls. Among them 94 boy and 94 girls said 'yes' hear about condom. The study is swear to know about them knowledge. The following table details of the knowledge of condom is given.

**Table 5.13: Distribution of the Respondent Heard About Condom by Background Characteristics**

Background Characteristics	Heard about Condom				Total	
	Yes		No			
Sex of Respondents	Num	Per	Num	Per	Num	per
Boys	94	94.0	6	6.0	100	100.0
Girl	94	94.0	6	6.0	100	100.0
Age group						
10-14	32	97.0	1	3.0	33	100.0
15-19	154	93.0	11	6.7	165	100.0
20-24	2	100.0	0	0	2	100.0
Caste of the Respondent						
Brahmin and Cheetri	73	42.4	14	50.0	87	43.5
Janjati (Newar, Gurung, Tamang, Magar)	62	36.0	4	14.3	66	33.0
Dalit (Kami, Damai Chamar)	7	4.1	4	14.3	11	5.5
Other	30	17.4	6	21.4	36	18.0
Total	172	100	28	100	200	100

Source: Field Survey, 2008.

The above table (5.13) shows that the majority of the heard about condom according to sex, caste and age groups. The age groups divide into three stage 10-14, 15-19 and 20-24. In 10-14 group 33 respondents among them 32 respondents to below about heard about condom, just one respondents do not know about heard condom. In age 15-19 group 2 respondents and 2 respondents to know about heard condom.

According to caste of respondent 87 respondents are Brahmins and Cheetri. Among them, 73 respondents (42.4%) to know hared about condom. 66 Janjati among them 62 respondents (36.00%) to know heard about condom. Total davits 55 percents among them 4.1 percent to know heard about condom. Total 200 respondents among them 172 respondents to know heard about condom and 26 respondents do not know heard about condom according to field survey 2008.

**Table 5.14: Distribution of the Respondents Source to Heard About Condom by Sex**

Source of Heard about Condom	Sex of the Respondents				Total
	Boys		Girl		
	Yes (%)	No (%)	Yes (%)	No (%)	
Newspaper	60.0	40.0	62.0	38.0	100.0
Radio	70.0	30.0	69.0	31.0	100.0
Television	77.0	23.0	66.0	34.0	100.0
Friends	65.0	35.0	44.0	56.0	100.0
Teacher/course book	69.0	31.0	70.0	30.0	100.0
Other (Healthworker)	7.0	13.0	4.0	96.0	100.0

Source: Field Survey, 2008.

The above table (5.14) shows that the majority of source of heard about condom through television about 17 percent of boys respondents and 70 percent girl respondents to know source about and form teacher. The second source of heard about condom through radio next sources of heard about condom form newspaper. In about table clear that girl respondents is greater than girl respondents to hear about condom, boys respondents are talking about to each other than girl respondents. So, the conclusion of the study respondents are heard about condom form different sources of media to know the field study.

**Table 5.15: Distribution of the Respondents on Subject Contains About HIV and AIDS by Sample School**

Subject Contains about	Name of the School												Total	
	BKSS		BRSS		BSS		BVSS		JHSS		MHSS			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
HIV/AIDS														
EPH	5	27.3	9	37.5	7	3.8	1	3.8	8	17.8	29	50.9	59	29.5
Population Education	0	0	6	25	9	15.4	4	15.4	2	4.3	0	0	21	10.5
Health education	9	50	4	16.7	3	0	0	0	5	10.9	4	7	25	12.5
Diseases	0	0	2	8.3	3	57.7	15	57.7	5	10.9	12	21.1	37	18.5
HIV/AIDS	0	0	0	0	0	15.4	4	15.4	13	6.5	0	0	7	3.5
HPE	0	0	0	0	0	0	0	0	5	10.3	8	14	13	6.5
Not Stated	4	22.2	3	12.5	7	7.7	2	7.7	18	39.1	4	7	38	11.0
Total	18	100	24	100	29	100	26	100	46	100	87	100	200	100

Source: Field Survey 2008.

\* EPH: Environment, Population and Health

\* HPE: Health and Population Education



The above table (5.15) shows that respondents subject contains about HIV and AIDS by sample school to know which subject curriculum to study about HIV/AIDS. If yes which subject that is we know and our question is to said about field study which subject title to read about HIV/AIDS? The respondent answer the majority of that topic EPH 59 respondents, 21 respondents in population education , 25 respondent in Health Education, 37 respondents in disease topic, 13 respondents in HPE and 38 respondents in not stated respectively shows the above table or field survey 2008.

