

CHAPTER - I

INTRODUCTION

1.1 Background of the Study

Population of the present world is facing a serious problem created by the pandemic called Acquired Immune Deficiency syndrome (AIDS). AIDS has emerged as burning issues. All over the world and money attempts have been to control the problems. It has become a global phenomenon, which is considered to be known by health conscious and general people to day.

AIDS is one of the most fatal most hesitated conditions spreading at geometric proportion in the world. In fact, it is not a disease, a group of Symptoms that weakens the body's defense mechanism. It is coursed by an infection germ Called Human Immune Deficiency virus (HIV). The HIV progressively destroys the cells of the body that has ability of fight against illness due to even simple infection like common cold. Being a viral disease, AIDS is incurable. The HIV shares most of the Characteristics of all known ruses. The difference in characteristics of HIV body's defense corps and consequently the immune system of the person infected with HIV gets weakened over the years.

A person once infected with HIV remains infected for life. During the earlier stages of HIV infection the symptoms are Vague and often similar to those of common ailments. Some of them are fever (more them 3 weeks duration), loss of body weight (more then 10 percent of original weight), skin rash and diarrhea (more then 3 weeks duration). AIDS is the past stage of HIV infection. It can take eight to ten years to reach this stage. But the infection can communicate to others in any stage.

Adolescents is the period of rapid emotional growth and development. It is the period of transition from puberty to maturity. Some adolescent become sexually activity in early age. In many countries unmarried girls and boys have sex in their adolescent stage and have greater possibility to attack with HIV and other STIS.

Sexually transmitted diseases (STDS) are transmitted through sexual contact during the unsafe intercourse. STDS have become a major public health problem in both developed and developing countries. STDS are also known as a major cause of infertility, entopic pregnancy, still birth, abortion and pregnancy delivery.

HIV is a virus that causes AIDS, a health condition if which a person is affected. by series of disease because of poor immunity. HIV is found in body fluids such as blood, semen, vaginal fluids and breast milk. It is passed from one person to another only if very specific ways. These are following :

- (i) Through sexual intercourse with a person infected with HIV.
- (ii) Through the transmission of HIV infected blood.
- (iii) Through the use of improperly sterilized needles and other skin - piercing instruments.
- (iv) From infected mother to her fetus.

Today more articles and books has been written about HIV/AIDS than any other about medicine, even though the diseases has been known for less than 20 years of the latest time. The globally threaten of HIV/AIDS is being more pandemic day by day. There are more than 33.2 million people living with HIV/AIDS in the words. The total number of child and adults deaths due to AIDS is 2.1 million in the end of 2007 (USAID, 2007).

In south East Asia Region AIDS was first reported in Thailand in 1984. According to WHO and UNAIDS. adults and children estimated to be living with HIV/AIDS may be about 4.0 million. and is sub - Saharan Africa 22.5 million have infected HIV/AIDS. (USAID, 2007).

The first case of HIV/AIDS in Nepal was reported in 1988. since, the number of case have been on the rise and more recently increasing rapidly. According to WHO and UNAIDS estimate, there may be about 70,256 HIV/AIDS in Nepal, The ministry of health and population National center for AIDS and STD control was reported the total number of HIV infected 15,945. Among them. 10,375 male and 5,570 female (USAID, 2007).

Street children are also one of the most vulnerable groups. The UNICEF report increasing vulnerability of children in Nepal estimates the number of children orphaned by HIV/AIDS to more than 13,000. The national estimate of children 4 years of age infected by HIV is 2500 (USAID, 2007).

The adolescents are at greater risk of STIS and HIV infection, services and menstrual hygiene. The main purpose of reproductive and sexual health education is to make young people aware of the various mental, physical and emotional changes at the period of adolescent. Furthermore, they should emphasize on providing knowledge about the disadvantages of early sexual intercourse especially unsafe sex. The higher secondary level students will involve in sexual activities after marriage in the very near future and therefore are needed to be well informed about the various diseases that easily transmitted by unprotected sexual intercourse are the fundamental. Causes of STIS, AIDS and unwanted pregnancies.

STIS increase the likelihood of HIV transmission considerably, as well as having other reproductive health considerably, such as chronic pain infertility or life treating entopic pregnancies while data on STIS in developing countries are scarce particularly for young people, WHO estimates that at least a third of the more than 333 million new cases of curable STIS each year occur among people under age of 25 years. young people are also substantially more likely than adults to become re-infected after having been treated.

The AIDS pandemic is a major concern in both developed and developing countries. The WHO estimates that the cumulative number of AIDS cases in the world amounted 2.5 million people in the mid mid 1993 and more than 14 million people had been a number that is to rise to 30 million by the end of the decade. During mid 1993, about four fifths HIV lived in developing countries where the infection was transmitted mainly though heterosexual intercourse and the number of new cases was rising most rapidly among women.

The first case of HIV end AIDS in Nepal was reported in 1988. Then, the figure is increasing gradually every year. According to WHO end UNAIDS estimate there may be about 33,532 HIV positive people in Nepal. Among then, the total number of women living HIV and AIDS are 10373 and the children under 15 living with the epidemic are 926. Though it seems that the number of reported HIV infection is low in

companion to its fast transmission, this will lead to a serious socio economic impact in the country. That is not visible now but the potential impact will be very obvious in the near future. According to published data (2004, December) the total number of male HIV positives including AIDS is 1343 and that female of is 1250 thus, the total number is 4593. out of 846 AIDS infected people 233 are deal now. In the age group 15.49 the total number of HIV infected male is 3218 and female is 1196 and the total number is 4414.

HIV/AIDS being an incurable and fatal disease, many people believe that knowledge of the disease itself will stimulate people to protect them selves from it. Hence, this study is focused on the knowledge of adolescents studying at higher secondary school regarding this issue (www.google.com).

1.2 Statement of the Problem.

HIV and AIDS is considered as a major public health problem for words and even for Nepal due to its serious and long. term socio economic consequence. Nepal one of the poorest countries in the word, with her poor health service, low level of literacy, high prevalence of socio economic disparities along with gender, caste, ethnicity occupation, religious development process, now must prepare to fight against the HIV and AIDS epidemic that is growing in the country. Though the government, NGOS, AIDS educations, consultants and information experts argue that mass awareness about the disease has reached an adequate level, the fact is that such that such an argument is often reflective of urban bias. Today the cast majority of rural people know little about it. programs are either focused in cities and urban area or on certain group like commercial sex workers, drug users, trafficked women, carpet weavers and truck driver.

Adolescents is the period of transition from children to adulthood. All adolescents experience biological as well as social change during this period. for instance, many adolescent of this age go through puberty, experience change in their body structure leave home, leave school and get married. Many researchers have carried out a number of studies on HIV and AIDS related issues and there has been growing coverage of women trafficking, sexual exploitation and causes of HIV and AIDS But no one has taken a step to study to the knowledge and practice of HIV/AIDS among (10+2) level students.

Some of the studies were done previously in Nepal but they all were focused on broad reproductive health area. They did not enter into specific reproduction health issue like, STIS, HIV and AIDS with respect to identify the knowledge and practice (10+2) students. HIV/AIDS is a serious problems of present situation in the world, now must of the adolescents are facing STIS due to sexual activity, it brings serious health problems due to unsafe sex and the study area is remote and new settlement, therefore the researcher wants to investigate such specific issues. So, the research problems stated as " A Study of knowledge and practice of HIV/AIDS among (10+2) level boys and girls on Danabari, VDC Ilam, District."

1.3 Objective of the study

The main objectives of the study is to reflect the picture of a study of knowledge and practice of HIV/AIDS among (10+2) level boys and girls in selected H.S.S in Ilam District. the specific objectives of the study are.

- (i) To identify the knowledge and practice of HIV/AIDS among boys and girls.
- (ii) To identify the attitude towards HIV/AIDS among boys and girls.

1.4 Significance of the Study

It assume that the present study has following significance.

- (i) The finding of this study would be helpful on degree of for knowledge and practice about transmission of HIV/AIDS and its preventive method in a specified group of (10+2) level boys and girls. It also identifies the source of information on HIV/AIDS.
- (ii) This study will help to understand the importance of perception regarding reproductive health including STIS and HIV/AIDS among adolescent as well as parents and community.
- (iii) This study will be also a valuable literary asset to the up coming researcher who intends to do study in this field.

(iv) The present study would have equal importance to measures the effectiveness of media and to assess the degree of miss conception persisting among 10+2 level students.

(v) This study may useful references to programmer, curriculum planner, policy makers, researchers, implementations' and demographer.

1.5 Delimitation of the study

Due to the lack of enough time and budget, the study was delimited in the following areas.

(i) The study was delimited only at these selected from kankai H.S.S. Danabari Ilam.

(ii) The study was related on perception on HIV/AIDS.

(iii) The study was delimited to examine the knowledge of HIV/AIDS only (10+2) level boys and girls.

(iv) The finding of this study were not represent the findings of other areas similar to this topic.

(v) Only 400 students were the respondents consisting 120 from each H.S.S.

(vi) The study was completely school - based study, so it was not represent out of school boys and girls and other population group. There fore, the study was concentrated only (10+2) level boys and girls of kankai H.S.S. in Danabari - 1, Ilam.

1.6 Definition of Terms used

(i) **AIDS** :- Acquired Immune Deficiency syndrome, a combination of symptoms caused by virus which affects the immune system. The immune system be come unable to fight with HIV infection.

(ii) **Commercial sex worker (CSW)** :- It refers to a person Who offer herself for sexual intercourse for money.

- (iii) HIV positive** :- Abbreviation of Human immune deficiency virus which is causative agent of AIDS. A person who has been infected with HIV is called HIV positive.
- (iv) Infections** : - The entry and development or multiplication of a disease producing agent in the living body. An infection may or may not lead to disease state.
- (v) perception** :- It refers to the way you regard something and your beliefs about what is like.
- (vi) Sexually transmitted Disease (STD)** :- It refers to a disease that is passed on through sexual intercourse, such as AIDS, HERPRES etc.

CHAPTER -II

REVIEW OF THE RELATED LITERATURE

The review consists of the studies related to the perception of HIV/AIDS in the Nepalese situation. Some of the facts, opinions, principles and study reports directly or indirectly related to this study are reviewed and presented below.

2.1 Theoretical literature

AIDS is a medical condition. A person is diagnosed with AIDS when their immune system is too weak to fight off infection. Since AIDS was first identified in the early 1980s, an unprecedented number of people have been affected by the global AIDS epidemic. Today there are an estimated 33.3 million people living with HIV and AIDS worldwide (www. Google.com.).

The study of sexual networking among youth in south western Nigeria observed considerable differential in premarital sexual behavior of rural versus urban males. Of the rural subjects 34.7% had their first sexual experience before 20 years of age. The remaining 65.3% had not any sexual experience. Of the urban subjects, 44% had never had sexual experience, while 10.6% said they had their first sexual experience at 16 years of age, 11% of the subjects had their first sexual experience at an average age of 15 years. This study also observed that, two (0.8%) of the married males had their first sexual experience with their wives, 73.9% had with girlfriends and 21.3% had their first sexual experience with other people including relatives. (Owuamanam, 1995).

In the view of this, in December 2000, the State Family Planning Commission of China (SFPC), commissioned by UNICEF, Ford Foundation and UNAIDS, conducted a base line survey in seven countries (districts), including five rural areas in China. The survey took place in the form of questionnaire. Altogether, 7,053 responses were collected. The survey showed that nearly 20% of the interviews had never heard of AIDS. Among those who did only 22.7% knew AIDS is transmitted through virus, 71.8% knew AIDS is contagious, however, most of them didn't know exactly the major channels through which AIDS is transmitted. In addition 26% didn't know at all or through there are other ways to contract the diseases, (Shushing, 2001).

Sub-Saharan Africa remains by far the worst affected region. With 25.4 million people living with HIV at the end of 2004, compared to 24.4 million in 2002. Just under two thirds (64%) of all people living with HIV are in sub Saharan Africa, as more than three quarters (76%) of all women living with HIV (UNAIDS, 2004)

National HIV infection levels in Asia are low compared with some other continents notably Africa. But the population of many Asian nations are so large that even low national HIV prevalence means large numbers of people are living with HIV. Latest estimates show some 8.2 million people were living with HIV at the end of 2004, including the 1.2 million people who became newly infected in the past year. AIDS claimed some 540,000 lives in 2004, Among young people 15-24 years of age 0.3% of women and 0.4% of men were living with HIV by the end of 2004, (UNAIDS, 2004).

The first case of AIDS was identified in 1981, more than 25 million people have died from AIDS. An estimated 1.8 million people died as a result of AIDS in 2009 alone. Around 2.6 million people became infected with HIV in 2009. Sub Saharan Africa has been hardest hit by the epidemic, in 2009 over two thirds of AIDS deaths were in this region. (UNAIDS, 2010).

At the end of 2009, there were 2.5 million children living with HIV around the world. An estimated 40,000 children became newly infected with HIV in 2009. Of the 1.8 million people who died of AIDS during 2009, One in seven were children. Every hour, around 30 children die as a result of AIDS. There are more than 16 million children under the age of 18 who have lost one or both parents to AIDS.

The number of people living with HIV rose from around 8 million in 1990 to 33 million by 2009. The overall growth of the epidemic has established in recent years. The annual number of new HIV infections has steadily declined and due to the significant increase in people receiving antiretroviral therapy since 2000, more people have died from AIDS related causes. (UNAIDS, 2010)

Around 86,500 people were living with HIV in the U.K. at the end of 2009, of whom a quarter were unaware of their infection. In 2010, there were 6,136 new diagnoses of HIV contributing to a cumulative total of 114,766 cases reported by the end of December 2010.

As a December 2010, there have been 26,791 diagnose of AIDS in the U.K. and 19,912 people diagnosed with HIV have died. (www. google. com.)

2.2 Empirical Literature.

According to cross sectional study on sexual behavior pattern in Nepal 1992, about 23% males had premarital sexual relation and about 21% had extra marital sexual relation. The mean frequency of sexual intercourse in the married person was around there times per week (Subedi, 1992).

The study among campus level students of Katmandu village found that 92.5% of the students reported known about HIV and AIDS More than 67% of the respondents. Showed positive attitude towards subject matter of AIDS. Approximately 56% of the respondents had misconception on barrier for condom use. More than 62% of the respondents showed positive attitude towards HIV and AIDS related aspect such as use of condom against AIDS, teacher's involvement in AIDS awareness, anti prostitution and women trafficking (Giri, 1998).

AIDS was first reported in 1981 U.S.A. The causative agent of HIV/AIDS was identified in 1983. The pandemic nature and the magnitude with HIV infection were recognized much later when the proportion of persons infected with HIV rose very rapidly. However, considerable efforts are being made of HIV/AIDS seems to be HIV virus does not respect geographical boundaries so no country of the globe is immune to HIV/AIDS. This is why this issue needs an issue of global thinking and intervention (Aryal, 2000).

The study found that out of 75 CSWs at Chandani Chowk community in Bardiya district, 63.07% respondents are illiterate. Among the 36.07% respondents are literate respondents, only 3.08% were able to obtained secondary level education. 86.15% of respondents have been found having right knowledge about the perception of AIDS. 78.92% have been found having brought condoms for their clients as compared to other respondents. 56.92% of the respondents considered that HIV infection and transmission is risky as compared to the other respondents, out of 40 houses and 13 shops, only 13(32.50%) houses and 3(25%) shops have been found their having kept condoms, (Rayamajhi,2000).

An estimated 3.86% million people in India are infected with HIV in the 6 states, Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur and Nagaland of the reported AIDS cases, an estimated 75% of the infection are in the male population. 83% of which are through the sexual route. These estimation are based on the annual sentinel surveillance data collected from the surveys conducted in 320 sites nationwide. Some of the factors influencing the spread of HIV in the country are the high prevalence of SIDS, commercial sex worker and large scale migration from rural to urban areas. (The time of India, 2001).

The major mode of transmission of HIV in the country is hetero sexual. It has been estimated that there are 58,000 people living with HIV/AIDS in Nepal at the end of 2001. There were an estimated 2400 AIDS deaths in 2001 in Nepal. These estimated figures are higher than the reported figures for a variety of reasons, mainly the lack of an adequate surveillance system, (MOH, 2004).