**Table 5.16: Distribution of the Respondents on Heard of Working Organization in the Field of HIV/AIDS by Sex**

Working Organization in the Field of HIV/AIDS	Sex of the Respondents				Total	
	Boys		Girl			
	No.	Percent	No.	Percent	No.	Percent
Government	41	41.0	34	34.00	75	37.5
Non-government	36	36.0	28	28.00	64	32.0
Not stated	23	20.0	20	20.00	43	21.5
Government and non-Government	0	0.0	18	18.00	18	9.0
Total	100	100.0	100	100	200	100.0

Source: Field Survey 2008

Above table (5.16) shows that according to respondents about 37.5 percent working in the filed of HIV/AIDS of the government organization, among them 41 percent boys and 34 percent girl respondents opinion government working about HIV/AIDS. 32 percent working about HIV/AIDS of non-organization. We said the question of respondents "Do you know hear of working about HIV/AIDS if know which organization working about HIV/AIDS the answer choose, government and other related organization. The above table 5.16 shows the majority of working about HIV/AIDS of government organization clear the above table.

## CHAPTER SIX

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter includes main findings from the study population regarding various characteristics of respondents and their KAPB in the context of HIV/AIDS. In this study, there are six objectives in our study and census method is used in the study.

#### 6.1 Summary of the Findings

A research was carried out from some selected secondary level school of Kirtipur municipality of Kathmandu district. The study on knowledge and attitudes towards HIV/AIDS is a study conducted among school students studying in class 10. The 200 students were selected from this specific study.

##### 6.1.1 Household Characteristics

- Most of respondents reported that their house size was 4 member of 29.5 percent, 5 member of 27 percent, 6 member of 21 percent, 7 members of 9 percent, 8 member of 4.5 percent.
- Educational achievement by father was 21.5 percent of primary, 21 percent was secondary, 14 percent was lower secondary, 13 percent was secondary, 12.5 percent of certificate and above and 8 percent was non-formal.
- Business was the main occupation of respondents father 23.5 percent of certificate and above and 8 percent of services, 20.0 percent of agriculture and 25.5 percent of other occupation of respondents father.

##### 6.1.2 Individual Characteristics

- The numbers of respondent from grade 10.
- The attendance of boys was 100 (50 percent) and girl was 100 (50 percent)
- Most of respondents Brahmin and Chhetri 43.5 percent, Janjati (Newar and other) 33.0 percent.
- The percentage of respondents from Hind 91.4 percent and Buddhist 6.1 percent

### 6.4.3 Knowledge and Attitude of Respondents Towards STI, HIV and AIDS

- Most of the respondents had heard SIIS.
- The respondents knowledge of syphilis was 59 percent of boys and 65 percent of girl respondents gonorrhoea 24 percent of boys and 17 percent of girl respondents and HIV/ AIDS 81 percent boys and 83 percent girl respondents.
- Among the total respondent knowledge of symptom of STIS was 27 percent boys and 15 percent girl respondents said burning pain during urination 35 percent boys and 37 percent girl said lower abdominal pain, 3 percent boys and 39 percent girl said swelling/wound in genital area, 44 percent male and 39 percent girl said foul smelling discharge, 17 boys and 15 percent girl said blood in urine and 57 percent boys and 49 percent girl said lost of weights.
- Most of source of heard about HIV/AIDS form media. 85 percent boys and 77 percent girl respondent said radio, 93 percent boys and 88 percent girl said television, 85 percent boys and 923 percent girl said school/teacher, 61 percent boys and 54 percent girl said friends and relations, 72 percent boys and 62 percent girl said newspaper and said other related information or media etc.
- The symptoms of HIV/AIDS 85 percent boys and 86 percent girl respondents said lost of body weight, 40 percent boys and 34 percent girl said diarrhea (frequently) 79 percent boys and 78 percent girl said fever for more than one month and other symptoms said respondents etc.
- The presentation of HIV/AIDS 89 percent boys and 93 percent girl respondents said avoid sex with multiple partner, 96 percent boys and 92 percent girl said using condom during sexual abstinence, 81percent boys and 83 percent girl said suing sterilized syringe, 75 percent boys and girl said using tasted blood and respondents said other presentation of HIV/AIDS etc.