Heterosexual transmission is the primary mode of HIV transmission, which correlates with unsafe sex. The national data as of February 28, 2005 reveals 4755 individuals having HIV of which 856 have developed AIDS, of the total AIDS cases, 237 have died. HIV transmission is increasing in population of 14 to 49 years of age group. Sex workers, their clients, seeking care for STIS and injecting drug users (IDVS) were reported having high rate of HIV. Remarkably, the number of house wives with HIV infection is increasing. It is through that HIV might have passed to them through their husbands who might have exposed to high risk behavior of HIV transmission. Given the rate of HIV risk behavior, Nepal ranks in concentrated epidemic countries (NCASC, 2005).

As of December 2007, the Government of Nepal reported 1,610 cases of AIDS and 10,546 HIV infections. UNAIDS estimates from 2007 indicate that approximately 75,000 people in Nepal are HIV-positive, including all age groups. The government of Nepal's National centre for AIDS and STD control (NCASC) estimated that number to be closer to 70,000 in December (USAID, 2007).

Street children are also one of the most vulnerable groups. The UNICEF report increasing vulnerability of children in Nepal estimates the number of children orphaned by HIV/AIDS to be more than 13,000. The national estimate of children of 14 years of age infected by HIV is 2,500 (USAID, 2007).

About 70,000 people are estimated to be infected with HIV in Nepal, most of whom are not aware of their infection. As of the end of 2009, only 14,320 HIV-positive persons were officially reported (USAID, 2010).

According to NCASC, it was reported that the total number of HIV-infected persons was 17,556. Among them, 11,365 were male and 6,191 were female. (NCASC, 13 March 2011).

2.3 Conceptual framework

HIV/AIDS has covered the whole world. Not a single country has remained aloof from this dreadful virus. The AIDS epidemic is spreading rapidly in the world. It does not discriminate among people and nations. It affects young adults who are obviously the main identified mode of transmission of this epidemic is heterosexual contact through commercial sex workers and their clients, injection, drug users, industrial workers, transport workers like army and bus drivers. In all the countries, the workers are highly affected from this and the number is very high in developing countries like Nepal. The review of the above-related literature clearly presents that the knowledge and practice of HIV/AIDS among (10+2) students influence by following figure.

Conceptual Framework

So, these above mentioned factors must be taken in mind while going through this research work.

CHAPTER- III

RESEARCH METHODOLOGY

The presents study was focus on study of knowledge and practice of HIV/AIDS among 10+2 Level boys and girls in Danabari VDC, Ilam. The researcher were used the descriptive and qualitative research design. The following methodology were applied in this study.

3.1 Research Design

The study was done in order to elucidate the general situation of the adolescents and regarding the knowledge and practice aspect of reproductive health and HIV/AIDS.

The research design was descriptive and qualitative types in nature. The main sources of data was primary whereas secondary sources were also as per necessary.

3.2 Population

The population of the study were designed kankai H.S.S. in the student of class 11 and 12 This has 400 populations. There are 30 higher secondary school in Ilam district. Out of these 30 school is one of them have enrolled student in both grade 11 and 12.

3.3 Sources of Data

This study was based on primary sources of data collected from Kankai H.S.S using interview schedule and secondary sources of data were collected from related books, journals and register of VDC office, hospital and public health office.

3.4 Sampling procedure and sampling size

The data for analysis was collected from total 10+2 students by simple random sampling method with the help of tools of interview schedule. The total students of Shree Kankai H.S.S. are 400 students among them 120 of them have enrolled students which was 30% in both grade 11 and 12. Firstly, grade 11 and 12 were selected by lottery system. From grade 11, 21 boy and 36 girls respectively, and grade 12, 29 boy and 34 girls respectively. A total respondents are 120 from grade 11 and 12.

3.5 Tools and instruments for study

For the purpose of data collection mainly was used interview schedule. Before conducting the sample field survey a set of interview schedule were conducted. The interview schedule were closed ended form. The researcher source such as journals, Magazines and the completed research report.

3.6 Validation of Tools and instrument

After constructing the interview schedule it were submitted to supervisor. After that the improved interview were administered as a trial to ten similar level students of Mahendra Ratna Campus of Ilam and compare with the your school students required validity and objectivity. According to supervisor and pre-test result, necessary and revision was made before making them final.

3.7 Data collection procedure

First of all a letter sent from HPE was given to school Headmaster. Then a letter was taken from Headmaster of school for respondents to help the interview. Then the study area was visited for data collection by taking questionnaire.

The researcher was visited and talk about the purpose of the survey and was familiar was request him to give information without any doubt. Then the questionnaire were filled up.

3.8 Data Analysis and Interpretation procedure

After the completion of data, the data was tabulated and different heading according to the objectives of the study.

Collected data and information was presented through different tables and graphs. The data and descriptive information was analysed according to the percentage mainly though bar diagrams, pie charts and tables. Percentage were used to process and analyse data and interpret the result. Descriptive and simple mathematical interpretation procedure were adopted in this study.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

The main aim of this study was to assess the study of knowledge and practice of HIV/AIDS among 10+2 level boys and girls to fulfill the objectives of this study, required data and information have been collected and they were grouped, tabulated, calculated and presented in different section. The analysis and interpretation have been presented in the tables, graphs and charts to make the presentation more clear.

4.1 Individual Characteristics

4.1.1 Age and sex composition of the respondents:

Age and sex are the most important factors to learn anything. In this study, age of the respondents is taken as one of the dominant factors to identify the perception on HIV and AIDS.

Table No. -1

Distribution of Respondents by Age and Sex:

Age	Boy		Girl		Total	
	N	Percent	N	Percent	N	Percent
15	2	4	1	1.42	3	2.5
16	10	20	12	17.14	22	18.33
17	15	30	22	31.42	37	30.38
18	13	26	20	28.57	33	27.5
19	10	20	15	21.42	25	20.83
Total	50	100.00	70	100	120	100.00

Table -1 shows that more than 30.83 percent respondents are of 17 years old followed by 18 years old 27.5 percent only one Girl of 15 years has been found in this study, there are dissimilarities in age by sex.

4.1.2 Marital Status

Marital status of the respondents can be considered as one of the key factors for perception of HIV and AIDS.

Table No. -2

Distribution of respondents by marital status

Marital status	Boy		Girl		Total	
	N	Percent	N	Percent	N	Percent
Married	6	12	9	12.85	15	12.5
Unmarried	44	88	61	87.14	105	87.5
Total	50	100.00	70		120	100.00

Table -2 about one in every 15 (12.5%) students in H.S.S. are married more girls (12.85%) and boys (12%) are married. The data shows that girls get married earlier than boys.

According to law, marriageable age for boys and girls are 20years and 18 years respectively. Among the respondents of this area, almost 13 percent boy and girl have marriage. It can be found that the respondents marry is not appropriate age of getting marriage.

4.1.3 Caste / Ethnicity

Nepal is composed of different castes with different languages. Caste is the main base of social hierarchy and social cohesion among the people of Nepal. It was found that different ethnic groups mainly Brahmin, Cherti, Newar, Rai, Limbu, Mager and Dalit.

Table No. -3**Distribution of respondents by caste / Ethnicity**

Caste / Ethnicity	No.	Percent
Brahmin	20	16.66
Chetri	35	29.16
Newar	15	12.5
Mager	17	14.16
Rai	12	10
Limbu	17	14.16
Dalits	4	3.33
Total	120	100.00

Table -3 shows that the total respondents fall into seven ethnic groups among them the highest number of respondents are (29.16%) followed by Brahmin (16.66%) , Newar (12.5%) , Magar (14.16%), Rai (10%) , Limbu (14.16%) and Dalits (3.33%).

According to national census, Chetri, Brahmins and Newarrs occupy first, second and sixth position in terms of population. So, the highest number of population of this 10+2 is of Chetri followed by Brahmins which matches with the caste category of the respondents.

Figure No. -1**4.1.4 Religion****Table No. - 4****Distribution of respondents by religion**

Religion	No.	Percent
Hindu	85	70.83
Buddhist	30	25
Others	5	4.16
Total	120	100.00

Table 5 shows that the majority of the students studying at higher secondary schools are Hindu (70.83%). The remaining (25%) students fall under the Buddhism and other (4.16%).

It is concluded that 70.83 percent respondents were Hindu and they did not bias each other religion and has no effect on their education.

4.1.5 Type of previous school

The question was asked to the respondents whether they have studied in government or boarding school in their S.L.C. level.

Table No. 5

Distribution of respondents by types of previous school attended

Type of school	No.	Percent
Government	110	91.66
Boarding	10	8.33
Total	120	100.00

According to table 6, only 8.33 percent of the respondents have studied in boarding school in the past where as the over whelming portions of the students are from government's school.

It concludes that boarding school of in this area is rare and then all of the respondents have come from government school.

4.2 Household Characteristics

In this subsection the household background of the respondents is aimed to collect. Household characteristics include parent's education, parent's occupation etc.

4.2.1 Educational Level of Parents

The educational attainment of the parent's is an important socio economic factor. These factors of their children in questionnaire the educational level of father and mother were asked separately. The result combined for both of the parents.

Table No. 6**Distribution of respondents by parent's educational attainment**

Level	Father		Mother	
	N	Percent	N	Percent
Illiterate	22	18.33	50	41.66
Primary	240	33.33	32	26.66
L. Secondary	26	21.16	23	19.16
Secondary	20	16.66	10	8.33
SLC and above	12	10	5	4.16
Total	120	100.00	120	100.00

From table 5, it is shown that 41.66 percent of the respondent reported that their mothers are illiterate which about 18.33 percent is for father. There is higher proportion of mothers. Only about 4.16 percent of the respondent reported that their mother's educational attainment is SLC and above whereas father is 10 percent.

Education is a necessary to fight HIV/AIDS. Without education it is difficult to understand about HIV/AIDS. 41.66 percent mother respondents were illiterate and they have got high risk for HIV/AIDS. To make aware it is necessary to provide education for them.

Figure No. -2**4.2.2 Parent's Occupation**

The occupation of the parents can also be taken as the important variables that determine the socio economic status of the household and also affected the perception on HIV and AIDS.

Table No. - 7**Distribution of respondents by parent's occupation**

Occupation	Father		Mother	
	N	Percent	N	Percent
Agriculture	81	67.5	53	44.16
Business	17	14.16	7	5.83
Service	22	18.33	10	8.33
House wife			50	41.66
Total	120	100.00	120	100.00

Table 7 shows that most of the respondent's parents are dependent on agriculture. About 67.5 percent fathers are involved in agriculture followed by 18.3 percent in service and about 14.16 percent business. In case of mother 44.16 percent reported that their mothers are engaged in agriculture and about 41.66 percent are in household work.

Most of the total respondents depend on agriculture in this study area which is similar to national characteristics. After agriculture, the respondents are involved in service and housewife.

4.2.3 Family Size

Small family size is an indicator of healthy and happy family. There is more possibility of family relation as well as frankly discussion on health related topics and others in small family. To find out the family size of the respondents at the field survey an open question was asked to fill the number of their family members and the result is presented in table 8.

Table No. 8

Distribution of respondents by family size:

Family size	No.	Percent
Less than 5	27	22.5
5-10	77	64.16
More than 10	16	13.33
Total	120	100%

Table -8, shows that every respondent (64.16%) have the family size of (5-10) person. The percent of respondents that fall in the family size of less than 5 members is 22.5 percent and the respondents who have family size of 13.33 percent.

Figure No. 3**4.2.4 House hold facility**

The respondents were asked to specify whether they have the household facilities helps to increase the level of perception on HIV and AIDS.

Table No. 9**Distribution of respondents by facility at home**

Facilities	Yes		No		Total	
	N	Percent	N	Percent	N	Percent
Electricity	91	75.83	29	24.16	120	100.00
Radio	106	88.33	14	11.66	120	100.00
TV	83	69.16	37	30.83	120	100.00
phone	67	55.83	53	44.16	120	100.00

From table 9 it is shown that nearly 76 percent of respondents have electricity at their household and more than 89 percent have Radio. The respondents reported that nearly 70 percent have TV at their home where as about 55.83 percent have the telephone facility at their home.

The respondents of this study have been using electricity. This has helped for their exposure in different useful aspect like health, education, sanitation etc.

4.3 Knowledge on HIV/AIDS

In this study, perception on HIV and AIDS has been assessed through various questions. First of all very common question and similarly other supporting questions.

4.3.1 Heard of HIV/AIDS

All of the respondents have heard about HIV/AIDS but they do not have intensive perception on it. General hearing only on HIV and AIDS could not measure the over all knowledge about the disease and its other related aspects. Although it is a significant indication in this study it still can not present clear picture whether respondents have heard about HIV/AIDS.

4.3.2 Knowledge on full form of HIV

The respondents were asked if they know the full form of HIV. The full Form itself gives lots of perception about HIV.

Table No. 10

Distribution of respondents by knowledge on full form of HIV

Knowledge	Boys		Girl		Total	
	N	Percent	N	Percent	N	Percent
Yes	42	84	58	82.85	100	83.33
No	8	16	12	17.14	20	16.66
Total	50	100.00	70	100.00	120	100.00
Correct	N	Percent	N	Percent	N	Percent
Yes	35	83.33	50	86.20	85	85
No	7	16.66	8	13.79	15	15
Total	42	100.00	58	100.00	100	100.00

From table No. 10, 100 respondents (83.33%) reported that they know the full form of HIV whereas boys 42 (84%) and girls 58 (82.85%) answered they know about it. The respondents who reported that they know the full form of HIV were further asked to write the full form. The result shown that 85 percent of the respondents have given correct full form of HIV where as the 15 percent of the respondents didn't write.

Girl's respondents have weaker perception level in comparison to boys. Different awareness program improving the present condition.

4.3.3 Knowledge on the full form of AIDS

The respondents were approached to know about their knowledge on AIDS obtained by them. The answer of this question is analyzed in following table :

Table No. 11

Distribution of respondents by knowledge on the full form of AIDS

Knowledge	Boys		Girls		Total	
	N	Percent	N	Percent	N	Percent
Yes	44	88	60	85.71	104	86.66
No	6	12	10	14.29	16	13.33
Total	50	100.00	70	100	120	100.00

The data shows that 88 percent boys and 85.71 percent girl's respondents reported that they have knowledge on AIDS. Remaining 12 Percent boys and 14.28 Percent girls have answered they don't know about it.

It shows that the respondents were conscious about AIDS. By different media/information respondents may have heard about AIDS.

4.3.4 Knowledge on difference between HIV/AIDS

It is important to ask if any difference between HIV / AIDS or they are some. The question was included in the questionnaire and the result is shown below table.

Table No. 12

Distribution of Respondents by Knowledge on difference between HIV/AIDS

Sex	Yes		No	
	N	Percent	N	Percent
Boys	28	56	22	44
Girl	38	54.28	32	45.71
Total	66	55	54	45

According to table 12, shows that more than half (56%) of the respondents reported there is difference between HIV/AIDS while other reported there is no difference. The proportion of boy is higher (56%) than Girl (54.28%) who stated that there is difference.

4.3.5 Source of Information of HIV / AIDS

There are many sources that provide health information to the people among them Radio, TV, newspaper etc. are considered on HIV and AIDS. There were multiple answers regarding sources the different sources mentioned by them are summarized in table below.

Table No. 13**Distribution of respondents by sources of information on HIV/AIDS**

Source of information	Boys		Girls		Total	
	N	Percent	N	Percent	N	Percent
Radio	45	90	55	78.57	100	83.33
Television	36	72	40	57.14	96	80.00
Newspaper	15	30	30	42.85	45	37.5
Pamphlet	12	24	26	37.14	38	31.66
Friend	10	20	25	35.71	35	29.16
Teacher	20	40	23	32.85	43	35.83
Health workers	13	26	19	27.14	32	26.66

From the table No. 13 shows that 90 percent boy and 78 percent girl respondents have heard about HIV and AIDS by radio. This implies that radio is one of the most effective media particularly in rural area. Similarly 72 percent boy and 57.14 percent girl respondents have heard about this disease through television. 40 percent boy and 43 percent girl respondents have heard about HIV and AIDS through their teachers. However these finding confirm that mass media are the prime sources of information regarding HIV/AIDS.

It conclude that all the respondents had got information on HIV/AIDS. But the sources of information were found different. Maximum respondents got information from radio. The radio is one of the sources of information to access of all respondents.