### 6.2 Conclusion

In conclusion, many people of the world even in the developing country are lack from the absolute knowledge about the STIs, HIV and AIDS. Study shows that people wee said mosquito bite and hand shake with infected person also as the mode of transmission. Comparing to my study and other literature majority of the

respondents had heard STIs, HIV and AIDS. study reveals that boys have more knowledge than their girl counterparts because they easily and openly discuss about reproductive health issues. Due to shyness and social obstacles for girl regarding sexual issues in Nepalese society, they have less knowledge on HIV/AIDS including attitudes towards STIs most of the respondents suggested that sex with only one partners, which is followed by using condom in according STIs. In the case of symptom of STIs and HIV/AIDS majority of the respondents reported the loss of body weight is the major symptom of HIV/AIDS. My study is somewhat different than other survey, being students most of the respondents are unmarried. Therefore, consequences of this small study on behavioural aspects of the respondents is not much more substantial. Despite the lack of behavioural aspects of the respondents it is very good of various perspectives such as: respondents knowledge and attitudes on STIs, HIV and AIDS, knowledge about symptom of STIs, HIV and AIDS respectively.

### **6.3 Recommendations**

- New and effective programme should be included in mass media, which draw the attention of all adolescents.
- Field survey 2008, showed that the source of hearing STIs, HIV and AIDS are teachers, radio, course book, friends, TV and other. It should provide regularly in preventing STIs, HIV/AIDS.
- The role of information, education and communication (IEC) is very important so, it should be emphasized from the government level to increase awareness.
- It is necessary to formulate adolescents oriented programmes from the government level and launch them in society level.
- HIV/AIDS is a major health problem especially among youth. It is more vulnerable in developing countries. Therefore, there should have specific programme for the youth of the most susceptible age group, sex, caste and class. This study is not enough to examine knowledge on HIV/AIDS in this area so HIV/AIDS related research should be conducted by caste and ethnicity.

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## APPENDIX QUESTIONNAIRE

### A. Individual characteristics

Name of Students:

Name of School:

VDC/Municipality:

1. Class:

2. Age

3. Sex: Male:

4. Marital status

Female:

Married:

Unmarried:

5. Caste/Ethnicity:

Brahimin:

Gurung:

Chhetri:

Dalit (Specify)

Magar: Other (Specify):

6. Religion: Hindu:

Buddhist:

Other (specify):

### B. Household characteristics

No.	Question and filters	Coding categories	Skip
7	How many members are their in your family	<input type="text"/>	
8	Can your father read or write	Yes.....1 No.....2	→ 10
9	(If yes) what is your father's educational level?	Non formal .....1 Primary (1-5).....2 Lower Secondary (6-8).....3 Secondary (8-10).....4 SLC.....5 Certificate level and above .....6	
10	Can your mother read or write	Yes.....1 No.....2	→ 12
11	(If yes) what is your father's educational level?	Non formal .....1 Primary (1-5).....2 Lower Secondary (6-8).....3 Secondary (8-10).....4 SLC.....5 Certificate level and above .....6	
12	What is your father's occupation?	Agricultural.....1 Service .....2 Business .....3 No stated .....4 Other (specify).....5	
13	What is your mother's occupation?	Agricultural.....1 Service .....2 Business .....3 No stated .....98 Other (specify).....xx	