4.3.6 Knowledge on HIV/AIDS in a Healthy looking person

Respondents were asked to express their view about HIV and AIDS in a healthy looking person. The result shown below table No. 14

Table No. 14
Distribution of respondents Knowledge on HIV and AIDS
in a Healthy Looking person

Response	Boys		Girls		Total	
	N	Percent	N	Percent	N	Percent
Yes	40	80	58	82.85	98	81.66
No	6	12	7	10	13	10.83
Don't know	4	8	5	7.14	19	7.5
Total	50	100.00	70	100	120	100.00

According to table No. 14 shows that 80 percent boy's respondents reported that healthy looking person might have HIV and AIDS. Only 12 percent respondents answered negatively and remaining 8 percent reported that they didn't know. Likewise 82.85 percent girls respondents stated Yes , 10 Percent No and 7.14 percent girl stated that they didn't know about it. It is encouraging to see that approximately 81 percent respondents believed that healthy looking person may have HIV and AIDS.

4.3.7 Opinion about death of a person having HIV/AIDS

Another question was asked to the respondents of death of a person having HIV and AIDS. The result obtained from the respondents is shown in table 15.

Table No. 15**Distribution of respondents about death of a person having HIV and AIDS**

Response	Boy		Girls		Total	
	N	percent	N	percent	N	percent
All of them die	35	70	46	65.87	81	67.5
Some of them die	10	20	16	22.71	26	21.66
None die at all	0	-	0	-	-	-
Don't know	5	10	8	11.42	13	10.83
Total	50	100	70	100	120	100

The data shows that 70 percent boy respondents reported their argument that all of people having HIV and AIDS would surely die with in a certain period of time. Other 20 percent some of die and 10 percent respondents didn't know about it. Dealing with give respondent that 65.71 percent all of people having HIV and AIDS die while 22.85 percent respondent didn't know about it. According to this data that boy and girl respondent believed that all of the people who have HIV and AIDS virus would surely die any time in their life period. This may die because of formulating conflating conflicting idea without much consideration in a serious topic like HIV/AIDS.

4.3.8 Knowledge with HIV/AIDS infected person

The response of the respondents in the role of society towards HIV and AIDS infected person has been analyzed in the table bellow.

Table No-16**Role of society towards HIV/AIDS infected person**

Response	Boy		Girl		Total	
	N	percent	N	percent	N	percent
Love and care them	38	76	53	75.71	91	75.83
Hate them	9	18	12	17.14	21	17.5
Other	3	6	5	7.14	8	6.66
Total	50	100	70	100	120	100

From the above table shows that 75.83 percent boy and girls respondents that the society should love and provide necessary care to HIV and AIDS infected people. Similarly 17.5 percent boy and girls respondents mentioned that society should hate and neglect the infected people and remaining 6.66 percent boy and girl respondents that they should be isolated from society the result of this study was positive because approximately 76 percent. Boy and girl respondents argued that society should provide proper love and care to HIV and AIDS victims.

Actually, our fight is against HIV Virus, not against the infected person.

4.3.9 Knowledge on transmission of HIV and AIDS

The respondents were asked if they know how HIV and AIDS can be transmitted. The result given below table:

Table No. 17**Distribution of Respondents by knowledge on transmission of HIV and AIDS**

Response	Boy		Girls		Total	
	N	percent	N	percent	N	percent
Yes	41	82	54	77.14	95	79.16
No	6	12	11	15.71	17	14.16
Don't know	3	6	5	7.14	8	6.66
Total	50	100	70	100	120	100

According to table 17 shows that 79.16 percent boy and girls respondents reported that they know the ways of transmission of HIV and AIDS similarly 14.16 percent boy and girl responded reported that no and remaining 6.66 percent mentioned that they didn't know about it.

It conclude that 79.16 percent respondents has positive response for transmission of HIV/AIDS and a few respondents have didn't know about it.

4.3.10 Knowledge about the modes of transmission of HIV/AIDS

The question was included to assess the perception on modes of transmission of HIV and AIDS table 18 gives the distribution of respondents by perception on modes of transmission of HIV and AIDS.

Table No. 18**Distribution of respondents y modes of transmission of HIV and AIDS**

Mode of Transmission	N	Percent
Unprotected sex	66	55
Sharing of needles	21	17.5
Infected blood	11	9.16
Un sterile equipment	10	8.33
Mother to child	3	2.5
All of the above	9	7.5
total	120	100

As shown in table 18 more than half of the respondents (65%) said that the unprotected sex is the most risk factor for the transmission of HIV and AIDS. Similarly about 17.5 percent reported sharing of needs about 9.16 percent reported transfusion on of infected blew, about 8.33 percent reported un sterile equipment, nearly 3 percent reported mother to child and 7.5 percent reported all of the above as the transmission of HIV and AIDS.

The participation of focus group discussion showed their activeness over the modes of transmission. The participants addressed some now ways of transmission of this virus as a sex other than vaginal sex with animal and kissing also increases the risk and transmitting this virus.

Figure No. 4**4.3.11 Knowledge about preventing of HIV/AIDS**

At present prevention is the only method to avoid HIV and AIDS. Since the appropriate medical treatment of HIV has not been availed yet, prevention from getting HIV and AIDS is only the solution. But tremendous efforts are still being made to monitor, prevent and control the spread HIV and AIDS. Prevention from getting HIV and AIDS is possible only by safe sexual behavior. Use of condom and use of sterilized syringe and blood for the analysis of preventive knowledge on HIV and AIDS. A question was asked to find their views towards the correct method of HIV and AIDS prevention views obtained from the respondents are summarized in the table given below.

Table No. 19
Distribution of respondents by knowledge about prevention of
HIV and AIDS

Mode of prevention of HIV/AIDS	Boys		Girls		Total	
	N	P	N	P	N	percent
Avoid sex with multiple partner	30	60	51	72.85	81	67.5
Use of condom during inter course	39	78	45	64.28	84	70
Sexual abstinence	13	26	22	31.42	35	29.16
Avoid sharing needles	26	52	33	47.14	59	49.16
Scan blood before transfusion	24	48	43	61.2	67	55.83

As shown in the table 19, 70 percent boy and girl respondents reported to use of condom during sexual intercourse followed by 67.5 percent boy and girl respondents reported to avoid sex with multiple partner similarly 55.83 percent boy and girls respondents reported to scan blood before transfusion, 49.16 Percent boy and girls respondents reported to avoid sharing needle and drug use and 29.16 percent boy and girl respondents reported to sexual abstinence.

According to the analysis of data the respondents have good knowledge about preventive method or ways of HIV/AIDS. All of the respondents were correct knowledge about transmission and prevention plays vital role to protect people from HIV/AIDS.

4.3.12 Knowledge on most Prominent Factor on ways of Transmission of HIV/AIDS

The question for ways of transmission was multiple response questions. It is important to find out which is most prominent factor among above mentioned various ways of transmission for this respondents were asked to question and result is shown in the table 20.

Table No 20**Distribution of respondents by knowledge on most prominent factors**

Prominent Factor	Respondents					
	Boy		Girls		Total	
	N	P	N	P	N	P
Sexual contact with infected person	27	54	38	54.28	65	54.16
Infected blood transfusion	9	18	13	18.57	22	18.33
Infected mother to child	7	14	9	12.85	16	13.33
Breast feeding from infected mother	5	10	7	10	12	10
Sharing needles	2	4	3	4.28	5	4.16
Don't know	0					
Total	50	100	70	100	120	100

As shown in table 20, more than half approximately 54, 16 percent boy and girl respondents reported that the sexual contact with infected person is the most risky factor for the transmission of HIV/AIDS. Similarly about 18.33 percent boy and girl respondents reported transfusion of infected blood about 13.33 percent respondents reported infected method to fetus, about 10 percent boy and girls respondents reported that the breast feeding from infected mother to baby and 4.16 percent boy and girl respondents reported that infected sharing needles as the prominent ways of HIV/AIDS transmission.

The participation of focus group discussion (FGD) showed their activeness over the modes of transmission. The participants addressed some new ways of transmission of vaginal sex too. Some participants raised that having sex with animal also increase the risk of transmitting this virus.