14	Which of the following facilities are there at your home?	Electricity .....1 Radio.....2 Television .....3 Phone.....4 Other (specify) .....xx	
<b>C. Knowledge and Attitude on STIs</b>			
15	Have you ever heard about STIs?	Yes.....1 No.....2	
16	(If yes) from which source did you hear? (Multiple response with your priorities)	Radio.....1 <input type="checkbox"/> <input type="checkbox"/> TV.....2 <input type="checkbox"/> <input type="checkbox"/> School/Teachers.....3 <input type="checkbox"/> <input type="checkbox"/> Friends/relatives.....4 <input type="checkbox"/> <input type="checkbox"/> Newspapers.....5 <input type="checkbox"/> <input type="checkbox"/> Poster/pamphlet.....6 <input type="checkbox"/> <input type="checkbox"/> Family members.....7 <input type="checkbox"/> <input type="checkbox"/> Not stated .....98 <input type="checkbox"/> <input type="checkbox"/> Other (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
17	Which of the STIs have you heard? (multiple response with your priorities)	Syphilis .....1 <input type="checkbox"/> <input type="checkbox"/> Gonorrhoea.....2 <input type="checkbox"/> <input type="checkbox"/> HIV and AIDS.....3 <input type="checkbox"/> <input type="checkbox"/> Not stated .....98 <input type="checkbox"/> <input type="checkbox"/> Other (specify) .....xx <input type="checkbox"/> <input type="checkbox"/>	
18	Do you know the systems of STIs?	Yes.....1 No.....2	→ 18
19	(If yes) what are the symptoms of STIs? (Multiple response with your priority)	Burning/pain during urination..1 <input type="checkbox"/> <input type="checkbox"/> Lower abdominal pain.....2 <input type="checkbox"/> <input type="checkbox"/> Swelling/wound in genital area...3 <input type="checkbox"/> <input type="checkbox"/> Foul smelling discharge.....4 <input type="checkbox"/> <input type="checkbox"/> Blood in urine.....5 <input type="checkbox"/> <input type="checkbox"/> Lost of weights.....6 <input type="checkbox"/> <input type="checkbox"/> Not stated .....98 <input type="checkbox"/> <input type="checkbox"/> Other (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
20	What are the factors for STIs transmission? (multiple response with your priorities)	Sexual contact with multiple persons.....1 <input type="checkbox"/> <input type="checkbox"/> infected mothers to foetus.....2 <input type="checkbox"/> <input type="checkbox"/> from unsterilized syringe / needles.....3 <input type="checkbox"/> <input type="checkbox"/> infected blood transaction ...4 <input type="checkbox"/> <input type="checkbox"/> living together with infected person.....5 <input type="checkbox"/> <input type="checkbox"/> hand shake with infected person.....6 <input type="checkbox"/> <input type="checkbox"/> Not stated .....98 <input type="checkbox"/> <input type="checkbox"/> others (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
D	Knowledge and Attitude on HIV and AIDS		
21	Have you heard about HIV and AIDS?	Yes.....1 No.....2	→ 23
22	(If yes) from which source did you hear? (Multiple response with your priorities)	Radio.....1 <input type="checkbox"/> <input type="checkbox"/> TV.....2 <input type="checkbox"/> <input type="checkbox"/> School/Teachers.....3 <input type="checkbox"/> <input type="checkbox"/> Friends/relatives.....4 <input type="checkbox"/> <input type="checkbox"/> Newspapers.....5 <input type="checkbox"/> <input type="checkbox"/> Poster/pamphlet.....6 <input type="checkbox"/> <input type="checkbox"/> Family members.....7 <input type="checkbox"/> <input type="checkbox"/> Not stated .....98 <input type="checkbox"/> <input type="checkbox"/> Other (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	