4.3.13 knowledge on HIV/AIDS as a social problem

Respondents were asked to know their views about HIV/AIDS as a social problem. The response of the question is given below.

Table No – 21

Distribution of respondents by knowledge on HIV/AIDS as a social problem

Response	Respondents					
	Boy		Girls		Total	
	N	P	N	P	N	P
Social problem	45	90	61	87.14	106	88.33
Not social problem	5	10	9	12.85	14	11.66
Total	50	100	70	100	120	100

The above table shows that 90 percent boy respondents considers that HIV/AIDS is a burning social problem, while 10 percent boy respondents reported that do not consider it is as a social problem. On the other hand 87.14 percent girl respondents reported that they absolutely agree with the statement that HIV/AIDS is a social problem where a 14 percent girl deny this.

It shows that most of the respondents perceive HIV/AIDS as a social problem on the basis of data except 11 percent of total study sample. Most of the respondents have better knowledge on HIV/AIDS. Their respondents give an argument that HIV/AIDS must be regarded as a communal concern, not simply an individual problem.

4.3.14 Knowledge and Perception on HIV/AIDS

In order to obtain the inner felling of the respondents in HIV/AIDS a open ended question about the appreciation of HIV/AIDS was asked to each them respondent gave their logic as they perceive it.

Table No - 22**Distribution of respondents by knowledge and perception on HIV/AIDS**

Opinion	Respondents					
	Boy		girl		Total	
	N	P	N	P	N	P
STD	22	44	31	44.28	53	44.16
Fatal disease	12	24	17	24.28	29	24.16
Dangerous disease	5	10	11	15.71	16	13.33
Not curable disease	7	14	6	8.57	13	10.83
Infectious disease	3	6	3	4.28	6	5
Other	1	2	2	2.85	3	2.5
Total	50	100	70	100	120	100

Table 22 reveals that 44.16 percent boy and girl respondents reported that HIV/AIDS as sexually transmitted disease, followed by 24.16 percent boy and girl respondent reported that is a fatal disease, 13.33 percent boy and girl respondents reported that it is dangerous disease and 10.83 percent respondents reported said that it is not curable disease likewise 5 percent respondents said that it is an infections disease and remaining 2.5 percent respondents reported that unknown about it. They gave wrong response about it.

The conclusion is that 117 numbers of the respondents could mention the right logic about HIV / AIDS and 3 of them heard about HIV/AIDS but did not know exactly what it is. They gave wrong concept about it. About 45% respondents think that HIV/AIDS simply as sexually transmitted disease (STD). Some mentioned it is a very

dangerous disease. It is concluded that whatever way they have understood it, they have understood its seriousness and fatal consequences knowing it is very good and appreciable thing.

4.4 Practice Towards HIV/AIDS.

The practice of HIV / AIDS has been assessed from various practice and knowledge about this disease and infected persons.

4.4.1 Curative Measures of HIV / AIDS

It was aimed to collect the information with respondent whether HIV /AIDS can be cured or not. The following is given below by sex.

Table No. 23

Distribution of Respondents by curative measure of HIV / AIDS

Response	Respondents					
	Boy		Girl		Total	
	N	P	N	P	N	P
Curable	7	14	6	8.57	13	10.83
Not curable	36	72	50	71.42	86	71.66
Don't know	7	14	14	20	21	17.5
Total	50	100.00	70	100.00	120	100.00

The above table shows that 71.66 percent respondents reported that it couldn't be cured where as about 10.83 percent respondent reported that this disease could be cured. The proportion of respondent who stated as don't know is 17.5 percent.

If we analyze the data from above table separately for sex we can find that more boys 14 percent reported it could be cured while only about 8.57 percent reported 80 more number of girl reported that they don't know whether it could be cured or not. Nearly

72 percent boy said that this can not be cured and the girl is stating so is about 71.42 percent.

It was found that the 71.66 percent boy and girl respondents were aware about HIV/AIDS. Nearly 30 percent respondents were not aware about it.

4.4.2 Necessity of Knowledge on HIV / AIDS

A question was asked to the respondents to know the view whether they feel the necessity of more knowledge on HIV / AIDS.

The response of the question is given below:

Table No. 24

Distribution of respondents by necessity of knowledge on HIV / AIDS

Response	Respondents					
	Boy		girl		Total	
	N	P	N	P	N	P
It is necessary	48	96	67	95.71	115	95.83
It is not necessary	2	4	3	4.28	5	4.16
Total	50	100	70	100	120	100

According to table 24, shows that 96 percent by and 95.71 percent girl respondents reported that it is most necessary to know about HIV / AIDS adequately. Only 4 percent boy and 4.16 percent girl stated that is not necessary because they have no more knowledge about that. According to analyze of the data, it can be concluded that most of their knowledge was good because approximately 96 percent of respondents mentioned the positive answer about HIV / AIDS. Remaining 4.16 percent respondents unknowingly stated negative answer.

The data shows that the respondents are conscious about the disease. They are aware of its fatal consequence and that the way of HIV/AIDS positive patient should go through in a traditional society like ours. They have unanimously agreed that it is absolutely necessary to keep ourselves informed about a serious disease like HIV/AIDS.

4.4.3 Spousal communication about HIV / AIDS and sex behavior

On the question whether they discussed about HIV / AIDS and sexual behavior with their spouse is give below table.

Table No. 25

Distribution of Respondents by communication about HIV/AIDS and Sex behaviour

Response	Respondents					
	Boy		Girl		Total	
	N	P	N	P	N	P
It is not necessary	31	62	42	60	73	60.83
Because of shiness	11	22	18	25.71	29	24.16
Because of social norm and values	8	16	10	14.28	18	15
Total	50	100	70	100	120	100

Explaining the causes of non discussion about 62 percent boy and 60 percent girl respondents expressed it is unnecessary, 22 percent boy and approximately 26 percent girl respondents reported about they do not discuss because of shyness and remaining 16 percent boy and approximately 15 percent girl mentioned that social norms and values are the reason to keep them away from discussing about HIV / AIDS and their sexual behavior with their own spouse.

It shows that in traditional Nepali culture and societies any discussion on sex and sexuality is taboo. Even husband and wife do not discuss on sexuality and do not

discuss about sex with their children. And low rates of literacy, lack of proper HIV/AIDS and sex education contribute to this problem in community.

4.4.4 Respondent's Opinion about Sex Education to Children

Husband and wife is not only one couple in themselves. They are guide for others if not to many at least to their children. They can give the health as well as sex education to their offspring and make them aware to stop the increasing effect of many harmful diseases. In this context the researcher has prepared questions to find out their opinion. The response of this question is analyzed below in table.

Table No. 26

Distribution of Respondents about sex Education to Children

Response	Respondents					
	Boy		Girl		Total	
	N	P	N	P	N	P
It is necessary	47	94	65	92.85	112	93.33
It is not necessary	3	6	5	7.14	8	6.66
Total	50	100	70	100	120	100

Table 25 shows that 94 percent boy and approximately 93 percent girl respondents reported that it is necessary to give sex education to children about 6 percent boy and 7 percent girl respondents reported that it is not necessary to give sex education to children. According to data obtained approximately 94 percent boy and girl respondents have necessary to sex education for children but 6.6 percent boy and girl have not necessary to sex education for children.

It is conclude that the total respondents practice imparting sex education to their children is that have low awareness level of the respondents, lack of free environment due to social stigma or taboo and hesitation to discuss freely on the topic related to sex.

4.4.5 Knowledge Toward Extra Marital Sexual Relation

The question was asked to the respondents to know their opinion in the involvement of extramarital sexual relation. More than 96 percent boy and girl respondents reported that it is absolutely bad but only 4 percent boy and girl respondents opinion it may be good putting forward their own logic.

Our society observes sex before marriage as a crime. The sex before marriage may be unsafe which can be transmitting many sexually transmitted disease including HIV / AIDS. If we can stop or reduce unsafe sex before marriage and inter spouse sex the numbers of HIV / AIDS patients can be reduced or checked unbelievably.

4.4.6 Suggestions for Infected Persons

In the process of assessing the attitudes towards infected people it is worth to ask them the suggestions they want to give to the infected person. The question was asked to collect this information and the result is listed in the table.

Table No. 27

Distribution of Responded by suggestion to infected person

Suggestion	N	Percent
Go for treatment	31	25.23
Use condom	43	35.83
Make aware to others	11	9.16
Do not give birth	13	10.83
Counseling	7	5.83
Take medicine Regularly	8	6.66
Keep sexual organ clean	7	5.83
Total	120	100.00

According to table 25, the highest number of respondents 35.83 percent reported that they would suggest infected person to avoid sex of use condom in case of sex. Likewise nearly 26 percent respondents said that they would suggest going for treatment timely without any hesitation. The other suggestion to the infected person is to make aware about the disease by the infected person which has been suggested by 9.16 percent respondents. There are other suggestion like to keep sexual organ clean by about 5.83 percent, regular counseling by about 5.83 percent by about 10.83 percent respondents said that they do not give birth and to take medicine regularly by 6.66 percent.

It shows that the all of the above mention is good for suggested to infected person of HIV/AIDS which is the most good factor to avoid sex of use condom during sexual contact.

4.4.7 Use of Condom

The purpose of condom avoids pregnancy; prevent to spread HIV / AIDS and birth spacing. So condom is very important during sexual intercourse condom plays vital role for prevention against HIV / AIDS. How many students use condom while doing sexual contact with extra sexual inter course is given below table.

Table No. 28

Distribution of Respondents by use of condom

Response	Boy		Girl		Total	
	N	P	N	P	N	P
Yes	3	50	4	44.44	7	46.66
No	1	16.66	2	22.22	3	20
Sometimes	2	33.33	3	33.33	5	33.33
Total	6	100	9	100	15	100

The above table No. 28 indicates that 46.66 percent boys and girls respondents had used condom during sexual intercourse, 20 percent boys and girls respondents never

used condom during sexual intercourse because did not get satisfaction by using condom and 33.33 percent boys and girls respondents used sometimes. It is included that 20 percent respondents use never and 33.33 percent sometimes use condom. So they were not safe from HIV / AIDS high risk for HIV / AIDS.

4.4.8 Purpose to Use Condom

Respondents were asked to know their purpose to use condom during sexual intercourse. The response of the question is given below.

Table No. 29

Distribution of respondents by purpose of condom

Response	Boy		girl		Total	
	N	P	N	P	N	P
Stop pregnancy	20	40	34	48.57	54	45
Prevention form HIV / AIDS	18	36	20	28.57	38	31.66
Others	12	24	16	22.28	28	23.33
Total	50	100.00	70	100.00	120	100.00

The above table show that 45 percent boy and girl respondents reported that it has to stop pregnancy 31.66 percent boy and girl respondents reported that it has to prevention from 41 percent AIDS and 23.33 percent other.

It shows that the respondents are purpose to use of condom has 31.66 percent is positive and other has wrong conception.

4.4.9 Practices of Health Services

Respondents also were asked about their practices of health services in case of their illness. The responses of this question are given below.

Table No. 30

Distribution of Respondents by practice of Health services

Health services	Boy		girl		Total	
	N	P	N	P	N	P
Hospital	12	24	19	27.14	31	25.83
Private clinic	15	30	17	24.28	32	26.66
Dhami / Jhankri	20	40	29	41.42	49	40.83
Others	3	6	5	7.14	8	6.66
Total	50	100.00	70	100.00	120	100.00

The above table shows that 40.83 percent respondents reported that first of all they visit Dhami / Jhankri when they fall ill. Similarly 26.66 percent respondents visit to private clinic, 25.83 percent respondents visit to hospital and 6.66 percent respondents consult others sector when they suffer from any health problem.

On the basis of above data it is found that most of the respondents visit the additional healer first, when they suffer from illness. And then, if it is not cured they visit other easily available health agencies such as private clinic and hospital. Some of the respondents do not have good feeling about using easily available health services in their local community till now.

CHAPTER-V

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Summary

Human Immune Deficiency virus (HIV) and Acquired Immune Deficiency syndrome (AIDS) is becoming a huge problem in the world. They have not only become a major health problem in both developed and developing countries but also has been an issue of great concern lately for the policy makers, development planners in their countries concerned.

AIDS recognizes no barriers and does not discriminate among society of the nation.

All societies and countries are vulnerable. Once HIV established in a city or part of the country it can spread rapidly.

AIDS is such a disease which can strike people at any age children, young, adults and the one still to be born and the elderly. It is a threat to both the rich and the poor, the education and illiterate, those living in cities and those in village. AIDS is everywhere every region of the world.

The causes of the increase of HIV/AIDS in Nepal are mainly due to open borders, some culture to promote the sexual behavior, economical condition, educational status, absence of sexual knowledge, trafficking, workers mobility etc.

The study was conducted to fulfill partial requirement of master Degree in Education (Health Education). The study on knowledge and practice of HIV/AIDS among (10+2) level Boys and Girls of Ilam District is based upon 120 respondents out of the 400 study population of Kankai Higher secondary school students has been carried out by using primary data collected from 120 students in Kankai Higher secondary school, Danabari Ilam.

The main objectives of the study are stated as : to explore knowledge, modes of transmission and preventive measures of HIV/AIDS among respondents and their practice towards HIV/AIDS infected person in their community.

The researcher has used the descriptive and qualitative type method which is based on primary sources of data and some of the secondary data are also presented to interpret the data which was collected by different authentic report, Journals and magazines etc. After collecting necessary data, data was tabulated on a master chart under heading and sub heading and analyzed in terms of percentages.

5.2 Findings.

5.2.1 Individual Characteristics

- a. Highest proportion of respondents 30.83 percent is 17 years of age.
- b. Most of the respondents 87.5 percent are unmarried.
- c. The highest number of respondents is chettri 29.16 percent followed by Bhrahmin 16.66 percent.
- d. Majority of the respondents is Hindu (70.66%) and the remaining is Buddhist (25%) .
- e. The large proportion of respondents (91.66%) have studied in government school in their secondary level.

5.2.2 Household characteristics.

- a. Most of the respondents fathers (33.33%) have primary level of education while 41.66 percent respondents mothers have illiterate.
- b. Most of the respondents parents (81% father and 44.666% mother) are engaged in agricultural occupation.
- c. The family size of the respondents 64.16 percent have (5-10) members.
- d. The large proportion of respondents have radio 88.33 percent and electricity 75.83 percent at their home.

5.2.3 Knowledge on HIV/AIDS.

- a. knowledge of HIV/AIDS is universal.
- b. 84 percent boy and 82.85 percent girl respondents have know the full from of HIV out of them 83.33 percent boy and 86.20 percent girl respondents wrote the correct full form of HIV.
- c. 88 percent boy and 85.71 percent girl respondents reported that they know the full form of AIDS.

- d. The proportion of boy is 56 percent and girl is 54.28 percent respondents reported that there is a difference between HIV/AIDS.
- e. The main sources of information of HIV/AIDS is Radio which have 90 percent boy and 78.57 percent girl.
- f. 80 percent boy and 82.85 percent girls respondents reported that it is possible to have HIV/AIDS virus in a healthy looking person.
- g. About 70 percent boy and 65.71 percent girl respondents said that a person having HIV/AIDS would certainly die.
- h. 76 percent boy and 75.7 percent girl respondents reported that they should love and respect to the infected person.
- i. Among 82 percent boy and 77.14 percent girl respondents reported that the HIV/AIDS is a transmission.
- j. Some respondents reported the incorrect modes of HIV/AIDS transmission. 55 percent boy and girl respondents said that HIV/AIDS is transmitted through unprotected sex followed them 17.5 percent of sharing of needles.
- k. study found that 78 percent boy and 64.28 percent girl respondents were condom use for preventive measure and 60 percent boy and 72.88 percent girl respondents were avoiding sexual contact for preventive measures.
- l. Among the total respondents, 54 percent boy and 54.28 percent girl respondents have replied the sexual contact with infected person is most prominent factor on ways of transmission of HIV/AIDS, followed by 13 percent boy and 18.57 percent girl reported that infected blood transfusion.
- m. About 90 percent boy and 87.14 percent girl respondents believed that HIV/AIDS is a social problem, which can cause serious problem among the people of all sector in the society.
- n. Among the total respondents, 44 percent boy and 44.28 percent girl respondents mentioned that HIV/AIDS is a sexually transmitted disease.