23	How can HIV be transmitted (multiple response with your priorities)	Sexual contact with multiple persons.....1 <input type="checkbox"/> <input type="checkbox"/> infected mothers to foetus.....2 <input type="checkbox"/> <input type="checkbox"/> from unsterilized syringe / needles.....3 <input type="checkbox"/> <input type="checkbox"/> infected blood transaction ....4 <input type="checkbox"/> <input type="checkbox"/> living together with infected person.....5 <input type="checkbox"/> <input type="checkbox"/> hand shake with infected person.....6 <input type="checkbox"/> <input type="checkbox"/> No stated .....98 <input type="checkbox"/> <input type="checkbox"/> Other (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
24	Do you know the systems of HIV and AIDS?	Yes.....1 No.....2 → 24	
23	(If yes) what are the major systems of HIV and AIDS?	Loss of body weight.....1 <input type="checkbox"/> <input type="checkbox"/> Diarrhea (frequently).....2 <input type="checkbox"/> <input type="checkbox"/> fever for more than one month...3 <input type="checkbox"/> <input type="checkbox"/> sweating.....4 <input type="checkbox"/> <input type="checkbox"/> swelling lymph nodes.....5 <input type="checkbox"/> <input type="checkbox"/> Not stated.....98 <input type="checkbox"/> <input type="checkbox"/> other (specify) .....xx <input type="checkbox"/> <input type="checkbox"/>	
24	Do you know the preventive methods of HIV? (multiple responsibility priorities)	Avoid sex with multiple partner.....1 <input type="checkbox"/> <input type="checkbox"/> Using condom during sexual contact.....2 <input type="checkbox"/> <input type="checkbox"/> Sexual abstinence.....3 <input type="checkbox"/> <input type="checkbox"/> Using sterilized syringe /needle.....4 <input type="checkbox"/> <input type="checkbox"/> away from infected person.5 <input type="checkbox"/> <input type="checkbox"/> Using tate blood..... 6 <input type="checkbox"/> <input type="checkbox"/> safe from mosquito bite.....7 <input type="checkbox"/> <input type="checkbox"/> Not state.....98 <input type="checkbox"/> <input type="checkbox"/> others (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
25	Do you know of a place where people can go to get tested for the HIV virus?	Yes.....1 No.....2 → 27	
26	(if yes) where is that multiple response with your priorities)	Hospital.....1 <input type="checkbox"/> <input type="checkbox"/> Health center.....2 <input type="checkbox"/> <input type="checkbox"/> Health post/sub health post.3 <input type="checkbox"/> <input type="checkbox"/> Red cross..... 4 <input type="checkbox"/> <input type="checkbox"/> Not stated.....98 <input type="checkbox"/> <input type="checkbox"/> others (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
27	How should we behave to the infected person?	Love/respect them .....1 <input type="checkbox"/> <input type="checkbox"/> Hate them.....2 <input type="checkbox"/> <input type="checkbox"/> Placed secretly.....3 <input type="checkbox"/> <input type="checkbox"/> Don't care them.....4 <input type="checkbox"/> <input type="checkbox"/> Not stated .....98 <input type="checkbox"/> <input type="checkbox"/> others (specify).....xx <input type="checkbox"/> <input type="checkbox"/>	
28	If a members of your family got infected with the HIV virus, would you want it to remain a secret or not?	Yes, Remain a secret .....1 No.....2 Not stated .....98	
29	If a member of your family became sick with AIDs, would you be willing to care for her or him in your own household?	Yes, Remain a secret .....1 No.....2 Not stated .....98	
30	In your opinion, if a female teacher has the HIV virus but is not sick should she be allowed to continue teaching in the school?	Should be allowed.....1 Should not be allowed.....2 Not stated.....3	

31	What types of people are more vulnerable for HIV transmission?	Commercial sex workers.....1 More mobile persons.....2 Foreign employees.....3 persons who keep unsafe sexual relationship.....4 Adlescents and youths.....5 Not stated .....98 Others (specify) .....xx	
32	Who will be the most responsible for decreasing the epidemic of HIV and AIDS?	Individual .....1 Community.....2 Government.....3 NGO/INGOs.....4 other (specify) .....xx	
33	In your opinion can HIV/AIDS be curried	Yes, Remain a secret .....1 No.....2 Not stated .....98	
<b>D Knowledge on use of condom</b>			
34	Have you ekes heard about condom	Yes.....1 No.....2	
35	Have you heard about female/condom	Yes.....1 No.....2	
36	(If yes) from which did you heard at first?	Newspaper.....1 Radio.....2 T.V. ....3 Friends.....4 Teacher.....5 Other (specify).....6	
37	Why did you think people use/condom?	Avoid coneption.....1 Prevention from STIs and HIV/ AIDS .....2 Other (Specify).....3	
38	Have you ever had sexual relations with any one?	Yes, Remain a secret .....1 No.....2	
39	With whom?	Boys/Girls friends.....1 prostitute .....2 Other (specify) .....3	
40	Did you use condom at the time of first and last intercourse?	Yes.....1 No.....2	
41	If no, why did not use condom?	Don't know.....1 Wasnot available .....2 Don't know to use.....3 Other (specify).....4	
<b>Attitude on the School Curriculum</b>			
42	Did you know your curriculum contains information's about STIS and HIV/AIDS	Yes.....1 No.....2	
43	In which subjects those topics all involved?		
<b>Work At HIV/AIDS Organization</b>			
44	Can you hear who worked about HIV/AIDS? Which types of that organization?	Government.....1 Non government.....2	