5.2.4 Practice towards HIV/AIDS,

- a. About 72 percent boy and 71.42 percent girl respondents reported that HIV/AIDS is not curable disease.
- b. Approximately 96 percent boy and girl respondents considered the necessity of the required the knowledge about HIV/AIDS,
- c. Only 62 percent boy and 60 percent girl respondents about HIV/AIDS and sex behavior is not necessary.
- d. more than 94 percent boy and 92.85 percent girl respondents considered that it is necessary to give sex education to their child. But 6 percent boy and 7.14 percent girl respondents have been carrying on it in practice.
- e. A few number of respondents had involved in sexual relationship with people other than their own spousal sexual partner.
- f. Among the total respondents, 35.83 percent boy and girl respondents a suggested that they use of condom during sexual contact, followed by 25.83 percent boy and girl respondents go for treatment.
- g. About 50 percent boy and 44.44 percent girl respondents reported that they have use of condom during sexual contact and 16.66 percent boy and 22.22 percent girl respondents that they have not use of condom.
- h. Among. 40 percent boy and 48.57 percent girl respondents said to stop pregnancy to purpose of condom and 36 percent boy and 28.57 percent girl reported that to prevention of HIV/AIDS.
- i. About 40 percent boy and 41.42 percent girl respondents reported that they consulted Dhami/Jhanki when in case of they fall ill. Only then they visited other health services.

5.3 Conclusion

Based of the findings of the study, it is concluding that the knowledge of HIV/AIDS on Higher secondary level students is almost universal. Out of all respondents mostly 30 percent are 17 years of age. Most of the respondents about 87 percent were unmarried. Approximately 30 percent respondents are Hindu, more than 44 percent respondents occupation was agriculture. Radio and Television were most common sources of information to the students. Almost 67 percent respondents reported that a

person having HIV/AIDS would certainly die. Almost 11 percent respondents said that HIV/AIDS is a curable disease.

More than 81.66 percent respondents said that it is possible to have HIV/AIDS virus in a healthy looking person. 15 percent respondents gave positive response towards people with HIV/AIDS. About 55 percent respondents reported that unprotected sex is the main route of transmission of HIV/AIDS. Approximately 68 percent respondents reported that not having sex with multiple partner can prevent transmission of HIV/AIDS. Approximately 54 percent respondents reported that the sexual contact with infected person is the most risk factor of transmission of HIV/AIDS.

About 88 percent respondents reported that HIV/AIDS is a burning social problem. More than 93 percent respondents reported that they have realized the importance of giving sex education to their children. About 46.66 percent respondents said that they have used condom during sexual contact and 45 percent said that they have to used condom for to stop pregnancy. About 36 percent respondents said that they suggest that sex without condom.

5.4 Recommendation.

A. General Recommendation

- (i) Sex education should be school curriculum.
- (ii) Maximum programmers should be run about HIV/AIDS. It increase the knowledge and practice of common people.
- (iii) Information should be best about HIV/AIDS from radio, TV poster, pamphlet, newspaper etc.
- (iv) There should be a campaign of condom and safe pregnancy and HIV/AIDS.
- (v) Have should be knowledge about sexual practice and changing sexual behavior.
- (vi) Condom should be available on all areas. It helps to reduce the transmission of HIV/AIDS
- (vii) Drama should be conducted about HIV/AIDS near the public areas.

B. Recommendation for further Research

- (i) The study is delimited on 10+2 level students on knowledge and practice of HIV/AIDS. It could not cover the sexual and reproductive health situation and practices of the respondents. Hence, further study can be carried out to access their knowledge and behavior on sexual and reproductive health.
- (ii) It is also necessary to study the level of knowledge and practice of HIV/AIDS among the adolescents who are out of school and campus level students.
- (iii) Gender and occupation basis study regarding knowledge and practice of HIV/AIDS should be more effective for future.
- (iv) This study can help the government to formulate strategy and policy about HIV/AIDS.

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Appendix - I

A questionnaire on knowledge and practice of HIV/AIDS Among kankai H.S.S students Danabari, Ilam District

Serial No :-

Name of Respondents :-

Age :- Grade 11 12

Sex :- Male female

Caste/Ethnicity :-

Marital status :- Married unmarried

1. How many members are there in your family ?

.....

2. What is Mothers educational level ?

a. Illiterate b. primary c. Lower Secondary (d) S.L.C and above.

3. What is main sources of in come in your family ?

a. Agriculture b. business c. Jobs

d. Working Wages e. Other

4. Which of the following facilities are there al your home ?

a. Electricity b. Radio c. T.V d. phone

5. what is father's educational level ?

a. Illiterate b. primary c. Lower Secondary (d) S.L.C and above.

6. Have you heard about HIV and AIDS ?

a. yes b. No

7. from which sources have you heard about HIV/AIDS ?

a. Radio b. T.V. c. Newspaper d. pamphlet

e. friends f. Teachers g. Health workers h. others

8. Is it possible to have HIV and AIDS virus in a healthy looking person ?

a. yes b. NO c. Don't know

9. In your opinion, do all the AIDS infected person die or some of them die or non of them die at all ?

a. All of them die b. some of themdie c. none of them die at all

d. Don't know

10. Do you know the transmission of HIV and AIDS.
 a. yes b. No c. Don't know
11. What are the modes of HIV and AIDS transmission ?
 a. unprotected sex b. sharing of needles c. Infected blood d. unsterile
 equipment e. Mother to child f. All of lie above
13. what is the full form of HIV ?

14. Do you know the full form of AIDS ?
 a. yes b. No
15. what is the full form of AIDS ?

16. Is there any difference between HIV and AIDS ?
 a. yes b b. No
17. In your opinion, how should a society treat with HIV and AIDS infected person ?
 a. love and care then b. Hate them c. other (specify)
18. Do you think HIV and AIDS as a social problems ?
 a. Yes b. No
19. Do you know the preventive method of HIV and AIDS ?
 a. yes b. No
20. what are the methods for preventing HIV/AIDS ?
 a. Avoid sex with multiple partner.
 b. use condom during sexual intercourse.
 c. sexual abstinence.
 d. Avoid sharing needles and intravenous drug use.
 e. scan blood before transfusion.
 f. others (specify)
21. How do you think about your knowledge on HIV and AIDS ?
 a. Adequate b. Not adequate c. Don't know
22. Do you know condom ?
 a. Yes b. No
23. Have you ever used condom ?
 a. Yes b. No
24. what is your purpose to condom ?
 a. To stop pregnancy b. preventing form HIV/AIDS c. others

25. Do you know where condom is available ?
 a. Health post b. hospital c. others .
26. Can HIV/AIDS be cured ?
 a. Yes b. No c. Don't know
27. What is the most prominent factor for HIV/AIDS transmission ?
 a. Sexual contact with infected person.
 b. Infected blood transfusion.
 c. Infected mother to fetus.
 d. Breast feeding.
 e. sharing needles.
 f. Others (specify)
28. Have had sexual relationship with other than your spouse ?
 a. Yes b. No.
29. What is your perception toward having extra marital sexual relation, is it good ?
30. Do you think, it is necessary to give sex education to children ?
31. Have you got any HIV and AIDS related information from there ?
32. In your opinion what is HIV and AIDS ?

33. In your opinion, is it necessary for an adolescent to have knowledge about HIV/AIDS?
 (a) Yes (b) NO (c) Don't know
34. What do you suggest for avoiding HIV/AIDS?

35. Where do you go when you fall ill?
 (a) Hospital (b) Private clinic (c) Dhama/Jhankri (d) Others

Appendix - II

The research will be completed within 7 months. The working scheme will be as following.

1. proposal writing.	1 month
2. finalization and submission of proposal.	1 month
3. Tools construction.	1 week
4. Data collection	2 week
5. Analysis and interpretation.	2 month
6. Report writing.	1 month
7. Draft submission.	2 week
8. final report submission.	3 week

Appendix - III

s. n.	particulars	Tentative Amount (R s)
1	mini proposal	300 /-
2	Proposal writing	500/-
3	Questionnaire preparation	250/-
4	Finalization of questionnaire	
5	Data collection	500/-
6	Tabulation of data	600/-
7	Analysis and interpretation	1500/-
8	Report writing and final report	2000/-
9	Binding and printing	1200/-
10	Over head cost	1200/-
	Total	14,050/-